RCVS launches innovation programme

AT its inaugural Innovation Symposium held in London on Wednesday 20th September, the RCVS launched ViVet, which it describes as “an ambitious and wide-ranging programme designed to ensure veterinary professionals are at the forefront of innovation in the animal health sector”.

ViVet was inspired by Vet Futures, the research initiative run jointly by the RCVS and the BVA; the research identified the need for veterinary professionals “to seize the opportunities offered by innovation to transform the way they work and to widen access to veterinary services”.

Managed by the RCVS, ViVet – derived from the Latin word “vivet”, meaning “it will thrive” – will provide a variety of resources and support to help the professions keep pace with change and remain at the forefront of animal healthcare provision.

‘Ambitious and important’

Chris Tufnell, RCVS senior vice-president, helped to develop the scope of the programme during his presidential year. He said: “This is an ambitious project for the College to embark upon, but also very important for the future relevance and survival of the professions. Technology in the animal health sector is developing rapidly, such as the growth of telemedicine, wearable and implantable devices to gather health-related data from our animals, and low-cost genomic sequencing.

“These technologies could have a disruptive effect on the veterinary sector, so it’s important to encourage and support veterinary input at an early stage to enable the professions to shape their development and ensure that animal health and welfare is a foremost consideration.

“ViVet will help veterinary professionals to engage proactively with innovation in animal health, so that they can embrace and drive change and are not side-lined by it.”

Accompanying the launch of the programme was the launch of its website (www.vivet.org.uk), which already contains a number of resources – including blogs and case studies – to showcase new technologies and innovative business models.

Anthony Roberts, director of Leadership and Innovation at the College, said: “The aim of these resources is to help veterinary professionals harness the immense opportunities that innovation can bring to animal health and welfare by providing practical advice on areas such as launching new products and services and, in turn, encourage innovators to think about how the expertise and knowledge of the veterinary professions could input into new technologies.

“Furthermore, the programme will help the College gain insights into the animal health market and how it is evolving. This will allow us to develop a regulatory framework that is relevant and adaptable to 21st century technology, while continuing to foster and support responsible innovation.”

More delegates than ever attended the Official Veterinarian Conference in Swindon last month. With a focus on safeguarding international trade through disease control and surveillance, a variety of hot topics relating to the work of an OV were explored in expert-led talks and interactive workshops. Read more about the event in the next issue of Veterinary Practice.
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State-of-the-art ‘wet-lab’ facility opened in Sheffield

A STATE-OF-THE-ART wet-lab practical training facility for veterinary professionals was officially opened on 7th September by veterinary CPD firm Improve International in Sheffield.

During a welcome reception, leaders and representatives of the veterinary profession were given tours of the facility and shown the advanced surgical training and ultrasound equipment available.

The new wet-lab is believed to be the most advanced veterinary training facility in the north of the UK, Improve says. Its location, at the HQ of sister company 5m Publishing on the outskirts of the city, was selected to reduce travel time for vets and veterinary nurses in the region.

The facility is equipped with 13 fully electrically-adjustable surgical tables, each with their own operating light and an audio-visual system connecting them to the lecturer.

The system enables the lecturer to carry out demonstrations of procedures and to provide individual or group guidance to participants practising surgical and other practical techniques.

The surgical and diagnostic equipment includes IM3 dental equipment, Logic E ultrasound machines and new surgical instrumentation for a range of orthopaedic and soft tissue procedures.

Improve managing director, David Babington, comments: “Newly-qualified vets have a huge need for additional training in practical skills and this demand extends into their ongoing professional life as new techniques are developed and existing ones refined.

“We already offer practical training facilities to delegates attending our training programmes at our HQ in Swindon, but wanted to make it easier for vets and nurses in the north of the UK to access these facilities. This new ‘wet-lab’ offers an ideal training environment for our delegates to accelerate their learning and take new skills back to their practice.”

He added: “Learning new techniques, whether surgical or diagnostic, is a proven way to boost practice profitability because it reduces the need to refer more complex cases. We hear from many of those who have trained with us that their increased skillset has enhanced their job satisfaction and increased the volume of cases they treat. In many cases, the training has paid for itself many times over. We are excited at the prospect of helping even more veterinary professionals to advance their skills.”

For more information about the facility or Improve International’s veterinary training, contact 01793 759159, e-mail enquiries@improveinternational.com, or visit www.improveinternational.com.

Entries open for well-being awards

SPVS and the Mind Matters Initiative (MMI) have jointly launched the new Vet Wellbeing Awards. Open to UK practices, branch surgeries or other organisations which employ vets or vet nurses, the awards were created to highlight well-being in the veterinary profession and celebrate workplaces where: health and happiness are valued; there are systems and initiatives that motivate; staff are engaged; communication is positive; and there is commitment to being a better place to work.

Entries can be made now via the website www.vetwellbeingawards.org.uk. The closing date is Friday 24th November. The prize for each category includes two registrations and banquet tickets for SPVS/VPMA Congress 2018 where the winners will be announced. The awards can be followed on Twitter @vetwellbeing and Facebook /vetwellbeingawards/.

Your new-look magazine arrives next month!

We are excited to announce that Veterinary Practice magazine is undergoing a transformation. As of the November issue, the new-look magazine will contain regular columns on a greater range of topics. Whether you are a veterinary surgeon, nurse, or practice manager, there will be something for everybody in the revamped publication.

Among other additions, new regular columns will include nursing, mental health, animal welfare and dentistry. There will be a clinical masterclass every month and readers can enjoy an expanded practice management section, which will be diversified to include a training column by the Veterinary Defence Society and advisory columns on customer care and legal matters.

Thanks to months of market research and careful planning, we can be confident that Veterinary Practice will prove to be an even more interesting and useful publication for veterinary professionals. Let us know what you think – e-mail jennifer.parker@5mpublishing.com or send your tweets to @VetPractice_Mag.

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Think you know what this is? Enter our free prize draw – simply e-mail the answer in the subject line, with your name, address and phone number to pictopuzzle@veterinary-practice.com by 16th October. One random winner will win £25 M&S voucher! Last month’s answer and winner are shown on page 4.

See website for Ts&Cs.

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How can we best connect with our peer groups?

ALMOST A DECADE AGO, the International Society for Feline Medicine published an alarming report, part of which showed that, of a sample of UK cat owners, a higher percentage were willing to trust the advice of friends and family than were willing to trust the advice of a vet, even when the animal was unwell.

Of course, the percentage differs and was far greater when the animal was well but, at the time, we all shook our heads in wonder and, soon after that, started to question why that might be.

The introductory line of thought revolved around why people might not trust their vet; is it because the advice usually comes at a price or perhaps because following the advice might expose the owner to a series of costs and some inconvenience or even that there might be a feeling that the vet’s advice might be biased towards a higher profit solution to the original problem?

I can confidently say that the third option would be unusual as all vets in my experience try to place the animal’s needs first and, within context, give the owner a choice of costed treatment options. Such an approach is now routine, but may possibly have been less prevalent at the time of the report.

With the benefit of hindsight, I now think that I’d been following a red herring up a drainpipe – or some such turn of phrase – and had been facing in completely the wrong direction. The last decade has brought us many changes, some welcome and some such turn of phrase – and had been facing in completely the wrong direction. The last decade has brought us many changes, some welcome and some not, but one of the most dramatic changes in our society has been that of people’s willing engagement with the digital world and the tools that it provides.

Twenty years ago, most of us would have been reluctant to share our financial details online but now, even though digital fraud has developed enormously in the interim, few of us would baulk at buying something online and parted our credit card details through the ether like the tail of a comet.

Similarly, whereas 20 years ago I’d have ridden a zebra down Bond Street before I’d write or take notice of any review of a service or product received, most of us now turn to the reviews section on any hotel booking site before pressing that square key of engagement. Then, I’d have questioned the value of reading a review by someone I never met and knew nothing about but now, somehow, the weight of the average score does mean something.

When Wikipedia first arrived I, like scores of friends, eschewed it as being unregulated and uncontrolled with the innate disadvantage that anyone and their dog could write an entry (and probably have) without any framework to test its veracity.

At the same time, I’d have laughed if you’d told me that crowd funding – i.e. masses of people you’ve never met and might well not like would club together to allow you to renovate a theatre or build a prototype rocket – would be a credible alternative to lunch with your bank manager to fund your next project but then, in those days, I had a bank manager.

Now, crowd funding, blogs, online data sourcing, star ratings for everything and having Alexa sitting by the side of your bed are all commonplace and many of our children have never known anything else. Something else has happened and maybe we shouldn’t be too surprised. If we seek the opinions and recommendations of our peers and are prepared to act on them with confidence, that surely elevates the trust that individuals have in their peer group to a new level.

Inside the echo chamber

Behind every Facebook entry are clouds of friends, mostly fluffy white clouds that reflect the echo chamber style of communication, and this hijacking of the word “friend” has been enormously powerful.

Facebook friends are usually those with whom we share something that is of importance to us – personal details, photographs that are (hopefully) socially, rather than sexually, intimate and clear instructions on when we’ll be away from home so that the burglars can take their time.

In short, Facebook and other social media platforms have allowed us to create tailored communities of like-minded people who, largely, share the same values and similar experiences. This goes some way towards redefining tribalism in a social context and, if one were to trust anyone, wouldn’t we select someone from our own tribe? Football supporters wear their team’s colours for just that reason and, although most of us may not have thought about it that way, that’s why clubs seek such easily identifiable visual cues.

So, if we have peer-to-peer trust, peer-to-peer lending and peer-to-peer enhancement of our social development, why would we not have peer-to-peer marketing? In fact we now have just that, against a background of growing fragmentation of advertising platforms and myriad different channels of communication.

While a group of friends might largely be constant with several friends joining and leaving at either end of the tribe, their choice of platform will continually change as these friends are also consumers in a world where customer loyalty is ephemeral.

So, why would marketers risk investing in the platform when they can invest directly in the friend? This approach has been shown to work effectively with millennials and, with some refinement, could be applied more widely.

A good example is Streetteam, a London-based start-up founded by two brothers in 2014, which promotes live events by utilizing peer-to-peer sales software. This encourages brands and promoters to build temporary armies of “ambassadors” who sell purely by word of mouth.

Their most powerful promotional message is that, by buying tickets from the ambassador, purchasers are helping that person to be able to afford to attend the gig alongside them. The ambassadors don’t get paid a wage but can earn rewards on a value-based, tiered system of rewards that reflect their sales performance. One of the founders, Mr Negus-Fancy, commented: “The fair value exchange is really important. A lot of these guys are passion-driven, but they have got motivation and they want to feel that the brand is treating them right.”

Admittedly the entertainment business is different in many ways, but the constant lies in the peer groups. If, as it appears, young people are turning away from traditional advertising media and corporate messaging but trust products sold to them by their peers, this is a novel challenge that should exercise the creative power of boardrooms across the country.

Just how it might affect the way we conduct our veterinary practices also poses some interesting questions.
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The vertical path to fulfilment – part 1

LAST YEAR I INTERVIEWED VETS employed in a range of employment types in veterinary practice, e.g. sole trader, traditional partnerships, hub and spoke model, employees of corporates and JVP partners, etc. – a sort of horizontal look across the veterinary world.

This article is the first in a series looking at the aspirations and expectations of vets and vets-to-be and to see how they are fulfilled, or not, over the years – a vertical look at our world.

I have found a sixth-former who is applying to vet school, a recent graduate, an experienced vet and one recently retired. I’ll ask them all a series of similar questions and we can see how the hopes and expectations of vets change through the career journey. Any input from readers will also be appreciated on garethcross@hotmail.com.

First up then is Izzy Shaddick, who is at our local comprehensive doing A levels in the three sciences and art and currently in the application process for vet school. I don’t envy her!

What are the current requirements for getting into vet school?

Generally you need AAA or AAB in Chemistry, Biology and one other subject at A level. Nottingham requires the most work experience at six weeks, whereas Bristol requires the least at two weeks.

Can you tell me a bit more about work experience requirements? I often get asked what you need to get into vet school.

Bristol requires a minimum of two weeks’ animal-related work experience. For Nottingham you need a minimum of six weeks. For the Royal Veterinary College you need two weeks of work experience in a veterinary practice and two weeks in different animal environments or relevant research environments. These four weeks must be completed 18 months prior to making an application.

For Liverpool, they require five weeks of work experience, three years prior to the application date. You need two weeks’ work experience in veterinary practice and this should be in at least two different types of practices (preferably one small animal and one large animal practice). And you need three weeks’ work experience in animal husbandry where they require you to have at least three days with at least two of the “core” species groups – dogs and/or cats, equine, farm animal. A few examples they allow are kennels/cattery, grooming parlours, riding schools, livery yard and commercial/urban farms.

Have any of the universities mentioned the male-female imbalance (generally about 85% female)? I haven’t heard a lot about this, although it has recently come to my realisation through open days and work experience that veterinary medicine is generally more female-dominated.

And what is the competition like in terms of applicants per place? When I applied, it was about 1,000 applicants for 80ish places. There are around 1,000 to 1,200 applications and around 150 to 160 available places at each vet school. For example, Bristol accepts 156 applicants, Nottingham accepts 155 and Liverpool accepts 159.

Why do you want to be a vet? Since my first week of work experience at a vet practice, I’ve developed a growing interest in animal welfare. I became fascinated and inspired by the level of skill and knowledge it takes to diagnose and perform operations on many types of animals. I look forward to the challenge and problem-solving aspect of being a veterinary surgeon.

What other careers have you considered? I’ve considered many in the past and have gone through many phases, none of which lasted very long. When I was younger I always wanted to do something creative that involved design. In years 9 and 10 I became aware of my passion for science and so considered becoming a dietician, midwife, a physiotherapist and a paediatric nurse. But until my first work experience at a veterinary practice later on in year 10, I realised it wasn’t human medicine that I wanted to focus on, but veterinary medicine instead.

Is what you’ve seen on work experience what you expected vet work to be like? Yes, I think it is a lot like what I imagined it to be. Although I knew before my work experience that a job as a veterinary surgeon is a lot more difficult than most, by working alongside vets I got a feel for just how much of a stressful and tiring job it can be. But at the same time I also learnt how rewarding it is, and that is what makes it all worth it.

What interests you most, e.g. surgery, anaesthesia, welfare, the clients, the business side? I find the surgery the most interesting, as there is so much delicate skill involved as well as a calm and focused mind. I believe there are so many aspects and variables involved when operating, making each surgery different and exciting. The continuous introduction of new technology and equipment into veterinary medicine also amazes me and I am looking forward to what the future could bring.

What sort of career path do you imagine, e.g. general practice, specialist work, farm animal, etc.? I don’t think I’ve had enough variety of work experience to know quite yet, but I imagine going into general practice first and then if possible I would like to go on to specialist work.

Have you considered other jobs available to you with a veterinary degree, e.g. science research, army, industry, etc.? Yes, I considered the Army for a short period of time, but I realised quite soon after that that sort of lifestyle isn’t for me.

What sort of payment do you envisage for working as a vet? For example, would you expect to be paid a similar amount to a lawyer, teacher, doctor, teaching assistant, or human nurse? I would imagine it to be similar to a doctor’s salary, but I haven’t looked into this very much as the pay isn’t my biggest priority. The main thing I would like for the future is to be engaged in what I am doing and enjoy it.

I can tell you that employed vets get paid about the same as teachers or high-grade human nurses; does that surprise you? A vet’s starting salary will be a bit higher, but mid-career onwards you’ll be on about the same as a teacher or nurse. It does alter my thoughts a little, because when it comes down to it the pay does matter a lot and I believe vets should be paid more. This is something I will have to think about and is why I’m considering going into specialist work in the future.

Do you imagine being a vet is a continued on page 8
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I RECENTLY READ AN ARTICLE by Seamus O’Mahoney, a consultant in gastroenterology at Cork University Hospital, entitled “Medicine has become a service industry, and it’s making doctors unable to confront death.”

He began the article by discussing the death of a fellow doctor, Kieran Sweeney, from pulmonary mesothelioma. Dr Sweeney had been a writer and commentator on medical matters and prior to his death had described what he considered to be the limitations of evidence-based medicine by coining the phrase “the information paradox”.

By this he meant there was a danger of information overload distracting the doctor from their core role of relieving suffering and failing to confront the question: “When is enough enough?” He considered this to be the key question for the next generation of medical practitioners.

Mr O’Mahoney goes on in his article to discuss the views of the American surgeon and writer Atul Gawande, who wrote a book in 2014 entitled Being Mortal. Gawande states that in America, dying patients are routinely subjected to futile and painful medical treatments while their doctors fail to discuss with them the inevitable outcome.

He says patients need doctors and nurses who are willing to have the hard discussions with them – who will help people to prepare for what is to come – and to escape a warehoused oblivion that few really want.

The problem, the article suggests, is that most doctors now see themselves as service providers, which doesn’t encourage them to have difficult conversations. It is far easier to order another scan or another bank of blood tests or treatments, all of which ultimately benefit the medical profession and associated industries but not always the patient.

In the middle of a busy clinic it is easier to buy time (for the practitioner) with any one of the above than to have the aforementioned (and required) “difficult conversation”.

Unpredictability

While it is easy to criticise the medical profession in the terms above, it is of course important to acknowledge that sometimes medical outcomes cannot be predicted and many of us will have anecdotal evidence of people we know having been given six months to live and still being in apparent rude health five years later. As a result, predicting the length of time an animal has left to live is something I have refused to do.

But – and it is a strong but – there is no doubt in my mind that many people are kept “alive” for longer than they themselves would wish with a poor quality of life and the inevitable outcome never being discussed.

Western culture is very poor at addressing the subject of dying, presumably because we now expect to live, if not forever, pretty much into our late eighties or nineties as a kind of right. I still hear people on the radio expressing surprise, even shock, when someone in their eighties or nineties steps off this mortal coil in as gentle and painless a manner as anyone could possibly wish for.

Things that are inevitable shouldn’t come as a shock to anyone, but death is something that many of us are fearful of acknowledging.

I think many of the inadequacies I have described above become even more relevant when considering veterinary medicine, because when it comes to animals there really can be no excuse for not having that “difficult conversation” with the animal’s owner rather than postponing it, or at worst, ignoring it all together.

Not just service providers

Of course as vets we are service providers, but that’s not all we are. On registering with the RVCS, we declare an oath that “my constant endeavour will be to ensure the welfare of animals committed to my care”.

Clearly that oath requires us to have that conversation if that is what it takes to ensure the animal’s welfare. Indeed, the Animal Welfare Act 2006 (and its Scottish equivalent) requires us to alleviate suffering by all means, including euthanasia when that is appropriate.

Bearing all this in mind, it would seem that “a warehoused oblivion” is something that should be easily avoided by pet animals because logically, the vet entrusted with their care should skilfully steer the owner away from the greater excesses of treatment that are foisted onto the human population with increasing frequency.

Sadly I don’t think that this is necessarily the case and I see more and more animals (particularly ageing ones) subjected to more and more tests, procedures and treatments in much the same way as humans are.

I have no idea if there are data out there to answer the question that I now pose, but if there aren’t, I suggest it would be an ideal topic for a postgraduate research project.

The question is: what percentage of geriatric pet dogs and cats spend the last month of their lives undergoing intensive investigations and/or treatments, and how much money do clients spend on veterinary treatment in this last month of their pet’s life?

I think the results could be very revealing and a cost/benefit analysis from the animal’s perspective in terms of the welfare benefits experienced by the animal might be quite sobering.

While there are very often good reasons for the lives of humans to be prolonged by a few days such that a person might have a meaningful conversation with a loved one coming from the other side of the world, there is no such requirement from a dog or cat for the same privilege. I don’t believe that two days or a week’s hence has any meaning to an animal and so there can be no benefit to it in postponing the inevitable if there is suffering involved.

So isn’t it time that we got back to basics and instead of pandering to the request of some owners (or even encouraging them) to do all that is possible for their beloved animal, we had that difficult conversation at an earlier juncture?

Suffering is suffering no matter how it is “dressed up”, and if there is no good reason for it from the animal’s perspective then it should not be condoned, far less encouraged.
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2-22 October 2017: Reptiles in General Practice
Sarah Pellett BSc(Hons) MA VetMB CertAVP(ZooMed) MRCVS
The course will discuss identification, husbandry and handling; hospitalisation; supportive care; critical care and emergency treatments; basic diagnostic approaches; common diseases and treatment options and analgesia and anaesthesia. Aimed at vets and vet nurses.

2-22 October 2017: Canine and Feline Neurology
Raquel Trevail DVM, Dip ECVN, MRCVS, European Specialist in Veterinary Neurology
The aim of this course is to make the neurological examination easier and discuss how to reach a neuroanatomical localisation. Different diagnostic tools that can aid reaching a final diagnosis will be discussed and there will be an overview of the most common disease processes found in dogs and cats. Cases will be provided to help delegates understand the concepts presented. Aimed at vets.

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Natasha Mitchell MVB DVOpththal MRCVS, Veterinary Council of Ireland, Recognised Specialist in Veterinary Ophthalmology
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6-26 November 2017: Anaesthetic Emergencies for Veterinary Nurses
Denise Prisk DipAVN (Surgical), VTS (Anesthesia & Analgesia), LTO, LGI, RVN
Everyone who is involved in anaesthesia should be able to deal with common complications. This course focuses on various emergency conditions, how and why they arise and the actions to take to try and remedy the situation, as well as any preventative measures that may be taken. Current techniques of performing CPR and resuscitation will be covered, and case studies will provide a platform for discussion. Aimed at vet nurses.

Francesco Cian, DVM, DipECVP, FRCPath, MRCVS, European Specialist in Veterinary Clinical Pathology
Paola Monti DVM, DipACVP (Clinical Pathology), FRCPath, MRCVS, RVCS Specialist in Veterinary Clinical Pathology
This comprehensive course will give you the basics you need for interpretation of the most common haematological disorders in dogs and cats. Participants will learn how to review blood smears and develop a logic diagnostic approach to the alterations of red blood cells, white blood cells and platelets. All this will be achieved through a case-based approach. Clinical case challenges and diagnostic algorithms will also be provided to help you understand the concepts presented and to consolidate your knowledge. Aimed at vets, vet nurses and lab technicians.

6-26 November 2017: Diabetes in Cats & Dogs
Dr Kit Sturgess MA VetMB PhD CertVR DSAM CertVC FRCS. RCVS Recognised Specialist in Small Animal Medicine. Advanced Practitioner in Veterinary Cardiology
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Useless information or amazing facts?

IT’S OCTOBER! Time for this year’s new students to begin their vet course. And time for me to remember starting at Cambridge 35 years ago!

In the first practical class we were presented with a dog’s forelimb and our first task was to remember the 12 muscles of the omothoracic junction. Omotransversarisis seems to come to mind, supraspinatus and infraspinatus too. But honestly, when in the last 30 years have I ever needed to know that information?

Never – as I turned into an ophthalmologist rather than an orthopaedic surgeon, I guess! But for the vast majority of veterinary graduates, that sort of detailed information just isn’t needed. So why do we have to learn it?

Now truth be told that was 35 years ago and these days veterinary education is a lot more geared towards what is needed in veterinary practice. But there is still a lot of information we really don’t need to remember, apart from passing the exam at the end of the year.

Is there any reason for learning lots of apparently useless stuff? Use it or lose it, you might say – maybe in learning all that information we increase neurogenesis and build bigger brains; taxi drivers who learn The Knowledge of all the streets in London expand the size of their hippocampus, so maybe that first year’s worth of facts to learn expands our learning capability. Who knows?

Keep feeling fascination

Maybe it is an exercise in learning to be more and more fascinated by the stuff we learn. The information out there can be entrancing to assimilate, can’t it – maybe not those omothoracic muscles, but the way the roads and cones in our retina use the energy of a photon of light to make a nerve impulse or how the eye interacts with the spleen to down-modulate the immune response in the anterior segment. Just amazing!

OK, you are going to say, I’m captivated by that just because I’m an ophthalmologist. But those are amazing facts, wouldn’t you say? And if I were an otologist, I could similarly excite you with the way the organ of Corti works, even by telling you who Mr Corti was, to be honest. And how do those three bones in the middle ear develop embryologically and evolutionarily?

I don’t need any of that information to carry on my life, but it is fun to know, don’t you think?

Alfonso Giacomo Gaspare Corti was born in 1822 near Pavia and his father was a good friend of Antonio Scarpa, an anatomist at the University of Pavia. You’ll know his name of course from Scarpa’s fluid.

Well, Antonio worked on the microanatomy of the middle ear before Corti was out of his nappies. He worked out that the middle ear was full of fluid and for a while this was called Scarpa’s fluid, though we now know it as endolymphe. He gave his name to the membraneous inner layer of the superficial fascia of the abdominal too and to tiny foraminae in the palate through which the nasopatinal nerves pass.

We now recognise Scarpa’s ganglion as the vestibular ganglion. So Antonio Scarpa seems to be a good deal more eponymised – if such a word exists – than Corti, but nobody I could find knew of him.

On the other hand, when I asked my friends and colleagues if they knew of Corti they all said, “Oh, you mean the guy who discovered the organ of Corti?” Not, it has to be said, that they could tell me anything about him or his other work!

In fact the first research that Corti did was on circulatory systems of reptiles. He kept his interest in comparative anatomy going in his main area of study.

In working on the middle ear, he dissected the cochleas of many different animals as well as man for his key work Recherches sur l’oreille des mammifères. Sadly, it seems he published only on mammals; my hero is a guy called Casey Wood who exactly 100 years ago produced The Fundus Ovidii of Birds as viewed with the Ophthalmoscope.

It’s still the best atlas of the bird retina available, beautifully illustrated with full colour plates and ground-breaking in its comparative anatomy. But I see I’m up to my word limit now, so perhaps I’ll tell you more about him next month!
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Veterinary botanical medicine – the therapeutic role

There are few conventional drugs that deal with oxidative stress as a component of pathogenesis and as an important contributor to morbidity for many chronic small animal diseases.

Multiple factors influence the interplay between oxidative stress and disease progression. In animals, an association between oxidative stress and chronic disease has been demonstrated in many conditions, including: inflammatory bowel disease in dogs, degenerative myelopathy in dogs, cancer in dogs, inflammatory skin disease in dogs, immune-mediated haemolytic anaemia (IMHA) in dogs, periodontitis in dogs, cataracts in poodles, canine chronic hepatitis, canine dementia, chronic kidney disease in cats and dogs, myxomatous mitral valve disease in dogs, FIV in cats, pancreatitis in small animals and hyperadrenocorticism.

Medicinal plants are composed of phytochemical constituents with varied properties. There are clear examples where their potential for preventing, modifying and delaying chronic disease in small animals can be exploited.

Barbara Fougere continues her series, looking at plant medicine in preventing, modifying and delaying chronic disease

Barbara Fougere, BSc, BVMS(Hons), MODT, BHSc(Cmed), MHSc(Herb Med), GradDipVA, GradDipVCHM, GradDipVWHM, CVA(IVAS), CVBM, CVCP, CMAVA, is a 1986 graduate from Murdoch University Veterinary School in Western Australia. She practises 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, and is currently 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) – and is principal of the College of Integrative Veterinary Therapies.

In conventional medicine, heart medications are not normally indicated for dogs with myxomatous mitral valve disease until there is evidence of cardiac megaly; however, even soft murmurs in small breed dogs are strongly indicative of subclinical heart disease.

Chronic mitral valve disease is associated with poor tissue perfusion and may be a cause of pancreatitis in dogs. Hawthorn (Crataegus sp.) has substantial evidence for clinical benefits in chronic congestive heart failure: it improves coronary blood flow and exercise tolerance; is a peripheral vasodilator; an anti-inflammatory, potent antioxidant, anxiolytic, diuretic, hypotensive and more, so has an antioxidant, anti-inflammatory and anti-platelet aggregation effect, anti-arrhythmic effect and is cardioprotective.

Degenerative myelopathy

DM is described as an adult onset, progressive, multi-system central and peripheral axonopathy which shares pathogenic mechanisms with some forms of amyotrophic lateral sclerosis (ALS) in people – a progressive degeneration and loss of upper and lower neurons in the brain and spinal cord causing muscle weakness and paralysis.

One of the common pathogenic mechanisms they share includes mutations in SOD1 (superoxide dismutase gene). Cytoplasmic accumulation and aggregate formation of a mutant form of the SOD1 protein in the spinal cord of DM-affected dogs is closely associated with the pathogenesis of DM.

Oxidative stress is associated with ALS in humans and herbal compounds have been demonstrated to improve motor function and delay disease onset in a mice model of ALS. *Withania somnifera* in a mice model of ALS ameliorated their motor performance and cognitive function – it improved innervation at neuromuscular junction, attenuated neuro-inflammation and reduced NFkB activation: it is a potent antioxidant.

It also reversed cytoplasmic mislocalisation of proteins in spinal motor neurons and in brain cortical neurons and reduced aggregation of proteins. Ashwaghanda might represent promising therapeutics for such proteinopathies.

**Chronic renal disease**

Renal interstitial fibrosis is a common sequela of chronic kidney disease. Evidence suggests medicinal plants and extracts can ameliorate renal impairments through anti-inflammation, anti-fibrogenesis and stabilisation of extracellular matrix. Those that have anti-renal interstitial fibrosis actions as well as antioxidant action include *Salvia miltiorrhiza*, curcumin, *Codonopsis sinensis*, *Astragalus*, *Rehmannia glutsinosa*, *Butternurum falcatum* and *Angelica sinensis*. Astragalus has been investigated in several animal models of kidney disease including nephrectomy, doxorubicin-induced nephropathy, unilateral ureteral obstruction, glomerulonephritis, and streptozotocin-induced diabetic nephropathy.

**Chronic liver disease**

Numerous medicinal plants and phytochemicals have been investigated as treatments for chronic liver diseases by several mechanisms including eliminating viruses, blocking fibrogenesis, inhibiting oxidative injury and suppressing tumorigenesis. These include, but are not limited to, *Coptis chinensis* (berberine), *Glycyrrhiza uralensis* (glycyrrhizin), *Silybum marianum* (L.) Gaertn. (silymarin), *Scutellaria baicalensis* (salvianolic acid) and *Rehmannia glutinosa* (baiclin, wogonin). Silymarin is the extract of *Silybum marianum*, or milk thistle, and its major active compound is silybin, which has remarkable biomedical effects. It is used in different liver disorders, particularly chronic liver diseases, cirrhosis and hepatocellular carcinoma, because of its antioxidant, anti-inflammatory and antifibrotic properties.

In summary, the examples presented here offer a glimpse into the potential of medicinal plants, alone or in combination with conventional treatment and represent promising tools for the development of new treatment concepts for chronic disease of small animals.
“SMALL FURRIES” are not just relative newcomers to the veterinary practice; it is only recently that they have had any form of close contact with humans. So that will affect the animals’ susceptibility to disease and the type of medical care they receive, practitioners attending the VetsNorth meeting were told.

Molly Varga, a diplomat in zoological medicine at the Rutland House referral hospital in St Helens, told colleagues that when managing infectious diseases in rabbits and small rodents, practitioners should recognise how little time has passed since they were first domesticated. While cats and dogs have been keeping humans company for thousands of years, it is only 500 years since rabbits were first kept in captivity. Other species such as guinea pigs and hamsters are even more recent arrivals and none of these animals have undergone significant changes from their wild ancestors.

“By keeping them as domestic animals we are imposing a certain degree of stress and that is likely to make them more susceptible to infectious conditions,” she explained.

Dr Varga reviewed the most commonly encountered infections in general practice, highlighting the extent that environmental factors influence the spread and severity of diseases in rabbits and rodents, when compared with cats and dogs.

Coccidiosis is one condition that is “depressingly common” in rabbits, she pointed out. It often affects rabbit kits at between five and 12 weeks of age and is often associated with the stress of weaning.

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To become infective, the coccidial spores have to be in the environment for up to four days, meaning that an infected animal’s living quarters cannot have been cleaned of faeces during that time.

“That is surely an indication of poor welfare standards. Owners should appreciate how these spores can survive for a long time in the environment and so good hygiene is key to the control of this condition.”

Yet clients should not aim to provide a completely sterile environment for their animals. “For rabbits, a little bit of background infection with coccidia spores becomes protective in later life. So in the longer term, after the initial disease problem has been sorted out, we can be a little more relaxed about exposure to this agent,” she said.

As rabbit owners are now much more likely to seek attention for their pets, vets should be addressing the patient’s overall welfare needs, as well as dealing with the main clinical issue. When a case of pasteurellosis has been confirmed in laboratory tests, the patient should receive both antimicrobial drugs and a full range of supportive care – including non-steroidal anti-inflammatory drugs, fluid therapy, nutritional support and mucolytic agents.

“Don’t forget that the rabbit is an obligate nasal breather and they will not be able to eat if they are blocked up and can’t breathe through their nose,” Dr Varga said. “It becomes very difficult for them and so you have to consider the case in its entirety and offer everything that the patient will need.”

But as well as being susceptible to bacterial infections, rabbits and small rodents can be a potential source of disease for their owners and veterinary advisers.

Dr Varga warned colleagues to be aware of the possibility of human exposure to zoonotic agents such as lymphotic choriomeningitis virus, an RNA arenavirus found in rats, mice and hamsters. The condition may be transmitted through aerosols or via direct contact with infected saliva or urine.

In human patients the virus causes fever, anoxia, myalgia, nausea and vomiting and may lead to a second wave of symptoms including meningitis and encephalitis. However, in many people the infection is subclinical and it has been estimated that 5% of the population in the United States has serological evidence of exposure.

**Stress and disease susceptibility of small furries**

**Look in the owner’s mouth for information**

VETERINARY SURGEONS should take a sneaky peak at their client’s mouth when admitting a dog for a dental examination, practitioners attending VetsNorth were told.

Matt Oxford, founder of the New Forest Veterinary Dental Service in Dorset, told colleagues that a surreptitious look at the owner’s teeth can give valuable information on how they will look after their pet.

“Put simply,” he said, “if they do not bother to brush their own teeth, they are unlikely to give their dog a daily brushing.”

Predicting how much post-operative care the owner will be able to give, practitioners attending the congress were told.

Matthew Oxford.

Meanwhile, if the periodontal disease is minor, with less than 25% lost, it should remain in place. However, for borderline cases with a 25-50% periodontal index, the tooth may be salvageable, but it should be extracted if it seems unlikely that the owner will regularly address the plaque build-up that is driving the disease process, he explained.

Dr Oxford offered some further advice to colleagues on the choice and care of the equipment needed to practise veterinary dentistry. He said the periodontal probe was probably the most important tool in the surgeon’s hands and as they only cost around £8 each, a clinic should own several to ensure that there is always one available for every procedure.

After asking the audience how many of them have access to digital radiography, Dr Oxford was gratified to find that around one-third of their home practices have invested in this technology, suggesting a significant increase in numbers over the past few years. “I could not do my job without the information we gain from radiography and a digital system makes the whole process so much better,” he said.

However, appropriate equipment is no guarantee of successful veterinary treatment; the kit must also be properly used. He suggested that using a luxator to cut the periodontal ligament which holds the tooth in place will be one of the most frustrating aspects of dentistry for a general practitioner.

The dentist must learn patience and a proper technique for using a piece of equipment made of very thin steel. The blade should only move in a direction parallel to the tooth surface – “resist the temptation to apply rotational forces because you are going to break it”, he warned. This particular tool should also be carefully looked after and sharpened at least every week, but preferably after every procedure in which it is used, he added.

<table>
<thead>
<tr>
<th>Molly Varga.</th>
</tr>
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</table>

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A look through the latest literature

Use of acute phase proteins in the diagnosis of feline infectious peritonitis

Katarzyna Hacuchowa and others, Royal Veterinary College, London

Feline infectious peritonitis is a lethal viral infection with two distinct clinical presentations, the common effusive wet form and the rarer granulomatous, dry form. Although several diagnostic tests are available for identifying FIP cases, differentiating between this and other diseases can be challenging in a clinical situation and a combination of different tests is often necessary.

The authors investigated the use of a group of proteins produced in response to inflammation, the acute phase proteins, to distinguish between cats with the effusive form of FIP and other conditions such as cardiac disease, neoplasia and sepsis which may also cause pleural effusion.

Analyses of 88 serum and 67 effusion samples indicated that alpha-2 acid glycoprotein (AGP) may provide a useful diagnostic tool for investigations of cats with FIP, but serum amyloid A and haptoglobin were ineffective. However, it was possible to overlap results of AGP levels in cats with FIP and those with septic disease or disseminated neoplasia and so it is not recommended to use this marker as a single test for the disease. Journal of Feline Medicine and Surgery 19 (8): 809-816.

Effects of a synthetic pheromone product on upper respiratory disease incidence Robin Chadwin and others, University of California, Davis

Upper respiratory tract disease is the most common condition affecting cats in rescue shelters and is a significant welfare concern. Various factors may predispose cats to upper respiratory tract infections, notably stress. The authors investigated the use of a synthetic facial pheromone product on stress scores and upper respiratory disease incidence in 336 cats at two shelters.

The results showed no evidence of any positive effects on stress scores and disease incidence in those cats in rooms assigned to the treatment group. However, the authors note that the conclusions of this study may not reflect the value of pheromone diffusers in the home environment. Journal of the American Veterinary Medical Association 53 (2): 119-127.

Safety of benazepril in azotemic cats

Jennifer Lavellee and others, Cat Specialist, Castle Rock, Colorado

Benazepril is an angiotensin-converting enzyme inhibitor used in the management of several feline conditions, including chronic kidney disease and proteinuria. However, some clinicians are reluctant to use this agent due to the possibility of increased serum creatinine, potassium levels and systemic hypotension. The authors examined the records of 400 azotemic and 110 non-azotemic cats treated with benazepril over an 11-year period. Serum creatinine levels increased by more than 30% from baseline levels during the first 30 days of treatment in 11% of cats. But there was no difference in the long-term survival of those that did show an increase in serum creatinine over those that did not. Journal of the American Animal Hospital Association 53 (2): 119-127.

Species-specific methods for measuring blood pressure in cats

Sofo Cerejeiro and others, São Paulo State University, Brazil

 Oscillometric blood pressure monitors are commonly used in veterinary practice, but the technology may fail to provide accurate measurements in some cats due to the small arteries in this species. The authors compared the performance of two monitors specifically designed for feline use, the petMAPw and the petMAPstatic, with direct blood pressure measurements in anaesthetised cats. Their results indicate that neither oscillometric method produced acceptable systolic arterial pressure estimates. But the mean arterial pressures recorded by both devices and the diastolic arterial pressure measured using the petMAPstatic showed acceptable agreement with the reference method. Veterinary Emergency and Critical Care 27 (4): 409-418.

Comparison of two gastrointestinal biopsy methods in cats

Janet Kovak McClaran and others, London Vet Specialists

Gastrointestinal biopsies may be necessary during investigations into a range of feline conditions and may be particularly valuable in distinguishing between inflammatory and neoplastic disease. The authors compare the complication rate, post-operative pain, surgical and hospitalisation time, and the adequacy of specimens obtained using laparoscopic-assisted and open laparotomy techniques. In 28 cats with ultrasonographic evidence of disease, the group undergoing laparoscopic-assisted biopsies provided better diagnostic specimens and showed decreased post-operative pain. There were no significant differences in the other parameters measured. Veterinary Surgery 46 (6): 821-828.

Surgical treatments for ureterolithiasis in cats

Claire Deroy and others, Fregis Veterinary Hospital, Arcueil, France

Surgery is recommended over medical management for the treatment of complete ureteral obstruction in cats. However, the luminal diameter of the ureter in this species is only 0.4 mm, which may limit the surgical options. The authors compared the complication rates and outcomes using double-pigtail ureteral stents or ureteral bypass devices in a group of 50 cats with ureterolithiasis. The stent method was associated with a higher risk of lower urinary tract complications such as haematuria, pollakiuria or stranguria, and there was a greater incidence of device occlusion. Long-term survival was also greater in the stent group. Journal of the American Veterinary Medical Association 251 (4): 429-437.

A look inside London’s newest cat-only clinic

“CATS ARE EVERYWHERE!” says Dr Jeremy Campbell, who was inspired to invest in the London Cat Clinic which opened in Bermondsey earlier this year.

Jeremy is the only vet at the London Cat Clinic. He qualified in New Zealand over 20 years ago and began to specialise in feline medicine in Hong Kong (where he worked for the SPCA) before gaining membership of the Australian and New Zealand College of Veterinary Scientists in Feline Medicine in 2012. He became an RVCS Advanced Practitioner in Feline Medicine in 2015.

Following years of intricate planning, Jeremy was delighted to welcome VP OCTOBER 2017 to the clinic, a short walk from Bermondsey Underground station.

“There are cat clinics in various cities – they aren’t uncommon, but a cat clinic this size and this technologically advanced is new,” says Jeremy.

The clinic is quiet and clean. The design is impressive, but it’s possible the friendly, passionate team will be one of the big winners for new clients. The clinic’s ethos is to provide a relaxing, enjoyable visit to the vets – both for the patient and the client.

In mixed practices, Jeremy explains, “The cat owners would come in after spending time in a waiting room full of barking dogs. The cats would already be stressed, so the owner would be stressed. In these cases, it could take five to 10 minutes just to get the cats relaxed. It becomes unfavourable because [the clients] just want to leave. ‘It’s easier for us and for the clients here. The clients unwind; they start to talk and be more open with you. We give them 20 minutes, sometimes longer if they need it.

“We did some research and people were more interested in the lack of dogs, but also wanting to be taken seriously – to be involved in the processes. Having a dialogue – and no dogs! – was more important than cost.”

Jeremy notes the emphasis on openness: “Clients want more and more information now – they want their lab results. We charge them what the lab charges us, so we explain that – it is what it is; we don’t hide it. That’s the same for the services. We keep our mark-ups low.”

In terms of the clinic’s facilities, Jeremy explains that the isolation cages are much larger than in many clinics. “The cats can be comfortable – they can perch high and can go to the toilet in a relatively separate place,” he says. “This is where they go if they have infectious diseases or a chemotherapy cat and we want to keep a close eye on them. The cages have oxygen piped into them; they don’t have to be moved."

There are three consultation rooms, the largest of which has a fold-down bed for when they have patients in for a long stay or for euthanasia. They make the bed comfortable with a duvet and some cushions so people can spend time with their cat. It’s a very quiet room, out of the way of the practice.

The big, temperature-controlled cages were designed with the patient as the top priority. “Again, we can bring the oxygen to the patient and plug the machine in, rather than having to move the patient.”

The main work area has a central island with several tables. The surgery prep area has the same kind of equipment as most places, but with hospital-grade “wipeable walls”. “The ultrasound equipment exceeds most practices,” says Jeremy, but “the radiology room is the least technologically-advanced place – that’s a joy for us because cats are all the same size!”

Dr Campbell with the “Street Cat Named Bob” and his owner, busker and author James Bowen, at the opening of the clinic.
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AH396/17 – Date of preparation: June 2017.
Feline hyperthyroidism – key points

Table 1. Borderline total T4 – what next?

<table>
<thead>
<tr>
<th>Appropriate options include:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Review the patient – are clinical signs consistent? Is this a routine screen of a “normal” patient, or a test to confirm a clinical diagnosis? How likely is a false-positive result?</td>
<td></td>
</tr>
<tr>
<td>2. Non-thyroidic illness (NTI) depresses total T4 (but not free T4). Can NTI be excluded?</td>
<td></td>
</tr>
<tr>
<td>3. Re-test total T4 using a different method on the same sample.</td>
<td></td>
</tr>
<tr>
<td>4. Repeat total T4 in three to six weeks’ time using the same method.</td>
<td></td>
</tr>
<tr>
<td>5. Test free T4 but be aware that ~16% of euthyroid cats will have above-normal free T4.</td>
<td></td>
</tr>
<tr>
<td>6. Consider scintigraphy.</td>
<td></td>
</tr>
<tr>
<td>Options best avoided:</td>
<td></td>
</tr>
<tr>
<td>1. Trial medicaiton with methimazole – side-effects are a significant risk (see Table 2).</td>
<td></td>
</tr>
<tr>
<td>2. Permanent curative treatments such as radio-iodine or surgery.</td>
<td></td>
</tr>
</tbody>
</table>

Table 2. Reported adverse effects to oral methimazole in a clinical trial, and experimentally among UK general practitioners (adapted from Bodey, 2015)

<table>
<thead>
<tr>
<th>Of 262 cats, typically within the first one to two months of starting oral medication, adverse effects were observed in the % of cats shown</th>
<th>In a survey of 600 UK general practitioners, within the previous 12 months the following side-effects were observed by the % of vets shown (Higgs et al., 2014):</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.1</td>
<td>18.1</td>
</tr>
<tr>
<td>Anaemia</td>
<td>69</td>
</tr>
<tr>
<td>Vomiting</td>
<td>47</td>
</tr>
<tr>
<td>Lethargy</td>
<td>44.8</td>
</tr>
<tr>
<td>Excoriation of face and neck</td>
<td>22.7</td>
</tr>
<tr>
<td>BLEEDING</td>
<td>11.8</td>
</tr>
<tr>
<td>hepatopathy</td>
<td>10.9</td>
</tr>
<tr>
<td>eosinophilia</td>
<td>9.6</td>
</tr>
<tr>
<td>Lymphocytosis</td>
<td>8.4</td>
</tr>
<tr>
<td>Leucopenia (OR SEVERE) (if mild)</td>
<td>8.4</td>
</tr>
<tr>
<td>Apaenocytosis</td>
<td>4.7</td>
</tr>
<tr>
<td>THROMBOCYTOPENIA</td>
<td>0.9</td>
</tr>
<tr>
<td>21.8</td>
<td>0.9</td>
</tr>
<tr>
<td>Anitnuclear antibodies (significance uncertain)</td>
<td>sudden death</td>
</tr>
<tr>
<td>19.9</td>
<td>RED CELL AUTOANTIBODIES</td>
</tr>
</tbody>
</table>

Recommended clinical response: red discontinue methimazole permanently – BOLD BLOCK CAPITALS are life-threatening. Blue monitor – BOLD BLOCK CAPITALS may become life-threatening. green try lower dose and continue if tolerated.

Andrew Bodey, BVSc, CertVR, MRCVS, qualified from Bristol in 1989 and spent two years in mixed practice before focusing on companion animals. In 1995 he joined a large mixed practice in North Yorkshire and obtained his CertVR in 2003. From this he further developed his interest in ionizing radiation by establishing the first radio-iodine unit in the north of England in 2008. In September 2013 he founded the Hyperthyroid Cat Centre near Wetherby, Europe’s largest radio-iodine facility for cats, with the UK’s shortest hospitalisation period of only five days. He is clinical director of the facility. He has an active research interest underpinned by a caseload exceeding 1,000 hyperthyroid cats.
may affect 2.1% of treated patients (Peterson and Becker, 1995). Life expectancy has been reported as double that of methimazole-mediated cases (four years compared with two years) (Milner et al., 2006). According to an online survey, clients perceive their cats are “cured” (94.1%) or “helped a lot” (5.9%) following radio-iodine compared with “helped a lot or cured” (72.2-75%) when using oral methimazole.

The biggest perceived client barrier to radio-iodine is the length of the hospitalisation period away from home (a requirement to manage radiation risk); in the UK the shortest minimum period is five days although this varies between centres.

In a USA survey the proportion of vets choosing radio-iodine increased from 5.5 to 40.5% when cost was not a consideration. While radio-iodine requires a larger “up-front” payment, over the lifetime of the patient it is often a cheaper alternative than medication or iodine-depleted diet.

Renal function

In all cases, whichever treatment is used, it must be expected that renal function will diminish – reflecting the reduction in glomerular filtration rate when hyperthyroidism resolves. Although euthyroid cats within IRIS Stage 2 (creatinine 177-258μmol/l) experience no change in life expectancy compared with non-azoaemic cats, life expectancy can reduce by 50% when azotaemia and hyperthyroidism (total T4 <10nmol/l) are concurrent.

Iatrogenic hyperthyroidism can occur following all treatment modalities. Supplementation with thyroxine to achieve total T4 in mid-euthyroid range should be implemented promptly in this scenario, along with appropriate management of renal disease.

References


Canine Alopecia X

Alopecia X is a well-defined skin disease, although the precise cause is not completely understood. This is emphasised by the many terms used to describe the condition.

These include (from Hnilica and Paterson, 2017) hair cycle arrest, adrenal sex hormone imbalance, congenital adrenal hyperplasia, castration-responsive dermatitis, adult onset hyposomatotropism, growth hormone-responsive dermatosis, pseudo-Cushing’s disease and follicular arrest of plush coated breeds.

Alopecia X is a commonly used term, implying continuing uncertainty regarding the underlying cause.

There are various theories that have been proposed to explain the condition. Currently a local inhibition of anagen at the level of the follicle rather than a systemic hormonal inhibition is thought to be important (Miller et al., 2013).

Clinical Features

- Adult dogs two to five years of age and up to 10 years more rarely.
- Breed incidence – commonly Pomeranians, but other “plush coated” breeds such as chow chows, Keeshond, Samoyeds, Alaskan Malamutes, Siberian huskies and miniature poodles.
- Alopecia starting in the neck, thorax, caudal thighs and perineum.
- Eventually the alopecia is generalised and bilaterally symmetrical, but spares the head and distal limbs (Figures 1 and 2).
- With chronicity the alopecic skin may become hyperpigmented, leading to another older term for the condition: “Black skin disease”. This does not occur in all cases. In some dogs hyperpigmentation occurs soon after the development of alopecia (Figure 2).
- Mild seborrhoea or secondary pyoderma are possible sequelae but are not common.
- Affected dogs are otherwise well and there are no systemic effects.

Differential Diagnosis

- Other causes of endocrine alopecia, examples of which are listed under diagnosis rule-outs.
- Generalised demodicosis.

Diagnosis

- The history, breed and physical examination are highly suggestive. The diagnosis is largely one of exclusion.
- Skin scrapings/tape strips/hair plucks to rule out demodicosis.
- Rule out other endocrine causes of generalised alopecia such as hypothyroidism, hyperadrenocorticism, cyclic flank alopecia and follicular dysplasia.
- Skin biopsy. Non-specific changes associated with endocrine disorders will confirm an endocrine disease and may help differentiate between them.
- For example, the base of hair follicles in cases of cyclic flank alopecia may be atrophic and misshapen giving an appearance that has been described as “witches’ feet”.
- A notable feature of alopecia X is growth of hair at the biopsy site.
- ACTH stimulation test measuring a panel of cortisol and sex hormones has been advocated, but there are false positive and false negative results and the usefulness of the test is consequently limited (Hnilica and Patterson, 2017).

Treatment

- The condition is largely cosmetic and does not affect the health of the dog. No treatment is a reasonable option that is virtually risk-free. In summer, a light coat can be worn to protect the skin from sunlight, along with sun block in exposed areas. A warmer woolen coat is appropriate in winter.
- Neutering. This is frequently the first option, especially in intact male dogs.
- Many dogs subsequently regrow hair following castration. Discussion with the owner is important because not all dogs respond and there are some that subsequently relapse.
- Deslorelin implants can be effective in male entire dogs, offering an alternative to castration (Albanese et al., 2014). In their series of 20 affected dogs, 12 of 16 male entire dogs responded within two to three months; four neutered female dogs did not respond. There were no side-effects reported.
- Trilostane has been used successfully (Cerundolo et al., 2004). Sixteen Pomeranians and eight miniature poodles were treated with trilostane once- or twice-daily at a mean dosage of 10.35mg/kg 85% of the Pomeranians and all the miniature poodles achieved full hair regrowth. There were no adverse side-effects. There is, however, a report of adrenal necrosis in a dog receiving trilostane for the treatment of hyperadrenocorticism (Chapman et al., 2004).
- Melatonin has been used in North America, where the drug can be purchased over the counter. In the UK a prescription for melatonin is required, and it is not licensed for use in dogs. The dose recommended is 3mg twice-daily for small breeds and 6-12mg/kg twice-daily for larger breeds (Miller et al., 2013). It is reported to help regrowth of hair in approximately 40-60% of cases (Miller et al., 2013; Hnilica and Patterson, 2017).
- Melatonin is given until maximum hair growth occurs, normally within three months, and then stopped. Treatment is recommenced if there is a subsequent relapse.
- Other drugs that have been used with variable success in the past include mitotane, methyltestosterone and growth hormone. None of these drugs is without possible side-effects, or uniformly effective, and none is licensed for alopecia X. In addition, growth hormone is difficult to acquire.
- A recent publication reported a novel way of treating the condition. This was by a process described as microneedling (Stoll et al., 2015). The hypothesis for this treatment was based on the observation, previously, that hair regrowth can occur at the site of a biopsy sample, but also in any area subjected to localised trauma. Microneedling has been used for many years in cosmetic and therapeutic dermatology in people.
- Two neutered female Pomeranian dogs with alopecia X that had not responded to previous therapy were 90% improved within three months after microneedling.
- There are currently no further reports to substantiate the effectiveness of the procedure.

Prognosis

Alopecia X is a purely cosmetic problem and the dog’s life span is not affected. Discussion with the owner is important before any consideration of treatment.

Affected dogs are healthy and a 100% improvement may not occur in some dogs, while in others there are risks of side-effects from the treatment.

References and Further Reading

Veterinary Awards 2018

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Every pet deserves
The veterinary nurse in dermatology

THERE IS NO DOUBT that the modern veterinary nurse is a motivated, highly-professionally individual who is no longer happy to be relegated purely to kennel-cleaning and poop-scooping. Nurses are important members of the veterinary team and as such are hungry to take on responsibility and challenges within the practice. There is much the registered veterinary nurse can undertake within Schedule 3 which includes a wide range of dermatological tasks. While of course nurses cannot diagnose, they can undertake diagnostic tests to provide their veterinary surgeon colleagues with the information that is needed to help diagnose and manage often complex dermatology cases.

The nurse’s work can start by taking a clinical history from a client. Many dermatology referral clinics have history sheets which can be used for history-taking. Once pertinent information has been collected from the client, it takes just moments for those to be visually scanned by the attending veterinary surgeon to formulate a list of differential diagnoses. The nurse can then be directed to perform a range of diagnostic tests.

As a minimum data base, all cases should have a wet paper, superficial and deep skin scrapes, hair plucks and cytology of any leistol skin (acetate tape impression smears, direct and indirect impression smears and fine needle aspirates).

The exact type of cytology will depend on the type of lesion that is present. A ringworm culture may also be useful where a history and clinical signs are suggestive of dermotophytosis and should be obligatory in any animal is made by exclusion of other causes of pruritus. In all cases diagnostic tests should be undertaken to check for the presence of ectoparasites, but in addition the author will maintain all cases on appropriate preventive ectoparasite control.

Nurses with an interest in dermatology have a good working knowledge of the different ectoparasite treatments that are available and can explain to clients about the need for ectoparasite control and the reasons why particular products have been prescribed by the veterinary surgeon for their pet.

Exclusion diets are also routinely prescribed by veterinary dermatologists to help investigate the causes of the animal’s pruritus.

Experts on nutrition

In the author’s experience, nurses are expert at taking time to run through different diets with clients, particularly the requirement that they need to be strictly adhered to in order to eliminate food as a cause of itch.

Intraoral allergy testing is used by many referral dermatologists to help in the management of atopic dermatitis. It is recognised as being useful for the formulation of allergy-specific immunotherapy (allergy vaccines).

In the author’s clinic, intraoral allergy testing is performed by the dermatology nurses. Animals are

Table 1. Typical components of a dermatology tray

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Uses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scalpel blades</td>
<td>Superficial and deep skin scrapes</td>
</tr>
<tr>
<td>Glass slides and cover slips</td>
<td>Microscopic examination of material</td>
</tr>
<tr>
<td>10% potassium hydroxide or paraaffin</td>
<td>Mounting material for hair plucks and skin scrapes</td>
</tr>
<tr>
<td>Clear Scotch tape</td>
<td>Untarred tape strips for parasites. Stained tape strips for infection</td>
</tr>
<tr>
<td>Fine forceps</td>
<td>Hair plucks</td>
</tr>
<tr>
<td>21 gauge syringes</td>
<td>Fine needle aspirates</td>
</tr>
<tr>
<td>Sterile tooth brushes</td>
<td>Dermatophyte culture</td>
</tr>
<tr>
<td>Bacteriology swabs</td>
<td>Culture and sensitivity</td>
</tr>
</tbody>
</table>

Table 2. Basic diagnostic tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wet paper test</td>
<td>Dog or cat’s coat is brushed onto a piece of wet or dry paper</td>
</tr>
<tr>
<td>Antigenic tap impresion smear</td>
<td>1. White tape pressed repeatedly onto the hair coat, then pressed thinly down onto a microscope slide 2. Tape is removed, removed, reversed and stuck onto microscope slide at both ends to dry slide is prepared. Stained with Ziehl-Neelsen, then inverted to stock onto slide for examination</td>
</tr>
<tr>
<td>Skin scrape - superficial and deep</td>
<td>Clip the test area, moisten with potassium hydroxide or liquid paraffin. Scrape with blunt wooden comb or direction of the hairs. Superficial scrape removes superficial crust and scale. Deep scrape removes the whole of the epidermis and produces capillary ooze. Mites in potassium hydroxide or liquid paraffin. Place cover slip on sample</td>
</tr>
<tr>
<td>Hair pluck</td>
<td>Hair is grasped between fingers or thumb and fingers or thumbs and sharply pulled out. Floccus can cause death or death or death or death or death of the animal’s pruritus</td>
</tr>
<tr>
<td>Impression smear</td>
<td>1. Direct impression - a smear is collected directly from the skin using a cotton bud, swab or topical blade and gently rolled along the blade. The slide should be air-dried and stained as usual</td>
</tr>
<tr>
<td>Fine needle aspirate</td>
<td>A 21 gauge needle is attached to a 22 gauge needle and inserted into the tissue. Material is sampled from the centre of the lesion. The needle is removed and the needle from the syringe is expelled onto a clean slide where it can be examined, air-dried and stained (as above)</td>
</tr>
</tbody>
</table>

The McLaughlin trichobrush technique uses a new sterile instrument to collect material by brushing the lesion or the coat depending on whether the lesion is localized or generalized. The nodule can be incised directly into dermatophyte culture medium (DTM) in the practice laboratory or posted in a paper envelope to a dermatology laboratory.

Sue Paterson, MA, VetMB, DVD, DipECVD, FRCVS, is an RCVS and European Recognised Specialist in Veterinary Dermatology. She has recently been elected as a Fellow of the RCVS for her contributions to clinical practice in the field of veterinary dermatology. She is a member of the RCVS Council, is junior vice-president of BSAVA and is senior vice-president of ESVD.
Bathing a cat with severe generalised skin disease.

Fine needle aspirate of a nodular skin lesion.

can be measured and scored on the basis of how swollen, red and elevated they are. This allows the veterinary surgeon to then decide which allergens need to be incorporated into a vaccine.

Vaccines can be given by subcutaneous injection or orally and again the dermatology nurse can help advise clients on administration. The registered veterinary nurse in any practice is an invaluable but sometimes undervalued part of the veterinary team.

Positive reactions which come up within a few minutes look like small red hives. After 15 minutes, they can be measured and scored on the basis of how swollen, red and elevated they are. This allows the veterinary surgeon to then decide which allergens need to be incorporated into a vaccine.

Other nurses who want to develop an interest in specific subjects without the commitment of a certificate or a diploma, perhaps to help establish clinics within the practice, may consider the BSAVA Nurse Merit Awards in such subjects as dermatology, rehabilitation and medical nursing. Dermatology is an attractive training opportunity for veterinary nurses. It helps them contribute to and develop increased levels of client care within the practice and allows the nurse to stay motivated and fulfilled in their day-to-day professional activities.

**Nurse congress taking place in Telford this month**

THE BVNA Congress is returning to the Telford International Centre this year with a programme of lectures, workshops and social events. The congress will kick off on the Friday (6th October) with a keynote speech delivered by Rachel Taylor. Probably the only RVN to also captain a national rugby team, Rachel will talk about her experiences on the field and the transferable team skills she has picked up along the way.

Behaviour is the key theme of this year’s congress, with lectures covering a range of topics from how to advise owners on behaviour problems to the pathology of behaviour. A new stream – “What is New and Hot” – will be available on the Friday, covering recent innovations such as regenerative medicine, high-intensity focus ultrasound, and laser therapy. Equine RVNs have a stream dedicated to them on the Friday.

On Saturday, delegates have the option to attend lectures on One Health and Mind Matters; a student stream and an exotics and wildlife stream also open on Saturday, both of which will run throughout the day.

The Science Café, “back by popular demand”, offers the opportunity to enjoy tea and cake while listening to poster presentations on the latest scientific research in nursing interventions. The commercial exhibition opens at 12pm on the Friday, with happy hour in the exhibition hall at 4.45pm on the Saturday followed by the “Denim & Diamonds”-themed evening dinner dance. For full information, see www.bvna.org.uk/cpd/bvna-congress.
Brachycephalic dog breeds and associated health problems: an emotive issue

Rachel Hattersley, VetMed, DipECVS, MRCSV, is an ECVS and RCVS recognised Soft Tissue Surgery Specialist at Northwest Veterinary Specialists. She has a passion for all aspects of soft tissue surgery, particularly thoracic surgery, airway surgery and surgical oncology. Rachel’s research interests include brachycephalic obstructive airway syndrome, biliary surgery in dogs and nephroureterolithiasis in cats. She is an associate review editor for the Journal of Small Animal Practice and sits on the BSAVA programme committee, the ECVS examination committee and the AVSTS research co-operative committee. Rachel regularly gives CPD for referring vets, provides CPD solutions at Harper-Adams University and also examines on the CertAVP at the University of Liverpool.

AS KENNEL CLUB REGISTRATIONS CONFIRM, there is no apparent slow-down in the meteoric rise to popularity of the French bulldog and pug breeds.

However, the controversy over the health issues which are seen commonly in such breeds also continues apace with building interest from the veterinary community. This controversy exists not only in the clinical management of these brachycephalic breeds, but also in the wider ethical issues associated with the breeding of these dogs.

While not all brachycephalic dogs suffer from significant respiratory issues, there is emerging evidence that selective breeding for brachycephaly can lead to an increased risk of brachycephalic obstructive airway syndrome (BOAS) (Packer et al., 2015).

Furthermore, it is not uncommon for such breeds to have multiple clinically-significant issues across a number of body systems, e.g. the specific skull conformation of the brachycephalic dog can also lead to other less well-known abnormalities such as subclinical middle ear effusions (Salguero et al., 2016).

As recent evidence suggests that owner assessment of the severity of respiratory signs associated with BOAS is very subjective (Packer et al., 2012; Valen et al., 2017), this may beg the question: “should we be adopting a more pro-active and multi-disciplinary approach to such cases?”

The most publicised problem of brachycephalic breeds has been the upper respiratory tract issues associated with BOAS. This is a field of intense research interest and current research suggests that not all dogs are equally affected.

Whole-body barometric plethysmography (WBPB) is an accurate objective tool for respiratory assessment of brachycephalic patients but, at present, access to this tool is mostly confined to a research setting. As owner assessment of clinical signs and exercise tolerance alone can be unreliable (Valen et al., 2017), the addition of an exercise tolerance test during the consultation process can improve the accuracy of diagnosis (Lilja-Maula et al., 2017; Riggs et al., 2017) and aid in clinical decision-making. Advanced imaging of the skull has also been advocated for assessment of both conformation of the nasal cavity and assessment of mucosal contact points associated with aberrant nasal turbinates (Schuenemann et al., 2014; Auger et al., 2016).

Other important factors have also recently been discussed in the veterinary literature. Weight control has been demonstrated to be an important factor in the management of clinically-affected BOAS patients which are also obese (Liu et al., 2016).

Options for surgical management of BOAS have also evolved rapidly over the past 10 years with the introduction of new techniques such as the folded flap palatoplasty, laser-assisted turbinectomy and partial arthrynoectomy (for management of higher grades of laryngeal collapse).

The link between gastrointestinal issues and BOAS in brachycephalic dogs is not a new one (Poncet et al., 2005) and there has long been speculation that improving respiratory anatomy can reduce the incidence of clinically significant gastrointestinal signs such as gastro-oesophageal reflux.

Furthermore, the prevalence of oesophageal dysfunction and hiatal hernias seen within the referral clinic environment appears, subjectively, to be increasing especially within the French bulldog population.

Assessment of swallowing and oesophageal function via the use of fluoroscopy is therefore becoming a more frequently-used diagnostic tool when assessing brachycephalic patients. Neurological pathology is also becoming more frequently identified in brachycephalic patients.

A recent study reported that 18.7% of all French bulldog admissions in one French institution were for a neurological issue with Hansen type I intervertebral disk herniation being by far the most common neurological disorder (45.5% of all cases) (Mayousse et al., 2017). Thoracic vertebral malformations occur commonly in neurologically normal screw-tailed brachycephalic dogs (up to 80%) and while hemivertebrae are often interpreted as incidental diagnostic findings, they may be of greater clinical importance in pugs compared to other screw-tailed brachycephalic breeds (Ryan et al., 2017).

An emotive issue

Ultimately, brachycephaly remains an emotive issue. These dogs are good-natured and provide their owners with a great deal of joy. Furthermore, not every brachycephalic dog is in need of veterinary attention although a significant number of pathologies are closely associated with these breeds.

Despite the extensive negative publicity these breeds are receiving, the general public continue to choose ownership of such breeds over the more traditional ones.

It therefore remains the responsibility of the individual veterinarian to provide the very best care for the clinically-affected patients we see in the clinic despite the wider controversy.

With this in mind, at Northwest Veterinary Specialists we have introduced specific brachycephalic clinics to allow owners of brachycephalic patients access to experienced specialists in soft tissue surgery, neurology, anaesthesia and internal medicine in a single referral setting. This is with the aim of ensuring each patient receives a personally tailored approach to care and a holistic approach to the whole patient rather than focusing on a single issue.

References


VICKI BROWN continues her series on client behaviour, under the heading ‘Challenging clients: from the weird to the wonderful’, with a case of passive age rage.

MRS PICKLING HAS NO OPINION of young vets; they all need taking in hand, and naturally, Mrs Pickling is just the one to do the taking.

This morning, Mrs Pickling’s default state – one of rancour and indignation at the world in general – is further enhanced by the discovery that Tom, the dashing older gentleman vet, is windsurfing in Guernsey, and that Mrs Pickling and her geriatric Cav x Lab are encumbered with young Susie.

“I don’t suppose you’ve read Mabel’s clinical history,” Mrs Pickling begins – not because she genuinely doubts that Susie’s read the notes, but so that she can insert the laudable phrase “clinical history” early into the consultation.

Nothing like showing these young upstarts that one knows a thing or two, and could easily, in another lifetime, have become a veterinarian oneself.

“Yes, I see that Mabel has early liver failure, and that Tom has started her on medication,” Susie says, attaching a smile between her clenched teeth.

“Thomas said that it was moderate liver failure,” Mrs Pickling scoffs, elevating the shelf of her bosom to heights designed to counteract the discrepancy between her own squat stature and Susie’s willowy five-foot-seven inches of advantageous altitude.

Susie pauses. Is it worth engaging in a fight over the relative definitions of early versus moderate?

“…And has Mabel’s appetite improved?”

Of course it hasn’t. Mrs Pickling seems to revel in Mabel’s short history of anorexia, as though the dog’s refusal to eat is some sort of conspiracy against Mrs P. herself, concocted by Mabel and Susie behind Mrs Pickling’s capacious back.

“…Perhaps you could try Mabel on some warmed-up chicken?” Mrs Pickling stamps her walking stick on the weighing scales. “As Thomas and anyone who has read Mabel’s history know, Mabel is a strict vegetarian. Occasionally she will accept a dish of Quorn. Or Linda McCartney.”

Susie blinks. “How about a dollop of cottage cheese?”

Mrs Pickling’s lips transform themselves into a wilting radish of disapproval. “I don’t have any cottage cheese at home.”

Try walking to the shop, Susie thinks.

“How about some yoghurt? Anything’s better than nothing.”

Mrs Pickling begins to splutter. “My dear, did they teach you anything at veterinary school? Or are you still in your new graduate nappies? Anyone with a modicum of canine knowledge is aware that one doesn’t feed dogs on dairy products!”

Susie smiles politely, ignoring the fact that the dairy-rich cottage cheese was declined for reasons entirely non-dairy in origin.

Clearly Mrs Pickling is out to break Susie down and send her screaming into the pit of ex-practice vets destined for jobs plugging drugs for pharma giants.

But Susie won’t be broken. She doesn’t do six hours a week of punishing Ashtanga yoga for nothing, and she won’t rise to the bait, however juicy. She spreads her hands, smiling to prove just how unruffled she can remain; a gesture that strikes Mrs Pickling as exceptionally patronising.

In the ensuing silence, in which the winner is the one who can hold her tongue the longest, Mrs Pickling mentally rummages for suitable verbal jibes.

But it’s hot, she’s tired, Mabel is fifteen-and-a-half and about to peg it anyway, Mrs P. isn’t so far off herself in years equivalent, and in the end all she can muster is, “I have a side of beef in the pantry. Perhaps Mabel can nibble a piece of that.”

This is a not a work of fiction. However, as it stretches the bounds of credibility, I’ll stick to the usual statement that any resemblance to persons living or dead is coincidental. The opinions expressed are those of the characters and should not be confused with those of the author. (That last bit’s true.)
How can upper gastrointestinal endoscopy help me make a diagnosis in dogs and cats? Part 2

**DOGS AND CATS WITH** upper gastrointestinal disease usually present with either regurgitation or vomiting as their primary clinical symptom. From the owner’s point of view both represent “vomiting” and it is the clinician’s duty to differentiate between these symptoms. The details in Figure 1 are frequently given as the method of making this differentiation. However, great care is needed in using these data as there can be considerable overlap between these situations.

For example, “vomiting” in association with feeding is said to be the hallmark of oesophageal disease and actually reflects regurgitation. However, animals with acute gastritis may also reflexly vomit after feeding, and actually reflects regurgitation. The vomiting process always

**REGURGITATION**
- Passive process
- No prodromal signs
- No abdominal effort
- Salivation
- Food/fluid
- Associated with feeding

**Oesophageal disease**
Where regurgitation is suspected, plain radiographs of the neck and thorax should be taken. Mega oesophagi can normally be seen on plain radiographs with dilation of the entire oesophagus.

- For example, “vomiting” in association with feeding is said to be the hallmark of oesophageal disease and actually reflects regurgitation. However, animals with acute gastritis may also reflexly vomit after feeding, and actually reflects regurgitation. The vomiting process always

If there are any prodromal signs such as salivation, restlessness, or repeated retching due to a loss of normal gastric motility. The best way to differentiate these symptoms is to determine if there are any other causes of vomiting. Animals which are regurgitating rarely have any prodromal signs, but may simply arch their neck and have a single episode of regurgitating food or water. There is no abdominal component in this situation.

True vomiting may be a feature of primary gastric disease or it might be associated with systemic diseases. Intestinal disease in dogs usually manifests itself with diarrhea with or without vomiting. However, in cats with intestinal disease, vomiting is usually the main clinical sign and diarrhea may not be reported.

For these reasons it is essential to take a detailed history and thoroughly examine the patient before proceeding to devise a diagnostic plan as this ensures the most effective procedures are selected and the most appropriate differential diagnoses considered (Figure 2).

**Oesophageal dilation**
As with regurgitation, oesophageal dilation, as there is frequently accumulation of fluid within the oesophagus which can create a serious risk of aspiration during induction of anaesthesia.

- Always induce and intubate these patients in sternal recumbency. Bear in mind that fluid and food will also impede the endoscope by refracting light and causing an red-out (as discussed in part 1)

The flexible endoscope can be used to confirm the location, size and degree of trauma associated with foreign bodies. It should not be used to remove foreign bodies. This must be carried out using a rigid endoscope. As a rule, never “push” foreign bodies towards the stomach as there is real danger in perforating the oesophagus. Always “pull” them orally with a rigid endoscope or carry out a gastroscopy and “pull” them into the stomach. Thoracotomy should be the last treatment option in these cases.

- Strictures are not visible on radiographs unless a food study is carried out. Endoscopy can be used to confirm and evaluate strictures. It is normally impossible for the endoscope to “pass” a stricture, so they should not be overlooked.

The endoscope can also be used to guide a balloon catheter into the stricture prior to dilation (Figure 3). Once dilated, it is essential to use the endoscope to evaluate the success of dilation and to check the remainder of the oesophagus for further strictures. Only once you have visualised the rugal folds of the stomach can you be sure that no further strictures are present.

Oesophagitis can only be diagnosed using an endoscope. There is a general misconception that oesophagitis is only found in the distal oesophagus, but in fact inflammation can occur at any point along the length of the oesophagus and can even involve the pharynx. It may be localised or even found throughout the entire length of the oesophagus.

Do not misinterpret refluxed gastric secretions and a patent cardia as indicating oesophagitis, as this is often seen in normal animals. A recent paper suggests that visual detection of oesophagitis is only possible in fewer than half of cases and that biopsy of the oesophagus should be used to confirm the diagnosis.

**Conditions of the stomach**
Plain radiographs should be taken in any animal present with vomiting to determine the size, position and content of the stomach. It will help to detect dilation, torsion, foreign body and rule out other changes in the abdomen which have accounted for the vomiting.

Radiographs will not reveal the presence of a non-radio dense foreign body. Endoscopy can be used to confirm and evaluate strictures. It is normally impossible for the endoscope to “pass” a stricture, so they should not be overlooked.

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Radiographs will not reveal the presence of a non-radio dense foreign body.
body, chronic gastritis, ulceration and/or neoplasia. However, ultrasound can often assist in detection of these conditions. Due to these imaging restrictions, endoscopy offers a very powerful diagnostic tool for the investigation of gastric disease. There are several important points to note with regard to endoscopic examination of the stomach.

Firstly, there is a very poor correlation between visual appearance at endoscopy and results of histopathology, so even if the stomach looks normal, always take biopsy samples.

Similarly, if the stomach looks severely damaged, take care on making a judgement on this visual appearance until biopsy results return; they may not be as severe as you think. Secondly, changes in the stomach can be patchy, so always ensure you have examined the entire gastric mucosal surface.

Thirdly, if you are endoscoping a vomiting cat, it is essential to obtain duodenal biopsy samples, as vomiting may be due to intestinal disease.

It is probably good practice to collect biopsy samples from the duodenum of dogs as well, as they may have more extensive disease than originally thought.

Foreign bodies within the stomach can often be removed by endoscopy. Never use your biopsy forceps to remove these objects as it will cause significant damage to the cups, making them useless for future biopsy collection. Use snare or rat tooth forceps designed for the purpose.

Bear in mind that not all foreign bodies which have been swallowed can be retrieved by endoscopy. During swallowing the cardia physiologically dilates to accommodate the foreign body, but during recovery it is likely to be closed, making removal risky especially if the foreign body has any sharp edges. Evaluate these foreign bodies carefully.

Helicobacter infection (HLO) is a controversial subject. There are several species which may be found within the canine or feline stomach, but not all are pathogenic. They are very difficult to culture and PCR tests to determine which species is present are not routinely available.

Endoscopic biopsy samples are at present the best way to detect HLOs. The author has seen a number of dogs present with combinations of persistent salivation, chronic vomiting, repeated swallowing, belching and/or pica which have had significant Helicobacter infections. On treatment these symptoms have resolved.

I suggest that if there is only a small number of HLOs present on the surface mucosa, one should look for another cause of the animal’s symptoms. If there are large numbers of HLOs present and they are present within the gastric pits and there is no other cause for the symptoms detected, treat these cases with triple therapies and re-evaluate.

Gastric ulcers tend to present in one of two forms. The first group has multiple small ulcers throughout the gastric mucosa. These are most often due to chronic gastritis, especially if there is an eosinophilic component present. They may also be present in toxaeinic states, side-effects to drug administration or systemic disease.

However, single large ulcers, especially if they are located on the angular incisure, may be due to carcinoma in the dog. For reasons which are not clear, the angular incisure is the commonest location for this tumour, which may appear proliferative, give the mucosa a mottled colour and often produce a large ulcer (Figure 4).

Never biopsy the crater of an ulcer, but around the margin plus any proliferative area. Large single ulcers may also occur following concurrent steroid and NSAID drug administration.

By far the commonest cause of chronic vomiting in dogs and cats is chronic gastritis, which can be a more extensive disease involving the intestine – inflammatory bowel disease (IBD). As the cause of IBD is often not determined, IBD tends to be classified according to the cell types detected from biopsy samples.

Lymphomatous plasmacytic disease is the most common form seen and must be differentiated from lymphoma if severe, especially in cats (Figure 5).

Eosinophilic gastritis macroscopically presents as a friable mucosa which bleeds readily, marked reddening of the mucosa and small ulcers. Hypertrophic disease may mimic neoplasia in appearance as there is often significant proliferation of the mucosa. As stated earlier, do not make a diagnostic decision until the results of biopsy samples come to hand.

Finally, atrophic gastritis is the rarest form seen in dogs and cats. The mucosa may appear thin and in some cases may even tear. In addition there may be a loss of rugal folds and gastric glands. This is usually considered an end stage of gastritis seen only when inflammation has been present and left untreated for a long period.

In summary, endoscopy is a powerful diagnostic tool and can help provide a diagnosis in many dogs and cats presented with upper gastrointestinal symptoms. It is important to note, however, that because biopsy samples only sample the mucosa, conditions involving deeper layers of the gut may be missed. In such cases, full thickness biopsy samples are required to reach a diagnosis.

Even with the best equipment, it is not possible to visualise and biopsy the intestine beyond the descending loop of the duodenum.

Reference

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Figure 4. Endoscopic view of a carcinoma at the angular incisure of the canine stomach.

Figure 5. Lymphocytic plasmacytic gastritis is the most common form of chronic gastritis, but must be differentiated from lymphoma, especially in cats.
Tackling disease early warning and response

A CONFERENCE IN MADRID has highlighted the EU early warning and response system, which includes a network for the epidemiological surveillance of communicable diseases and related health issues.

The system warns of serious cross-border threats to health and considerable developmental work has taken place and is continuing to establish preparedness and response planning for biological, chemical, environmental and unknown events, constituting public and veterinary health emergencies.

The working groups have established 24-hour preparedness action plans and 102 alert notifications have been addressed from 25 diseases. Communicable diseases are permanently monitored, but other cross-border threats are not attended to so strictly.

A single Member State cannot take decisions independently that would affect other countries, including closing borders.

It is recognised that it is not possible to be fully prepared as there are too many future variables. Examples of specific unexpected emergencies were highlighted, including the nuclear reactor flooding in Fukushima, BSE/CJD and Ebola in West Africa. Planning and implementation is a continuous process and relies on measuring performance and coordinating activity.

Risk ranking

A Health Emergency Preparedness Self-Assessment Tool incorporates a risk ranking which includes the anticipated economic impact of an event. A pathogen already present in a Member State has a high rating and the likelihood of one introduction in 100 years the lowest risk ranking.

The expected incidence per 100,000 of the population and the probability of death, together with the impact of disease from mild (e.g. one day’s diarrhoea) to severe (e.g. blindness/kidney failure) are graded. Also assessed is the probability that the threat will increase in the next five years.

Aspects include the evolution of new pathogen traits, with observations on virulence, enhanced transmissibility, antimicrobial resistance, changing vector habits due to climate change, changes in animal reservoirs, changes in global trade/travel and changes in public health capacity.

There is a strong veterinary/agricultural involvement in understanding current and future health threats. Vector transmission of respiratory viruses, with possible animal involvement, include West Nile Virus, Crimean-Congo Haemorrhagic Fever and Rift Valley Fever.

There were 11,000 deaths from Ebola and the availability of international airports indicated a high risk from sick individuals importing disease as well as from health workers returning to their home countries.

Internal transmission was assessed as low risk and there were actually 56 suspected cases. However, the media response was unexpected and the cruise ship unable to dock with suspected cases, early in the outbreak, generated considerable alarm, whereas the British nurse with confirmed infection was reported but did not cause public concern. Ebola in 2014 and Zika in 2015 have highlighted the need for increased awareness of the viracemic traveller.

Education to avoid mosquito breeding areas is important with schools, garden centres, campsites and parks included in the distribution of information.

Communication

Experiences have indicated the need for evidence-based risk communication at the right time, in the right context, consistently, without diminishing the risk, leading to avoidance of inappropriate reactions to public health events. Analysis of the Ebola outbreak indicated that the primary source of information for the general public and for healthcare workers was television and news reports.

Issues of trust are highly important and contradictory statements from government sources lead to distrust; however, the preferred route for information for the general public is government and their employer for healthcare workers.

Crisis communication involves having an understanding of the processes that influence an uptake of measures by the population. Systems are required to monitor the development of perceptions, information needs and social interactions, in order to provide credible answers for the general public.

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Ingestion of rapeseed oil denatured with 2% aniline led to 20,000 cases of
toxic oil syndrome and 1,100 deaths (Mycoplasma pneumonia). In 1984, the first cases of auto immune deficiency syndrome were recorded and by 2017 it is assessed that 40 million people have the condition. Anthrax and ricin are involved in seven to 10 terrorist threats each year. In March 2017, a “do-it-yourself” gene engineering kit was sold online containing multi-drug-resistant and ESBL-producing bacteria. The kit is considered low risk for healthy people and its distribution is limited.

Delegates were reminded that in 1918 Spanish Influenza killed 20 to 40 million people worldwide and that the development of hospitals, infectious disease awareness and education was accelerated by the outbreak.

The current programme of intervention epidemiological training is a recent example of preparation for future threats.

**Strengthening the safeguarding strategy**

A major project – EU SHIPSAN – involving 33 institutions and 26 countries has been completed, strengthening a strategy for safeguarding the health of travellers and crew on ships and preventing the cross-border spread of diseases.

In a year some 60,000 port calls of merchant ships take place to EU Member States and some 390 million ferry passengers pass through the ports, from nearly 200 cruise ships with over six million European passengers.

Over 60,000 European seafarers are employed on cruise ships.

A lack of communication, knowledge and training with hygiene inspections was recognised, with variation between countries, within the same country and even within the same port. An integrated inspection programme showed several thousand examples of non-compliance with the European manual for hygiene standards and communicable disease surveillance on passenger ships.

An improvement programme has involved 83 trainers in 20 countries with five European and eight national courses supported by webinars and on-the-job training for over 100 port health officers in 17 countries.

Sources of information and standards to be applied are now readily available to crew, ship owners and port authorities and it is expected that any disease incidences will be reported immediately so that appropriate actions can take place.

The same standards apply throughout the EU and can take place. The same standards to be applied are now readily available immediate sources.

The AIRMN project was established in recognition of the increasing health threats from global air travel. Public and media pressure to implement travel controls have influenced political decisions.

A well-organised and coherent response to public health threats, related to air transport, was developed, concentrating on biological threats.

Airports, airlines, civil aviation and public health bodies have been targeted with bibliography, guidance documents, a training tool and a network for information, including medical services, as readily available immediate sources. One guidance document covers remote risk assessment and management of communicable disease events on board an aircraft and another contact tracing with collaboration between public health and the aviation sector.

The assessment of disease risks on-board can be remotely carried out, even in the absence of medical personnel at an airport, thus providing a mechanism for avoiding delays due to unnecessary halting of an aircraft. Over-reaction in cases of suspected infectious disease on-board is being reduced.

An efficient response to highly dangerous and emerging pathogens requires an increase in diagnostic capabilities, particularly in outbreak situations. Within Europe, the network of reference laboratories is to be further developed. It is proposed to establish disease groups based on a similar theme, such as diseases that are food- and water-borne, or emerging and vector-borne.

Co-ordination between institutions and agencies in the face of an outbreak has been shown to require considerable improvement. The quality assurance of diagnostics in cross-border infectious outbreaks and the validation of bio-risk management are in need of upgrades.

Training is being developed by laboratories with specific levels of understanding and experience, focusing on laboratory methodologies and bio-risk management to provide a robust infrastructure throughout Europe. Although molecular tests have supplanted cultivation techniques in screening procedures, genomic sequencing and metagenomics analysis in combination with cultivation continue to be indispensable in identifying new pathogens.

Additional limitations are that, with Ebola for example, tests had to be carried out in containment circumstances, close to the patient.

Delegates attended from all over the EU. There were 16 papers together with workshops and discussions. Proof of the impact of the research and subsequent initiatives will be seen in the absence of outbreaks of disease.
GRADUATE SUPPORT HAS ALWAYS BEEN A THORNY ISSUE, but it is one that has become of much greater concern in recent years as practices have become even more volatile, uncertain, complex and ambiguous.

The universities, the graduates and their employing veterinary practices all seek to do the best they can yet, so often, things fall through the gaps leaving people unhappy, stressed and potentially disillusioned.

The need is for something that is practical, potentially effective and affordable for all concerned.

The graduate

Many graduates are more technically knowledgeable than those around them yet they are frequently unable to apply their knowledge effectively within the workplace.

After several years at university, they have developed habits of learning, thinking and doing that suit the rapid acquisition and regurgitation of knowledge but not those associated with delivering a clinical service. When they graduate, they need to develop the skill of learning in the workplace, from experience and taking responsibility for their actions in the face of fear and uncertainty.

It takes time to change our habits of thinking and doing, and natural tendencies are not to change until forced to, though graduates are much more adaptable than those of us who are longer in the tooth. Before you can change these habits, the graduate needs to appreciate the need and have a supportive environment within which to change. This is something that can be very difficult for the employing practice to address.

The university

It is oft said that it is not the purpose of the veterinary universities to produce general practitioners but rather veterinary scientists who can then be moulded into any of a number of potential future roles.

When they graduate, they need to develop the appropriate day one skills. This they do to produce graduates with the potential future roles.

The practice

It is oft said that it is not the purpose of the veterinary universities to produce general practitioners but rather veterinary scientists who can then be moulded into any of a number of potential future roles.

The practice environment has changed enormously in the last 20 years with almost every working practice pinched and placed under increasing financial and time pressure.

In James Herriot’s time it may have been fine to see four cases a day and shadowing a more experienced colleague for a year to two to develop these implementation skills, but now this is not an option and there is no clear alternative.

Many practices have induction/mentoring programmes and these can work well but, generally, there is little or no learning how to input into these programmes and there are big gaps of both the practice and graduate remain unaware.

Then there is the issue of money. Practices would like to expect competent graduates to come from the universities; graduates look for a good salary/conditions package and practices know, in the medium term, the graduate is unlikely to break even financially.

Even if they invest in a graduate, they are likely to move on as soon as they have gained the skills required to command a higher salary. This presents an almost perfect storm.

Although the practice has that immediate challenge, it also needs to be remembered that experiences and support of every single graduate will have a significant potential impact on the health and well-being of all involved and the profession as a whole.

A potential solution

Any potential solution needs to recognise that every graduate and every practice is different and needs to be treated as such. There simply aren’t simple “off-the-shelf solutions” that can be dusted off and used ad infinitum.

Second, the solution needs to address the needs of the practice and the graduate even when they may be unaware of them. For this the use of someone outside the practice is needed; it imparts an aspect of impartiality and confidentiality which all parties can benefit from.

Who pays? It could be either the graduate or the practice, but where it is the latter I would always advise the use of a training contract such that the costs are paid back to the practice if the graduate does not remain for a specified period after completion.

In this way the practice is suitably protected. Evidence suggests that graduates who receive good support generally stay longer anyway.

So what’s different?

Confidential, independent and impartial

Individual path to suit each graduate

Graduate in charge of progress building autonomy, independence and responsibility

A collaborative partnership, not something that is done to or for a graduate

Learning in the workplace where it is needed

Cost-effective

Practice protected by training contract

If you would like to know more about the scheme or have a query about graduate support in general, e-mail christopherwhipp@aol.com.

Chris Whipp has more than 30 years’ experience as a veterinary surgeon, 12 years as an educational researcher and 10 as a professional and executive coach. He currently splits his time between first opinion practice and promoting/supporting change in both individuals and organisations. E-mail christopherwhipp@aol.com or telephone 07771 611679.

CHRIS WHIPP proposes a new method, in the absence of an off-the-shelf solution, for assimilating new graduates into practice effectively

Early bird rate on outdoor CPD festival

A 25% early bird discount is now available for next year’s VET Festival – billed as the only outdoor CPD event.

Taking place on 8th and 9th June at Loseley Park, Guildford, Surrey, the CPD festival will offer delegates 120 lectures to choose from – pioneering international speakers who will be offering hugely relevant experience and practical advice including several visionary leaders who are not often on the speaker circuit”, the organiser says.

There will be 14 streams within the conference programme, enabling delegates to choose their own “lecture path”, and each stream will include a “dedicated nursing trail”.

New dedicated streams include soft tissue surgery, critical care and anaesthesia, along with new conference streams on minimally-invasive surgery, cardiopulmonary and diagnostic imaging, and nutrition.

Also new for next year will be an interactive tent for hands-on practical sessions.

Early bird tickets, available until 30th October, can be obtained at www. vetfestival.co.uk. For further information on VET Festival, visit www.vetfestival.co.uk.
A look through the latest literature

Bovine colostral cells and their role in neonatal immunity
Diana Mares and Ana F. Santos, INTA, Buenos Aires, Argentina

A calf’s immune system only becomes fully-functional at five- to eight-months old, before which the animal is reliant on the protective effects of its maternal colostrum. This material contains maternal antibodies and other components such as cytokines and maternal leukocytes. The authors review the function of bovine colostral cells in promoting neonatal immunity. They describe evidence showing that viable maternal leukocytes are able to colonise into the neonatal circulation. These cells retain immunocompetence and can prime immune responses in the calf, enhancing T-cell activation and facilitating antibody production.

As a consequence, the immune system of calves may be impaired if they are fed cell-free colostrum. They note that the role of colostral mononuclear cells is still poorly understood compared with our knowledge of the humoral component. Further investigations are therefore needed into the phenotype of cells involved in the development of immune system function in calves.

Journal of the American Veterinary Medical Association 250 (9): 998-1,005.

Survival of Mycobacterium bovis on salt and mineral blocks for cattle
John Kencene and others, Michigan State University, East Lansing

The bovine tuberculosis pathogen Mycobacterium bovis is present in free-ranging white-tailed deer (Odocoileus virginianus) in the United States and the emergence of the disease in cattle herds in Michigan has suggested a potential link between infections in the two species. The authors investigated the possibility of the bacterium surviving on salt blocks put out on pasture for cattle and accessible to wild ruminants. Blocks experimentally inoculated with the pathogen yielded viable bacteria for several days depending on climatic conditions, with a longer survival period during the winter months and on blocks left in the shade.


Effects of interosseous medius muscle rupture in dairy calves
Karl Nuss and others, University of Zurich, Switzerland

The interosseous muscle in cattle is a complex structure analogous to the interosseous ligament in horses. While damage to the suspensory ligament is a well-recognised cause of lameness in horses, only a limited number of similar injuries have been reported in cattle. The authors carried out a retrospective evaluation of 11 such cases in Brown Swiss dairy heifers. They conclude that rupture of the interosseous medius muscle is probably more common than the current literature suggests and results in hyperextension of the fetlock and hyperflexion of the proximal interphalangeal joints. The prognosis is favourable if patients are treated with fibreglass casts and splints.

Veterinary Surgery 46 (2): 197-205.

Risk factors for the emergence of interdigital phlegmon outbreaks
Mila Kontturi and others, University of Helsinki, Finland

Intdigital phlegmon, also known as footrot or “foul in the foot”, is a common infectious disease in cattle that may cause high morbidity and significant economic losses. There have been a number of major outbreaks in Finland in recent years, often in cattle in newly-built or renovated housing and with no previous evidence of traumatic injury to the affected feet. The authors describe an investigation into the risk factors associated with these incidents. They found an enhanced risk in herds with recent introductions of stock from outside and when organic cultivation methods were in use on fields at the unit. Mechanical ventilation in cattle sheds appears to reduce the infection risk.


Laboratory examination of swabs and lavage fluid in bovine respiratory disease
Sarah Capik and others, Kansas State University, Manhattan

Bovine respiratory disease is the most costly condition affecting the North American beef industry. A number of different viral and bacterial agents have been implicated in its aetiology. The recognition, management and treatment of pain in calves was identified by the associations as a priority animal welfare problem following the launch of the BVA’s Animal Welfare Strategy last year, with the two organisations working closely together to progress an evidence-based best practice position and set of recommendations for the profession. Their “Analgesia in cattle” position statement specifically recommends the use of NSAIDs in addition to local anaesthesia when conducting disbudding and castration in calves, “as these are procedures that have been shown to cause acute pain at the time of the procedure and chronic pain afterwards”; anaesthesiologists have been shown to reduce the signs of pain in this post-operative period in a wide range of research studies.

The position also recommends the “three Rs” approach to castration and disbudding of calves, advocating that, where possible, these procedures are: replaced by, for example, selecting polled sires to replace disbudding; reduced by, for example, appropriate use of sexed semen to reduce the number of male calves requiring castration; or refined, with the use of anaesthetics.

BVA president, Gudrun Ravetz, said: “Existing legislation requires a level of anaesthesia and we would encourage veterinary colleagues and stock-keepers to also discuss appropriate analgesic regimes used so that vets prescribe appropriately-licensed NSAIDs and other analgesic medicines as required, as part of ensuring a good life for the animals we farm for food.”

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‘Grave concern’ over rise in animals killed without stunning

The number of animals killed without pre-stunning has risen sharply, according to analysis by the BVA of the latest survey released by the Food Standards Agency (FSA).

Slaughter without stunning unnecessarily compromises the welfare of animals at the time of death, the BVA states, but almost a quarter (24.4%) of sheep and goats slaughtered between April and June this year had their throats cut without first being made insensible to pain. It shows an increase from 15% in 2013, when the EU and UK-adopted legislation allowing an exemption for animals that are slaughtered for religious purposes came into force.

The number of chickens being slaughtered without pre-stunning has soared from 3% in 2013 to 18.5% in 2017, the FSA figures also revealed. BVA president, Gudrun Ravetz, comments: “This huge increase in the number of sheep, goats and poultry that are not stunned or not stunned effectively before slaughter is a grave concern to our profession. Millions of individual animals are affected, making this a major animal welfare issue.

“The supply of meat from animals that have not been stunned massively outstrips the demand from the communities for which it is intended and is entering the mainstream market unlabelled.

“In the light of these official figures, we reiterate our call for all animals to be stunned before slaughter. If slaughter without stunning is still to be permitted, any meat from this source must be clearly labelled and the supply of non-stun products should be matched with demand.”

The BVA states that welfare at slaughter is one of the UK’s most pressing welfare concerns for vets, according to its latest member survey. The association has long campaigned for the re-introduction of a law that guarantees all animals are stunned before slaughter on the grounds of pain during necessary veterinary and husbandry procedures, the BVA and BCVA have announced in a joint position paper.

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TIME FOR GREATER ENGAGEMENT

THE ISSUES OF VETERINARY SURGEON RECRUITMENT
into large animal veterinary practice have been aired and real difficulties identified.

Experienced surgeons leave a practice and there are delays before replacements are able to be found. The expectations of young graduates have been shown to differ from the notion of working for years within a practice and then buying into the partnership. Progressive practices have had to change the way they deliver veterinary services and these changes have been specifically noticed, critically, by dairy farmers.

The whole industry recognises that the number of dairy herds continues to fall, but historically the number of cows nationally has stayed about the same. The demands on the farmer to manage larger herd sizes are increasing year on year and they also have issues of staff recruitment.

One farmer has commented that he refuses to deal with one supplies company because its rep made disparaging, and in his view ignorant, remarks about the quality of work and payment expected by his overseas workers.

The farmer has put considerable time and effort into developing the skills and abilities of his staff and he relies on them to carry out highly-technical functions and to ensure high welfare standards.

The notion that overseas workers are cheap labour may have been true when the EU was first expanded, but now those workers are experienced, a backbone to the future of the dairy herd and receive full salary and employment conditions.

The difficulties of providing veterinary services are not a problem that the farmer wants and, increasingly, any fall-off in veterinary support is less well-tolerated. Veterinary practices that encounter service delivery issues can expect critical comparison with the services provided by others.

Principals of large animal veterinary practices will recognise that the larger dairy herds “on the books” are highly-demanding and utilise considerable time and effort. Many practices have decided not to compete and those herds have been taken over by neighbouring, or even distant, practices.

This weakness in the veterinary system is increasingly being recognised, and in some cases exploited, by the large dairy herd owners and managers. It is also important to recognise that the views of the vet at farm level are, generally, valued over any of the other advisers who visit the farm.

The greatest difference appears to be that actual work with the cows and time spent among the animals gains considerable credibility so that when advice is given it is more likely to be followed. The service providers who rely on table-top analysis are at a credibility disadvantage.

The phrase that is repeated by farmers is that Joe or Celia is a “good dairy vet”. Furthermore, there is a hint of awareness that good dairy vets are born, not made, and that he or she is a stockperson. An interest in the cows would appear to override issues of bad breath, irrationality and an un tidy car.

ECONOMICS OF SCALE

But what of economics? A farmer recently commented that he was invited to attend a dairy discussion group and although producing several million litres of milk, he was the smallest milk producer in the room.

The attitudes of the larger milk producers were rather different to his own. He still considers the farm to be a family business, works long hours, knows that changes to the way the farm is managed would be beneficial but has difficulty in handing over full responsibility to others. If there is a difficult calving, he will attend. If a cow is lame, he wants to be informed and will check her progress.

When the health and safety officer arrives unexpectedly, he drops everything and shows him around. If the diesel hasn’t been delivered as ordered, he arranges for a temporary supply. And so on.

Even at 21p per litre, the milk cheque will come to over £2 million for the year. How does that compare to his veterinary practice? When the service contract is negotiated, is he a big beast or a minnow? If he is a minnow, would it benefit him to combine with uncle Jim and cousin Henry to arrange veterinary services, as he does with machinery and buildings?

The services he wants arguably break down into three clear areas:

- Problem-solving – of disease and preventing future occurrences. This requires a dairy vet who can call on technical support as required. The means of arriving at a solution may not be understood by the farmer. If the attending vet brings in another vet with specialist knowledge to investigate and advise, this is a strength, not a weakness.
- Forward planning – recognising the historical and current health issues and developing clear advice that links into health plans, welfare and the demands of milk purchasers.
- Tech services – including buildings management, hygiene, stock purchases, fertility management, hoof-trimming and cow mobility assessment. These activities can be carried out by non-vets.

When a farmer complains about the cost of veterinary support, it is interesting to ask whether the veterinary advice was actually followed. Each farmer believes that his herd requires special attention and there are good reasons why the advice did not match the on-farm practicalities.

MEASURING VALUE

This comment arises so frequently that it is necessary to question how the value of the advice is measured. The suspicion is that detailed monitoring has historically been left to the veterinary practice or it is lost within the multitude of other farm activities.

However, the application of available technology to provide temperature and humidity in buildings and what the figures mean for disease, growth and well-being is an example of a developing area of potential value.

There are many applications that can assist the farmer and his vet to accurately know why problems arise.

When the veterinary contract is being negotiated, an agreement on what counts as success, failure or acceptable may become more important than the annual call-out costs or the margin on drugs.

The major area that undermines all future hopes and plans is nutrition. There are many sources of advice and consultancy that are wrapped up in product purchasing so that trying to put an economic figure on nutritional planning and advice undermines the ability of a veterinary practice to be financially valued for its input. However, setting growth and yield standards for a herd and relating these to disease and well-being is very much a veterinary area of expertise.

Is a large dairy herd better off by having a veterinary surgeon as an employee? The farmers who have or are considering this option are responding to the weakness being exhibited by veterinary practices to be bold in offering their services.

It seems unrealistic for a veterinary practice to be able to put forward a dairy vet who will support a large dairy client for the next decade. Many of the farmers like to enjoy a personal relationship with their dairy vet, exchange Christmas cards, attend weddings and the like. It is that aspect that can be expected to change for the dairy herds as the farmer operates a more corporate approach.

Many older vets may find this approach apparently unacceptable, but in discussion with retired cattle vets they comment that pretty soon after retirement their contact with previously “friendly” farmers becomes diluted.

There is an opportunity to promote successful dairy veterinary practice: problems solved, targets achieved, animal observations applied. If the reaction is that the practice is too busy keeping up with the day-to-day work to consider promoting the success of what they do, then farmers are likely to look for alternatives, rather than the potential to engage more and more with a profession that has skills and knowledge to spare.

Aiming swill ‘more important than ever’

THE BVA and Pig Veterinary Society (PVS) are reminding pig keepers to avoid swill feeding following the recent announcement from Defra that the risk of an incursion of African Swine Fever (ASF) in the UK has risen from “Very Low” to “Low”. The risk level has been raised due to spread of the highly-contagious disease and an increased weight of infection in Eastern Europe. Cases have been reported in the Czech Republic, Romania and Poland as the disease moves south and west. The spread to the Czech Republic is seen to be of particular concern as ASF has “jumped” a country – indicating a new route of infection. Most cases have been in wild boar, but there have been a significant number of cases identified in backyard sites and a small number of commercial herds.

BVA senior vice-president John Fishwick says that “some cases have arisen through animals being fed swill which has been contaminated with infected meat. This means it is more important than ever that all pig keepers avoid feeding food waste of any kind to their animals”.

PVS president Mark White adds: “There is no risk to human health from this disease, but it could have an enormous impact on pigs in this country and would devastate our pig industry. This would have a consequential impact on the cost of pig meat to consumers.”
Engaging with dairy farmers over lameness

DOUGLAS PALMER of Norbrook looks at the causes of mobility problems, the financial implications, and the AHDB scoring system

The causes of lameness are multifactorial. Poor nutrition, poor flooring, poor cow tracks, poorly-designed cubicles, infectious disease, ineffective foot-trimming and being forced to stand for too long on hard ground all have their part to play. The challenge is to find a way to measure the amount of lameness on a dairy farm, educate farm staff to recognise and record the lesions seen and address the above factors in a way that is manageable and affordable by the farm.

Douglas Palmer, BVMS, MRCVS, graduated from Glasgow in 2002 with a merit for large animal clinical studies. He went into a largely farm animal practice in rural Northumberland and since then has worked in several other mixed practices in the north-east of England. In July 2015, he joined Norbrook as veterinary adviser.
Owners’ attitudes to equine end-of-life revealed

THREE years of in-depth research into equid owners’ attitudes towards end-of-life matters were revealed at last month’s BEVA Congress in conclusion to a study co-ordinated by Advancing Equine Scientific Excellence (AESE) and supported by World Horse Welfare and The Donkey Sanctuary.

The research, which is said to be the first of its kind in the UK, involved students from 13 institutions who collected data from 2,678 participants using a combination of in-depth interviews, focus groups and an online survey. The research set out to develop a knowledge base in relation to why owners do or do not feel able to make equine end-of-life decisions and the thought process undergone to arrive at these; it also looked to determine what additional information and support is required to help owners in making these decisions.

The research found that only one in eight UK equids dies suddenly, meaning most owners will be faced with making an end-of-life decision at some stage; however, around two-thirds of those who had not previously made an end-of-life decision at some stage; however, around two-thirds of those who had not previously lost an equine did not have a plan in place. These decisions.

The research found that only one in eight UK equids dies suddenly, meaning most owners will be faced with making an end-of-life decision at some stage; however, around two-thirds of those who had not previously lost an equine did not have a plan in place. Furthermore, the research revealed that end-of-life decisions are not just for older animals, with the number of equids who die aged seven to 10 years being similar to those aged 26 to 30 years. The key influence in owners’ end-of-life decisions was their own assessment of quality of life, but many felt they needed more support in doing so, with around half of owners wanting more information on this. World Horse Welfare is now inviting vets to collaborate on a quality of life tool which will provide support for owners.

World Horse Welfare chief executive, Roly Owens, comments: “End-of-life is a difficult subject for both equid owners and their vets, so this research is vital in helping us to better understand attitudes and the various factors which can influence the decisions of owners at the end of an equid’s life.

“Delayed death has long been a key welfare problem facing the UK’s equine population and in fact was identified as one of four key challenges in the Horses in our Hands research report compiled by the University of Bristol in July last year, so this research is a positive step forward in helping tackle the issue.

“Our existing Just in Case materials are available to help owners with information and planning around end-of-life matters... but this research has identified a real need to support owners in assessing quality of life.”

EQUINE veterinary group acquired

CVS has acquired B&W Equine Vets, which it says is the largest specialist equine veterinary group in the south-west of the UK. It operates an integrated practice based around a multi-disciplinary referral hospital in Breadstone, Gloucestershire, with additional clinics in Cardiff, Gloucestershire and Bristol.

The group employs more than 30 vets, including seven diploma holders, and offers a full range of services, including “the most comprehensive equine imaging service in the UK”. It is accredited to the highest practice standard by the RCVS. CVS Equine Division has grown rapidly over the last 18 months and currently comprises 32 sites. Ian Camm, managing director of B&W, will continue in the role of equine regional director for the south-west at CVS.

Lightening the load for horses

RESEARCHERS have “taken the first step” towards tackling the issue of rider weight, investigating whether there are any short-term measurable differences when horses are ridden by different sized riders.

The aim of the project is to develop evidence-based guidelines as to what constitutes excessive rider size under different circumstances, for the equine industry to put into action and prevent needless suffering and injury.

Following a Saddle Research Trust Workshop in 2014 and a meeting of British industry representatives in 2015, an initiative was set up, co-ordinated by the British Equestrian Federation and World Horse Welfare, to raise funds to support research into this topic.

As a result, a pilot study has been performed using six horses and four riders. The riders all rode to a reasonable standard, but differed in body weight (light, moderate, heavy and very heavy). Each rider rode each horse in a randomised order and performed a standardised 30-minute exercise protocol that consisted mainly of trot and canter. The horses were ridden in their usual tack.

Researchers monitored gait subjectively and objectively, behaviour, forces under the saddle, alterations in back dimensions in response to exercise, heart and respiratory rates and salivary cortisol levels. Horses were also assessed for response to palpation of the back.

All horses finished the study moving as well as when they started. Data analysis is ongoing; however, the researchers have confirmed that there was a substantial temporary effect of rider weight as a proportion of horse weight (but not necessarily body mass index per se) on gait and behaviour.

“It appears that any adverse influence of less than ideally fitting tack was accentuated markedly by heavier riders,” they say. “This study does not mean that heavy riders should not ride, but suggests that if they do they should ride a horse of appropriate size and fitness, with a saddle that is correctly fitted for both horse and rider.”

Outstanding exhibitors

CONGRATULATIONS to Chanelle Vet UK and APB Mobile Installations for winning exhibitor awards at this year’s BEVA Congress. The Veterinary Practice Best Large Stand Award was presented to Chanelle Vet UK for its fresh apple theme, promoting the company’s new apple-flavoured anti-inflammatory product.

APB Mobile Installations, which specialises in bespoke vehicle installations, won the Veterinary Practice Best Shell Scheme Stand Award for its dramatic use of space with a Toyota Hilux fully-fitted-out with drawers and a sliding platform for ambulatory veterinary use. The awards were presented by outgoing BEVA president Vicki Nicholls, Veterinary Practice editor Jennifer Parker and Veterinary Practice sales manager Nic Catterall. Look out for a full report of BEVA Congress in next month’s issue.

EQUINE veterinary group acquired

CVS has acquired B&W Equine Vets, which it says is the largest specialist equine veterinary group in the south-west of the UK. It operates an integrated practice based around a multi-disciplinary referral hospital in Breadstone, Gloucestershire, with additional clinics in Cardiff, Gloucestershire and Bristol.

The group employs more than 30 vets, including seven diploma holders, and offers a full range of services, including “the most comprehensive equine imaging service in the UK”. It is accredited to the highest practice standard by the RCVS. CVS Equine Division has grown rapidly over the last 18 months and currently comprises 32 sites. Ian Camm, managing director of B&W, will continue in the role of equine regional director for the south-west at CVS.

Lightening the load for horses

RESEARCHERS have “taken the first step” towards tackling the issue of rider weight, investigating whether there are any short-term measurable differences when horses are ridden by different sized riders.

The aim of the project is to develop evidence-based guidelines as to what constitutes excessive rider size under different circumstances, for the equine industry to put into action and prevent needless suffering and injury.

Following a Saddle Research Trust Workshop in 2014 and a meeting of British industry representatives in 2015, an initiative was set up, co-ordinated by the British Equestrian Federation and World Horse Welfare, to raise funds to support research into this topic.

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New technologies in 1930s advance small animal work

IN THE VERY EARLY DAYS of small animal practice (actually, canine practice), two fashionable and celebrity gentlemen became the London leaders. One was Lionel Stroud, in practice with a Mr Rotheram in Mayfair’s South Moulton Street, who enjoyed the title of Veterinary Surgeon to H. M. Queen Victoria: she held them in high esteem and called their premises The Royal Canine Hospital – a designation that created some controversy in the profession!

Stroud ran the Mayfair practice until the 1939-45 war when it was bombed; he was a competent practitioner, described as a handsome man of courtly manner.

An obituarist wrote, “His attire was that of a Harley Street physician and his hair, moustache and beard were a delight to behold. It is said that a renowned West End hairdresser waited on him daily.”

The other leader was A. J. Sewell, Canine Surgeon to King George V and Queen Mary in his Belgravia, Elizabeth Street practice. His partner F. W. Cousins, also Canine Surgeon to King George V, revised Sewell’s The Dog’s Medical Dictionary, with the 1934 edition having a photograph of the then Prince of Wales as its frontispiece.

The book included photographs of the “X-ray Department” and “Operating Room” at Elizabeth Street. The illustrations show that the “top end” of small animal practice was investing in diagnostic and surgical facilities, following the example of human medicine. Similar pictures appear in McCunn’s revised Hobday’s Surgical Diseases of the Dog and Cat.

Canine and feline practice was moving forward, now aided by increasing affluence as well as the new technologies arising in human medicine.

The first women graduates arrived and mostly went into small animal work. All the veterinary schools now had clinics and students involved in the diagnosis and treatment of dog, cat and sometimes avian diseases.

Well-equipped facility

The Beaumont Animals’ Hospital, attached to the Royal Veterinary College (RVC), was built in 1932/3 (before the reconstruction of the main College buildings) and was at that time the most well-equipped small animal facility in the country.

From the 1930s, books on canine and feline studies published in the USA were beginning to appear in Britain and cat- and dog-related papers and communications were appearing in the British veterinary press.

G. B. Brook published in 1936 his studies on the canine spine while working at the RVC, and Hamilton Kirk – a London practice leader – in 1939 produced Index of Diagnosis for Canine and Feline Surgeons, the first of his two books that were to become invaluable guides for the small animal practitioner. It provided detail on the use of x-rays for diagnosis, at a time when very few practices possessed x-ray equipment.

In the 1930s the number of effective medications for dogs and cats was limited and there was little the practitioner had that the over-the-counter supplier could not provide.

Proprietary medicine manufacturers became very active in introducing both ranges of treatments and books of guidance on pet care and management. The most active companies in the 1930s and up to the present day were Bob Martins and Sherleys, the latter with its continually updated (and usually well-written) Sherleys Dog Book and Cat Book. By the late 1930s the first sulphonamide had arrived and the age of chemotherapy was about to begin, allowing the veterinarian to have a specific treatment product.

Then came the 1939-45 war. Small animal practice declined, many London pets were euthanased because of the fear of bombing and later the shortage of food reduced the demand for new pets.

For the small animal world, the most important development during the war years was the establishment, in 1942, of the Veterinary Educational Trust, to achieve post-war the Animal Health Trust, and opening the Canine Health Centre in 1947.

Revival of interest

Post-war saw a revival of interest in pets and for dogs increasingly for pedigree animals. Veterinary graduate numbers were swollen by exservicemen and by 1950, small animal practice growth was under way.

Many new plates went up, most practices were single-handed and affluence increased. Penicillin began to be used in small animal veterinary medicine and other new therapeutics, endocrine and improved vaccines were developed.

As animal numbers grew, so did the demand for surgical procedures: castration and spaying in cats, sometimes also for bitches, fracture repair, basic surgery for pyometra, cystic calculus, etc., and increasingly for more complex orthopaedic procedures.

Pre-war, chloroform and ether were the anaesthetics (much advanced by Professors Hobday, McCunn and J. G. Wright), Wright, working at the Beaumont Hospital post-war, also did pioneering work, aided by Madeline Oylar (later Bevridge) in introducing the injectable barbiturates to the UK.

In the post-war years, pentobarbitone became the anaesthetic choice for most longer operations, with the shorter-acting pentothal sodium becoming widely used for minor or short procedures. These two agents revolutionised small animal surgery.

Anaesthesia became a subject of study, in particular with the introduction of inhalation technology. Pioneering work was done by Dr Leslie Hall, first at the Beaumont Hospital and then at the Cambridge school with fluorothane, and Dr Brian Singleton was advancing canine orthopaedic surgery also using intubation with fluorothane.

The technology enabled a rapid advancement in surgical practice and laid the groundwork for the creation of specialists and specialisation.

More companion animals also, regrettably, resulted in more demand for euthanasia. Termination of life, in particular of family companions and pets, has always presented veterinarians with a difficult situation. The procedure must be as rapid and painless as possible and must also be acceptable to the owner.

Shooting dogs with a captive bolt is probably the most humane method, but unacceptable for today’s society.

For many years, prussic acid was widely used – a very rapid-acting agent, now unacceptable. By the later 1950s, pentobarbitone was becoming the most widely-used euthanasia product within small animal veterinary practice.

With increasing affluence, new pharmaceuticals, advances in surgery and technological developments, the small animal practitioners were feeling they needed their own organisation.

The next major advance in British small animal practice was about to occur.
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From the forgettable to the fantastic

I WAS SURPRISED THE OTHER DAY to find Dame Daphne du Maurier still being described as a “romantic novelist”.

Certainly, romance and adventure feature large in her wonderful canon of stories, but her work was so much richer than is implied in that somewhat denigratory description, one that du Maurier herself, unsurprisingly, hated.

She was a mistress of suspense and her greatest works include psychological thrillers of the highest quality. A number of her stories have found their way onto the big screen, but apparently surprisingly, none of these have matched the quality of her stories, but her work was so much richer than what is implied in the somewhat denigratory description, one that du Maurier herself, unsurprisingly, hated.

From the forgettable to the fantastic

Birds

Hitchcock’s 1963 adaptation of du Maurier’s beloved Cornwall – the setting for many of her stories – to the United States, The Birds must rank among Hitchcock’s finest films. It includes some of the most iconic images in cinema. As just one example, I don’t believe that the brilliantly-constructed scene of the birds silently massing outside the schoolhouse has ever been beaten.

Don’t Look Now is also a fine film. Despite the gratuitous, unnecessary and frankly boring sex scenes that were so controversial at the time of its release, and which had nothing to do with du Maurier’s story, it is otherwise a thoughtful, interesting and rewarding piece.

My Cousin Rachel is one of du Maurier’s most intriguing and ambiguous stories. Published in 1951, it was brought to the big screen just a year later starring Olivia de Havilland and Richard Burton and it earned the latter one of his seven unsuccessful Oscar nominations (how could the Academy have failed so many times to give the nod to such a great talent?). A new version of My Cousin Rachel, written and directed by Roger Michell, perhaps best known for the excruciating Notting Hill, and starring Rachel Weiss as the eponymous relative, was released this month.

I heard My Cousin Rachel as an audiobook and I remember it being tense, atmospheric and totally compelling. These qualities are utterly lacking in Michell’s version, a bland and frankly boring shadow of the original story.

Weisz does a fine job and Iain Glenn is always reliable (despite its deviations from Stevenson’s story, the 2005 BBC version of Kidnapped in which he starred as Alan Breek is a gem that I’ve wanted to recommend for some time), but Sam Claflin is an uninspired and unimposing leading man.

This is a forgettable movie in which the major source of mystery is some of the director’s choices of camera focus. I’ve rarely looked at my watch so frequently as I did during this mundane movie, which totally fails to do du Maurier’s masterpiece justice.

If one is looking for disappointment, there can be few genres in which they come as regularly as the superhero movie. There are so many of them, but few with much going for them. However, there is always the occasional exception and, following a scene-stealing – if inexplicable – cameo performance in the appalling Batman v. Superman: Dawn of Justice, Gal Gadot took centre stage recently in Patty Jenkins’ unexpectedly delightful Wonder Woman.

Comic characteristics

Generally, cinematic superheroes are based on characters from graphic novels (which were called “comic books” when I was a kid) and, if this isn’t grossly over-interpreting what is essentially a simple genre, it seems to me that the decent superhero movies are often those with heroes that adhere closely to the essential comic book characteristics of their protagonists.

Thus, the only decent big screen Superman was Christopher Reeve, who featured as the Man of Steel (as opposed to Henry Cavill’s more recent Man of Wood) in four movies between 1978 and 1987. Although admittedly the last of these was pretty ropey, Reeve was a fine actor who captured to perfection the idea of a character who is totally good, with no intrinsically dark side. In contrast, Michael Keaton’s Batman, the only one worth watching for me, captured the Gothic dark side of the character, one whose desire to bring justice is born of personal tragedy rather than altruism.

Gadot’s Wonder Woman captures the essence of the original Amazonian comic book character beautifully and she gives us a far more interesting interpretation than the previous frothy, superficial small screen characterisations.

Many of the original Wonder Woman storylines involved her battling against Nazi agents during World War Two. Allan Heinburg’s screenplay sets the vast majority of the action even further back, during the First World War, and this works extremely well.

Chris Pine, Robin Wright, Danny Huston and David Thewlis among others provide excellent support to a strong and likeable central character. A couple of minor characters do misfire; we could certainly have done without the irritating Etta Candy, even if she is drawn from the original comics, but this enjoyable and entertaining film is outstanding in its genre.

Renowned scientist to speak at Fellowship Day

BROADCASTER, anatomist and anthropologist Professor Alice Roberts has been confirmed as the keynote speaker for this year’s RCVS Fellowship Day.

The event, on Friday 20th October at the Royal Institution, will begin at 10.30am with an introductory speech by Professor Nick Bacon with the official awards ceremony taking place at 10.40am. This year will see 50 veterinary surgeons becoming RCVS Fellows out of a total of 36 applications.

Of the successful applicants, 25 were awarded for meritorious contributions to clinical practice; 13 for meritorious contributions to knowledge; and 12 for meritorious contributions to the profession.

Professor Stephen May, RCVS president, will then introduce Alice Roberts, professor of Public Engagement with Science at the University of Birmingham, who will be giving a 60-minute talk on the impact the domestication of dogs, horses and cattle has had on world history: Tamed: Three species that changed our world.

In the afternoon there will then be six “TED talk”-style presentations (each lasting around 12 minutes) from six of the existing RCVS Fellows on a variety of topics, including the evolution of general practice, TB and badgers, international rabies eradication and the medical-veterinary relationship.

The full list of new Fellows, and the full programme for the Fellowship Day, can be found at www.rcvs.org.uk/fellowship.
AS YOU GAZE WITH HORROR
at the government’s plans for small businesses, you’re concerned with
the impact of Brexit on medicines, or you feel wronged
by the local council, perhaps you have thought
of contacting your MP to seek their help. But can he
(or she) really do anything for you, or is it just a waste of time?
The simple answer is that it is not. However, approaching an MP needs
thought and planning: The RCSVS, for example, sees value in helping MPs
understand the profession. It has a dedicated page for MPs with facts,
figures and a toolkit to help answer constituents’ questions.
Now some people think Parliament is a media-driven circus. Others believe
that all MPs have enormous power and can solve their every problem. The
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ADAM BERNSTEIN
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ways elected officials
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practices and
individuals and details the correct
ways to approach them

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Adam Bernstein, BSc(Hons), is a freelance writer on business and industrial topics.
own MP can advise you.

Timing is very important. For example, if you want to make Budget suggestions, the time to influence these decisions is well before summer when the Chancellor conducts extensive consultations with MPs and others. You can write direct to the Chancellor, but it is usually a good idea to route them through your MP as well. By September, Treasury Ministers usually retreat into “Budget purdah” and late representations are usually wasted.

If you want to amend a bill on its way through Parliament, find a sympathetic MP on the standing committee who will be engaged in a line-by-line scrutiny of it. Your own MP can advise you on this but remember, timing is crucial.

If you invite an MP to an event, do try to give as much notice as possible. MPs love visits and opportunities to speak, but diaries are usually full for six weeks ahead and it is difficult for MPs, especially those with constituencies outside of London, to get to mid-week events while Parliament is sitting.

No wonder that Pennmellin Vet Hospital in Cornwall’s St Columb Major was delighted that the local MP, Steve Double, opened Cornwall’s first pet CT scanner sited in their practice (in June 2016).

Of course, any acceptance is subject to Parliamentary business. MPs never know what the next week’s business will be until the Thursday afternoon of the week before. If a three-line whip comes up, it has to take priority, however inconvenient.

http://www.parliament.uk/

How flexible finance can boost access to diagnostic technology in the veterinary sector

IT’S WIDELY ACKNOWLEDGED that better use of diagnostic technology is improving patient outcomes for people across the world. In the UK, for example, private hospitals are able to diagnose more patients earlier and with more accuracy by using the latest CT scanning equipment.

As a nation of animal lovers (90% of UK pet owners consider their pet to be a part of their family), there is an increasing expectation that state-of-the-art technology such as diagnostic technology will also be made available to our pets.

It is estimated that 11 million (40% of) households in the UK have pets and spend £1.16 billion on them annually, an increase of 25% since 2010.

Veterinary practices are keen to meet the demand for more use of state-of-the-art technology and to capitalise on this growth. One strategy being used to attract new patients is to offer advanced diagnostic techniques.

There have been major advances in veterinary diagnosis equipment over the last few years; for instance, CT scanners now boast improved rotation speed, resolution and computing power. State-of-the-art point-of-care ultrasound systems, MRI and CT scanners offer immediate benefits to customers quickly, accurately and non-invasively, allowing better identification and management of pet diseases previously difficult to diagnose and treat.

More advanced radiography, ultrasound and 3D printing technology mean images can be shared more readily and analysed using pre-set data, as well as professional knowledge.

Furthermore, in parallel to advances in hardware, developments in imaging software are facilitating more efficient processing of radiographic images.

The significant growth of “big data” and the data science skills used to analyse it are helping to create far clearer pictures of animal diseases and the recovery pathways. In this context, keeping up-to-date with the latest diagnostic technology is an important step towards meeting pet owners’ rising expectations of a fast and accurate diagnosis. Deferring investment in technology can therefore directly impact productivity, quality of care and pet owners’ experience.

According to the RCVS, there was a 12.3% increase in the number of veterinary premises between 2010 and 2014. In the same period, independent practice numbers grew by 9% while practices with corporate business models grew by 36%.

Similarly, while statistics show that independent practices generate median profit levels of approximately 7%, corporate-based groups are achieving 18% and more. As these new veterinary practices open, particularly corporate-based groups, the installation of diagnostic imaging equipment is seen as an integral part of the business, including the option of offering referral diagnostic work to other smaller local practices.

It can be, however, difficult for some practice owners to finance growth and investment in the required practice resources. Keeping pace with technological advancements requires considerable capital expenditure, which is where many practices can struggle.

Against this background, acquiring the latest veterinary technology may seem out of reach for many providers. In many instances the veterinary sector is caught in a predicament where budget limitations are hampering the ability to make the essential investments which play a key role in increasing the productivity and efficiency of services. To this end, asset financing techniques such as leasing are emerging as an increasingly popular, cost-effective investment-abler.

Spreading the cost

Such financing techniques spread the cost of the equipment over an agreed financing period, with regular finance payments arranged to align with the expected efficiency gains and income stream enabled by the use of the latest technology.

This removes the need for a large initial capital outlay and enables immediate access to up-to-date equipment despite tight budgets. Veterinary practices can thereby deploy precious funds in other areas to improve service quality. Financing arrangements can potentially also cover other costs such as installation as well as introduce the flexibility of future technology upgrades in line with technology developments.

Tailored, all-encompassing financing packages tend to be offered by specialist financiers who have an in-depth understanding of production technology and its applications. They understand the profound impact up-to-date technology can bring to the daily business of a veterinary practice and can expertly evaluate any associated risks.

They are therefore more capable of creating customised financing packages that fit the specific requirements of a veterinary establishment – for instance, flexing the financing period to suit the organisation’s cash flow.

This contrasts with the standard financing terms usually available from generalist financiers who can lack a thorough understanding of the veterinary sector as well as technical expertise.

Investing in diagnostic equipment is of growing importance to the progress of the veterinary sector. Practices need to find innovative ways to stay competitive and meet the needs of their pet-loving customers by embracing all that new technology has to offer.

Alternative financing is an increasingly popular way for practices to invest in diagnostic imaging equipment to grow their business and offer patients the quickest and most accurate care.

‘Innovation’ social media competition winners

TEN winners of the RCVS’ social media competition to find veterinary surgeon and veterinary nurse innovators were provided with free entry to the College’s inaugural Innovation Symposium, held at The Shard in London on 20th September.

The competition, which ran from 21st July to 21st August, asked vets and vet nurses to post pictures of their innovative work on Facebook, Instagram or Twitter with the hashtags #VetInnovator or #VNIInnovator.

Inspired by the Vet Futures research initiative, the symposium was an invitation-only event bringing together “thought-leaders” from the two professions and those involved in innovative veterinary technologies or business models.

The winners were: Jane Davidson, PlanetRVN; Dr Mary Fraser, Guide Dogs for the Blind Veterinary Training; Jo Hinde and Dr Ivan Crotaz, LagoLearn; Georgette Hollis, Veterinary Wound Library; Dr Alison Lambert, OnSwitch; Jill Macdonald, Core CPE; Dr Liz Mossop and Dr Martin Whiting, VetFinals; Dr Laura Playforth, VetsNow; Kyrilos Spanoudes, NU1 Galway; and Prof John Williams, VetsNow.

Chris Wilkinson is head of sales for healthcare and public sector for Siemens Financial Services in the UK. Chris focuses on working with new entrants into the sector and larger corporate customers. He uses his 20 years of experience to help customers realise their plans and opportunities which can entail challenging, specialist situations.

CHRIS WILKINSON
of Siemens Financial Services looks at the advances of the last few years and how asset financing techniques are helping practices to keep up.

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Friendly, trustworthy, approachable...

When we met FTA Finance this time last year, the team were preparing for their very first foray to London Vet Show as they began a new chapter working with the veterinary sector. As we hurtle towards LVS 2017, the company reveals just what has happened during “an intense but rewarding” 12 months.

“We have always been known for business loans and mortgages,” begins Helen Skinner, head of veterinary at FTA Finance. “However, sizeable developments over the last 12 months have led to the setting up of our residential mortgages arm, FTA Mortgages, to assist clients not only with first-time house purchase, but to also help current property owners improve on existing mortgage terms or help them to develop a buy-to-let portfolio.”

This new arm of the business, officially launched in September 2016, has been established to make it easier for all veterinary staff to get onto the first rung of the mortgage ladder (as detailed in Julie-Ann Hawkins’ article on page 39 of our September issue).

Often cited as a concern for many, mortgages can be seen as a challenging, stressful and time-consuming process, but they needn’t be if you know where to look for the right help.

Following a successful LVS 2016, the company hit the ground running this year and attended VetsSouth for the first time in February, where the team discovered that veterinary surgeons and veterinary nurses in the south-west were also keen to discuss how to get onto said ladder.

In May, a delightful development: FTA Finance was named London Healthcare Broker of the Year at the Lloyds Banking Group Business Development Professional Awards.

“It was an honour to have been nominated in the first place,” states Helen. “To actually win was testament to the hard work of the entire team, providing all of our clients with the support they need during their journey to business ownership.”

Hot on the heels of this achievement, the team attended VetsNorth in June to see how they could help veterinary staff from Manchester and the surrounding counties.

Helen explains, “The last 12 months haven’t just been about attending these major events. We have also helped veterinary clients of all shapes and sizes during this time to secure various business loans.”

“To mention just a few examples, we have helped an existing owner renting premises to secure finance to acquire the freehold. We have helped an existing partner in one practice get a loan to acquire the retiring partner’s share. We have also secured a £1,350,000 loan facility for one client to help him acquire his first practice in the southern Home Counties. A common theme with these clients is that they all tried to arrange funding themselves with little success. We went on to assess the proposal on their behalf and then prepared a detailed business plan which we submitted to the banks. On most occasions, we succeeded in obtaining bank approval from more than one lender and went on to negotiate and secure competitive and flexible terms for our clients.”

Suggesting that the company name could stand for “Friendly, Trustworthy, Approachable”, Helen says she wants FTA Finance to become known as the number one broker in the veterinary industry.

For more information, visit www.ftafinance.co.uk or e-mail info@ftafinance.co.uk. FTA Finance will be at the London Vet Show in November on stand V25.

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