MPs told Brexit can only succeed utilising veterinary expertise

At a Brexit briefing given by the BVA and RCVS to peers, MPs and leading vets at the House of Commons on 27th June, members of both Houses were urged to consider the vital role the veterinary profession plays in order to ensure that the veterinary resource in clinical practice, public health, government services, academia and research is appropriately considered and effectively used during Brexit negotiations.

Lord Gardiner of Kimble, Parliamentary Under Secretary of State for DEFRA, environment spokesperson for the Scottish National Party (SNP) and Plaid Cymru, and other parliamentarians from the Conservatives, Labour, Liberal Democrats, Plaid Cymru and the SNP joined crossbenchers, senior civil servants and key stakeholders.

Gudrun Ravetz, BVA president, highlighted the “key asks” from the BVA’s Brexit and the veterinary profession report, which sets out 52 recommendations for the short, medium and long term across seven far-reaching areas of public policy: veterinary workforce, animal health, animal welfare, food hygiene and safety, veterinary medicines, research and development, and trade.

She said: “We are a relatively small profession, but we are a diverse profession with far-reaching influence and impact in so many areas of political and public life. Last week we were delighted to hear the DEFRA Secretary of State, speaking to the Today programme, rightly acknowledged the importance of EU vets to the UK economy; from food hygiene and safety, to monitoring disease outbreaks and facilitating trade. This is why [the] BVA is calling on the government to guarantee the working rights for non-UK EU vets and vet nurses currently working and studying in the UK at the existing level and with no time limit.”

She added that the BVA is calling on the government “to ensure we maintain animal health and welfare current standards – and prioritise them in all trade negotiations, so that high standards of animal health, welfare and food hygiene are a unique selling point for the UK. We can only make a success of Brexit if we harness our veterinary resource.”

The then RCVS junior vice-president, Professor Stephen May, told the meeting: “Negotiations with our European partners will no doubt be lengthy and complex on all manner of issues that affect the veterinary sector. For everyone concerned, we join other voices in calling for a substantial transition period to any new order created. This will provide us with time to take stock, to understand the implications and to navigate a pathway that safeguards the interests of our sector, and the RCVS is determined to work with all its stakeholders, in particular government and yourselves, to ensure that vital veterinary work gets done.”

“Key to this will be meeting the need for high-quality, capable veterinary surgeons in all sectors. This can only be achieved in the short-term by emphasising the continued welcome and appreciation of all veterinary non-UK nationals working hard for this country, to encourage them to stay, and continued access to graduates of accredited schools from around the world, alongside increased training of UK nationals to meet our ever-expanding veterinary needs.”

New RCVS president invested

Professor Stephen May was invested as president at RCVS Day 2017 – the College’s annual general meeting and awards ceremony – which took place at the Royal Institute of British Architects on Friday 7th July. Professor May has been an elected member of RCVS Council since 2012, having previously been an appointed member of Council representing the RVC between 2001 and 2009. Last year he was re-elected to Council to serve a further four-year term and he currently chairs the Legislation Working Party. Addressing the need for a learning culture in his speech, Professor May said “it is important that our young professionals are well-prepared in terms of professional, non-technical skills to cope with the sheer variety of challenges that they encounter, and we, as a profession, within our professional model, provide a nurturing learning culture rather than the blame and cover-up culture that the current emphasis on external regulation fosters, so pervasively and distressingly”. He added that his other priorities would be working with the BVA and other stakeholders to uphold the College’s first Brexit principle that “vital veterinary work continues to get done”, a project on graduate outcomes, which flows from the Vet Futures project, and the Legislation Working Party. The photo shows outgoing president Chris Tufnell handing over to Professor May.
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New members and awards at RCVS Day

AT ITS AGM DURING RCVS DAY last month, the Council welcomed its new members as well as confirming the new appointments to the Officer team.

The five new members of Council – Caroline Allen, Sarah Brown, Danny Chambers, Martin Peaty and Cheryl Scudamore – were invited to take up their seats and their four-year terms. Outgoing president Chris Tufnell, who had stood for re-election, was confirmed for a further four-year term, and Privy Council appointee Richard Davis was confirmed to serve for a further year.

For VN Council, newly-elected member Susan Howarth was formally welcomed to her four-year term by chair Liz Cox.

For the Officer team, supporting Professor May will be Amanda Boog as junior vice-president, Chris Tufnell as senior vice-president and Kit Sturgess as treasurer.

Awards and honours

The Queen's Medal – the highest honour the College can bestow upon a veterinary surgeon – was presented to Dr Barry Johnson for his years of service to clinical practice, veterinary education and public service – including 28 years on RCVS Council and his position as High Sheriff of Lancashire from 2014 to 2015.

The Golden Jubilee Award – which recognises veterinary nurses who take a leadership role in the profession, went to Kathy Kissick, former chair of VN Council and former head of the School of Veterinary Nursing and Farriery at Myerscough College.

The inaugural RCVS International Award was given to French veterinary surgeon Christophe Buhot, former president of the Federation of Veterinarians of Europe. Two Honorary Associateships – an award for lay people who have made a significant contribution in the veterinary sphere – were given to Heather Armstrong from the Gambia Horse & Donkey Trust and Caroline Ferguson.

Awards and honours

The RCVS Fellows were presented with the following awards:

- The inaugural RCVS International Award was given to French veterinary surgeon Christophe Buhot, former president of the Federation of Veterinarians of Europe.
- The Golden Jubilee Award was presented to Kathy Kissick, former chair of VN Council and former head of the School of Veterinary Nursing and Farriery at Myerscough College.
- The Queen’s Medal was presented to Dr Barry Johnson.
- Two Honorary Associateships were awarded to Heather Armstrong and Caroline Ferguson.

RCVS Fellowship awards

- The award for lay people who have made a significant contribution in the veterinary sphere was given to Heather Armstrong from the Gambia Horse & Donkey Trust.
- The award for veterinary nurses who take a leadership role in the profession was given to Kathy Kissick, former chair of VN Council and former head of Veterinary Nursing and Farriery at Myerscough College.
- The inaugural RCVS International Award was presented to French veterinary surgeon Christophe Buhot, former president of the Federation of Veterinarians of Europe.

RCVS International Award

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Tragedies, communities and the political space

THE NEWS OVER THE LAST MONTH has been momentous – for the country, for its government and for all sorts of people.

Perhaps it’s one of our greatest subliminal fears that we might find we’re not safe even in our own beds and, somehow, on the back of serial news stories about those people and organisations who would wish us ill, the catastrophic fire at Grenfell Tower came as an even greater shock for many of us.

The mantra of the moment is that one life lost is one life too many. As the tragic events at London Bridge, in Manchester and at Grenfell Tower so clearly showed us, there remains a widespread willingness among people to come together in times of need; people from all walks of life, different races, faiths and economic strata.

As the tragic events at London Bridge, in Manchester and at Grenfell Tower so clearly showed us, there remains a widespread willingness among people to come together in times of need; people from all walks of life, different races, faiths and economic strata.

In one sense, that reinforces our understanding that community is precious – although that has usually been easier to see in more rural rather than urban settings – and in another sense it draws our attention to the realisation that tragedies change minds, question the establishment and create political space.

Our old way of life was to sit back and wait patiently for someone to fill that space but, in today’s brave new world, that may no longer be a wise strategy.

Few of us doubt that some seismic changes will happen around the world in the next few years and it seems even more important now that our veterinary practices should be at the heart of our local communities rather than as lone sailors on an uncertain sea.

Congratulations to last month’s Pictopuzzle prize draw winner, randomly selected Arron Longman of Guiseley, who answered: ruminant.

RCVS becomes ‘diversity champion’

The RCVS has teamed up with Stonewall, a charity that campaigns for equality for lesbian, gay, bisexual and transgender people, with the aim of ensuring that all people are accepted, without exception, within the veterinary profession.

By becoming a Stonewall Diversity Champion, the RCVS joins over 750 other organisations which are striving to create workplaces that are equal, inclusive and accepting.

Lizzie Lockett, RCVS deputy CEO and director of the Mind Matters Initiative, comments: “We are delighted to be working with Stonewall and will benefit greatly from its expertise and energy. These may not be easy issues to tackle, but we hope that this tie-up with Stonewall will, in itself, send a positive message of our intent to take the issues seriously and make the RCVS, and the veterinary profession at large, as inclusive as possible.

“There are three aspects to the work we plan: first, to ensure the RCVS is a welcoming and accepting employer by integrating inclusion and diversity into all aspects of our organisation; second, to review our policies and procedures around areas such as registration, to make sure that they take account of the diversity within the veterinary profession; and, finally, through our Mind Matters Initiative, we aim to work with our partners to develop inclusive workplaces throughout the veterinary profession. The ability to be oneself in the workplace has a big impact on mental health and well-being, so it’s a core issue for Mind Matters.”

General Election, the mesmerising gavotte inside the SNP about Indyref2, the Grenfell Tower fire and the discovery that young people have an opinion as well as a vote – all herald a significant shift away from what we may come to recognise as a way of life that had served its purpose and was now spent and overblown.

They say that old people live their lives in the past, young adults live their lives in the future and that the young live in the moment. If so, we shouldn’t be surprised that the young find idealistic ambition so seductive; wouldn’t we all if we had not somehow become a tad jaded by the reality of the last two or three decades?

The political avalanche where people around the world have been rejecting big government and elitist politics is based on a widening recognition that millions have been disenfranchised by rampant globalisation and are sensing that this is their moment for powerful protest through the ballot paper.

In his book, Age of Anger, Pantrk Mishra writes that this process has been building since the First World War and even earlier, so a lasting political solution of any colour would now have to take account of ongoing powerful new social media platforms, so it is in politics with divisions opening up between ages, geographies, types of homes and employment prospects. The latest election shows that with absolute clarity and it may well be that some will be left behind.

There is one group who are in real danger of being left behind completely and it might surprise you, as it did me, to know that they are young and sometimes very young indeed.

In 2016, 56,600 exclusions took place from UK primary schools, affecting 33,290 pupils. That’s enough young people to fill White Hart Lane stadium, or similar venues in Derby, Southampton, Cardiff or Leicester.

Overall, every year in the UK there are over 300,000 school exclusions affecting over 200,000 pupils – that’s more than the entire population of Aberdeen, Bolton or Bournemouth – but what is frightening here is that, when we look at young people in young offenders institutions, 88% of them had been regularly excluded from school.

A study on adolescence, conducted in 2013, showed that one in 10 children in the UK feel unable to cope with the school day, and while that might not lead to frank exclusion from school, it remains an enormous statistic and possibly a social time bomb.

We all recognise that this profession has its own problems with growing and ever-changing pressures on businesses and individuals alike, but the fact remains that we are privileged – by intellectual aptitude, by educational attainment and by more or less ensured future prospects for employment and life.

Some might argue that today’s society lacks an economic, moral or spiritual compass but, as the tragic events at London Bridge, in Manchester and at Grenfell Tower so clearly showed us, there remains a widespread willingness among people to come together in times of need; people from all walks of life, different races, faiths and economic strata.

In one sense, that reinforces our understanding that community is precious – although that has usually been easier to see in more rural rather than urban settings – and in another sense it draws our attention to the realisation that tragedies change minds, question the establishment and create political space.

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LIKE MANY VETS I HAVE DONE MY SHARE of travelling and working abroad – before the joys/ties/burdens of parenthood/mortgage/partnership (delete or mix and match as appropriate) limited my globetrotting.

However, I can now start to imagine travelling again and also one of my vets has started musing about going off for a bit. So how useful would it be to have the ability just to swap jobs/vets with a similar practice on the other side of the world?

No costly mortgage payment holiday needed for people, no need to quit a job you may be happy in to do it… Also, employers can let a vet have the benefits of travelling without having to find a replacement or pay through the nose for a locum and their agents.

So imagine my interest when I saw an advert for a company called “VetSwap” (it does what it says on the tin). I had to know more, so contacted Euan McKee at the company to ask some questions.

Who are you? Who is in the company and what inspired you to set it up?

Myself and a friend of mine from Edinburgh Uni, Luke Ramsden, came up with the idea a few years ago. We’re both vets working in mixed practice. I was working in Scotland and Luke in Australia.

We had a friend who wanted to travel and work in Australia for a while, was working in Scotland and Luke in the UK, but also India, Thailand and Australia. Luke has previously worked in the UK and abroad. I have mostly worked in the UK, but also India, Thailand and Australia. Luke has previously worked in Australia for five years and also has experience in New Zealand but has since returned to the UK. So between us, we have accrued a lot of experience of working abroad and know all about the good and the bad of vetting away from home.

What do you think the benefits of working abroad are?

The main benefits of working abroad are the experiences you get from going out of your comfort zone and diving into new challenges. Through VetSwapping you are exposed to new techniques and different ways of practising veterinary medicine that you can take back to your job at home, and this can be very fulfilling. VetSwappers also take new ideas into a practice. For these reasons, VetSwap can count towards CPD.

There is also the added benefit of being in a new and exciting landscape while you do it.

How many swaps are literally a swap, or are most just a loose locum arrangement? One big benefit I can think of for true swaps, for employers like me, is if I had an employee wanting to go and work abroad for a bit this would be brilliant as (a) I get a replacement and (b) my vet has a planned return.

We are not a locum agency; every case is a tailor made one-on-one swap and we ensure that every swap is as close to the requirements of the individuals as possible so that whether you are a small animal vet in London wanting to work in Sydney for six months or a mixed vet in Yorkshire wanting to work in NZ, we’ll find you the right swap.

From that point of view, what is the quality control? The swap must rely on the goodwill of the employers as well as the employee’s wish to travel.

In terms of quality control, we ensure that all VetSwaps are a minimum of two years’ graduated and of course all incoming counterparts must be vetted and verified by the practice owner/manager before any swaps can be agreed to take place.

Do any bosses/senior staff take part (when can I go)??

VetSwap isn’t limited to young assistants. We have had clients of our VetSwap who have been practice owners as well and they have thoroughly enjoyed it.

Is there a way around the full visa requirements for workers? I have just “imported” an Aussie vet, so wouldn’t want to go through the cost and hassle of visa applications very often.

In terms of visas, there are a number of options which don’t require sponsorship, though most of those travelling under the age of 31 will use a working holiday visa which is straightforward and allows you to work for up to a year in Australia and NZ, though this age is soon to be extended to 35.

I see on the website it’s a flat rate. The fee is £899 per person per swap. Currently we operate between the UK, Ireland, Australia and New Zealand, but we have seen demand come from South Africa and the Middle East and look to include these places in the very near future.

Any plans for a purely house swap for vets (another of my ideas)? I am asking not just because I have a nice house by the beach in Devon and it costs me a fortune to accommodate my family of five in London/Edinburgh (yet to go there with them)/any other city.

The swap certainly can include a house, and in fact most of our clients request this. We have toyed with the idea of purely a house swap – we’ve envisaged this to be like a “free” AirBnb community just for vets – but for now we’re just focusing on pushing VetSwap forward.

VDS cover, etc.?

VDS cover depends on how payment is set up. Can be practice VDS if swappers go on to the books. Guild insurance is the most common in Australia, but is also generally provided by the practice.

Are there any parallels in other professions, e.g. doctors, teachers, etc.?

Currently there are no parallels with other professions that we know about; it appears the veterinary industry is leading the way!

In terms of feedback, we swapped an experienced equine assistant from Australia with a partner from a UK practice and she recently provided the following feedback: “I found the swap experience to be a great learning experience and a very fun way to see technique in another location with the security of your own job being there for you to come back to” – Emily, Queensland, Australia.
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IS THE ‘FLUFFY EARS’ BRIGADE HOLDING ANIMAL WELFARE BACK?

THE NEW DONKEY HOSPITAL at the Donkey Sanctuary’s headquarters in Devon is a huge step forward in ensuring that donkeys housed at the sanctuary can receive the best possible veterinary care.

At the same time it will double as a training facility for veterinary professionals and students from across the world. Surely only the most hard-hearted person (and certainly not a veterinary surgeon) could possibly query the worth of such a venture. After all, donkeys are just the cutest little… and therein lies the rub.

I am a veterinary surgeon and I do have some serious reservations about the whole ethos of certain animal charities in terms of what it is they are doing. The Donkey Sanctuary stands out in this respect, but it is not alone. Now clearly in a democracy everyone and anyone is entitled to spend their money in any way they see fit within the confines of the law of the land. And a quick Google search and a look at the Donkey Sanctuary’s 2015 Annual Review reveals an income exceeding £35 million in that year alone.

Which is a not insubstantial quantity of money and supports the view that Britain is a nation of animal lovers.

One could of course consider that this was all to the good and that the interests of animal welfare merited this level of financial support. I suspect that this is the popular view. But I can’t help feeling a little uncomfortable at the huge amount of money that is being spent for what I would consider is probably a very marginal return on investment in terms of animal welfare.

According to the 2015 Annual Review, there were some 6,600 donkeys in the UK under the Donkey Sanctuary’s care, of which nearly 5,000 were resident on Donkey Sanctuary farms and around 1,700 in foster homes around the UK. In other words, there are around 5,000 donkeys that no one other than the Donkey Sanctuary appears to want. Yes, that sounds harsh, but is that not the plain truth of the matter?

Cute and loveable

Now, as I have already alluded, donkeys are very cute and loveable animals with long furry ears, soulful eyes and a generally humble demeanour. Many of us will have fond memories of donkey rides at the beach, and dare I say donkey derbies, where youngsters at a village fete would race donkeys around a winding course while friends and family members bet on who would win.

And of course their Biblical role was significant and well known back in the day and there was a very famous song/Christmas carol entitled Little Donkey which reached number three in the charts in 1960 for Nina and Frederik, which I remember well.

While all the above engenders warm and happy thoughts and feelings, is it any real justification for spending millions of pounds on keeping alive around 5,000 donkeys (that no one apparently wants) in the sort of luxury that many of our ageing and disabled fellow citizens could not possibly even dream of?

Would anybody be prepared to spend a similar amount of money to care for an equivalent number of sheep, goats or pigs?

Has anyone given serious thought to this blatant animal apartheid that seemingly gives credence to the mantra from George Orwell’s book Animal Farm that “all animals are equal, but some animals are more equal than others”?

As far as I can see, donkeys have no greater ethical, moral or “spiritual” right to life than any other species and don’t therefore merit gold standard retirement (from birth in some instances) at huge, albeit voluntary, expense. That quantity of money could very easily be put to improving animal welfare in all manner of more meaningful ways. That’s not to say that I am critical of all the Donkey Sanctuary’s work. Far from it in fact. The work they do in developing countries to improve the care and welfare of working donkeys is rightly to be lauded as it improves the donkeys’ quality of life plus of course the lives of the people who rely on them for making a living or to produce food.

In these circumstances, the use of money to help educate the owners and provide treatment to, or the means to prevent injury or debilitation of, the donkeys in question provides a solution to the welfare deficits experienced by animals that are much-needed by their owners.

But in the case of “homeless” donkeys in the UK, which are clearly surplus to the requirements of the society from which they emanate, humane euthanasia (for human food purposes if possible) is surely the cheapest and indeed the most rational and, I would argue, ethical means by which to prevent their future suffering.

Clearly there will be many reading this who will be aghast at such a suggestion, but I would challenge them to come up with a rational and ethical argument to justify the current status quo without using the terms “cute”, “furry ears” and “soulful eyes”.

The challenge, as in many walks of life, is how we can make the best use of scarce monetary resources to give the greatest return for what it is we are trying to achieve, in this case improved animal welfare. We can only do this if we are prepared to ask difficult questions and discuss the possible answers with clear, rational, critical thinking. In my view, drifting along in a sea of self-congratulation and misplaced sentimentality will result in much wasted money with very little in real terms to show for it.
Common Cancers in Cats – not a dog’s tale

7-27 August 2017:
Common cancers in cats show important differences in presentation, prognosis and treatment with dogs. This course will prepare you for feline owners’ increasing demand of cancer treatment by offering a bench-to-bedside guide to the most common types of cancers in cats and challenge you to solve real life clinical cases. Aimed at vets and vet nurses.

4-24 September 2017: Improving your Microscopy
Ian Wright BVMS BSc MSc MRCS
This course explores the following topics: Module 1: Microscope and lab preparation • Module 2A: Faecal sample collection, storage and examination by direct smear and flotation • Module 2B: Faecal examination by Baermann apparatus • Module 3: Urine sample collection, storage and examination • Module 4: Hair plucking and skin scraping • Module 5: Blood smear and examination • Module 6: Clinical Cases to help delegates understand the concepts presented, there is an online forum to discuss cases and the topics covered • Module 7: Final MCQ exam to gain your CPD certificate.

4-24 September 2017: Skin Cytology for General Practice
Francesco Cian, DVM, DipECVP, FRCPath, MRCS, European Specialist in Veterinary Clinical Pathology.
This course explores the following topics: Module 1: Sampling techniques, slide staining and submission of cytological samples to external laboratories • Module 2: Approach to slide examination and how to write a cytological report • Module 3: Inflammatory skin lesions and response to tissue injury • Module 4: Round cell tumours (skin) • Module 5: Epithelial tumours (skin) • Module 6: Mesenchymal tumours (skin) • Module 7: Clinical cases • Module 8: Final MCQ exam to gain your CPD certificate. Aimed at vets, vet nurses and lab technicians.

4-24 September 2017: High Risk Anaesthesia for Veterinary Nurses
Denise Prisk DipAVN (Surgical), VTS (Anesthesia & Analgesia), LTCL, LCGI, RVN
This course will look at anaesthesia of canine and feline patients that are considered to be of higher than normal risk, either because of disease, age or anatomical variation. For example, anaesthesia of brachycephalic patients, geriatric, paediatric, trauma and various disease states will all be covered. Drug effects on different conditions will be discussed, as will the use of intravenous fluids. Real life case studies will be provided throughout the course. Aimed at veterinary nurses. The individual modules are: • Module 1: Brachycephalic dog breeds • Module 2: Obesity • Module 3: Geriatric and Paediatric patients • Module 4: Caesarean section • Module 5: Gastric Dilation and Volvulus • Module 6: Renal and Hepatic disease • Module 7: Endocrine Disease • Module 8: Trauma • Module 9: Multiple choice exam at end of course and Certificate of Completion. Aimed at vet nurses.

4-24 September 2017: Thoracic Radiology
Andrew Denning BVetMed CertVR DVdi RVCVS. RCVS Recognised Specialist in Veterinary Diagnostic Imaging
This course explores the following topics: Module 1: Introduction and getting a good radiograph, • Module 2: Reading a radiograph. • Module 3: Thoracic anatomy for radiography. • Module 4: Lung patterns. • Module 5: Conclusion and cases to report. • Module 6: MCQ exam and Certificate of Completion.
Course format: Online with downloadable course notes, with clinical cases to work through and debate in the forum. Aimed at vets.
Warning issued about bogus vet

THE RCVS has issued a warning to veterinary practices not to employ a bogus vet who steals the identity of legitimate registered members in order to practise fraudulently.

Peter Keniry, who has convictions dating back to 1986 in his native South Africa for fraud and impersonating a veterinary surgeon, has been known to possess documents in the names of registered members of the profession in order to support his fraudulent applications for employment. In the past, he has been able to gain employment in large and small animal practice and greyhound racing. He is known to have ties in Norfolk, Swindon, Somerset and possibly Cornwall.

Michael Hepper, chief investigator at the RCVS, has worked with several police forces in order to bring Mr Keniry to justice. He commented: "Peter Keniry's modus operandi is to steal the identity of properly registered members to obtain work as a veterinary surgeon. As he impersonates members of the College whose names are legitimately on the Register, this can make it extremely difficult, even for practices that do check prospective employees' credentials, to identify him. He is well-known to the College and to the police having been convicted in 1998, 2001, 2005 and 2011 and has served custodial sentences for practising as a veterinary surgeon and fraud.

"[He] is a repeat offender and we suspect that he will continue to re-offend." The RCVS Professional Conduct Department can be contacted on professionalconduct@rcvs.org.uk or 020 7202 0789.

BBVA drive for bee-friendly practices

"Did you know that it takes an incredible two million flowers to make 500g of honey? And that a third of the foods we eat require pollination? But that 97% of wild flower meadows in the UK have disappeared, and that honey bees across the world are under threat from a devastating parasite?"

So asks Agria Pet Insurance, which says it is statistics like these which have led the firm to support the British Bee Veterinary Association (BBVA) with a £500 donation to help spread awareness of the problems faced by bees. Agria is now working with the association to encourage practices to sign up.

The BBVA was formed two years ago in response to an increase in queries to the RCVS from both veterinary professionals and the public about bee sustainability. Its aim is to highlight the trouble that bees are in and the critical environmental role they play, and illustrate the small things everyone can do to make a big impact.

The three main issues faced by bees, the BBVA says, are:

1. Reduction in habitat and wild flora. The devastating effect of the parasite, the Varroa mite, on honey bees in particular. However, the Varroa mite has become resistant to the miticides used to control it, so alternative methods are under constant research.
2. Pesticides and agrochemical use. So, Agria says, when it comes to spreading awareness about the plight of the world's most valuable species, what better place to start than with veterinary practices?

The Bee Friendly Practice initiative has been developed by the BBVA to encourage veterinary practices to extend their creature care beyond the clinic door – by planting bee-friendly plots, window boxes or containers to provide extra food for bees. Practices can increase their involvement by joining the BBVA, for which they'll receive a practice pack filled with leaflets, posters, window stickers and a garden sign to promote their “Bee Friendly” status, while encouraging clients to join in.

Becoming a member, the association says, is a crucial step towards offering tangible help to the long-term outlook of bees, by providing funding for research and ongoing education. It also offers vets interested in bee health and disease and veterinary interests in livestock health and disease with regular meetings and events.

Although here at Agria we only insure cats, dogs and rabbits, we totally understand that every animal has a place in our world and supporting an organisation such as the BBVA, which encourages participation in the welfare of our bees and the environment, is something we just had to say yes to. I am really looking forward to supporting the BBVA in gaining more support from veterinary practices throughout the UK and helping our buzzy friends to survive."

To find out more about the BBVA and how your practice can get involved, visit www.britishbeevets.com. For further information about how Agria Pet Insurance supports veterinary practices, visit www.agriapet.co.uk/veterinary or call 03330 30 83 90.

Honorary degree for Moredun CEO

PROFESSOR Julie Fitzpatrick, scientific director of the Moredun Research Institute and chief executive of the Moredun Group, received an honorary degree from Edinburgh Napier University on 29th June.

The professor was awarded an OBE in 2014 for services to animal health and science. She also holds a chair in Food Security in the College of Medical, Veterinary and Life Sciences at the University of Glasgow and sits on numerous scientific advisory bodies within Scotland, the UK and internationally, and has research interests in livestock health and disease in the UK and in developing countries.

Professor Fitzpatrick worked as a vet, a research assistant and a lecturer earlier in her career.

Finance firm’s prize draw winner

KATY Slatford of Castle Vets, based in Reading, has won a luxury two-night stay at Gleneagles as part of Braemar Finance’s 25th anniversary celebrations.

David Foster, managing director of the firm, comments: “2017 is a special year for our business because it marks a real milestone in our continued development and growth. When we started out in 1992, we offered professions finance primarily to the dental, optical and veterinary sectors but have since grown to incorporate finance for the medical, accountancy, legal, pharmacy and funeral sectors throughout the UK. We have in recent years also extended our main finance facilities into Southern Ireland.

“The introduction of our patient finance facility, Fast Track, has also been pivotal for both ourselves and practices because it offers patients funding for procedures or treatment plans, at an affordable monthly cost, all in a matter of minutes."

“I am proud of our people, who have consistently delivered an incredibly high standard of customer service and commitment to both businesses and individuals. Testament to this is the amount of repeat business and wonderful customer testimonials we have received during the past quarter century.”

Eight days in the jungle for orangutans

Three members of J.A.K Marketing’s staff will be undertaking an eight-day fundraising jungle trek this October through the Sumatran rainforest with two members of Orangutan Veterinary Aid (OVAID), sleeping mainly in tents and huts. They will be taking with them vital supplies, donated by a variety of companies. Vet Nigel Hicks and his wife Sara Fell Hicks have been working with orangutans in Borneo since 2009. Through their experiences they recognised a need for the provision of veterinary equipment, medicines and practical veterinary mentoring to orangutan rescue groups and rehabilitation centres in Indonesia and Malaysia. Initially through friends they raised funds to enable them to buy equipment, which they purchased and took out to Indonesia. It soon became obvious that a more formal structure was needed and in early 2014, OVAID was established.

The charity supports vets working at the front line of orangutan rescue whether this is from illegal pet homes, human orangutan conflict or the illegal wildlife trade. These vets and their teams are often working in difficult, demanding and dangerous conditions with minimal equipment, J.A.K Marketing says. Recognising the importance of practical help, Nigel and Sara spent as much time as possible each year volunteering at Indonesian rescue centres. J.A.K’s Jane, Sophie and Michelle are looking forward to the trek: “On the way, we will be planting trees into re-claimed palm oil plantations and meeting some of the orangutans OVAID have helped to save in the centres and hopefully see them back in their natural habitat at the release site.” For further information, see http://www. ovaid.org, or to donate to the cause, head to https://www.justgiving.com/fundraising/ovaidsumatratrip; or contact Michelle or Jane on 01347 878697. The photo shows Jane, Ray (the firm’s purchasing manager, who has liaised with suppliers who have donated over £8,000 of equipment so far) and Michelle with some of the equipment already donated.
New and updated intravaginal device
BUILDING on the PRID Spiral (launched in the 1980s) and PRID Delta (2010), Ceva Animal Health has introduced the PRID Delta Grip Tail (GT) – a “new and updated” version of the well-known progesterone-releasing intravaginal device.

The product retains the properties of PRID Delta and now comes with a new and easy-to-use grip tail, which makes it easier to extract from the cow, Ceva says.

A smaller applicator with a bevelled tip means it is more suitable for use in heifers, and the applicator is more robust, leading to “a reliable application and a better user experience”, it says.

PRID Delta GT contains 12% more progesterone than a T-shaped device and its larger surface area (29% greater) results in higher progesterone levels in the cow.

Single injection for atopic dermatitis
ZOETIS has launched Cytopoint (lokivetmab), which it says is the first monoclonal antibody approved for veterinary use in the EU. A single injection of Cytopoint treats the clinical signs of atopic dermatitis in dogs, including itch and inflammation, for up to one month.

It is a ready-to-use, sterile solution for injection which begins working within eight hours, Zoetis says, and delivers one month of relief from the clinical signs of canine atopic dermatitis, allowing damaged skin the chance to heal.

The product is licensed for dogs of any age, even those with concomitant diseases and can be used with many common medications, including vaccines.

The recommended minimum efficacious dose for the treatment of clinical manifestations of atopic dermatitis in dogs is 1mg/kg, which can be repeated monthly. It will be available in single-dose vials containing 10, 20, 30 or 40mg/kg of lokivetmab.

Spironolactone launched
CEVA Animal Health has launched Prilactone Next, for the treatment of congestive heart failure caused by degenerative mitral valve disease in dogs.

Replacing Prilactone and Tempora, which are being discontinued, the new product is available in three presentations of 10mg, 50mg and 100mg. It comes in easy-break, chewable tablets to more easily achieve the required dose: the 10mg tablet has a two-way split for a dog between 2.5kg and 5kg, while the 50mg and 100mg tablets have a four-way patented clover-shaped design with the 50mg for dogs between 18.1kg and 25kg and 100mg for dogs between 37.6kg and 50kg.

It is available in boxes of three blisters of 10 tablets for the 10mg and 50mg presentations and three blisters of eight tablets for the 100mg presentation for easy dispensing and storage in practice.

Parasiticides combination
ZOETIS has launched Stronghold Plus (selamectin/sarolaner), a topical combination of parasiticides that protects against fleas, GI worms, heartworm, ear mites and lice. The combined action of selamectin and sarolaner broadens the spectrum and extends the duration of protection so that the product kills fleas and ticks within 24 hours for five weeks, with no drop in efficacy at the end of the dosing period, Zoetis states.

Available in an “easy-to-use, low volume dose that facilitates a gentle complete application”, it is indicated for use in kittens as young as eight weeks.

The launch of Stronghold Plus represents the first approval of sarolaner for use in cats, and Zoetis believes that “sarolaner is a promising platform for future product lines and lifecycle innovations”.

New campaign on stress awareness
LINTBELLS has begun a new campaign – YuCALM “Happy Dogs, Happy Days” – which aims to drive awareness of stress and anxiety in dogs and how veterinary practices can help.

It’s estimated that nearly one in four dogs are stressed by car travel and as many as 80% show an undesirable response to strangers, Lintbells states – these events are common during the summer months.

Practices which haven’t already received support packs can contact Lintbells on 01462 514239 or e-mail vet@lintbells.com. Display kits aim to help practices make clients aware of the warning signs of stress and anxiety in their dogs and provide a talking point. There is also “a comprehensive digital tool kit” available, including social media posts, e-mailers, infographics and banners, as well as an educational video.
Veterinary botanical medicine: from historical use to contemporary need

THE USE OF HERBAL TREATMENTS within veterinary medicine is not a new phenomenon, nor has it always been considered alternative! Ever since veterinary medicine as a discipline began, in Europe in the 17th century, plants have been an important part of veterinary medicine. A browse through any of the editions of Veterinary Medicines: Their Actions and Uses by Dr Finlay Duns – lecturer on materia medica and dietetics at the Edinburgh Veterinary College – is in effect a look at veterinary botanical medicine, the very basis and foundation of our profession.

Words like demulcent, stomachics, tonic, astringent, purgative, nerve, and depurative, decoctions, tinctures – all part of the herbal language today – were part of our professional language right through the 1800s and early 1900s.

Dr Duns (1854 edition) wrote of chamomile: Chamomile flowers have a hot bitter taste and a strong aromatic odour. They contain a bitter extractive matter, soluble in both water and alcohol, a small quantity of camphor, and a volatile oil which, when first distilled, is of a beautiful blue colour and is the chief active principle of the plant. Chamomile flowers are stomachic, carminative and mildly tonic. Their stomachic and carminative properties depend upon the volatile oil… given to horses and cattle in doses of one to two ounces… and in the form of formentations and poultices used to remove external inflammations.

Our veterinary forefathers had an empirical knowledge of botanical medicine which is supported by research today. Chamomile (German Chamomile, Matricaria recutita L., Asteraceae) is one of the most popular medicinal plants today as an herbal tea. It is well tolerated by cats and dogs.

Chamomile decoction is protective against diarrhoea induced by castor oil in rats – having potent anti diarrhoecal and antioxidant properties confirming its use in traditional medicine.2 The tea is gastroprotective against ethanol-induced gastric ulcers in rats, is spasmolytic3 and hepatoprotective.4 Chamomile tea in humans with type 2 diabetes (3g in 150 hot water three times daily), compared to placebo, significantly decreased glycosylated haemoglobin, serum insulin levels and insulin resistance as well as increasing antioxidant status.5

Topically, chamomile tea has been shown to be anti-inflammatory and effective in the treatment of chemotheraphy phlebitis.6 Chamomile has a reputation for relieving anxiety. The essential oil of chamomile is evident in the smell of chamomile tea and the oil demonstrates pharmacological activity in animal models of anxiety.7

Many other herbs have been part of our orthodox pharmacopoeia. These include herbs such as ginger, aloe, peppermint, cascaria, senna, linseed and others that feature in the veterinary pharmacology and medical texts right into the 1960s.

Why use an herb? So why use an herb when we have well-researched, established medicines for many veterinary conditions? Where a conventional medicine is both safe and effective, it makes sense to use them. And while we currently have good treatment options, we are still challenged by diseases like cancer, allergies, autoimmune and degenerative diseases in animals. Botanical medicine can be applied to conditions and health maintenance across the production animal industry and companion animals for a number of reasons, including:

- alternatives to growth promoters, antibiotics and anthelmintics in the face of resistance issues;
- growing consumer demand for organic produce;
- human health and environmental concerns about chemical and drug use and residues in livestock, in aquaculture and poultry and on companion animals;
- treatment options for animals that are refractory to conventional care, suffering drug-related side-effects or where conventional options have a low evidence base or safety concerns;
- the rising demand by companion animal owners for botanical medicines as a preferred method of treatment.

The science is supportive of botanical medicine: a recent (2015) review in Veterinary Pharmacology and Therapeutics reports promising effects of many Western and Chinese herbal medicines for treating parasitic diseases caused by protozoa and metazoan, and broad activity against bacteria and fungi. The review lists the main findings and methodologies of the latest research on herbal medicines, recognising the current issues regarding indiscriminate use of chemicals and antibiotics in aquaculture.8 A recent study published in the Journal of Parasite Diseases demonstrated that the anthelmintic efficacy of crude neem (Azadirachta indica) leaf powder against strongyle infections in cattle was equivalent to fenbendazole when compared to infected untreated controls.

The recognition of the potential of botanical medicine to improve equine healthcare and expand treatment options is exemplified by investigations into multiple plant agents for challenging conditions such as Prunella vulgaris for equine infectious anaemia virus (ELAIV)9, and a review by Tinworth et al. (2010) in the Veterinary Record on the potential for botanical medicines to manage insulin resistance and hyperinsulinaemia in non-obese horses based on human and laboratory animal data.10

Plant-derived products called botanicals, phytotherapies, and also phytobiotics are used extensively in feed to improve pig performance.11 Aside from having antimicrobial activity, these products potentially provide antioxidative effects, enhance palatability, improve gut function or promote growth.12

These examples should make us reconsider veterinary botanical medicine as not so much of our past, but of our future too.

References

Barbara Fougere, BSc, BVMS(Hons), MODT, BHS(CMed), MHSc(Herb Med), Grad DipVA, Grad DipVCHM, Grad DipVWHM, CVA(IVAS), CVBM, CVCp, CMAVA, is a 1986 graduate from Murdoch University Veterinary School in Western Australia. She practices in Sydney, exclusively in veterinary integrative medicine. She holds a Master’s degree in Herbal Medicine and a Bachelor degree in Complementary Medicine as well as Graduate Diplomas in Veterinary Western Herbal Medicine, Veterinary Chinese Herbal Medicine and Veterinary Acupuncture. Dr Fougere has served on the Australian Veterinary Association Policy Council, Therapeutic Advisory Committee, Feline Health Research Fund and has held positions as president of the Australian Veterinary Acupuncture, president of the Veterinary Botanical Medicine Association, House of Delegates IVAS and president of IVAS. She is currently the chairperson for the American College of Veterinary Botanical Medicine. She co-authored two veterinary texts: Veterinary Herbal Medicine 2007 and Integrating Complementary Medicine into Veterinary Practice (2008). Dr Fougere is principal of the College of Integrative Veterinary Therapies, a registered training organisation that provides courses in evidence-based natural medicine to postgraduate degree level. She can be contacted at collegeoffice@civetedu.org.
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Online MVD murmur quiz launched

BOEHRINGER Ingelheim has launched a “Meaningful MVD Murmur” online quiz which offers vets the chance to test their knowledge and hone their skills to detect correctly when a mitral valve murmur is clinically significant in dogs.

Hosted on the Boehringer Academy website – www.boehringer-academy.co.uk – the three-minute quiz enables veterinary professionals to listen to 15 murmurs and decide whether each one is clinically significant or not. After they have made a choice, participants will be told the grade of the murmur and if further investigation should be considered to determine if the dog has cardiomegaly. This is important since dogs with MVD and cardiomegaly are more likely to develop heart failure within one to two years, says the firm.

Busy five days at world feline congress

THE International Society of Feline Medicine (ISFM) welcomed over 600 vets and 350 nurses and technicians to its World Feline Veterinary Congress in Brighton.

Over the course of five days from 28th June to 2nd July, the Grand Hotel was taken over by ISFM and its feline-friendly veterinary delegates from 31 countries, including as far afield as Brazil, South Korea and Singapore.

Delegates attended over 28 hours of CPD which included a pre-congress day, dentistry wet labs, five sponsored symposia, two masterclasses and a main congress stream covering feline endocrinology and feline cardiology.

The 18 speakers and feline experts included Dr Mark Peterson and Professor Claudia Reusch leading on endocrinology, and Kieran Borgeat and Professor Virginia Luis Fuentes presenting the latest findings in cardiology.

Running alongside the scientific programme was a busy commercial exhibition and a poster room showcasing original research, case series and case reports from 17 individuals who all received a 50% discount on the cost of their congress registration.

Social events included cocktails and canapes on the first evening courtesy of Boehringer Ingelheim. On Thursday was the ISFM/Hill’s Welcome Reception – which also celebrated ISFM’s 21st birthday – at the new British Airways i360 which included a flight on the world’s first vertical cable car followed by a night of dancing to local band The Talent.

Friday saw fish and chips on Brighton’s pier courtesy of Boehringer Ingelheim with live music from funk and pop band Oomph!, and there was prosecco and cupcakes after lectures on Saturday afternoon thanks to IDEXX.

Kieran Borgeat and Virginia Luis Fuentes presented on cardiology.

Courses and congress from CPD provider

VETCPD is gearing up for a busy period with a new course beginning this month and its CPD congress taking place in September.

Common Cancers in Cats will run from 7th to 27th August. Presented by Chiara Penzo, a European and RCVS Recognised Veterinary Specialist in Oncology, the course will cover the important differences in presentation, prognosis and treatment compared with dogs. Topics include: feline lymphoma, mammary tumours, injection site sarcomas, oral tumours, skin tumours and mast cell tumours, plus a final MCQ exam to gain the CPD certificate.

The VetCPD Congress takes place on 21st and 22nd September. Combining “cutting-edge CPD with a UNESCO World Heritage City”, VetCPD invites vets and vet nurses to “come and enjoy the CPD provided by 15 speakers from the UK, Ireland and Australia, with dedicated lecture streams for vets and nurses”. Tickets start at £139 (plus VAT) for a single day ticket and £249 (plus VAT) for a two-day ticket. See www.vetcpdcongress.co.uk for more information.

For vets and nurses who prefer to do their CPD from the comfort of an armchair, there will be a total of five courses running in September: Improving your Microscopy with Ian Wright; Skin Cytology for General Practice with Francesco Gian; Thoracic Radiology with Andrew Denning; the return of the popular High Risk Anaesthesia for Veterinary Nurses run by Denise Prisk; and Developing Emotional Intelligence in Puppies with Sarah Heath, which runs for a total of six weeks.

See www.vetcpd.co.uk for further information. Online courses and congress tickets can be purchased online or by calling 01225 445561.
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A 12-year-old neutered domestic short-hair cat was presented with a mass on the lingual aspect of the caudal right mandible. The patient had experienced two surgical procedures over the previous two years, but the osteosarcoma had continued to grow, causing the tongue to protrude from the oral cavity. The authors describe their strategy for removing the diseased bone and replacing it with a customised 3D printed titanium prosthesis. The term maxillary sinusitis. The affected tooth was surgically removed, but six months later the patient was re-presented with a nasal discharge. Further surgery was performed in which a sinus lipoma was identified and removed.


Fracture patterns and fracture resistance of canine teeth in dogs
Stephanie Goldschmidt and others, University of Wisconsin-Madison
Our understanding of the mechanical and physical properties of the teeth in animals is limited. The authors carried out a study evaluating the influence of force direction on fracture resistance and fracture pattern of canine teeth in an ex vivo dog cadaver model. Forty-five canine teeth extracted from laboratory beagles were secured within a universal testing machine and loaded in different directions. Their findings suggested a significant influence of force direction on fracture pattern and further work may help identify factors associated with tooth fractures in clinical patients.


Buccal feed impaction and surgical correction in captive reindeer
Bethany Holliday and others, University of Prince Edward Island, Canada
A captive eight-year-old female reindeer (Rangifer tarandus) was presented for the evaluation of swelling to both cheeks of one-month duration. The owners reported that several members of the herd had displayed similar signs. Clinical examination revealed stretching and laxity of the cheek muscles and buccal feed impaction. The defect was surgically repaired in the field under deep sedation and local anaesthesia. The patient recovered uneventfully and the long-term prognosis appears to be good. The authors suspect a dietary element to the pathogenesis of this condition, although other factors may also be involved.

Canadian Veterinary Journal 58 (6): 582-584.

Supernumerary cheek tooth in a horse skull found in an archaeological context
Edyta Pasicka and others, Wroclaw University, Poland
Animal remains are among the most common findings during excavations of archaeological sites. The authors described a feature of a mandible belonging to a morphologically mature horse of the late Byzantium period (i.e. late 15th century) discovered during excavations at Theodosius harbour in Istanbul, Turkey. The horse had a developmental abnormality in the form of a supernumerary molar tooth, a rare finding in archaeozoological materials and the first example found during investigations of sites from this particular period.

Equine Veterinary Education 29 (5): 266-269.
THE PRACTICAL ASPECTS OF DENTAL RADIOGRAPHY

DENTAL RADIOGRAPHY IS A GROWING FIELD in general veterinary practice, and rightly so. Dental radiography opens a huge volume of information that allows accurate decision-making regarding disease processes and treatment options.

For a long time, dental radiography was only used by those professionals who carried out advanced dental procedures. But now, in a straw poll of delegates attending various CPD events and lectures, my estimation is that perhaps a third of veterinary practices now have dental radiography. This article is going to look at some of the practical aspects of dental radiography, including different types of system that are available, and how best to get diagnostic images.

Dental radiography systems

As with standard x-ray systems, there are two broad categories of dental radiographic equipment for image capture. There are indirect (or CR) systems and direct (or DR) systems.

CR systems

CR systems can be further broken down into dental-specific systems (Figure 1) and systems used to adapt existing standard image capture cassettes (Figure 2; overleaf). These systems utilise digital phosphor films, which are exposed to x-rays while positioned within the mouth. The film is then removed from the mouth and placed within a processor which reads the film and produces an image on a computer screen.

For each exposure, a barrier envelope is required to protect the film, which is then removed as the film is placed in the processor. For dental-specific systems, films are processed individually. For the adaptor cassettes, several films are mounted within a standard CR cassette which can then be processed together. CR systems usually have more than one size of film, often with size 2 and size 4 films available. CR films have a lifespan of approximately one to two years depending on their use, as they will become scratched and will therefore need to be replaced.

DR systems

DR systems utilise a digital sensor which is connected to the computer by a wire, usually to the USB port (Figure 1a and 1b. The CR7 is a typical CR dental x-ray system whereby phosphor films are exposed while within the mouth and then inserted into the processor for the image to be read.)

Matthew Oxford, BVM&S, GPCert(SAS), MRCVS, is one of only a handful of veterinary dentists in the UK. He provides a referral veterinary dental and oral surgery service as New Forest Veterinary Dental Service at Lumbry Park Veterinary Specialists, South Devon Referrals, Stone Lion Veterinary Hospital in Wimbledon and at his main base in Christchurch, Dorset. His main area of interest is in endodontic (root canal) treatment of fractured and devitalised teeth.

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The sensor is exposed to x-rays while positioned within the mouth. The sensor then processes the image, which will appear on the computer screen within a few seconds, without any need for further processing.

A new barrier envelope is required for each patient. DR systems in general only have a single size 2 sensor available. DR sensors are very hard-wearing and will last many years. Their weak point is often the point where the cable attaches, which can often be replaced if damaged.

**Image quality (Table 1)**

For the most part, dental-specific systems, either CR or DR, have a very similar image quality. Image quality and resolution in dental radiography is measured in line pairs per mm (lp/mm). The higher the number, the better the resolution.

Most dental-specific systems have a resolution of over 25lp/mm. Some CR systems quote higher theoretical lp/mm resolutions, but this is achieved using single-use films. One must be very careful of some dental-specific systems, as not all offer such a high resolution.

Systems used to adapt existing standard CR x-ray do, however, often fall behind the dental-specific systems. Typical CR conversion systems have a resolution of 5-8lp/mm, which is only 20-30% of the dental-specific systems.

Reduced image resolution can make assessment of pathology difficult. In particular, assessment of tooth resorption in cats can be much more challenging, as the clearest image possible of the periodontal ligament space is required to be able to assess external root resorption (Figure 4).

**Flexibility**

With their variety of film sizes, CR systems are more flexible than DR systems. Indeed, CR systems can be used outside of just dental imaging and can be used in the radiography of distal limbs and for exotic animal work.

**Ease of use**

DR systems, in the author's opinion, are far easier to use. In particular, they make it far easier to learn dental radiography techniques. As the DR sensor stays within the mouth for processing, all the equipment (sensor and generator) stays in the same place between exposure and the image appearing.

This is important, as especially when learning dental radiography positioning techniques, the position of either the sensor or the generator can be wrong. As the equipment doesn’t move, it is very simple to adjust the positioning to improve the image.

With CR systems, as the film is removed from the patient’s mouth for processing each time, an additional variable is created.

Therefore, the clinician must remember where the film was positioned if any adjustments need to be made to positioning.

Secondly, the speed of image production is far faster with a DR system than with a CR system. There is always an element of time taken for film processing with a CR system that is not required for DR.

**Positioning for dental radiography**

There are again two broad options for learning how to position for dental radiography: either the clinician can position the patient according to a set of predetermined angles, or they can use a bisecting angle technique.

Learning radiography from a set of predetermined angles may at first seem the most straightforward way of producing images. However, like many shortcut techniques, it has its limitations.

As vets, we treat a vast number of dog breeds with a huge variation in their size and relative anatomy. Therefore, if we just try to use a set of predetermined angles, then we will soon find that many of our patients don’t fit those angles.

If having taken the image the clinician isn’t happy with the result, unless they understand the principals of how the original angle was generated, there is little chance of being able to improve that image by repositioning.

Sometimes this can be overcome by taking an image of a full dental arcade. The drawback of this is that it goes against our need for dental radiography, whereby we are aiming to focus down on one or two teeth to avoid the problems of superimposition and artefact from beam divergence.

This is where the necessity to learn the bisecting angle technique becomes apparent. By learning this technique, the clinician can calculate the correct angle that the x-ray generator should be placed at by assessing the position of the film/sensor relative to the long access of the tooth.

It can be used therefore for any tooth with any film/sensor position. It is not a difficult technique to learn and once it is mastered, dental radiographic positioning becomes very straightforward. Numerous texts, articles and courses are available that cover the bisecting angle technique (Gorrel, 2004).

**Full mouth radiography or not?**

Full mouth radiography is mandatory for dental assessment in all cats undergoing dental treatment for the assessment of tooth resorption. This is incredibly common and the only way that pathology can be assessed and treatment options decided upon is by using dental radiography (Lommer and Verstrate, 2000).

A large proportion of lesions cannot simply be assessed by oral examination as the lesions cannot be seen in full. In this case, the only way to assess the lesion is by radiography. While much of the disease processes still affect the roots or their surrounding bone, there is often an indicator that pathology is present.

**Conclusion**

This article has covered some of the more practical aspects of dental radiography posed to practices and clinicians. These are becoming more apparent as more and more practices look to invest in dental radiography systems.

**References**


| Table 1 |
|-----------------|---------------|-----------------|
| System          | CR or DR      | Theoretical resolution (lp/mm) |
| Schick 33       | DR            | 37              |
| VetPro DR       | DR            | 26              |
| CR7 (Durr)      | CR            | 25 (up to 40 with single use films) |
| Nomad Pro 2     | CR            | 14.3            |
| CR30-X Dental   | CR            | 5-8             |

**MoU signed for new joint veterinary school**

KEELE University and Harper Adams University have signed a Memorandum of Understanding announcing that they are in exploratory talks to establish a new veterinary school.

The new vet school would provide five-year degrees leading to a Bachelor of Veterinary Sciences (BVSc) qualification; training would be delivered on both university campuses in partnership with local clinical providers and industry. Accreditation would be sought from the RCVS, enabling graduates to register and practise as vets upon the award of their degree.

Vice-chancellor of Keele University, Professor Trevor McMillan, says the two universities share a common philosophy of providing an outstanding learning and teaching experience; Dr David Llewellyn, vice-chancellor of Harper Adams University, adds: “Harper Adams has a long and proud history of working with the rural sector, and our teaching and research specialisms in agriculture and animal sciences will complement Keele’s established track record in the fields of life sciences and medicine. We are excited by the prospect of a joint veterinary school.”

As well as being a new provider in the region, the school will reach out to those who may not have traditionally considered a career as a vet. The institutions’ joint commitment to social mobility and the school’s dual location within the rural communities of Staffordshire and Shropshire and on the edge of the urban Stoke-on-Trent conurbation will make it “ideally placed to offer opportunities not currently available in the area”.

Further discussions and detailed business planning will be undertaken over the coming months, with a view to a further announcement later in the year.

3. The sensor is exposed to x-rays while positioned within the mouth. The sensor then processes the image, which will appear on the computer screen within a few seconds, without any need for further processing.

4. High-resolution images are required for accurate assessment of tooth resorption in cats. In this radiograph, the right mandibular 4th premolar is undergoing tooth resorption, but the two roots are at different stages of the disease process.
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Assessing pain in practice and at home

TREATING THE OWNER’S ANXIETY should be a practitioner’s first priority when a dog is presented with seizures, the audience was told at the VetsNorth meeting in Manchester on 21st June. Pip Boydell, from the locally-based Animal Medical Centre referral clinic, argued that clients should be encouraged to take a “philosophical and rather fatalistic approach” to their role in managing a condition that can be controlled, but rarely cured.

He pointed out that this is more likely to be achieved if the owner appreciates that epilepsy is not a welfare issue for their dog. Like humans with the same condition, dogs are likely to have no memory of a seizure episode when they regain consciousness and cannot be considered to have suffered.

However, he warned that every incident of uncontrolled electrical activity in the brain was likely to cause damage. “We know that the human brain can suffer injuries from, say, heading a football and it is likely that children will be banned from playing some sports in the next few years. Those things we think of as producing very little trauma can have significant effects and so minor seizures may be more important than we sometimes believe them to be.”

As a result, even well-controlled seizures are likely to shorten a pet’s life. But there is no reason for the owner to regard epilepsy as any different to chronic heart or kidney disease – each is a condition that may be controlled with appropriate management but which will inevitably reduce the animal’s life expectancy.

Dogs with primary epilepsy – rather than those with signs related to other processes such as tumours – are likely to continue to have the occasional episode throughout their lives. So the clinician’s goal must be to reduce the frequency and severity of these events. But what should be the target figure for the number of incidents a year?

Dr Boydell said the answer depended entirely on the attitude of the owners and warned that it was often difficult for the family to reach a consensus on decisions to euthanise an animal that is experiencing regular, severe episodes. The proportion of the human population that has experienced at least one seizure episode is extremely high and the same is likely to be the case in dogs. Dr Boydell believed that a useful rule of thumb in deciding whether to treat the animal as an epileptic patient was: “If it happens once, think about it. Twice, then talk about it. Three times, then do something about it.”

Neither the owner nor vet should rush into putting an animal on medication given the high risk of adverse effects with the currently available treatments, he said. Treatment should also be withheld until the clinician is absolutely certain that the condition actually is epilepsy. There are a wide range of other neurological, medical and behavioural conditions that may produce similar clinical signs and so the vet should work systematically to eliminate all these various differential diagnoses.

For a dog presenting with status epilepticus, Dr Boydell recommended diazepam as a first-line treatment as this may be rapidly effective when administered rectally, thus avoiding the risk of staff being bitten when trying to deliver an oral treatment.

The drug will produce rapid effects when given by this route and nurses at his clinic are encouraged to give such treatment to any animal that is fitting in the waiting room, or where there is no vet able to help.

Although phenobarbital is generally considered to be the standard treatment for epileptic seizures in dogs, Dr Boydell believed there are better options available. Putting manual pressure on the patient’s eye has been shown to be useful in some cases in bringing a seizure under control.

“Ocular compression doesn’t work every time, but it is effective on occasions, it is quick and costs nothing – and in the eyes of the client it makes you look like a Greek god,” he joked.

A more conventional approach was to administer the drug levetiracetam, which has been used in treating epilepsy in human patients and shows potential in the treatment of a range of other neurological conditions, such as stroke, Tourette’s syndrome, anxiety and Alzheimer’s disease.

He acknowledged that the drug was not authorised for use in dogs, but clinical experience has shown that it is more effective than the other options and, at present, there is still no licensed product available for canine patients.

Surgical treatment is not a genuine option at the moment in dogs, as it is impossible to predict when the seizures will occur and to scan the patient to identify which part of the brain is the focus of the abnormal activity.

Another approach that has been investigated as a potential treatment for epilepsy in human patients is to sever the corpus callosum, the neural bridge between the two brain hemispheres. This may localise the abnormal activity and reduce the severity of any later seizure. He predicted that this would attract increasing attention as a possible surgical treatment for the condition in dogs.

Assessing pain in practice and at home

IF A TREATMENT OR PROCEDURE can potentially cause pain for a patient, then it is sensible to give that animal the benefit of the doubt and to automatically provide preemptive analgesic treatment?

Not according to Dr Jo Murrell from the University of Bristol and a European specialist in veterinary anaesthesia and analgesia. She warned colleagues attending VetsNorth that the risks of side-effects with the commonly used analgesics meant it is essential to try to assess the animal’s pain experience before providing treatment.

She pointed out that an animal that becomes “spaced out” under the influence of opioid analgesics may lose interest in eating and drinking, but if its stomach is not already empty there is also a risk of retching and aspirating the contents. Meanwhile, non-steroidal anti-inflammatory drugs are capable of causing serious damage to the gut, sometimes after only a single dose. It is therefore essential to try to assess the degree of pain experienced by the patient to avoid the risks of side-effects, she said.

In a clinical setting, careful observation of the animal’s behaviour is the most reliable way of determining whether or not it is in pain, but she recognised that there are still challenges in differentiating between the response to pain and the effects of the fear and anxiety that many patients experience when hospitalised. It is also important to bear in mind the species, breed and individual differences in the way that animals respond to pain, she said.

The use of pain scoring systems such as the Glasgow Composite Pain Scale have become more widely used in first opinion practices over the past few years and she recommended that all practices should ensure their veterinary and nursing staff are trained in applying such scales.

The GCPS system is freely available online (http://newmetrica.com/ cmms/), is quick and easy to use and has proved a reliable way to detect various forms of acute pain in dogs, and more recently in cats. That particular scale has now been adapted to include assessments of an animal’s facial expression like those originally developed to identify pain in laboratory animals.

Intriguingly, further studies in rodents have demonstrated that the “pain face” response is the first reliable method of distinguishing between the sensory and emotional components that are involved in an animal’s response to acute pain.

Animals with injuries to those parts of the brain associated with the emotional response show no facial changes when exposed to a painful stimulus, but will continue to show other physical reactions, Dr Murrell explained.

As the results of using the pain scale are fairly consistent between different observers, the GCPS makes it a practical tool to monitor patients recovering from major surgery. “Putting a number to the pain level helps with decision-making about the requirement for rescue analgesia and makes it easier to track changes in the level over time,” she said.

The Glasgow scale has been validated for assessing the degree of pain felt as a result of surgery, trauma and various medical conditions, but it does have limitations in assessing some forms of discomfort, such as ophthalmic pain. It may also be difficult to distinguish between the effects of pain and heavy sedation in some patients, Dr Murrell noted.

She recommended that the responsibility for monitoring pain in hospitalised patients should be given to a member of the nursing staff. They will be more likely to be familiar with the patient’s normal demeanour. The assessment should take less than five minutes and the patient should be checked every two to four hours.

But what about after the patient is discharged, Dr Murrell was asked – is it feasible for the owner to carry out pain monitoring? “I think that is a really good idea. Many clients will be quite capable of doing this type of assessment. The danger is that you may find they are telephoning you all the time when the animal has a borderline score and so it would be important to give them a crib sheet showing what exactly they should be looking for and carefully talk them through it.”
WHEN YOU THINK ABOUT TREATING EPILEPSY WHAT DO YOU THINK ABOUT?

MORE THAN JUST A TABLET

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Pancreatitis: first steps and dietary essentials...

KATY SMITH of Royal Canin examines the factors involved in treating pancreatitis from a nutritional standpoint

Pancreatitis is a common condition seen in clinical practice, with pancreatitis the most common disease of the exocrine pancreas in the dog.

The clinical picture is characterised by non-specific gastrointestinal signs and a range of disease from very mild to severe is presented.

Pancreatitis can be divided into acute and chronic forms depending on whether the disease has led to permanent histopathological changes in the pancreatic parenchyma such as fibrosis and/or atrophy.1

Pancreatitis describes inflammation of the exocrine pancreas, which occurs when there is premature activation of digestive enzymes. More specifically, the common pathway is suggested to be the inappropriate early activation of the zymogen trypsinogen to trypsin within the pancreatic acini, resulting in pancreatic inflammation, tissue necrosis, systemic inflammation and potentially the development of systemic inflammatory response syndrome (SIRS) and disseminated intravascular coagulopathy (DIC).3

Most cases of pancreatitis in dogs are idiopathic. Several breed predispositions have been identified with acute pancreatitis most commonly reported in small breed dogs with miniature schnauzers and terriers over-represented.2

Chronic pancreatitis is more commonly seen in Cavalier King Charles spaniels, cocker spaniels, collies and boxers.3 Dogs of any age can develop the disease; however, it is more commonly seen in animals middle-aged to old (>5 years of age).4

Certain risk factors have been described including endocrine disease, hypercalcaemia, obesity, trauma and various drugs and toxins.3,5 The nutritional factors that have been reported anecdotally include dietary indiscretion and consumption of more dietary fat than normal for a particular dog.6

The possibility that a dog may be suffering from pancreatitis is suggested on interpretation of an animal’s history, results of physical examination and presence of predisposing factors. While no clinical signs (or combination) are considered pathognomonic for either acute or chronic pancreatitis, cranial abdominal pain, often in combination with a hunched stance and vomiting are the most common presenting signs in cases of acute pancreatitis.7

Dogs with chronic pancreatitis may display vague signs of anorexia, hyporexia, lethargy, or behavioural changes, and an acute trigger may not be immediately identified in these patients.4 Because many other diseases can cause these symptoms, further investigations are required to rule out other conditions and to reach a diagnosis of pancreatitis. The “gold standard” for diagnosis is pancreatic histopathology, which is rarely indicated or performed, with no other diagnostic test offering 100% sensitivity or specificity.8

Routine haematology and biochemistry can lead to a suspicion of pancreatitis; the results are often non-specific and instead are best used to provide information on the general condition of the patient and rule out the other disease processes.9

The canine pancreatic lipase immunoreactivity (cPLI) is an enzyme-linked assay developed to measure pancreatic lipase activity. It is currently considered to be the most specific and sensitive serum test for the diagnosis of pancreatitis in the dog.9 Abdominal ultrasonography is the most widely used imaging modality for diagnosing pancreatitis. A combination of pancreatic enlargement, fluid accumulation around the pancreas, and changes in echogenicity are all suggestive of pancreatitis. However, the sensitivity of ultrasonography when used alone to diagnose pancreatitis is highly operator-dependent and often very low. Therefore, the best combination for specific diagnosis of pancreatitis in the dog is elevated cPLI and ultrasound findings comparable with pancreatitis.10

Despite recent advances in diagnostics, it is increasingly recognised that accurate clinical diagnosis of pancreatitis can be challenging. While it is impossible to differentiate between acute and chronic forms of the disease on clinical signs alone, this is not important for short-term emergency management.

Therapies for pancreatitis are largely supportive with the mainstays including resolution of any predisposing factors, analgesia, control of vomiting, treatment of bacterial complications, correction of acid-base and electrolyte balances and maintenance of adequate tissue perfusion and oxygen delivery.

Nutritional support plays a central role in the management of pancreatitis in people.11,12 However, in veterinary medicine the traditional approach has been to withhold food with the view that this limits autodigestion by decreasing pancreatic stimulation and enzyme release.

More recently it is felt this approach is unwarranted and could lead to malnutrition and impaired gastrointestinal barrier function as lack of enteral nutrition induces a reduction in the thickness of the intestinal mucosa and the height of the villi, leading to increased intestinal permeability – ultimately exposing the animal to septic complications via bacterial translocation.13

When implementing enteral feeding, a highly-digestible diet that is appropriate in terms of protein and fat content is recommended. Specials generally advise that a low-fat diet be given14 and while the definition of “low fat” is not well-established, the general consensus is less than 30g per 1,000 kcal.14

There are several clinical diets available that meet these requirements and a highly-digestible diet that is appropriate in terms of protein and fat content is recommended. Specials generally advise that a low-fat diet be given14 and while the definition of “low fat” is not well-established, the general consensus is less than 30g per 1,000 kcal.14

There are several clinical diets available that meet these requirements such as Royal Canin Gastrointestinal low-fat diet, which is available in both a dry and wet formulation as well as a liquid formulation to facilitate tube feeding.

Foods should be re-introduced very gradually to avoid pancreatic secretion and this is dependent on the duration of patient anorexia. If a patient has been anorexic for more than three to five days, it is recommended to feed only one-third of the resting energy requirement (RER) on day one and then gradually increasing calories if tolerated to reach full RER usually by day three.15

Ideally food should be re-introduced at the same time as the instigation of other treatment; however, this is often delayed due to the presence of vomiting and gastrointestinal ileus; both common presentations in acute pancreatitis.

Non-vomiting dogs with mild clinical signs should have food re-introduced as soon as possible16 with small amounts of warmed food offered intermittently in a low-stress environment.

If the animal is vomiting and requires pharmacological control, food can be re-introduced after 12 to 24 hours. In anorectic animals, enteral nutrition is preferable to total parenteral nutrition and a feeding tube should be placed (e.g. naso-oesophageal, oesophageal, etc.), taking into account both the severity of clinical signs and the type of disease present.

Dogs with acute pancreatitis may on go to make a full recovery without displaying either clinical or histopathological features of chronic disease. Following discharge, providing the patient is eating well and clinically stable, the goal is to slowly transition the patient from a low-fat diet received during hospitalisation to a diet otherwise optimal for the pet’s age and health.

Continued avoidance of risk factors such as ingestion of table scraps or dietary indiscretion is advised. Dietary modification is probably the most important component of long-term management of dogs with chronic pancreatitis with lifelong fat restriction recommended.16

Pancreatitis is a common condition seen in clinical practice in dogs; however, establishing a diagnosis can be difficult with no diagnostic test 100% sensitive or specific. Alongside other therapies, nutrition plays an integral role in the successful management of both acute and chronic cases with early intervention recommended.

Acute cases in particular may benefit from assisted feeding; however, ultimately the timing and route of administration are dependent upon the severity of clinical signs and the type of disease present. A highly-digestible diet appropriate in terms of protein and

Katy Smith, BSc(Hons), MA, BVMSc(Hons), BVMS, BVSc, MRCVS, completed a degree in Sport Science and Management and a Masters in Business Management, then worked at a sports marketing and events agency in London. She subsequently returned to education, attaining a veterinary degree from the University of Nottingham. Prior to joining Royal Canin in 2016, she worked in small animal first opinion veterinary practice in Derbyshire.
References
**GOING TO THE DOGS FOR HELP**

**THE 6th CABI-RVC SYMPOSIUM**

“The human-animal bond and companion animals; implications for animal welfare, society and veterinarians” – was held at the RVC Camden Campus on 21st June. CABI is a not-for-profit organisation that aims to improve lives through solving agricultural and environmental problems. It also publishes scientific titles.

The meeting was chaired by Dr Martin Whiting of the RVC. He introduced Professor Danny Mills of the University of Lincoln, who shared his views on “Companion animals: stopping society going to the dogs.” Society is defined as a fellowship with a common interest. The relationship between humans and animals needs compromise on both sides. Dogs work very hard to fit in with people; the dog cannot always work out what the human wants and there can be language problems in both directions.

If the human has unrealistic expectations, the dog can have a bad time. This leads to the comment: “Some families would be better with a stuffed dog.”

**Part of the family**

For most people, the pet is regarded as part of the family and the bond is life-long. In one survey, 94% of the respondents said they would cut back on expenses to pay for a pet’s veterinary treatment. Old people who own dogs take more exercise and have more interactions with other people. The benefit is not quantified, but it is very valuable.

Danny would like to see “One health, one welfare” in a society where pets are physically, socially and mentally healthy. A responsible owner provides the dog with appropriate diet, exercise and healthcare. The dog encourages the family to have fun, to play and to exercise in all weathers. Exercise is a proven antidote to depression.

Handling a dog gives a sense of safety, improving the confidence of the human. For children, the youngest child in the family or an only child is the one most likely to form a strong bond with the companion animal because the animal provides a focus of constancy. In the United States, a child is more likely to have a pet than to have a resident father.

Dr Sandra McCune is scientific leader for human-animal interaction (HAI) at the Waltham Centre for Pet Nutrition, where HAI has been studied for over 40 years. In her paper, “From one to one health: connecting the individual with their part in a healthy society through pet ownership”, she reminded us that pets have been around for a long time.

Animals have been buried with their humans for over 10,000 years. In the UK there are about 7.5 million cats and 8.5 million dogs.*

Until then the shopkeepers shunned her, assuming that her slurred speech was due to drunkenness. With the dog, she became approachable and popular. It is easy to ban dogs and the benefits of having an assistance dog are, as yet, poorly documented. Ironically, the policy of austerity may help because the provision of an assistance dog can replace human carers.

A young person with learning disabilities and severe anxiety needs full-time human carers, but a full-time resident dog can boost his confidence and break social isolation. Dementia sufferers stay longer in their own homes and have a happier family life when a dog is added; 70% of autistic sufferers want to work, and a dog can help them by increasing their self-confidence.

Dogs can help in a wide range of situations including physical disability, autism, dementia, learning disabilities and Post Traumatic Stress Disorder.

**Symposium speakers (from left): Professor Danny Mills – University of Lincoln; Dr Siobhan Aberyseghie – RVC; Professor Alex German – University of Liverpool; Robert Taylor – CAB; Dr Sandra McCune – Waltham Centre for Pet Nutrition; Peter Garbing – Dogs for Good; and Martin Whiting – RVC.**

**The provision of assistance dogs is a world-wide phenomenon. Where a dog can take the place of human carers, the care will be much cheaper but also more flexible so that the needy human is more independent: he can go to bed when he wants when there’s a dog to pull off his socks. His day is no longer framed by the carer’s timetable.**

Dogs for Good holds workshops which fit a family to a suitable dog that can provide assistance without being a fully-trained assistance dog. We have a massive resource in our animals; in return they need to be respected and managed responsibly.

**Assistance dogs have a deep and harmonious connection to their people; it is very different from mechanistic control: both parties feel secure. What we need for the future is a multi-species society that says “Dogs welcome”.**

* The human population of the UK is around 65 million.

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**European Mastitis Panel meets to learn about Polish dairy production**

**THE 10th European Mastitis Panel (EMP) meeting – of 13 udder health and milk quality experts from 10 different EU countries – took place in Gdansk, Poland, recently.** The goal was to get to know Polish dairy production, to intensively exchange udder health and milk quality-related knowledge between EU countries and to emphasise communalities.

The EMP is an initiative of MSD Animal Health. Andrew Biggs attended, representing the UK.

He writes: “The dairy in Poland, now the fifth largest EU milk-producing country, is developing at an amazing speed since the political changes in 1989. Although 70% of the 234,000 Polish dairy farms have between one and nine cows, the EMP visited one of Poland’s largest and best farms with 1,100 cows producing 11,500kg of milk per lactation, clearly above the Polish average of 8,000kg. A second 135-cow farm, with a more average milk production, clearly had an opportunity for improvement for milk production and udder health. The young, ambitious local veterinarian told the EU experts about his mastitis control programme to optimise udder health management.**

The EMP has also started a collaborative research project which aims to find correlations between genetic- and phenotypic data of 240 strains of the major mastitis pathogen *Streptococcus agalactiae*, collected from 10 EU countries. Final results of this research will be presented at the next EMP meeting in Hungary in May 2018 in Budapest.
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In partnership with ESVPS and Harper Adams University
Reducing the threat of tick-borne diseases for dogs in the UK

**JENNY HELM**

*from the University of Glasgow’s Small Animal Hospital*

**TICKS HAVE NEVER SEEN SO MUCH ATTENTION** in the veterinary and consumer media, but what is behind the media noise and how should vets be reacting?

There is a drive, rightly so, to increase awareness of tick-borne diseases (TBD) due to their importance in global “one health”. But specifically in the UK, increasing reported cases of tick-borne disease have driven the media agenda. Within the profession, reports of expansion of the distribution of ticks already endemic in the UK have also been frequent.

As a result, more than ever before veterinary professionals are expected to remind pet owners of the importance of parasite prevention, particularly tick prophylaxis, to reduce the threat of TBD.

The content below collates the most relevant studies and information to help vets understand the true scale of risk and effectively discuss preventive treatment options with their clients.

**Tick prevalence on the increase**

The profession is seeing an expansion of the distribution of ticks already endemic to the UK, with a predominant emphasis on the west and south coasts of England. This geographical expansion of tick species and subsequent TBD is likely to be multifactorial and factors causing this may include:

- Increasing transportation of pets (for sport, leisure activities or simply taking pets on holiday).
- Climate change, which may increase the density of vectors in an area or cause them to drift northwards.
- Increasing urban sprawl with increased proportions of wildlife reservoirs having a closer association with human and pet activity (for example the expansions of urban fox populations) and changes in farming practices (banning of certain sheep dips, for example).
- Increasing populations of natural hosts (for example wild deer).
- The move in 2012 to encourage harmonisation within the EU regarding pet travel rules. This removed the need for compulsory tick treatment for travelling pets returning to the UK.

**Tick-borne disease: emergence of new threats**

Some species of tick such as *Ixodes ricinus* appear to be increasing1, but also a number of other tick species are appearing in the UK.

For example, the tick *Dermacentor reticulatus* – an important vector of canine babesiosis in Europe and *Rhipicephalus sanguineus*; the vector for *Hepatozoon spp.*; *Ehrlichia* spp; and some also recovered from two of the affected dogs).

Prior to this outbreak, *Dermacentor* ticks were also found in West Wales and Devon and a fatal case of Babesiosis was reported in an untravalled dog from Kent.4 The reasons for the geographical spread of tick species and subsequent TBD are likely to be multifactorial and factors that may cause this are listed above.

**Importance of tick bite prevention**

Given the recent reports of emerging threats and the existing endemic TBD risk, it is more important than ever to recommend adequate tick prophylaxis.

Previously it was thought that ticks needed to attach for more than 48 hours to transmit diseases; however, reports now suggest that this might not be the case.5,6 Ticks carrying *Ehrlichia canis* have been shown to infect dogs in as little as three hours after attachment.7

The author would recommend that, where feasible, ticks are removed (ideally using a specific removal device) as soon as they are observed (and if possible within 24 hours).

However, it is ideal to recommend precautions to avoid the tick from biting the animal in the first instance. During feeding, ticks (and/or other ectoparasites such as fleas) inject a small amount of saliva into the skin and pets may become sensitised or allergic to this, resulting in stress and possibly other dermatological conditions.

Using a product which repels ticks can also help towards halting the transmission and spread of harmful diseases such as Lyme disease and Babesiosis.

**The extended tick season**

Historically, vets and the public have been educated about a specific tick season. Typically tick numbers are expected to be increased in the UK between March and November when favourable climatic and environmental factors support tick survival and biting activity.

Although most infestations are highest in spring, early summer then again in autumn, tick infestation is in fact possible all year round during milder weather (>3.5°C).

Preventive treatments which offer up to eight months’ efficacy against flea and tick bites are now available, providing the longest level of protection for dogs and cats.

**Year-round flea prophylaxis?**

Although not attracting the same media attention as tick-borne diseases, fleas are also capable of transmitting disease to animals and humans.

When promoting effective flea control, it is of vital importance to consider the pet (or all of the pets in a multi-animal household) and the environment.

Given that the optimal temperatures for completion of the flea lifecycle are around 18 to 25°C, our modern centrally-heated homes support this perfectly throughout the year. This means that flea infestation is now a year-round problem and the efficacy duration of preventive treatment should be considered to prevent household infestation.

**References**


The author’s perspective

“In Scotland I get the impression that owners are aware of the risk of the presence of ticks in their pets. Yet there is much less knowledge about TBD and the associated risks. With a 2012 case of *Ehrlichia canis* infection diagnosed by my internal medicine colleagues in an 18-month-old dog with no history of travel outside of the UK, and more recently a confirmed case of canine borreliosis reported in the Glasgow area, the risk to dogs is certainly real.”

Jenny Helm, BVMS, CertSAM, DipECVM-CA, FHEA, MRCVS, graduated from the University of Glasgow in 2005. Following a small animal rotating internship at the RVC, she spent a short spell in small animal practice before returning to undertake a residency in oncology and internal medicine. She is currently a senior veterinary clinician at the University of Glasgow. She holds the RCVS certificate in small animal medicine and is a Diplomate of the European College of Veterinary Internal Medicine.
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Use Medicines Responsibly (www.noah.co.uk/responsible). ASPC tick repellency & Melthorn et al. Parasitol Rev (2001) 87:198-207, information is regarding mode of action and is not intended to imply parasites can be completely stopped from biting. An attachment of single ticks after treatment cannot be excluded.

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#NoBitesRight
RUMEN FLUKE (or paraphistomes) are digenean, 2-host trematode parasites that infect a broad range of mammalian definitive hosts, including sheep, cattle, goats, alpacas and llamas.

They have a complicated life-cycle, similar to that of the liver fluke, Fasciola hepatica, involving a molluscan intermediate host and infection as a result of ingesting infected metacercarial cysts while grazing. However, they undertake a slightly different journey within the definitive host.

After excysting in the small intestine, where they are thought to feed on the intestinal mucosa, the tiny immature rumen fluke migrate “upstream” and settle in the rumen and reticulum, where they mature and lay eggs.

There is still some controversy about what the adults actually feed on, but they are typically found attached through their large posterior sucker (acetabulum) with the mouth free to sample ruminal contents.

Adult rumen fluke look like small pink maggots on the surface of the rumen, whereas the immatures resemble tiny grains of rice on the mucosal surface of the intestine. The former appear to be relatively well-tolerated, clinical disease being exclusively associated with large infestations of immature parasites and accompanying intestinal pathology, which can be fatal.

Rumen fluke are common in tropical countries, where they thrive in the warm, wet climate, and are acknowledged to have a significant impact on livestock productivity. However, in recent years, they have become increasingly common in livestock in temperate countries and are already prevalent in many parts of Europe.

Typical herd-level prevalence in mainland Europe would be in the region of 20-30% in sheep and cattle, whereas Ireland appears to be particularly badly affected, a recent study finding a herd-level prevalence of ~77% in sheep across the country.

Identification
Rumen fluke are most commonly detected using conventional coprological techniques, typically faecal egg count by sedimentation, exactly as performed for routine liver fluke diagnosis at regional Veterinary Investigation Centres.

However, rumen fluke eggs look very similar to those of liver fluke and for many years were probably counted as such; it was not until 2010 that a specific VIDA diagnostic code was first entered in the UK.

As with liver fluke, a positive rumen fluke egg count only indicates the presence of adult egg-laying parasites and not the more pathogenic immature fluke in the intestine. Unlike liver fluke diagnosis, there are currently no commercially available immunological tests for rumen fluke, e.g. serum and/or coproantigen ELISA.

Post-mortem examination and abattoir inspection both provide good opportunities to detect the adult parasites but there is, typically, no routine inspection of the rumen at slaughter in most abattoirs.

Clinical signs of rumen fluke disease (paraphistomiasis) are relatively generic, e.g. ill-thrift, diarrhoea, poor body condition, etc., and could be mistaken for any number of other conditions.

Clinical relevance
The clinical relevance and production impact of rumen fluke in temperate regions are still under debate. Recent abattoir studies in Belgium, the Netherlands and the UK found little association between rumen fluke infection in cattle and production effects, other than an association with diarrhoea and a reduced carcase fat coverage.

To the best of my knowledge, there are no published reports of production effects in sheep. One of the main complications is that stock infected by rumen fluke are often also infected by liver fluke, so it is very difficult to separate the effects of the respective parasites on their hosts.

Also, we hear numerous anecdotal accounts from farmers who see dramatic improvements in condition having treated their stock with oxyclozanide.

Treatment
Treatment options for rumen fluke are very limited, but advice from animal health specialists has been to not treat for rumen fluke unless there are clear clinical signs and a positive diagnosis of rumen fluke infection.

There is only one flukicide with acknowledged activity against rumen fluke (juvenile and adult) and that is oxyclozanide, although such products have no specific label claim for rumen fluke treatment, at least not in the UK. There have been reports from Spain claiming some activity of closantel against adult rumen fluke, but these have not been substantiated in other studies and would not be recommended here.

Prevention
Prevention of rumen fluke infection, as with prevention of liver fluke infection, requires a good working knowledge of the rumen fluke life-cycle to help inform when and where things may be happening on-farm.

It also requires an integrated parasite control approach aimed at reducing pasture contamination with rumen fluke eggs in spring, reducing snail habitat on-farm in summer (e.g. improved drainage, rolling poached areas, etc.), avoiding exposure of stock to potential cyst challenge in autumn (e.g. housing, fencing) and strategic treatment of stock in winter with oxyclozanide if and when required.

Dr Philip Skuce, BSc(Hons), PhD, is a principal scientist at the Moredun Research Institute in Edinburgh. He has been at the Institute for over 20 years, working on aspects of the sustainable control of parasitic helminths (worms and fluke) in livestock. His particular research interests include improved diagnosis in the host animal and the environment, vaccination studies and the detection and management of anthelmintic resistance. He is also the SEFARI (Scottish Environment Food and Agriculture Institutes) sector lead for livestock in the new Scottish Government Strategic Research Programme (2016-2021).
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RESPIRATORY DISEASES ARE A MAJOR welfare and economic issue in sheep-rearing countries.

The economic losses are not only related to deaths, but also with condemnations, lower growths, downgrading of carcasses and treatment or prevention costs. These diseases can affect any age of animal, but they can present higher incidence in lambs aged over three weeks (Lacasta et al., 2008).

The complexity of the disease lies in its multi-factorial nature. Respiratory diseases result from the interaction between the host, the agent (there are many agents capable of causing different three main lesion patterns at necropsy that could help us to guide where samples should be collected in order to get reliable results. Hyperacute forms are characterised by haemorrhages, mainly located in nasal cavities, epiglottis and retropharyngeal lymph nodes. In this case, samples should be taken from affected lymph nodes or from the brain if signs of infection can be seen on it.

By contrast, the chronic forms are recognised by the presence of lung consolidation, which is normally accompanied by enlargement of the regional lymph nodes, while vascular phenomena are much less seen. In these situations, samples may be preferably collected from the consolidated area in the lung. Between these forms, acute presentations represent most of the cases and are characterised by a combination of both previous forms – lung consolidation, haemorrhages and fibrin deposition. Samples should then be collected from lungs, lymph nodes or the brain, according to the level of infection.

The stressor factors are varied, but all of them are mainly associated with management, such as weaning, transport, presence of concomitant diseases, etc. All these processes have a repercussion over immune response, enabling the development of respiratory diseases.

Thermic stress

Climate and particularly thermic stress (due to cold or heat) is present in most of the small ruminant productive systems and it is probably the main factor which may determine ORC development. This relevant role is particularly well-known in housing systems, where correct ventilation of the barn has demonstrated to be essential for the control of ORC. For instance, in feedlot lambs, the combination of immunosuppressive diseases, such as coccidiosis and viral infections, with improper building ventilation is seen as the most common cause of death in Mediterranean areas, related to respiratory diseases (González et al., 2016).

Although several infectious agents have been associated with ORC, Mannheimia haemolytica (MH), Pasteurella multocida (PM), Bibersteinia trehalosi (BT) and Mycoplasma spp. are the most commonly isolated microorganisms in bacterial pneumonias and, generally, they are found mixed in the isolates with more than one bacteria species implicated (Gonzalez et al., 2016). Most of these bacteria exist as commensal organisms of the nasopharynx, tonsil and lungs of healthy sheep (Glendinning et al., 2016). This is the reason why ORC should not be considered as an infecto-contagious disease, and in the same way the term “carrier” must be considered to describe the condition of these animals.

Treatment of respiratory diseases is one of the most frequent treatments applied to sheep, as it was shown in a survey among sheep and goat farmers and veterinarians in France (Gay et al., 2012).

Even though the efficacy of antimicrobial treatments is good during an outbreak (Scott, 2011), their use in metaphylaxis is not a realistic way of controlling ORC. On the other hand, the wide range of bacteria involved in the disease reduces the effectiveness of the antibiotic treatments. Moreover, antimicrobial resistance has been found in 72% of MH isolates and 50% of PM isolates of bovine respiratory diseases in the USA (Klima et al., 2014), and Mycoplasma bovis has proved to have acquired resistances for eight antimicrobial families over the last 30 years in France (Gautier-Bouchardon et al., 2014).

For all these reasons, as veterinarians we must be careful in prescribing these treatments and avoiding the prophylactic use of antibiotics in order to reduce the risk of developing resistances. As prevention seems to be the key to our plan, vaccination and proper management and husbandry practices have to be present in successful ORC control. Vaccine choice has to be made carefully, taking into account the bacterial species which are present.

**Figure 1.** Pneumonic lamb with classic clinical signs (depression, dyspnoea and fever).

**Figure 2.** Acute presentation of ORC. Lung consolidation and fibrin deposition.
Best practice advice for flukeicide resistance

WITH INCREASING FINANCIAL CONSTRAINTS and demands on the farming industry, historical attempts to reduce parasitic burdens have seen an increasing reliance on anthelmintics. These pressures, coupled with the intensification of farming, mean that maximising returns from farm to fork has never been so imperative.

But increasing reliance on anthelmintics has also led to the development of resistance. There is already Group 1 (BZ) resistance widespread on sheep farms, with Group 2 (LEV) and Group 3 (MLs) following. This is primarily due to over-use of flock anthelmintic treatments, which has been very costly to the sheep industry. Flukeicide resistance needs to be addressed – and comprehensive measures put in place – to prevent it following suit.

Fasciola hepatica, or liver fluke, is now considered to be endemic in certain areas of the UK, especially in the wetter regions, such as Wales and north-west England.1 However, there have been widespread reports of fluke infestation. F. hepatica is influenced by climate, with wetter summers and milder winters producing an increased risk year on year due to an increase in survival of the intermediate host, Galba truncatula (mud snail).

The adult snail can produce 100,000 eggs in just three to four months.2 The trematode can multiply up to 500 times within one adult, potentially resulting in an explosive multiplication of fluke. This has led to a rise in reported cases over the last 10 years. Other contributing factors which must not be forgotten include increased livestock movement, intensification of farming, and exponential reports of triclabendazole resistance.

It is commonly known within the farming industry that triclabendazole resistance is on the rise; therefore, many experts advise restrictions on its use in cattle, in order to preserve its efficacy in sheep, where it is most needed to treat acute fluke disease.3 In cattle, the most common manifestation of disease is chronic liver disease, which is caused by the adult stages of liver fluke. To combat this, it is advisable to involve rotation of flukeicide actives in strategic anthelmintic herd health plans, prior to the correct risk period.

Incorrect quarantine anthelmintic treatments can pose a risk, especially in bought-in stock that can bring with them triclabendazole-resistant fluke. COWS (Control of Worms Sustainably) recommends avoiding triclabendazole for quarantine, but caution must be taken as other products will not kill early immature fluke, and therefore a second treatment will be required to remove residual fluke.

SCOPS (Sustainable Control of Parasites in Sheep) advises that treatment with more than one product with active molecules against immature flukes (diosanet, nitroxynil, triclabendazole) will reduce the risk of introducing fluke with resistance to any one product.

References

Percentage of farmers reporting cases of fluke with resistance in the year-on-year rise in reported cases of fluke

Figure 3. Chronic lesions of ORC. Lung consolidation, pleural adhesions and abscesses.

Rebekah Dudek, BVMed, MRCVS, graduated from the RCVS in 1997, with her first veterinary practice experience being in wild game rehabilitation centres across Southern Africa. In 1999 she moved back to the UK, progressing her career to become senior veterinarian at Norbrook Laboratories as a veterinary adviser in 2011. In her role, she provides vets and private owners with technical support on Norbrook products.

in the farm and, in many cases, even its serotype (González et al., 2013), as some of them don’t offer cross-protection against each other.

To be sure of its efficacy, it would also be advisable to know the type of vaccine we are working with, the antigens included and, if possible, the strain from which they were produced, as they frequently come from bovine isolates and could offer moderate results (Lacasta et al., 2015).

In the same way, timing of vaccination has to be carefully determined according to the onset of the clinical signs on the farm.

Finally, in order to perform the most suitable vaccination programme, we should remember that defenses against many of the bacteria involved in ORC are not well transmitted via colostrum; thus, if problems on the farm start early, affecting young lambs, it could be necessary to apply the first dose during the first days of life. Of course, all the boosters have to be given if we want to be sure of the success of the programme.

References

LIVESTOCK | 31
A DOZEN VETERINARY SURGEONS from various locations in England and Wales gathered at the headquarters of the British Cattle Veterinary Association.

The task was to experience and discuss a toolkit for transforming medicine use on the farm. The technical understanding that underpins the toolkit was reviewed in depth. There were many questions and the science of resistance was of interest, but this topic will have to be addressed at another time.

However, the over-riding conclusion was that because we don’t have all the answers in practice doesn’t mean that we can’t do anything to improve medicine use. A quotation from Edmund Burke (1729-1797) guided the day: “Nobody made a greater mistake than he who did nothing because he could only do a little.”

Professor David Barrett has issued a challenge for the UK dairy sector to stop using all 3rd and 4th generation cephalosporins and fluoroquinolones by 2020. The prescribing of danofloxacin, enrofloxacin and marbofloxacin can be stopped immediately as they are not accepted use, particularly for antimicrobial resistance in livestock can be significant. Two sources of information related to prescribing are bestbetsforvets.org and cvmlearning.org.

An important part of the change is motivation. The group considered that change is not easy. Three hot topics were teased out: 1. “If only you had treated her properly”. “But we’ve always done it this way”, “but that won’t work on my farm”, “but that doesn’t make sense for my system”; 2. “I don’t have a problem”, “I’m not interested in changing”, “I don’t want to do this now”; and 3. “This cow got worse”, “she’s died and it’s your fault”, “if only you had treated her properly”.

This area has been extensively researched and for some vets the whole area of applying different approaches is an unfamiliar aspect. Fundamentally, people like to be listened to and many vets consider that change is not easy. Three hot topics were teased out: 1. “If only you had treated her properly”. “But we’ve always done it this way”, “but that won’t work on my farm”, “but that doesn’t make sense for my system”; 2. “I don’t have a problem”, “I’m not interested in changing”, “I don’t want to do this now”; and 3. “This cow got worse”, “she’s died and it’s your fault”, “if only you had treated her properly”.

Taking the time and trouble to explain the practice attitude to critically important antibiotics to farmers and achieving the support of all clinicians within the practice has been shown to be achievable with targeted application. Success is unlikely if the topic is left to drift. “Active empathy” may be a veterinary term to understand.

The ‘toolkit’ group outside the BCVA HQ.

Who is responsible?
A major point of clarification was with experience of introducing prescription changes are very welcome (David.Barrett@bristol.ac.uk).
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Six streams and much more at next month’s equine congress

BEVA CONGRESS, EUROPE’S LARGEST EQUINE VETERINARY CONFERENCE, is set to be better than ever this year, with the list of speakers reading like the Who's Who of the international veterinary world.

More than 1,200 equine and mixed vets, as well as hundreds of vet nurses, practice managers, students, farriers, physiotherapists and equine dental technicians, are expected to visit Liverpool’s Arena Convention Centre between 13th and 16th September.

Six lecture streams will be running concurrently, “in comfortable lecture theatres with superior sound and visibility”, the BEVA says. “There is so much choice and variety, but those struggling for time or torn between several lectures don’t need to lose out – they can use the BEVA Congress Encore Room to play back any missed lectures.”

A substantial clinical research programme will cover the latest in equine veterinary science together with themed lectures, workshops, debates and demonstrations to cater for all levels of interest and expertise. Critically appraised topics (CATs) will be included every day; speakers with access to RCVS Knowledge will be examining and critiquing the research evidence available at basic and clinical levels. They will draw conclusions on best practice to provide delegates with practical take-home messages on the latest science in each given topic.

Pros and cons of practice corporatisation to be debated

CVS, the UK’s biggest veterinary group, now owns more than 410 veterinary practices and of these over 30 are specifically equine or mixed practices. The latest equine acquisitions include Bell Equine, a one-site Equine Referral Hospital in Kent, in January, and Severn Edge Veterinary Group, a mixed practice with 12 sites in Shropshire, including a six-vet dedicated equine practice, in April.

It is advocated that obvious commercial and business advantages, together with the scale and diversity of a corporate can give vets greater potential for a more flexible career path and advancement within the industry, and a more sustainable working career in equine practice.

However, the BEVA says, negatives may be perceived to be the removal of any opportunity to buy into ownership, reduced decision-making ability because of adherence to corporate procedures, extra paperwork and longer approval processes as well as increased emphasis on the bottom line.

The Moral Maze debate will be held on Friday 15th September, following the popular format of the BBC Radio 4 live discussion programme. Moderated by Madeleine Campbell, Keith Chandler and Karl Holliman will argue for corporatisation and Andrew Harrison and Tim Greet will be against. They will call upon a series of “witnesses” for detailed questioning. They will argue for corporatisation and Andrew Harrison and Tim Greet will be against. They will call upon a series of “witnesses” for detailed questioning. They will argue for corporatisation and Andrew Harrison and Tim Greet will be against. They will call upon a series of “witnesses” for detailed questioning.

David Mountford, BEVA chief executive, comments: “The auditorium is usually full to bursting for our Moral Maze sessions because they bring a broader and more engaging dimension to important topics. The statement ‘Corporatisation of equine practices is inevitable and will benefit vets and their clients’ is bound to generate some stimulating and possibly heated debate.”

End of life session scheduled

Nicky Jarvis, head vet at Redwings Horse Sanctuary, will be moderating the Friday afternoon End of Life session, which aims to explore the major aspects of euthanasia and the implications on owners, vets and insurance.

Georgina Crossman, who co-ordinated Advancing Equine Scientific Excellence’s (AESE) collaborative project considering equine end of life and euthanasia, will commence with a look at “Owners’ attitudes to euthanasia”. Lesley Barwise-Munro of Alnorthumbria Vets, who is also an FEI veterinary official, a senior racecourse vet and honorary vice president of the National Equine Welfare Council, will follow with the “Practicalities of euthanasia – how to do it well and pitfalls to avoid”.

Monica Aleman, associate professor of Medicine and Epidemiology at the UC Davis School of Veterinary Medicine, California, will share her knowledge on “Electrophysiological studies of euthanasia”. Karen Cook, teaching fellow at the University of Surrey within the School of Health Sciences and a registered adult nurse, with a career dominated by palliative care, will bring her knowledge on “Electrophysiological studies of euthanasia”. Karen Cook, teaching fellow at the University of Surrey within the School of Health Sciences and a registered adult nurse, with a career dominated by palliative care, will bring her knowledge on “Electrophysiological studies of euthanasia”.

Lesley Barwise-Munro of Alnorthumbria Vets, who is also an FEI veterinary official, a senior racecourse vet and honorary vice president of the National Equine Welfare Council, will follow with the “Practicalities of euthanasia – how to do it well and pitfalls to avoid”.

Andrew Harrison, partner at Three Counties Equine Hospital, will close the session with a look at BEVA guidelines and insurance implications of euthanasia.

Mark Bowen, senior vice-president of the BEVA, says: “As vets we must balance the privilege and responsibility that comes from access to euthanasia when maintaining animal welfare. Decisions are currently based upon personal views and experience as well as an awareness of our clients’ emotional needs and a considerable amount of anthropomorphism when deciding on ‘the right time’. In the absence of an evidence-based method for assessing quality of life, this session will review what we do know and how to make this final act stress-free for all involved.”

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continued on page 36
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Hickstead heralds a new dawn

IT WAS 57 YEARS AGO that the late Douglas Bunn, Master of Hickstead, held the first Derby meeting at his purpose-built international showjumping ground.

2017 heralded a new major sponsor for this event, Al Shira’a Stables LLC, which is based in the heart of Abu Dhabi and was founded by Her Highness Sheikha Fatima Bint Hazza Bin Zayed Al Nahyan, whose company is dedicated to the support and promotion of all horses and equestrian sports.

When Douglas founded Hickstead in 1960, he was then a British team member and chef d’equipe. At the time, he felt there was nothing in the UK to match other venues in Europe – putting British riders at a disadvantage. Hickstead was built to further the interests of international showjumping and within three years it hosted its first European Championship.

What many people do not know is that in 1970, Douglas’ horse Beethoven, ridden by David Broome, won the World Championship at La Baule – to this day, he remains the only British horse to have achieved this. His son, Edward, explains: “In the old days, whichever country won the World Championship was invited to host the next one – in this case 1974. It was a natural progression for the Nations Cup to precede this, the first one being held in 1971.”

This year, once again it will be held during the popular Longines Royal International Horse Show, which follows on just a month after the Al Shira’a Hickstead Derby Meeting.

A family concern

Hickstead is very much a family concern. Douglas encouraged his children to get involved and it clearly was the right move, with each of them ensuring that his dream lives on. Standing in the Hickstead commentary box with Lizzie and Edward, overlooking the International Arena, one can see the dedication Edward and his team have put into making this arena one of the world’s most popular and safest equestrian venues.

“The sport is going through change and everyone at Hickstead is very much aware of this and see it as a fresh challenge,” says Lizzie. “It is now a multi-million-pound industry, and showjumping horses’ values have increased enormously. To encourage the top riders to Hickstead, we have to continually invest in the facilities, not least the International Area.”

This is where Edward comes in. “In the past, when the weather was fine, the footing in the arena was perfect, but when it was wet it turned into a quagmire,” he says. “So we consulted the experts and invested in a new state-of-the-art surface. We put in extra drainage and added a gravel raft and 2,900 tonnes of sand. What we have now achieved is an all-weather surface of grass which is recognised as perhaps the best showjumping arena in the world.”

Hickstead and Olympic course designer Bob Ellis volunteers a dose of high praise: “Edward is a fantastic groundsman, as you can see by looking at the International Arena – we all wish we could get our lawns looking like this!”

What surprised me when researching this feature is the number of horses that attend the shows. The RHSS has a total influx of more than 3,500 horses during the six days – 32 of which enter the prestigious FEI Nations Cup of Great Britain.

Some are transported via air into Gatwick from as far afield as the USA – logistical planning at its best!

The stable area for these horses has expanded into five fields with more than 1,000 temporary stables; the security hill in the stabling area alone costing nearly £60,000 per year.

The veterinary input is also substantial. Apart from Hickstead’s own dedicated veterinary team, many of the top riders bring their own vets with them as well as the international teams that participate in the Nations Cup. Back-up support is provided also by the course designers to put the safety of the horses first.

Communication is paramount and the vets work from an office close to the International Practice Arena. Radio links to vets working in the outer arenas mean that any emergency, however small, can be dealt with right away.

During the top international events, a vet sits with the course designers, senior judges, paramedic and a doctor monitoring each horse and rider as they jump. They have the power to stop a horse if they feel there are issues relating to any potential injury. The same applies should there be a fall at a jump. There is also a fully-fitted-out horse ambulance on stand-by to deal with any major emergency.

Edward provides world-class standards that are admired by many.”

International showjumpers are not the types to hide themselves from the public. You can meet them and even walk the course with some as your guides prior to major classes. Edward has made sure there are ample spectator walkways, taking you to the outer rings which are active all day with many different classes. The warm-up arenas are also accessible for those who want to see the action up close.

Investment in what Hickstead is all about. Well in excess of one million pounds has been spent on improvements to the showground over the past few years.

Horse shows are a costly business, with huge prize money now on offer, and extortionate costs to be covered from ground maintenance and equipment, to hotel accommodation and transport.

“We even had to sell dad’s extensive wine collection to help with the International Arena development,” Edward laughs.

Its location is ideal for attracting riders from Europe, being close to cross channel ports and with ease of motorway access.

One of the main reasons Douglas bought Hickstead was because a river ran through the land, which is vital for irrigation of the arenas during dry summer months.

In conclusion, one has to admire Douglas for what he started and what he achieved for international showjumping. The baton has been passed on and the good news is that Edward, Lizzie, John, Chloe, Daisy and Charlie Bunn are making sure his traditions continue.

It is a family event designed to attract families to one of the world’s most highly-respected equestrian venues; the Wimbledon of showjumping – a view endorsed by Sir Nick Skelton, double Olympic Gold Medal winner.
HOW DO I TAKE MY TAX-FREE CASH FROM MY PENSION?

Using non-pension savings for the purchase would be Inheritance Tax (IHT)-neutral as you are using savings subject to IHT to buy another asset subject to IHT. But as money retained in the pension fund is usually IHT-free, if the purchase is made from pension funds, this is converting an IHT-free asset into one which may now be subject to IHT.

And worse, if the tax-free cash is taken but not spent or gifted!

It makes no sense to withdraw money from a tax-efficient arrangement to invest in an asset which is itself subject to more tax, while at the same time removing the IHT protection the pension wrapper provides when most other investments will be included in the estate for IHT.

Furthermore, before anyone withdraws a quarter of their pension fund, they need to be sure that what they have left in the fund will support them throughout their retirement. The tax-free lump sum could be an important component in providing their income. And bear in mind that once all of the TFC has been taken, all future withdrawals are fully taxable, so in the long-term that could mean much more tax.

Another misconception is that it is best to take all of the TFC before you take any income from the pension fund. It is entirely possible to draw only TFC to meet income needs in the early years until the TFC has been exhausted, which can be attractive, but it’s also important to consider not just what gives the least amount of tax to pay today, but a more efficient strategy for all of the years of retirement – now and in the future.

Some or all of the personal allowance may not be used, so will be wasted during the years when just TFC is taken. So, it could make sense to extract some taxable income, up to the personal allowance at the very minimum.

Otherwise, once all the TFC has been taken, all future income is taxable and this could mean future income is pushed into a higher tax band. Therefore, it may make sense to pay some tax now, to reduce the overall tax paid throughout retirement.

Another change in more recent years is the ability to draw your tax-free cash after age 75, which wasn’t permitted in years gone by, but it can still be taken now in later life as part of a tax-efficient income withdrawal strategy designed to maximise your personal allowances and lower tax bands.

The main downside here is that if you die after age 75 before all of the TFC has been taken, it is no longer tax-free when taken by your beneficiaries, so an opportunity has been wasted. So, it can make sense for all TFC to be taken before reaching 75 providing it’s going to be spent within a fairly short timescale.

But if you don’t spend it, the tax-free amount today may be charged at 40% IHT tomorrow. As a result, if you take the TFC before age 75 and you don’t need it for your own purposes, then to escape IHT you could gift it and hope to survive seven years. This can be risky if you later need the money to sustain your own lifestyle, so obviously needs careful consideration.

Another thought is that it may be better to take TFC at the earliest opportunity to avoid Lifetime Allowance Tax (LTA) charges. This strategy can help those close to the LTA avoid the tax charge. This is because the remaining pension fund will be smaller, as will any investment growth retested at 75.
It’s important, though, to consider the impact of all tax charges, not just the LTA charge in isolation. What really matters is how much you have available after all taxes have been deducted and how much you can pass to future generations.

Taking TFC may reduce the impact of the LTA charge, but it must be remembered that funds will be moved out of the pension wrapper and no longer protected from IHT and tax on investment income and gains. So, for some, it may make better financial sense to allow funds to grow in the pension and pay some LTA charge than try to avoid it completely.

In summary, how and when to take a lump sum will very much depend on your individual circumstances and needs (both current and future). There is no “one size fits all” solution and what’s best for two people will differ. It’s therefore essential that all the consequences of taking TFC, and when, are considered and professional independent advice should definitely be sought on this matter.

Note that if you have any protected tax-free cash greater than 25% of the fund, you must take all of the cash in one go to secure the higher amount.

Increase retention to improve recruitment ROI

BEN BRETT, board director at Recruit4vets, offers some advice in light of current recruitment trends

WITH HIGH DEMAND for veterinary staff continuing, Recruit4vets is identifying trends to highlight and some advice to share, in order to help practices achieve higher returns on recruitment investment.

So, let’s consider the trends. Desperate times are driving desperate measures with practices hiring who they can rather than the very best fit for their organisation. This in turn leads to churn as clinical staff underperform, don’t fit in, and leads to further recruitment costs. Our advice is to slow down, hire a suitable locum as a stop-gap then focus on values as part of the process.

Candidates who buy into your values will stay longer and contribute more. When recruiting, look at the potential of the person and how they will grow with your practice.

Engaging increasing numbers of agencies rather than getting more from a smaller number of quality suppliers is a big demotivator for agencies as there is only a finite number of candidates looking for work.

Spreading the net wider reduces agency commitment and leads to poor practices of submitting unsuitable, uncommitted candidates quickly just in case another recruiter gets there first. This is then compounded as the recruitment process slows and means that quality, highly-relevant candidates can slip through the net or are put off as they’re contacted by multiple agencies about the same clinic so assume there must be something wrong with working there.

Our advice is to engage with select agencies who really understand your offer and can work to develop your employer brand. Consider building your own recruitment function or outsourcing it to a managing supplier; it’s not simply about who can send you CVs and the recruiters sending them.

A great service and contributor to your growth and success can be unlocked with more symbiotic supplier relationships – knowing the owners and managers of agencies and working with them to determine the strategy… such relationships take time, work and give and take and in the long-term will yield results.

Hiring new staff on variable salaries and packages is another trend. News gets around and can cause unrest, especially where there is no performance and competency matrix to benchmark against.

Our advice is to create a talent matrix and map your staff against it to ensure consistency and fairness that is connected directly to individual contribution within the context of your variables. Overly fixed salary banding can reduce access to talent and can be a barrier to retaining very high performers. Well-thought-out remuneration systems will go some way to increasing return on your talent investment.

As a recruitment director who has experienced very similar dynamics in other industries, such as medical, pharmaceutical and technology, I can say there’s no magic wand solution to the challenges we face; simply a series of well-thought-out and planned processes that create access and improve engagement with the talent that will take your clinic closer to your vision.

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