African swine fever
Responding to emerging disease threats

Plus
MENTAL HEALTH Identifying anger and anxiety / NUTRITION Dietary management of diabetes mellitus / DERMATOLOGY Dealing with feline allergic skin disease / EQUINE Performing a neurological examination

SMALL ANIMAL
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Welcome to the September issue of Veterinary Practice magazine. We are back from our break and have lots to look forward to this month.

In an interview with the UK’s new Chief Veterinary Officer, Christine Middlemiss, we find out what led her to the role and how she will be tackling some of the challenges currently facing the profession. Christine explains the main priorities for the coming year, including disease control, EU Exit preparations and working with the Veterinary Capability and Capacity Project to ensure there are enough vets to keep on top of the growing veterinary workload.

Also in the Official Vet section, we have an article detailing the processes in place to monitor African swine fever. With its presence in continental Europe, and more recently in China, vets have been alerted to an increased risk of the disease reaching the UK. Jo Wheeler explains how the APHA is keeping track of the disease and what protocols would be implemented should the disease reach the UK.

There will be much more on notifiable diseases at the Official Vet Conference, which takes place in Swindon on 19 and 20 September; visit the conference introduction in this issue to find out more.

The BEVA Congress is also held this month – from 12 to 15 September in Birmingham; head to the equine section for a list of the top 10 things to see and do at the event. Jonathan Pycock will be handing the presidential baton to Renate Weller, and in his final contribution to the BEVA column, he discusses all there is to smile about in the equine veterinary profession. Also in equine, we have a fascinating interview with Juan Samper, an equine reproduction specialist based in the US, and a useful guide to performing a neurological examination by Caroline Hahn.

For small animal practitioners, our In Focus topic is feline disease – a section that includes pieces on feline leukaemia virus and feline hyperthyroidism. There are several dermatology articles this month, covering topics such as canine impetigo and feline allergic skin disease, as well as a guide to dietary management of diabetes mellitus in cats and dogs.

“All there is to smile about in the equine veterinary profession”
Considering a diet-based approach to tackling diabetes mellitus and a discussion on how to approach weight management in cats.

David Grant explores canine impetigo in puppies, Chiara Noli begins a short series on feline allergic skin disease and Jayne Clark takes a deeper look into chronic otitis externa.

Considering the pricing of veterinary services and how the approach to pricing should be altered with different clients.

The latest news and updates for OVs and an introduction to the 2018 Official Vet Conference.

Agria was delighted to sponsor and take part in the sixth Animal Welfare Foundation Discussion Forum in London.

An introduction to feline leukaemia virus and guide to successful diagnosis and management of the disease.

Advice on the medical management of feline hyperthyroidism when faced with concurrent disease.

The latest academic publications providing further insight into this month’s In Focus topic.
Introducing the new CVO
Find out what the key priorities will be for Christine Middlemiss in her first year as the UK’s Chief Veterinary Officer.

The threat of African swine fever
How is the APHA monitoring the risk of African swine fever and what procedures would be implemented should the virus reach Great Britain?

Using net promoter scores
An introduction to net promoter scores: what are they, why are they useful and how are they calculated?

The key steps to designing a practice
Although there are unique factors to consider, designing a veterinary practice involves the same key steps essential to any building project.

Dealing with tricky situations
Sometimes it will be necessary to dig yourself out of a hole when dealing with an emotive client.

Clifford Warwick
“Pet labelling is required and needs to be entirely independently and objectively formulated”

David Williams
“Would you be interested in investigating whether bank voles near the nuclear reactor in Chernobyl have cataracts?”

Gareth Cross
“Now, many students have a career path mapped out by final year”

Cattle hoof care standards
Veterinary surgeons in cattle practice are urged to review their approach to the management and treatment of the bovine hoof.

The highlight of the year
In his last column as BEVA President, Jonathan Pycock explains what he is most looking forward to at the 2018 BEVA Congress.

The top picks for BEVA Congress 2018
With internationally renowned speakers and notorious social events, there is lots to look forward to at this year’s event.

A global perspective on the equine profession
Having led a diverse career with experience all over the world, Juan Samper talks about what the profession might look like in the future.

Performing a meaningful neurological exam
Practical advice from a specialist on performing an equine neurological examination – from head to tail.

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Government backs ban on third party sales of puppies and kittens

The government has announced a consultation on a ban on third party puppy and kitten sales in England. The ban will be introduced to help drive up animal welfare standards, the Environment Secretary, Michael Gove, has announced.

Confirming the government’s support for the prominent Lucy’s Law campaign, Defra has published a consultation on an outright ban that will mean anyone looking to buy or adopt a puppy or kitten must either deal directly with the breeder or with one of the nation’s many animal rehoming centres.

The steps follow a commitment by Prime Minister Theresa May in December to crack down on puppy farming, to aim to bring an end to the grisly conditions found in puppy farming and tackle a range of existing animal welfare issues. These include the early separation of puppies and kittens from their mothers, their introduction to new and unfamiliar environments and the increased likelihood of multiple journeys the puppies or kittens have to undertake – all of which can contribute to a chaotic start in life and lead to serious health problems and lack of socialisation.

Environment Secretary, Michael Gove, said: “A ban on third party sales will ensure the nation’s much-loved pets get the right start in life. I pay tribute to the Lucy’s Law campaign, spearheaded by PupAid, Care And Respect Includes All Dogs (CARIAD) and Canine Action UK, who have fought tirelessly for this step.”

The proposed ban on third party sales is part of a series of government reforms on pet welfare including banning the sale of underage puppies and kittens and tackling the breeding of dogs with severe genetic disorders. New laws come into force on 1 October 2018 banning licensed sellers from dealing in puppies and kittens under the age of eight weeks and tightening the compulsory licensing of anyone in the business of breeding and selling dogs.

As part of its animal welfare reform programme, the government is also bringing in higher maximum sentences of up to five years for animal abusers – the toughest sentencing in Europe.

RCVS recognised as one of the top UK workplaces for women

The RCVS has been recognised as one of the best workplaces for women by the Great Place to Work Institute. The RCVS came seventh in the medium-sized company or organisation category (50 to 449 employees) of the Best Workplaces for Women initiative.

This year is the first that the Great Place to Work Institute has run this initiative; it looked at a number of factors, including the number and proportion of women in leadership positions, pay parity between men and women, workplace policies and how they support female employees, as well as training and development and mentoring.

Commenting on the results, Amanda Boag, RCVS President, said: “One of the key themes of my Presidential year is diversity and I think it is very important that, as a regulator, we reflect the veterinary profession (which is currently 63 percent female for veterinary surgeons and 98 percent female for veterinary nurses) as far as possible. With two-thirds of the staff at the RCVS being women it demonstrates that the College is largely reflective of the profession it serves.

“However, it’s not just about the numbers and with 60 percent of the Senior Team at the RCVS being women, including the CEO and Registrar, it demonstrates that the College has developed a culture in which women can shatter the glass ceiling and pursue leadership roles.

“Also, with policies such as flexible working hours, encouragement of home working, shared parental leave and enhanced maternity and paternity pay, the College goes the extra mile to support working parents.”

BSAVA and BEVA agree Congress collaboration

Mixed practice vets can optimise CPD, minimise time away from work and save money thanks to a new partnership between the BEVA and BSAVA annual Congresses. Discounted attendance for the two leading annual events is available to members of both associations, giving access to high quality small animal and equine CPD, a full social programme and a host of other benefits.

BSAVA members will receive a 30 percent discount on standard tickets for BEVA Congress from 12 to 15 September 2018, and BEVA members will receive the BSAVA membership discount for BSAVA Congress, from 4 to 7 April 2019. Both organisations are run by the profession for the profession and share aligned foundations, with volunteer vets and nurses designing the Congress programmes.
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First recipient of WSAVA Award for Companion Animal Welfare

Nalini Obeyesekere, a veterinarian from Sri Lanka, is the first recipient of the World Small Animal Veterinary Association’s new Award for Companion Animal Welfare. The award, developed by the WSAVA’s Animal Wellness and Welfare Committee (AWWC), recognises individual vets who have made a significant contribution to animal welfare and inspired others to play their part in advancing welfare globally.

Nalini graduated with a BSc in wildlife biology and management from UC Davis, USA, and, in pursuit of her primary interest, animal behaviour, returned to Sri Lanka in 1985 to work in the environmental sector. She later obtained a BVSc at the University of Peradeniya in Sri Lanka and has an MVSc from Murdoch University in Australia. She is now the owner-director of Pet Vet Clinic in Sri Lanka, a clinic which paved the way for small animal practice in Sri Lanka.

Her passion for animal welfare is a consistent theme throughout her work. She is a founder member of the Society of Companion Animal Practitioners of Sri Lanka and is now Director of Education. In this role, she has been championing higher standards of veterinary practice and the adoption of a one health approach. As founder and trustee of Blue Paw Trust, an organisation which aims to enhance human health and advance animal welfare, she is focused on the eradication of rabies from Sri Lanka and leads projects to improve the relationship between the public and the country’s community dogs.

Commenting on receiving the award, Nalini said: “The most important thing we can do for animal welfare is to improve and equalise the quality and standards of veterinary care globally.”

Nalini will be presented with the award during the 2018 WSAVA World Congress, which takes place from 25 to 28 September in Singapore.

Animal welfare enhanced by new code for laying hens and pullets

Strengthened statutory guidance is now in place for keepers and owners of laying hens and pullets on how to meet the needs of their birds and enhance their welfare. This welfare code has been updated to reflect the very latest advice from vets and animal husbandry developments, as part of a programme of reforms to safeguard and enhance the welfare of animals, the Minister for Animal Welfare, Lord Gardiner, announced.

Animal keepers are now expected to provide a more enriched environment for all laying hens to enable them to display more of their natural behaviours such as foraging. The user-friendly codes also provide detailed guidance to animal keepers on how to assess the welfare of their animals, as well as on contingency planning to help ensure the welfare of their animals during any emergencies.

The codes will be used by enforcement bodies including APHA inspectors and local authorities when investigating allegations of poor welfare to look at whether animal welfare standards are being met.

Gumtree introduces paywall to curb illegal pet trading

Gumtree has announced the introduction of a compulsory paywall in its “pets” category, in a bid to deter unscrupulous operators from misusing the platform and discourage the “casual” trading of animals online. Anyone wishing to post an ad in the pets category will be required to pay a nominal fee. The move by the UK’s number one classifieds platform represents a big shift from Gumtree’s “free for all users” model.

Gumtree has a relationship with the Pet Advertising Advisory Group (PAAG) – the UK’s leading advisory group made up of 23 animal welfare organisations, trade associations and the veterinary profession – that promotes responsible pet advertising and the safe trading of animals via online adverts. Gumtree works hard to comply with, and in some cases exceed, PAAG’s 18 minimum standards for the rehoming of pets.

Despite the efforts of PAAG and industry operators like Gumtree to meet standards, the illegal pet trade has continued to circumvent systems across the industry. The introduction of a compulsory paywall in the pets category creates an obstacle that will naturally discourage users from casually posting pet ads and means Gumtree and law enforcement agencies can more easily identify illegal operators.

Canada’s leading online classifieds site Kijiji – part of the eBay Classifieds Group, which includes Gumtree – introduced a similar paywall policy on a part of their platform in 2014 which proved successful in reducing incidents of abuse.
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Preparing for fireworks

Up-to-date advice for owners who are concerned about the firework season

The old advice to ignore your dog when it is frightened by fireworks flies in the face of what many owners consider appropriate and humane. Dogs are, after all, social and emotional. Not comforting them when they feel scared, such as during firework night, is both unnecessary and could make things worse as the dog finds itself deserted by its social support in times of trouble.

Much better then to provide comfort, but how this is done is important. A calm, happy manner is needed, rather than an overly sympathetic one which can lead the dog to believe that the owner is scared too. Providing reassurance that everything is okay by demonstrating that you are not worried is essential.

The use of Adaptil (a synthetic copy of the dog appeasing pheromone) has been shown to help reduce anxiety and help dogs cope with challenging situations, including firework events, reducing signs of fear such as trembling and hiding by 93 percent.

Puppies can learn to be completely at ease with loud noises if work to get them used to them is started early. The aim is to habituate them to the point where they can remain relaxed when hearing loud sudden noises. Pups should be carefully and gradually exposed to recordings that accurately reproduce the pops, bangs and whistles associated with fireworks.

Frequency is key. The more the sounds are presented, the easier they accept them as part of daily life and the less notice they will take of them later in life. Pheromone-based products may provide support and comfort during the early stages of a puppy’s development and encouraging puppy owners to use these products might increase the chances of the puppy never learning to be afraid of loud noises.

Some dogs may need a long-term behaviour modification plan to deal with noise fears and phobias that will involve desensitisation and counterconditioning. This should, ideally, be carried out with the advice and support of a qualified animal behaviourist.

GWEN BAILEY
Gwen Bailey, BSc (Hons), worked as Head of Animal Behaviour for the Blue Cross for 12 years. She founded Puppy School, a UK network of puppy class tutors, and is a past Chairman of the Association of Pet Behaviour Counsellors.

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Using health data to inform livestock production

How technology for monitoring health at the individual and herd levels can improve farm animal management

Tell us about Allflex Livestock Intelligence and its function in livestock production

Allflex Livestock Monitoring Solutions collects and analyses critical data points both on an individual and herd level. Individual animal data can be collected on behaviours like activity level, rumination, eating and heat stress. Using these along with data collected from the environment, such as milk yield in milking animals, helps create a picture of herd behaviours and individual behaviours in the herd.

These data, translated into various reports, trends, KPIs and alerts, enable the farmer to make informed decisions on reproduction, health, feeding and the well-being of the animals. The data can be provided via a PC, tablet or phone.

How does the system optimise the way livestock are reared?

In recent years, under growing economic and regulatory constraints, farms have become much larger than they were only a decade or two ago. Farms now have huge numbers of animals, making the direct interaction of staff with all the animals impossible. At the same time, the availability of professional staff who have the knowledge and experience to visually monitor animals is decreasing. The only solution to these challenges is technology.

What are the benefits to farmers?

Our monitoring solutions provide the insights and analytics that are essential for optimising the productivity of every animal, thereby maximising herd performance and helping to ensure a secure and prosperous future for their farms and their families. The main benefits (in cattle) are:

- Monitoring animal feeding and nutritional changes
- Supervising farm routine to enable large farms to keep standard procedures and detect abnormal changes
- Easy-to-use, user friendly system with wide option to access it in the farm or remotely
- Cloud based, integration and dashboard solutions to engage other relevant stakeholders (eg vets and nutritionists)

What are the benefits to vets?

The ability to detect minute changes in the animal behaviour translated by sophisticated algorithms together with the expertise of highly experienced vets provides a very efficient tool to help vets and farmers to deal with the health of the animals.

Cows that are suspected of being sick are listed daily and detected earlier than they would have been detected visually. This eliminates the need for daily visual inspections, which are very labour intensive. The early detection reduces the damage and gives a better chance of early recovery. The same tools are also beneficial in providing indications of the recovery of the animal and the effectiveness of the treatments.

In addition to individual animal health, our solution provides KPI at the herd level to help vets in evaluating the overall condition of the herd.

Who owns the data collected?

The data belong to the farmers according to the system’s policy and terms.

Is the focus on the individual or the herd?

Both. The monitoring solutions collect and analyse critical data points, on several animal states from activity to rumination, on every individual cow, delivering the heat, health and nutrition insights.

In addition, groups and herd are monitored for efficient and profitable herd management with dedicated applications that provide status of groups and herd as a whole while highlighting irregularities in activity and rumination in real time at the group or herd level.

How much does the whole system cost?

Prices are related to the selected solution based on a comprehensive and fully scalable offering. Pricing is based on different application levels and types and/or number of sensors in the farm. In a typical situation, the return on investment of our solution is 12 to 18 months.

MATTEO RATTI

Matteo Ratti is Vice President of Livestock Intelligence at Allflex and is a member of the executive leadership team at Antelliq, where he is responsible for smart data solutions. Previously, Matteo has been Vice President of Cow Intelligence Business at SCR.
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A useful tool for staying up to date with research

RCVS Knowledge compiles a list of stand-out veterinary evidence every two months to keep vets informed about the latest findings.

With the inexorable shift towards evidence-based veterinary medicine growing ever more relevant and engrained, how are we to keep up with what is quickly – and positively – becoming an in-depth and varied research base?

Even if practitioners had the capacity to stop the clock and delve through the body of evidence, how would we know where to look? How many papers on exotics would we have to sift through to get to the more relevant domestic stuff? And even if we, in some caffeine-fuelled stupor, managed to find the material applicable to our own specialism, how could we be sure we’ve extracted the important clinical information and that it was any good?

Wouldn’t it be great if there existed something that planted its stethoscope firmly on every veterinary journal out there and listened out for the best bits, summarised them, packaged them up and sent them to you to put into practice whenever you need? Well, there is.

inFOCUS

inFOCUS is a journal watch, which does exactly what it says on the tin (it “watches” journals), except the tin in this case is a bimonthly email highlighting the best recent research.

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Since its initial release last summer, inFOCUS has highlighted research and recommendations around a host of in focus topics, such as antimicrobial resistance, vaccines and ethical treatment decisions.

No subject is off limits, providing it is veterinary related; there is also a regular In the Spotlight feature, which takes a specific area, collates the research and supporting information, and puts it in one place.

The beauty of inFOCUS is in its simplicity. Whereas you normally need to read behind the headline and critically appraise new research for accuracy, bias and other complicating factors, inFOCUS has already done that for you.

Not only does that save you a potentially immeasurable amount of time better spent on animal well-being (as well as your own), it also gives you the confidence that what you are being told has been evaluated and endorsed by a team of independent experts.

That process is gloriously simple too; the RCVS Knowledge Library and Information Service (LIS) keeps track of new material in over 100 publications (including all the major peer-reviewed journals) all year round, and compiles a “long list” of the stand-out evidence every two months.

This is then narrowed down to a shortlist of no more than 15, based on an evaluation of overall quality and relevance.

An independent Clinical Review Team thoroughly assesses these, scoring them on their relevance and interest to the general practitioner, impact in practice, quality and the clinical soundness of their conclusions and recommendations.

Once the top five or six have been established, the summaries are drawn up and sent out in the next edition, ensuring practitioners have the best evidence when they need it most.

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Paula Bailey, Emscote Vets, Warwick.
Identifying anger and anxiety

The first step to dealing with emotions is simply identifying them through meditation.

William James said “the greatest weapon against stress is our ability to choose one thought over another”.

Now you are ready to identify an emotion you are feeling. It may be something narrow, like anger at someone for something they have done, or broad, like generalised anxiety. Conversely, it might be as broad as generalised anger or as narrow as anxiety about an impending future event.

It may be an uplifting emotion of happiness, freedom or excitement. These emotions are often discarded all too rapidly down the triage list as not needing attention because they aren’t causing us distress. Embracing these emotions and identifying with them can give us the fuel needed to address the distressing emotions.

Identifying anger

Very few people celebrate feeling angry, no matter how justified that anger is. Are you enjoying the feelings of anger? Or are they disturbing? Is your anger justifiable because others agree with your reasons for being angry? Are you hanging on to the story of why you’re justified in being angry, as if your story can shield you from the need to let it go and move on?

Even though your anger is understandable because someone has behaved cruelly, you can still choose to not be distressed by seething emotions. This is called insight and it can only be achieved by letting go of judgements.

So you can see clearly that someone has not an iota of compassion in their body but, by being insightful rather than judgemental, you are able to decide not to feel anger.

This means you do not have to revisit the person’s nasty actions, seek revenge or allocate punishment. Their snide comments fly past you and have no effect on you because you have chosen to not be angry when you hear them.

Choosing to be wise and non-reactionary frees you from the need to repeatedly tell your story. It can liberate you from an endless cycle of “living the story” and telling it so that others can reaffirm in you the perpetual anger.

Have you noticed how, when you first met your partner/spouse/BFF, you thought good and positive thoughts about them – not only when you were spending time together, talking on the phone or texting them, but also when not present with them? You would have been thinking about their endearing personality, the kind things they had done for you, listening to music you both like, planning fun nights out, etc. All those thoughts indirectly contributed to your bond with that person and helped to build the relationship into something uplifting and positive.

If the emotion you have chosen to observe is affection for someone, build on it. Take that emotion and think about it further. Choose your internal and external reactions to it. Embrace the feelings of affection and kindness.

When we allow ourselves to spend hours having conversations with someone in our heads, saying all the things we wished we’d said to them earlier, we create a monster of a character, which makes us feel uncomfortable. We all do it. And what a waste of time it is reliving the distressing past or, even worse, recreating a past conversation which never happened, isn’t happening now and probably won’t happen in the future. That time could be spent so much more fruitfully. Be mindful of the present.

Identifying anxiety

Anxiety can be overwhelming. It can be crippling, can destroy relationships and make us fail at work. It’s often hard to pinpoint a single reason for our anxiety and the physical symptoms of a racing heart and tight chest can cause further anxiety. It becomes our world.

If you’re feeling anxious, is it about something that has happened in the past or that may happen in the future? Can you pinpoint the source of the anxiety? Some find that during meditation, even identifying that anxiety as a powerful emotion causes more anxiety and their heart rate increases. The physical action of massaging the vagus in your neck to lower your heart rate can help to regain focus.

Anxiety about a future event can be overpowering. We may find ourselves worrying about 10 potential outcomes of a series of events. In reality, only one of those outcomes is going to happen. We will have wasted an enormous amount of time and mental energy worrying about the other nine. And we will be weaker as a result.

Planning for the future is essential if we are to be sensible citizens in the workplace, good parents and decent friends. But worrying and stressing about it can occupy the part of our minds better used for increasing our mental strength in order that we can trust ourselves to be able to deal with whatever life throws at us, when it’s thrown at us. Learning to plan without anxiety, for the short term and the long term, is a life skill worth cultivating.

For now, we are merely identifying (and not over identifying with) the emotions. Deciding what to do with them can come later. A plan to deal with anxiety has to be tailored to the individual causes.

We will discuss formulating a plan using imagery during meditation in next month’s issue.
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Agria was delighted to sponsor and take part in the sixth Animal Welfare Foundation Discussion Forum

The Animal Welfare Foundation (AWF) Discussion Forum, held in the heart of London’s Westminster, brings together expert speakers, veterinary and animal welfare professionals, students and parliamentarians to confront current welfare issues and inspire change. It raises the profile of many serious animal welfare issues, and has helped influence policy decisions, leading to changes in the regulations and laws governing the welfare of animals.

The day was introduced by Chris Laurence, the Chair of Trustees for AWF, who highlighted the theme: "What unites us is our passion to improve animal welfare".

**VETed Talk**

Thomas Blaha presented “Taking veterinary ethics from an oath to the next level” and introduced the audience to The German Veterinary Association for Animal Welfare (TVT). With over 1,300 members, TVT is recognised as a society of “veterinary experts for animal welfare”. Thomas also talked about developing an Ethics Codex to unify the profession in Germany under a self-prescribed highest standard for ethically correct decisions in all fields of veterinary medicine.

**The Big Debate**

Chaired by Angela Smith MP, The Big Debate asked, “Is insurance compromising quality of life?” It addressed the issues of quality of life alongside clients’ increasing expectations for their pets to receive human-like healthcare.

Agria’s Managing Director, Simon Wheeler, was invited as a key speaker and participant on the Q&A panel. Alongside Simon, Sarah Wolfensohn, Professor of Animal Welfare at Surrey University, and Stuart Carmichael, Director at Joint Adventures and Professor of Veterinary Sciences at Surrey University, also presented to the room.

Kicking off the debate, Sarah Wolfensohn discussed the Animal Welfare Assessment Grid (AWAG) – an application designed to capture and assess animal welfare data under the categories: physical, psychological, environmental and procedural. This approach targets specific elements to improve or prevent deterioration of an animal’s quality of life over a lifetime, not just at one moment in time.

Simon followed, bringing to the debate the issue of appropriate levels of veterinary intervention: “We (Agria) passionately believe in lifetime pet insurance. It enables vets to pull out all the stops, where appropriate.” The issue of appropriateness remained a key theme throughout Simon’s presentation – discussing when intervention is suitable, and when over-intervention begins to negatively affect an animal’s welfare. He also discussed the vital importance of the veterinary and insurance sectors working together.

The final speaker, Stuart Carmichael, discussed how an animal’s quality of life must be at the centre of decisions, and how quality of life can be assessed and maintained alongside managing clients’ expectations. He also highlighted how attitudes to pet ownership have changed, leading insured clients to be more demanding and unable to let go – and the difficult position this can put vets in.

The panel were joined by Agria’s Vet Lead, BVA past president Robin Hargreaves, for a thought-provoking Q&A session with the audience.

The remainder of the day was packed with insightful sessions including: “How can we influence client behaviour for best welfare?”, “The future of animal welfare” – a session of AWF research updates – and “Practice practicals – how practice management strategies can benefit animal welfare”.

Agria would like to sincerely thank AWF and fellow sponsors, Simplyhealth Professionals, for a fascinating, enlightening day and the opportunity to participate in topics so crucial to our work and our fundamental beliefs as a business.

To find out more and to watch all of the Forum’s talks on YouTube, see: animalwelfarefoundation.org.uk/2018-discussion-forum/

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MICHAEL HOUGH
Vet & Director,
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MICHAEL IS DEFINITELY GOING. ARE YOU?
The term “exotic” can mean several things. Setting aside “unusual” or “strange”, exotic might be interpreted as something that isn’t where it should be. For most, if not all, exotic pets (ie pet wildlife), that pretty much sums things up. And if something really ought not to be here in the first place, how can a casual acquirer of a quotient of nature hope or plan to make good on a self-promise or a pet peddler’s assurance that taking care of this hapless “misfit” will be straightforward?

Relatedly, companion animal establishments (eg pet shops, breeders, boarding kennels and sanctuaries) that supply or salvage exotic and domesticated species have long operated without consistent solid guidance on husbandry and facility assessment. Here, we take another look at alleviating some old problems from two new angles – a pet labelling scheme to promote informed decision making by pet acquirers and evidence-based guidance on husbandry and inspection.

Mis-marketing wild animals as “easy” or “beginner” pets largely sets up animals and people for some nasty falls. Whether from seller ignorance or deceit, sales pitches are as crass as adorning one’s bearded dragon in a Batman outfit as if it were the most natural thing in the world. Well it isn’t! It isn’t about being “bad” people either. It is about bad decisions and bad information leading to those decisions. With over 13,000 species in trade and keeping, any one of which can present at local vet clinics, many vets recognise that traders and public are not the only ones ill-equipped to cope, as they themselves become actors in what is a very diffuse story of “battlefield medicine”. Research among vet professionals and allies indicates that exotics score relatively low estimates for suitability as pets. Indeed, at the 2017 London Vet Show, the Animal Protection Agency polled attendees, asking whether greater controls, eg a “positive list” of approved-only species in trade and keeping, were warranted, and an emphatic 512 to 1 (a pet seller) said “yes”!

A major recurring obstacle to progress on welfare, public health and safety, species conservation and invasive “pest” issues has been the catastrophic failure of efforts to educate people once animals arrive in their homes. In recent years, numerous published studies have concluded that zoonoses warnings fall on deaf ears; neither so-called “hobbyists” nor regular Joe pet “owners” follow care advice well. In July 2018, a PDSA report found that one in four people conducted no research at all before getting a dog, cat or rabbit.

Miseducation by sellers and “hobbyists” along with “information uptake inertia” by keepers frequently render objective advice unwelcome or inconvenient – so fingers and ears rapidly become acquainted. Changing mindsets in the home works poorly, so it makes sense to provide objective pet labelling is required and needs to be entirely independently and objectively formulated”

Clifford Warwick
Consultant Biologist and Medical Scientist

FIGURE 1 The EMODE system provides customers with a guide to how challenging an animal may be to keep

Clifford Warwick
Consultant Biologist and Medical Scientist

OPINION
labelling at point of sale and to provide consistent evidence-based guidance to those who oversee animal establishments. Product labelling in general has been a big hit – consumers now check out salt, sugar and fat contents before heading to the till. Yet while food, white goods and even soft toys are commonly labelled with cold, hard facts to protect buyers and extend product lives, no such safeguards are in place for sentient creatures.

Accordingly, a detailed review of exotic pet suitability and labelling was recently published in the *Journal of Veterinary Behavior*. A key conclusion is that pet labelling is required and needs to be entirely independently and objectively formulated – i.e., free from convenient claims by sellers. The scheme proposes the EMODE (easy, moderate, difficult, extreme) system as the tool to score how challenging an animal may be to keep, along with basic information regarding zoonotic risk and supplier details (Figure 1).

Objective pet labelling promotes better-informed decisions and is essential for both “consumer” and animal protection. Point of sale labelling may, at last, also allow “us” to get ahead of the problem and reduce impulse or misled purchases.

Whereas getting traders and keepers on board with objective information is more than challenging, professional inspectors recognise their obligations to use evidence-based guidance. A key issue has been developing information based on durable, universal, consistently applicable evidence, uncompromised by influences from vested interests. Since 2012, a team of biologists and vets has been working on that information challenge, and following exhaustive internal and external reviews, the new guidance has now appeared in the journal *Frontiers in Veterinary Science*.

The guidelines adopt universal management principles for the organisation of establishments as well as “safety net” husbandry, including: facility layout; quarantine; behavioural needs; negative welfare signs; zonal climate-based captive parameters; enrichment; and more. In all, over 40 sections and 14 tables of scientific information are detailed, plus a dedicated tool for scoring facility conditions – offering the most comprehensive and definitive objective resource worldwide. And it’s all free!

More than most, the veterinary profession is familiar with the results of the husbandry failures that accompany bad decisions. And more than many, vets occupy roles as formal inspectors charged with safeguarding animals, people and the environment. Time will tell whether these new initiatives glean meaningful results, or whether greater efforts should be directed at strict trade bans and conscientious enforcement.

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**About Clifford**
Clifford Warwick, PGDip MedSci, CBiol, CSci, EurPro-Biol, FOCAE, FRSB, qualified in biology in 1990 and in primary healthcare in 2004. He has been a field investigator of the wildlife trade and has produced around 150 publications in animal biology and human medicine.

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Dietary management of diabetes mellitus

A diet-based approach to tackling the disease, which is common in both dogs and cats

Diabetes mellitus is a common endocrine disease in dogs and cats. It occurs primarily due to secretory dysfunction of the pancreatic beta cell, and is associated with multiple risk factors, including genetic predisposition, physical inactivity, increased age and obesity. Cats appear to have a disease bearing similarities to type 2 diabetes in humans, resulting from beta cell dysfunction and peripheral insulin resistance.

Current estimates suggest a prevalence of diabetes mellitus of between 1:100 to 1:500 (Sparkes et al., 2015). However, this has been increasing with the rise in obesity in both species, with animals in excessive body condition almost four times more likely to have the disease (Brito-Casillas et al., 2016).

When well managed, the prognosis for affected individuals can be very good. Studies in cats have shown median survival times of between 13 and 29 months (Sparkes et al., 2015). In dogs, a median survival of 24 months has been reported, with 33 percent of dogs surviving more than three years (Callegari et al., 2013).

In addition to insulin therapy and regular exercise, diet is a key factor in the management of the condition.

The role of the diet

Weight gain is associated with insulin resistance; therefore, the first goal of dietary therapy should be to normalise body weight in obese patients, while providing adequate nutrition. A weight loss goal in obese cats of 0.5 to 2 percent reduction in weight per week, and in dogs of 1 to 2 percent reduction per week, is advised until the ideal body weight is reached.

For both species, dietary therapy should minimise the demand on beta cells to produce insulin, normalise body weight and muscle mass, reduce postprandial hyperglycaemia and minimise fluctuations in blood glucose.

Management in dogs

Meals should be timed at 12-hour intervals to coincide with insulin administration, ensuring that maximal exogenous insulin activity occurs during the postprandial period. Each meal should contain half the daily caloric requirement. Regular and consistent exercise is recommended.

Fat

Fat should comprise less than 30 percent of metabolisable energy (ME). This is particularly important in dogs with concurrent hyperadrenocorticism or chronic pancreatitis. If the fasting serum triglyceride concentration is not well controlled, then further dietary fat restriction (less than 20 percent) may be indicated.

Complex carbohydrates

Complex carbohydrates (CH) should comprise less than 30 percent of ME. A diet high in insoluble dietary fibre (30 to 40g/1000kcal; diets containing approximately 12 percent insoluble fibre are likely to be most effective) improves glycaemic control and lowers mean pre/postprandial blood glucose, compared to diets containing either very low concentrations of total dietary fibre, or high concentrations of soluble dietary fibre. Insoluble fibre forms a viscous gel in the intestine, impairing the absorption of glucose from the gut lumen, thus decreasing postprandial blood glucose fluctuations.

Complications of excessive fibre include increased frequency of defecation, constipation (psyllium or canned pumpkin can be added to soften the stool), watery stools, flatulence (an insoluble fibre diet can be added and the quantity of the soluble fibre diet decreased) and refusal to eat the diet.

Proteins

Proteins should comprise greater than 30 percent of ME. As both CH and fat are usually restricted in diets formulated for diabetic dogs, dietary protein will provide a substantial source of calories.

Obese dogs fed a diet high in insoluble dietary fibre and protein with a low-fat content achieve more rapid weight loss

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Surgery of oral tumours: anything new?

than dogs fed a similar diet with only moderate fibre content (Rand et al., 2013).

In underweight dogs, the principal goal is also to normalise body weight by increasing muscle mass and stabilising insulin requirements. A high-quality, calorie-dense maintenance diet with lower fibre content may be fed to these dogs.

Management in cats

In contrast to dogs, the primary goal of therapy in cats should be to achieve diabetic remission; this is achievable in 80 percent of newly diagnosed cats (Rand et al., 2013).

A further difference compared to dogs is that the timing of meals need not be so closely matched to insulin administration, as the duration of postprandial glycaemia in cats is markedly longer than in dogs. Exercise can be increased via hiding food in several areas in the house or using a treat dispenser (Figure 1).

Fat

The diet should be moderate to low fat (containing less than 4g/100 kcal).

Complex carbohydrates

CH should be low – less than 12 percent of ME and less than 3g/100 kcal. A complex CH source with a low glycaemic index (eg whole grains such as barley) should be fed. Novel CH sources (lentil, tapioca) have been associated with no postprandial increase in blood glucose (Rand et al., 2013). For cats already receiving insulin therapy, changing to a low CH diet should be accompanied by an insulin dose reduction of 30 to 50 percent (Rand et al., 2013).

Proteins

Proteins should comprise greater than 40 percent of ME and greater than 10g/100 kcal. Protein is essential to replace lost muscle mass, prevent hepatic lipidosis and increase metabolism to promote weight loss and normal insulin function. If dietary protein is restricted, CH will usually be increased to maintain an adequate calorie content.

Benet et al. (2015) concluded that diabetic cats were significantly more likely to revert to a non-insulin dependent state when they were fed with low CH tinned food.

70 percent of diabetic cats are either overweight or obese (Rand et al., 2013). Feeding exclusively wet food may help with weight loss, as this tends to result in reduced calorie consumption, improve satiety and increase total water intake. These diets also delay glucose absorption from the intestinal lumen. In obese cats, the caloric intake should be limited to 70 percent of maintenance requirements.

Underweight cats and those already in ideal body condition require a high-quality, calorie-dense, low CH diet that is palatable, with the amount of food adjusted to maintain ideal body condition.

In inappetant cats, the first priority is to offer any food they will eat to avoid development of hepatic lipidosis. Dietary changes should be implemented when the cat is eating readily, and introduced gradually over a period of 7 to 10 days. In cats diagnosed more than two to three years previously or with concurrent disease, the probability of remission is low, so the goal of therapy should be to control the clinical signs associated with the disease.

Diabetes mellitus can be well managed with insulin therapy, an appropriate diet and cooperation from the owner. Selection of a specific diet (Table 1) should be based on individual requirements.

A full reference list is available on request.
Weight management in cats

Helpful tips for orchestrating a constructive conversation with clients about managing weight in obese cats

The prevalence of obesity in cats is growing, and just as their human counterparts suffer the consequences of obesity, so do cats, with diabetes mellitus, constipation, urinary tract disease and osteoarthritis occurring as comorbidities. The lifestyle of a modern “couch potato” (Figure 1) is different from the feral or farm cat of 30 years ago, with freely available food and no need to move far to access it. Weight loss plans can be effective, but clients are more likely to be successful with support from the veterinary clinic. Following a successful round-table hosted by Royal Canin on “tackling fat cats” at London Vet Show 2017, this article discusses some of the areas to consider when implementing weight management programmes for cats.

Having “that” conversation

It is very unusual for a cat to be presented to the clinic for obesity as a clinical problem, and for a veterinary surgeon, nurse or technician, raising the subject may feel awkward. Phillips et al. (2017) showed that discussions about obesity, nutritional history and management rarely took place in their study of feline consultations. This study suggested that strategies such as talking to the cat directly instead of the client and using gentle humour may help start this conversation. As difficult as such discussions are, they are worth some thought and discussion within the clinic team so weight gain is not a taboo topic in the consultation room. It goes without saying that weight should be recorded, ideally with body condition score, at every opportunity.

What happens next?

It is all very well identifying that a cat is overweight, but does your clinic have a consistent follow up to suggest to clients? Referral to a nurse-led weight management clinic, with the appointment or introduction made there and then, can encourage the client to take the observation of weight gain seriously and make them feel supported in approaching the issue. Weight management clinics can be successful and should utilise strategies such as “before and after” photographs and measurements of abdominal girth to encourage clients that progress is being made. Initially, two-weekly appointments to weigh the cat are appropriate to identify problems promptly.

Do the maths (and use the scales)

There is no getting away from doing some maths to work out how much to feed an overweight or obese cat for weight loss. Deciding on an “ideal” weight is a first step, with this weight calculated using body condition scoring (each score on a nine-point scale above five equates to 10 percent excess weight) or looking at a previous healthy adult weight for the cat. Feeding 30 to 40kcal/kg (ideal weight)/day should result in a steady weight loss of around 0.8 percent per week.

As much as an ideal weight is desirable, it may be unrealistic for some clients and their cats. Target weights can be smaller, realistic goals, reviewed once achieved, and with the knowledge that any weight loss is likely to provide health benefits for the cat. When calculating how much to feed, take into account current feeding practices. Ask clients to keep a diary of the cat’s normal diet (including treats and human food); this can help identify severe overfeeding where a slower calorie reduction may be appropriate to

FIGURE 1 Clinics are seeing more overweight and obese cats (Image courtesy of Anne Fawcett)
"ease" both cat and client into the weight management plan. For cats, a few extra kibbles can sabotage a diet, so encourage clients to use an electronic scale (Figure 2) to measure their cat’s food. Feeding cups are notoriously inaccurate.

In general, prescription diets provide a nutritionally balanced calorie reduction, often with a higher protein and fibre content to promote satiety. Reduction in volume of a maintenance diet could result in nutrient deficiencies, although in some cases over-feeding can be identified easily and cutting out treats and stopping ad libitum feeding will make a difference. Supervision and regular weighing should still be encouraged.

**Ditch the bowl**

Traditionally, cats are fed once or twice a day, or ad libitum, in a bowl. It requires very minimal effort or activity to ingest sufficient, and then excessive, calories. Contrast this with the lifestyle of the ancestors of modern cats, which would eat several small meals a day, from multiple hunting trips, of which only around half would be successful.

Puzzle feeders (Figure 3) allow cats to use their hunting instincts and encourage movement to obtain food. Informing and encouraging clients to use puzzle feeders, even to provide all food via such feeders, may help a weight loss program, and reduce begging behaviour and encourage activity. Puzzle feeders can be purchased or home-made and inexpensive; and if carefully introduced, clients can avoid frustrating the hungry cat. To avoid frustration, follow the steps below and direct clients to the International Cat Care website for more information.

- Continue to offer some of the daily allowance in a bowl to start with
- Initially sprinkle food around, as well as in, the puzzle feeder
- Start with transparent feeders so the cat can see the food within
- Initially set the feeder to “easy” or leave larger holes in treat balls so it is easy for the cat to get the food
- Gradually reduce the amount of food given in a bowl and provide more in the puzzle feeder

**Get them moving**

Overweight cats are less active than lean cats and encouraging increasing activity may assist weight loss. Even the most idle cat often can’t resist a fishing toy (Figure 4), and electronic mice or even a simple ping pong ball can get a cat moving. Importantly, for many clients, feeding their cat is a source of pleasure and interaction with their cat. Replacing treats with a toy may help an owner feel they are not missing out on contact with their pet.

**Get them into the clinic**

As we know, clients may not perceive weight gain as a clinical problem and therefore may not seek veterinary care until their cat is unwell. Identifying weight gain at an early stage is vital to prevent seeing cats as obese older adults. Risk factors for obesity include neutering and a yearly gain of just 200g, which will result in obesity once the cat reaches six to eight years of age. Therefore, it is desirable to encourage weight checks for juvenile and young adult cats and discussions with owners on appropriate nutrition and methods of feeding.

Obesity is likely to have negative implications for a cat’s health. Veterinary staff should develop a common strategy around discussing weight gain with clients with a clear route of referral to a weight management clinic. Diet, activity and methods of feeding should be combined with support from the clinic to result in effective weight loss.

A full reference list is available on request

**FURTHER INFORMATION**

The International Society of Feline Medicine’s “Cat Friendly Clinic” scheme aims to remove barriers to clinic visits; for more information, visit: [catfriendlyclinic.org](http://catfriendlyclinic.org)

Visit: [catcare4life.org](http://catcare4life.org) for information on the International Cat Care “CatCare for Life” initiative to encourage regular preventative healthcare for cats

To view Sam Taylor’s recent webinar on feline obesity, visit: [vetportal.royalcanin.co.uk/cpd/webinars/](http://vetportal.royalcanin.co.uk/cpd/webinars/)
Canine impetigo in puppies

How to diagnose and manage the condition commonly seen in puppies prior to puberty

Canine impetigo is a common problem in young prepubescent dogs that have been kept in poor, unhygienic conditions. It is a non-follicular subcorneal pustular condition caused by coagulase-positive staphylococci. Bullous impetigo refers to a different condition seen in old dogs with debilitating or hormonal diseases such as hypothyroidism or hyperadrenocorticism.

Clinical features
Lesions are pustules (Figure 1), papules, epidermal collarettes and crusts (Figure 2), which are seen in sparsely haired regions such as the axillae and inguinal region, and especially in the non-haired (glabrous) region of the ventral abdomen. It typically affects puppies between three and six months old and occasionally older.

Canine impetigo is non-contagious, unlike impetigo in humans. The condition is relatively benign providing that underlying factors are eliminated with prompt treatment of the lesions. Spontaneous resolution is also possible with improvement in management alone.

Underlying factors include:
- Internal and external parasitism (Figure 2)
- Viral infection such as canine distemper. Impetigo used to be a common manifestation of canine distemper, a disease which is now uncommon in the UK
- A dirty environment, for example, in poorly managed pet shops with overcrowding, puppies originating from puppy farms and those bred in poor conditions and imported from outside the UK

Differential diagnosis
- Demodicosis
- Superficial folliculitis
- Dermatophytosis
- Early scabies – consider if pruritus is present and there has been no acaricidal treatment
- Pemphigus foliaceus (this is possible but more likely as a differential diagnosis of bullous impetigo in old dogs)

Diagnosis
1. History. Look for poor husbandry, absence of prior parasitic treatment, evidence of inadequate diet or a history of living in a known poor environment
2. Physical examination. Look for interfollicular lesions that do not involve the follicles. Folliculitis will involve pustules from which a hair may be seen protruding. An examination with a hand lens and good lighting is advised, as the distinction between follicular and non-follicular lesions is important. Folliculitis cases are more difficult to resolve
3. Cytological examination. This may be performed by prickling a pustule and smearing the contents, or by tape stripping of superficial lesions. Diff-Quik

Shampooing with antibacterial shampoos containing chlorhexidine (with or without miconazole) or ethyl lactate should be undertaken three times a week
staining will demonstrate degenerate neutrophils and intracytoplasmic and extracellular cocci

4. Culture and sensitivity testing. This has traditionally not been performed commonly in these cases. It is never unjustified, however, and is advised if simple therapeutic measures do not result in a prompt response

5. Histopathological examination. This is rarely performed in the routine case. The subcorneal nature of the pustules will be clearly outlined, and a biopsy may be useful if doubt exists of the diagnosis, or if there is a poor initial response to treatment

Clinical management
Attention to the underlying factors described above may be all that is necessary to achieve a satisfactory response. However, treatment will facilitate a more rapid resolution. Cases may be detected at the time of first vaccination, and a useful therapeutic aim will be to achieve resolution of the lesions before the second vaccination.

Shampooing with antibacterial shampoos containing chlorhexidine (with or without miconazole) or ethyl lactate should be undertaken three times a week. A good response to topical therapy should be expected within two weeks. In cases failing to respond in this timeframe, culture and sensitivity testing should be followed by three weeks of appropriate antibacterial therapy. This is rarely necessary and should be considered only if topical therapy is ineffective.

SUGGESTED READING
Dealing with feline allergic skin disease

There are several problems in the approach to allergic skin diseases in cats. The first is that it is difficult to make an unequivocal diagnosis of allergy in this species, largely because allergies have not yet been well defined in cats. In dogs, atopic dermatitis has been recognised and well described both clinically and immunologically, whereas in cats, research is at a very early stage.

Clinical manifestations of allergy in cats are not as site-specific as in dogs; for example, a cat scratching the neck may have a flea allergy as well as food allergy, or a cat licking its belly may have a flea allergy, food allergy or atopic dermatitis. To make things even more complicated, in cats there are some clinical manifestations of allergy that may be due to other causes. For example, a “bald belly” may be due to flea allergy or to psychogenic causes, and a linear granuloma may be associated with food allergy or may be hereditary or idiopathic.

Clinical appearance of feline skin allergy
The most frequent clinical signs of allergy in cats are facial pruritus, self-inflicted alopecia, miliary dermatitis, eosinophilic plaque and eosinophilic granuloma.

The eosinophilic granuloma is a well circumscribed, raised, firm, yellow-pink, linear lesion usually located on the caudal thigh (Figure 1). It is generally asymptomatic but can occasionally ulcerate and show pinpoint white foci of necrosis and become pruritic. It may also be located on the chin (Figure 2), paws or oral cavity (Figure 3). The eosinophilic granuloma has been associated with flea-bite allergy, food hypersensitivity, atopic dermatitis, mosquito bites, insect hypersensitivity, genetic predisposition and bacterial and viral infections (calicivirus).

The eosinophilic plaque is a very pruritic, well circumscribed, round to oval, erythematous, oozing, ulcerated plaque, mostly located on the abdomen and medial thighs (Figure 4). It is found in cats of all ages and breeds, and is often associated with flea allergy, atopic dermatitis and food allergy. Occasionally, it occurs together with feline miliary dermatitis. The eosinophilic plaque probably develops due to chronic trauma caused by the cat’s tongue, when licking pruritic areas. A secondary bacterial infection is frequent.

The lip ulcer (former name: indolent ulcer) is a well circumscribed, necrotic ulcer with raised borders located unilaterally or bilaterally on the upper lip (Figure 5). It is usually not painful and has also been associated with allergies.

Miliary dermatitis is characterised by discrete light brown crusts, diffusely distributed on the trunk (Figure 6). The animals are often only mildly pruritic. Miliary dermatitis has been associated with any allergy, but may also, albeit rarely, be associated with a number of other causes, including bacterial infection, dermatophytosis, drug reactions, pemphigus foliaceus and ectoparasites.

Self-induced alopecia
Bilateral symmetric alopecia is almost always self-induced due to licking (less frequently plucking) in cats (Figure 7). The most frequently affected areas are the abdomen, groin and medial thighs. Less frequently, the alopecia can affect the lateral thighs, flanks or forearms. While hair plucking is
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more frequently associated with psychogenic causes, licking can be induced by pruritus as well as by pain or stress. It is worth remembering that itch is not only due to allergy but can be elicited, albeit less frequently, by parasites, fungi, bacteria and/or yeast, immune-mediated/autoimmune diseases and tumours.

**Head and neck pruritus**
Cats can cause severe excoriations in the pre- and/or post-auricular skin, face, chin and neck due to scratching with their hindpaws (Figures 8 and 9). Head and neck pruritus is considered a sign of feline allergy – particularly, but not exclusively, a food allergy. Other less frequent causes of head and neck pruritus and lesions are ear mites, demodicosis (particularly Demodex gatoi infestation), pemphigus foliaceus, dermatophytosis and herpes virus infection.

**Approach to cats with pruritus and lesions compatible with allergic dermatitis**
The approach to cats with signs of allergic disease is essentially based on:

1. Elimination of parasitic or fungal causes of pruritus.
2. Identification and treatment of secondary bacterial and/or yeast infections, if present.
3. Differentiation between adverse reaction to food and environmental allergy, if, after having completed steps 1 and 2, the cat is still showing excessive licking or scratching and/or signs of allergic dermatitis.

Ectoparasites are currently best eliminated with broad spectrum parasiticides, able to kill both fleas and mites (including Notoedres cati, Otodectes cynotis and Cheyletiella spp.), such as selamectin, imidacloprid/moxidectin or fluralaner spot ons. At the same time, in case the lesions are compatible with a dermatophytosis, a fungal culture should be initiated with hairs collected from both the centre and periphery of the lesions.

Bacterial skin infection is not considered to be as frequent in cats as in dogs. Recently, a report of 52 cases of feline superficial bacterial skin infections was published (Yu and Vogelnest, 2012). Interestingly, skin lesions affected the face and the neck in 62 and 37 percent of the cases, respectively, with 92 percent of the animals being pruritic. The authors concluded that in most cases, pyoderma was associated with an underlying allergic disease. This observation underlines the importance of looking for and treating a complicating pyoderma in cases of excoriations due to allergy, as well as looking for and controlling an underlying allergy in cases of feline pyoderma.

Every exudative lesion, particularly if subject to licking by the cat, should be sampled cytologically for the presence of bacteria (and/or Malassezia spp. yeasts).

| Presence of at least two body sites affected |
| Presence of at least two of the four following clinical patterns: |
| - symmetrical alopecia |
| - miliary dermatitis |
| - eosinophilic dermatitis |
| - head and neck erosions/ulcers |
| Presence of symmetrical alopecia |
| Presence of any lesions on the lips |
| Presence of erosions or ulcerations on the chin or neck |
| Absence of lesions on the rump |
| Absence of non-symmetrical alopecia on the rump or tail |
| Absence of nodules or tumours |

**TABLE 1** Criteria developed by Favrot et al. (2012) for the diagnosis of non-flea-induced hypersensitivity dermatitis: presence of five of the eight criteria gives a 75 percent sensitivity and 76 percent specificity for this diagnosis.
Neutrophils containing bacteria indicate a real bacterial infection (Figure 10), while absence of neutrophils with large amounts of microorganisms is defined as a "bacterial overgrowth" (Figure 11). Antibiotics can be indicated in cases of eosinophilic plaque, severe excoriations and ulcers (neck lesion), only if cytological examination reveals the presence of intracellular bacteria.

In cases of first occurrence superficial pyoderma caused by cocci (Figure 10), an empiric treatment with amoxicillin/clavulanate 12.5-25 mg/kg q12h or cephalixin 15-30 mg/kg q12h or clindamicin 5-10 mg/kg q12h can be given for two to four weeks, or until one week after complete healing of the lesions. In cases of the presence of rods in the cytological preparation (Figure 12), a bacterial culture and susceptibility test should be performed for the choice of a suitable antibiotic. In cases of bacterial overgrowth or presence of Malassezia spp. yeasts (Figure 13), a topical disinfecting treatment (e.g., chlorhexidine foam, gel or spray) is usually sufficient. In cases of severe generalized yeast infection, systemic itraconazole (5 mg/kg PO q24h for two weeks) can also be administered. Antimicrobial therapy can be administered concurrently with the previously mentioned antiparasitic therapy.

If thanks to antiparasitic (with or without antimicrobial) therapy, pruritus has disappeared, the owner should be advised to continue rigorous flea control permanently. Should pruritus persist after the elimination of skin parasites and pathologic microorganisms, the cat probably suffers from a non-flea-induced hypersensitivity, either due to food or environmental allergens. The recently published criteria for the diagnosis of feline non-flea-induced hypersensitivity dermatitis may aid in the diagnosis of this condition (Table 1) (Favrot et al., 2012).

To differentiate adverse reaction to food from environmental allergy (equivalent to canine atopic dermatitis), an eight-week long dietary elimination trial should be started. This should be rigidly enforced by means of a home cooked or a commercial limited antigen diet containing protein and carbohydrate sources unknown to the pet, or with a hydrolysed food. Care should be taken that the cat does not scavenge scraps from other animals. It may be necessary to stop the cat leaving the house. If the cat is not cured but has improved after eight weeks, continue the food trial for a further two to six weeks to see if resolution occurs. If the food trial is negative or if the cat or owner refuse to participate, the clinician must proceed with the hypothesis that the cat may be suffering from atopic dermatitis.

Intradermal skin testing or serum IgE testing may indicate the allergens responsible for the reaction, but should not be used to diagnose atopic dermatitis, as many healthy cats show positive results (Diesel and DeBoer, 2011). If the test results are positive, allergen-specific immunotherapy (ASIT) can be undertaken with the appropriate allergens, with reported efficacy similar to that of atopic dogs.

In dermatology, as in other disciplines, cats cannot be considered "small dogs". Cats have specific clinical manifestations, such as the eosinophilic granuloma complex, differential diagnoses and diagnostic and treatment modalities. The latter will be described in a future article dedicated to therapy of feline allergic dermatitis.

A full reference list is available on request.
Looking deeper into chronic otitis

It is important to manage the primary cause of inflammation to prevent recurrence of the condition.

Identifying the cause

Primary causes of OE can include allergy, most commonly atopic dermatitis; ectoparasites such as Otodectes cynotis; and systemic diseases such as hypothyroidism. Failure to recognise and manage any primary cause of inflammation is the most common reason for recurrence and the subsequent development of chronic disease, therefore further investigations into underlying causes should ideally be discussed at an early stage and encouraged should the patient present repeatedly.

Fungal and bacterial infections are secondary causes of OE resulting from an altered environment within the ear canal which favours microbial overgrowth. It is important to note that while effective treatment of infection is essential, unless the initiating primary cause is identified and any perpetuating and predisposing factors are managed, recurrence will occur and the results will be temporary. Cytology is easy and cost effective and quickly identifies the microbial population present, therefore should be carried out in all cases of OE. Culture and sensitivity can be helpful for less common organisms that are harder to detect on cytology or in chronic cases where rods or mixed populations are identified, but is not necessary for the majority of cases.

Primary causes of OE can include allergy, most commonly atopic dermatitis; ectoparasites such as Otodectes cynotis; and systemic diseases such as hypothyroidism.

Predisposing factors do not cause inflammation themselves but alter the micro-environment within the ear canal, therefore increasing the risk of developing ear disease should inflammation occur. Conformation of the ear, including pinnal shape and amount of hair within the canal, are thought to be the most common predisposing factors for OE. Others include excessive moisture, obstructive ear disease or immunosuppression. Though not all predisposing factors will be possible to eliminate, it is important to recognise and manage them where possible.

Recommended treatment

Chronic pathology and proliferative changes within the external ear canal due to ongoing inflammation can lead to irreversible changes in the canal wall and lumen diameter. Initially these changes are subtle but if left untreated they become the most severe component of chronic ear disease, providing the ideal environment for microbial growth and limiting medical treatment options. The use of potent, topical glucocorticoids is therefore imperative, not only to improve patient comfort, but to treat inflammation swiftly and minimise these changes. Otitis media can also act as a perpetuating factor, leading to either a lack of response to therapy or recurrence of infection after apparent resolution.

In summary, successful treatment of recurrent OE requires a systematic, thorough investigative approach and identification and management of all the factors mentioned to maximise patient and clinical outcome.

References


That evil word “sell”

Pricing veterinary services is difficult; how should vets alter their approach with different clients?

Looking from the outside in, vets are the nicest people you can ever meet. When an elderly lady walks in with a dog that needs treating, you may feel sorry for her and treat it for free. When the guy who looks like he cannot afford it comes in, you may give him discount since you want to make sure his cat is not in pain. This makes you feel good and makes you happy that you are treating the animals. You tell yourself that it’s a vocation, not a job.

The issue comes when you work out that the elderly lady has more disposable income than you, and the man you thought was poor just drove away in a brand-new BMW. So, what do you do? You were not trained to run a business, you were trained to treat animals.

The first thing is to value what you do. Remember what you do when you treat an animal. Relate it to what would happen if you went to a doctor: would your GP do an ultrasound, full body X-rays, orthopaedic work, or for that matter, a dental surgical extraction? No. They would refer you to a specialist in that field. You are a specialist in every field and a lot of the time it’s far harder for you to diagnose than it is for a human doctor, as humans have a good habit of saying “The pain is there.” By discounting your work, you devalue yourself – remember that every time you say the words “and the discount is…”

OK, now to the evil word, “sell”. What you are really doing is trying to get the owner to accept the treatment the animal needs and get the money that values the work you have to do. You price too high and the animal does not get treated; you price too low and you don’t pay the bills. So first, set your prices, and set them in stone, based on the value of the work needed. This may seem obvious, but how many times do you think up a number?

Now that you have valued yourself and the work you do, you need to understand the owners. As vets, you understand the animals very well, but you may not always understand the owners. When an owner walks in, the first thing you need to do is work out where their pet fits into the family. They fall into three categories: the working dog, the loved pet and the child replacement.

The working dog
The working dog is the hardest animal to get treatment accepted for. This animal is a tool that needs fixing and has only been brought to you as it is broken. Because of this, you need to give value to the treatment you want to give and how it will benefit the animal to do the job it is there to do. If it’s a sheep dog with dental problems, tell the owner that the pain from dental issues will be making the dog less responsive to his commands. It will be more likely to react badly to stressful situations. As ever, relate it to the owner and how the animal will work better when not in pain.

The loved pet
The family dog or cat should be an easy animal to get treated, but sometimes you hit walls. Remember that the owners love the animals, but they have a lot of other things that are pulling at their expenses. They have kids that need shoes and holidays. Even when that animal gets older and the owners’ expenses go down, they are still in their heads just a loved pet. With this type of customer, you need to make them understand the pain the animal is in; show pictures, show them cases. Again, relate it to them and how they would feel. With this client, staging payments or staging treatment would be best.

The child replacement
This is the easiest group of owners to get to accept treatment. This is the group whose children have all left home, they have got a new dog and they will pay anything to make sure it is happy. These people still need the same information as the last two, but need it to relate to the animal only. The animal is a person in its own right and you need to treat it as such.

In future articles, I will touch on how to understand the owner and how to relate to them. Plus, how to set out your consult rooms and tricks to make the environment easier for the owner to accept the treatment you suggest. I will also discuss the fall-back option if you’re not happy in selling treatment to the owners.
Managing cases of feline leukaemia virus

An introduction to feline leukaemia virus and guide to successful diagnosis and management of the disease

Feline leukaemia virus (FeLV) is an enveloped RNA virus of the family Retroviridae that has a worldwide distribution and is associated with immune suppression, haematopoietic neoplasia and bone marrow disorders. Transmission mostly occurs through contact with saliva (licking, bowl sharing, etc). After infection, the virus enters the host cell where RNA undergoes reverse transcription and a DNA copy of viral genome is integrated to the host genome (provirus). The provirus can remain latent (ie not be transcribed), or can be transcriptionally active (synthesis of new virions). The viral genome encodes for gag proteins (group-specific antigens, which includes the capside protein p27), pol (reverse transcriptase) and env (envelope).

There are three subtypes of FeLV:

- A, which is present in all FeLV positive cats and is the least pathogenic, although it is the only one that is transmitted from cat to cat
- B, which results from recombination between FeLV-A and endogenous retrovirus sequences, and is associated with lymphoma and neurological signs
- C, which results from mutations of FeLV-A and is associated with non-regenerative anaemia

The overall prevalence ranges from 1 to 6 percent. Risk factors for infection include male gender, adulthood, co-infection with FIV, outdoor access and aggressive nature, as well as intact status.

After infection, the virus replicates in oral lymphoid tissue, after which seroconversion and viraemia may occur. Four clinical outcomes exist after seroconversion:

- Abortive infection (no viraemia)
- Focal infection (rare, proviral DNA present in localised tissues, but not blood or marrow)
- Regressive infection (latent provirus, no virion production or shedding)
- Progressive infection (bone marrow infection, transcriptionally active provirus and persistent viraemia)

Progressive infection due to lack of effective immune response and virus replication leads to FeLV-related disease and ultimately death. Cats with regressive infection, if...
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immunosuppressed, can also develop progressive infection. The most common clinical signs are due to myelosuppression, most notably non-regenerative anaemia due to pure red cell aplasia, but also thrombocytopaenia and granulocytopaenia.

Neoplasia is also a feature of FeLV infection, especially of lymphoid and haematopoietic origin. Figure 1 shows the ultrasonographic appearance of the small intestine in a cat affected with intestinal lymphoma. Progressive FeLV infection is associated with a 60-fold increase in risk of lymphoma (commonly the mediastinal form as seen in Figures 2 and 3, except in Siamese cats, in which an FeLV-negative mediastinal form exists) and acute leukaemias. These can be seen in 25 percent of FeLV antigen positive cats.

Other signs, such as opportunistic infections due to myelosuppression and acquired cell-mediated immunodeficiency, immune-mediated diseases and neurological and gastrointestinal signs can be seen.

**Diagnosis of FeLV infection**

The test of choice is an ELISA assay to detect soluble (circulating in blood) antigen p27, correlating with viraemia. False negatives may occur in the first 30 days after infection. A recent study suggested superior performance of the IDEXX SNAP Combo FeLV Ag/FIV Ab Test compared to similar point of care antigen tests.

Confirmation with immunofluorescent antibody (IFA) to detect fixed p27 antigen in blood or marrow cells; PCR to detect proviral DNA; or RT-PCR to detect FeLV RNA is recommended. This is particularly important in a clinically well cat, given implications such as cat segregation or euthanasia. Maternal antibodies or vaccination against FeLV do not interfere with ELISA testing.

Recommendations after a positive ELISA result are:

- Repeat the ELISA test (using a different manufacturer) at the time of the first positive, and then again six months after. Regressive infection may be positive initially and negative after subsequent testing, and progressive infection will commonly remain positive.
- Perform IFA on blood or bone marrow smears. IFA does not detect infection until the bone marrow is infected. Therefore, outcomes other than progressive infection should test negative. False negatives are possible in leukopaenic cats if testing peripheral blood.

Recommendations after a negative ELISA result are:

- Perform blood PCR to detect provirus. PCR is usually positive sooner than p27 antigen detection. Some cats with bone marrow infection may be infected without circulating soluble antigen.
- Repeat ELISA testing after 30 days (if testing for FIV, it may be more practical to retest for both 60 days after, as false negative results for FIV can occur during the first two months of infection).

**Management of infected cats**

Infected cats should be confined indoors and remaining cats from the same household should be tested and segregated appropriately. Cats that have been residing together long term may be less likely to develop progressive infection if they have not already.

If owners decline segregation, uninfected cats should be vaccinated against FeLV. Infected cats should not be vaccinated against FeLV; core vaccinations are recommended, although they may have an inferior response, and it is recommended to use inactivated vaccines, although there is little evidence to support this.

Progressively infected cats should have checks and
When hospitalised, infected cats should be kept in normal wards individually, and not alongside sick cats.

Bloodwork performed every six months to detect signs of clinical illness.

When hospitalised, infected cats should be kept in normal wards individually, and not alongside sick cats. The virus has a short survival outside the host, so transmission among cats usually requires direct contact.

**Treatment of progressively infected cats**

Clinical illness in cats with FeLV infection may be due to: direct effect of retroviral infection (lymphoma or pure red cell aplasia); a secondary disease due to immune dysfunction (opportunistic infections or stomatitis); or may be unrelated to the viral infection. Secondary or unrelated infections should be excluded first and treated aggressively, sometimes requiring long-term antibiotics.

If regenerative anaemia is documented, *Mycoplasma* infection should be excluded or treated with doxycycline. Immunosuppressive drugs should be avoided when possible. Antiviral drugs and immunomodulators have limited value. However, feline interferon omega improved clinical scores and reduced mortality. The nucleoside-analogue reverse transcriptase inhibitor, zidovudine (AZT), led to decreased antigenaemia and stomatitis scores, although a more recent study did not support this finding.

Neutering is recommended to reduce behaviours associated with transmission.

**Prevention**

Vaccination against FeLV is important in prevention, but the cornerstone of control is diagnosis and segregation of infected cats. Immunity can persist for one to three years, or more, and reduces the risk of progressive infection; however, regressive infection may occur. Only at-risk cats should be vaccinated and should be tested prior to vaccination, as there is no value in vaccinating infected cats. Vaccination has been associated with injection-site sarcomas; non-adjuvanted vaccines might reduce this risk.

**Prognosis**

Long-term prognosis for progressively infected cats is guarded, as most cats will develop FeLV-related disease. Median survival times in infected cats have been shown to be 2.4 years versus 6.3 years in control cats. However, with supportive management, infected cats may live for years.

A full reference list is available on request.
Feline hyperthyroidism

Advice on the medical management of feline hyperthyroidism when faced with concurrent disease

Feline hyperthyroidism is a complex metabolic disease which can be further complicated by concurrent or secondary illnesses. In many instances, curative treatment may not be feasible, in which case it is necessary to manage the disease with medical treatment. As hyperthyroidism is more prevalent in cats over nine years old, it is common for patients to be affected by some form of concurrent disease. This article aims to summarise the management of hyperthyroidism when faced with the more common concurrent diseases.

Concurrent diabetes mellitus

In most cases of concurrent disease, one disease has developed before the other and should therefore be stabilised first. The development of hyperthyroidism in a stable diabetic cat will likely lead to deterioration of blood sugar control and a higher dose of insulin potentially being required for stabilisation. The available antithyroid medications are, according to their Summary of Product Characteristics (SPC), contraindicated for use in cats with diabetes mellitus. In Sarah Caney’s Veterinary Bulletin on FAQs about hyperthyroidism in cats, she notes that “Although many antithyroid medications contain sugar, the author does not consider this to be a significant contra-indication to their use in cats suffering from concurrent diabetes mellitus.”

When managing feline hyperthyroidism, your protocol does not need to be changed and medications can be used at the standard dose of methimazole, thiamazole or carbimazole. As per the product SPC, doses should be titrated as necessary until the cat is euthyroid. However, following the control of hyperthyroidism in a diabetic cat, the insulin dose may simultaneously need to be decreased and care should be taken to monitor patients for hypoglycaemia during this initial stabilisation period. Furthermore, due to accelerated protein turnover, fructosamine levels will often be lower than expected in uncontrolled hyperthyroid cats with concurrent diabetes and this is therefore considered a less reliable indicator of diabetes control in these patients.

If a stable hyperthyroid cat develops diabetes, the management of the hyperthyroidism does not need to be changed, and the clinician can therefore concentrate on treatment and stabilisation of the diabetes in these patients (Caney, Vet Professionals).

Concurrent chronic kidney disease

Treatment of hyperthyroidism has the potential to worsen kidney function and, as hyperthyroidism is prevalent in cats over nine years of age, it is common for hyperthyroid patients to be affected by some degree of renal disease. In some cases, because hyperthyroidism can cause a secondary increased glomerular filtration rate (GFR), clinical evidence of kidney disease may not be apparent prior to starting treatment.

Controlling hyperthyroidism can reduce GFR by up to 50 percent, which may act to worsen any pre-existing kidney disease or unmask renal disease that was not previously detected. In spite of this, optimal management of concurrent hyperthyroidism is still desirable for most patients since hyperthyroidism can damage the kidneys further.

Typically, it is only cats with severe chronic kidney disease (eg IRIS stage 4, creatinine greater than 440µmol) that are likely to suffer a clinical deterioration in renal function following the start of antithyroid treatment. It is for this reason that medical treatment is often trialled initially as it is reversible should renal problems be encountered.

It may be prudent to start treatment at a lower dose of methimazole/thiamazole and if this level is tolerated but is insufficient to control the hyperthyroidism, the dose can be increased. If possible, hyperthyroidism should be treated optimally (ie reducing total T4 to lower half of the reference range) (Caney, Vet Professionals). However, if a clinical deterioration in renal function is experienced then the dose of antithyroid medication should be reduced and the clinician...
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may have to accept a limited hyperthyroid control in order to maintain kidney perfusion. Often an iodine restricted diet is not recommended for managing hyperthyroid cats with significant renal disease as a renal diet is indicated for these patients (Caney, Vet Professionals).

**Concurrent hypertrophic cardiomyopathy**

Ettinger et al. (2000) reported that as many as 20 percent of hyperthyroid cats suffered from congestive heart failure and that the prevalence of congestive heart failure had significantly declined due to improved awareness and earlier diagnosis and treatment of hyperthyroidism, thus demonstrating the importance of early testing and diagnosis.

Hyperthyroidism in cats is associated with the development of hypertrophic cardiomyopathy but the exact mechanism is unknown. It has been suggested that the left ventricle of the heart becomes enlarged as a secondary response to the direct and indirect effects of elevated amounts of thyroid hormones, which include systemic hypertension, increased heart rate, increased myocardial contractility, sympathetic nervous system activation and an increase in the cellular oxygen demand (Ware, 2009).

Treatment of hyperthyroidism is likely to lessen some of the contributing factors and improve the patient’s overall condition; however, in clinically significant cases, an ACE inhibitor and beta-blocker treatment may be required. Cardiac disease can make patients extremely susceptible to stress and hyperthyroid patients should therefore be treated with the utmost care during handling and restraint (Rooney, 2011).

**Concurrent liver disease**

Feline hyperthyroidism will often result in elevated levels of liver-derived enzymes such as alanine aminotransferase (ALT) and alkaline phosphatase (ALKP). The mechanism for the increase in these liver enzymes is unknown. Usually the enzymes are only mildly elevated, and it has been suggested that an elevation up to 500U/L for ALT and ALKP can be due to hyperthyroidism, whereas elevation above 500U/L may be suggestive of primary hepatobiliary disease (Berent et al., 2007). Therefore, further investigation should be considered at enzyme elevations above 500U/L, including bile acids, ultrasound and liver biopsies. It has been suggested that bone-derived ALKP may be contributing to the overall increase in ALKP in hyperthyroid cats.

Mild to moderate elevations in liver enzymes should not be a barrier for treatment of hyperthyroid cats. However, as antithyroid medications are noted to occasionally cause hepatopathies, close monitoring is recommended. Should the liver enzymes increase beyond an acceptable level, antithyroid treatment should be stopped and further investigation carried out.

**Conclusions**

Hyperthyroidism is mostly prevalent in elderly cats, which inevitably increases the possibility of other diseases occurring concurrently with the hyperthyroidism. As a result, management of hyperthyroid cats can be challenging. Typically, one disease will develop before the other and should therefore be addressed first, but, as always, clinical judgement should be applied.

Antithyroid medication is contraindicated for use in cats suffering from systemic disease and when used in these cases, it constitutes off-licence use. However, in most cases a good outcome can be achieved when using antithyroid medication to treat hyperthyroid cats with concurrent disease, providing good monitoring practice is applied.

Patients that receive ongoing medical management of hyperthyroidism should undergo three-monthly T4, haematology and biochemistry analysis to ensure that medication is titrated to maintain euthyroidism and to monitor or diagnose any adverse event or concurrent/secondary illness. In the stabilisation phase and when treating patients with concurrent disease, more frequent monitoring is needed.

The above information is for general guidance and each individual case should only be treated after careful risk benefit consideration by the attending veterinary surgeon.

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**References**


A look through the latest literature

**Incidence of oral and dental abnormalities in brachycephalic Persian cats**
Lisa Mestrinho and others, University of Lisbon, Portugal

Brachycephalic cat breeds have become increasingly popular pets in recent years, mirroring the growth in the numbers of short-muzzled dog breeds. In dogs, this skull shape is associated with oral and dental abnormalities but there has been little published research on the effects in cats. The authors examined 50 purebred Persian and exotic cats. Malocclusions were present in 72 percent of these individuals, hyper- or hypodontia was seen in 76 percent and periodontal disease in 88 percent. Meanwhile, tooth fractures were present in 22 percent of cases and tooth resorption in 70 percent.

*Veterinary Surgery, 47, 179-187.*

**Diagnosis and treatment of Lyme borreliosis in companion animal practice**
Meryl Littman and others, University of Pennsylvania

Tick-borne conditions are becoming increasingly common in northern temperate regions due to climate change, bird migration and changes in land use. The authors present an expert consensus on the diagnosis, treatment and prevention of Lyme disease, updating a 10-year-old statement issued by the American College of Veterinary Internal Medicine. They agreed on the value of a qualitative antibody assay for *Borrelia burgdorferi*, of testing all seropositive dogs for proteinuria and on the use of doxycycline as the first-choice treatment for affected cats and dogs.

However, there is continued debate over issues such as the merits of treating all *Borrelia*-seropositive animals, whether to use quantitative C6 antibody test results to guide treatment recommendations, on the duration of treatment with antibiotics for Lyme nephritis cases and on the use of *Borrelia* vaccines, even in endemic areas.

*Journal of Veterinary Internal Medicine, 32, 887-893.*

**Safety and tolerability of hyperbaric oxygen therapy in companion animals**
Gemma Birnie and others, Brisbane Veterinary Specialist Centre, Albany Creek, Queensland

Hyperbaric oxygen therapy involves the clinical use of oxygen inhaled inside a chamber at above normal atmospheric pressure. This is considered to improve outcomes or reduce mortality in human patients with various conditions, such as traumatic brain injury, skin grafts, radiotherapy injuries and migraine. The authors evaluated the safety of this form of therapy in feline and canine patients with a range of clinical presentations. They found that the method was well tolerated; during 230 treatments, there were no incidents of major adverse events and only 76 minor effects, none of which were considered clinically significant.

*Journal of the American Animal Hospital Association, 54, 188-194.*

**Outcome of acetabular fracture stabilisation procedures in 16 cats**
David Haïne and others, University of Bristol

Pelvic injuries are a common result of trauma in cats and acetabular fractures are considered a particularly challenging presentation by orthopaedic surgeons. The authors describe the clinical presentation, surgical management and perioperative outcome in 16 cats with 17 acetabular fractures. These were treated using various surgical methods and at the end of follow-up, three individuals had regained full function while the remaining 13 had acceptable function. There was a low incidence of intraoperative complications and while neurological deficits were common preoperatively, these all resolved following surgery.

*Journal of Feline Medicine and Surgery, Online.*

**Indwelling urethral catheter placement and recurrent urethral obstruction**
Marc Seitz and others, Red Bank Veterinary Hospital, Cherry Hill, New Jersey

Feline patients with a urethral obstruction are a regular presentation in small animal practice and, unless treated, the complications may include acute renal damage, hyperkalaemia and cardiovascular changes. The authors assessed the risk factors associated with recurrent urethral obstruction in 107 male cats. They found that hospitalisation and indwelling catheterisation significantly reduced the risk of recurrence. Removing an indwelling catheter before the urine appears grossly normal may be a risk factor for future blockages.

*Journal of the American Veterinary Medical Association, 252, 1509-1520.*
BVA calls for post-rabies vaccination waiting times to be extended post-Brexit

As the UK prepares to exit the European Union, the BVA is calling on the government to extend the waiting time post-rabies vaccination to 12 weeks to minimise the risk of rabies entering the UK and simultaneously reduce illegal trade in puppies for sale via the non-commercial route.

The call comes as part of 15 key recommendations issued by BVA to strengthen legislation governing commercial as well as non-commercial movement of pets and safeguard both animal and public health.

While the Pet Travel Scheme (PETS) has made pet transport between the UK and other EU countries easy and cost-effective, the ease of pet travel has raised some legitimate concerns among vets.

The 15 recommendations form part of BVA’s new Pet Travel policy, which has been developed in consultation with organisations including the BSAVA. They include:

- The extension of the waiting time post-rabies vaccination to 12 weeks with the aim of minimising the risk of rabies incursion into the UK and simultaneously reducing illegal trade in puppies for sale via the non-commercial route.
- Compulsory tick and tapeworm treatment for all cats and dogs travelling under PETS.
- Shortening the tapeworm treatment window from 24 to 120 hours, to 24 to 48 hours before entry from infected countries.
- Restricting the number of animals that can travel under PETS to five per non-commercial consignment rather than five per person.
- Improving enforcement services and surveillance at entry points to the UK.

To reduce the risk of importation of exotic diseases through “trojan” pets, BVA is recommending restrictions on the movement of stray dogs from countries that are endemic for diseases not currently considered endemic in the UK, such as brucellosis, babesiosis and leishmaniasis, and the introduction of testing in stray dogs for any such diseases as a mandatory requirement before travel to the UK.

Prospective owners should be encouraged to rehome from the existing UK dog population and UK rehoming charities or welfare organisations.

OV briefings

11 JULY

African swine fever risk and clinical signs

African swine fever (ASF) is a notifiable disease and suspicion of it must be reported to APHA immediately. In summer 2017, the risk of ASF reaching the UK was raised from “very low” to “low” due to spread of the disease in Eastern and Central Europe. The International Disease Monitoring reports provide further information and a recent update has been published. ASF is currently present in Poland, the Czech Republic, Lithuania, Latvia, Estonia, Ukraine, Romania, Moldova, Hungary and Russia.

To aid veterinarians in the recognition of ASF, The Pirbright Institute and APHA have compiled images of the clinical signs and gross pathology in pigs infected with a virulent strain of ASF like that present in Eastern and Central Europe. These images can be accessed on the APHA Vet Gateway.

The greatest risk of introducing ASF into pigs in the UK is through pigs eating infected pork or pork products, wild boar meat from affected areas or other food that has been contaminated by infected meat. It is vital that pig keepers ensure that pigs, even those kept as pets, are never allowed access to any meat products, domestic kitchen waste or catering waste; feeding such material is illegal.

The ASF virus can survive for months in smoked, dried and cured meats, and in frozen meat. Although legal trade of such products is not permitted from ASF-restricted areas, ASF-infected material might be brought into the UK by individuals as personal imports. Farm staff who travel to affected areas and return to the UK pose a risk as well as people returning to the UK from holidays or hunting trips. It is also possible to bring back infection on contaminated clothing, footwear, equipment, etc.

Valuable procedures for pig keepers to prevent introduction of ASF include routinely providing dedicated clothing and boots for workers and visitors, limiting visitors to a minimum, and preventing outside vehicles or equipment which may be contaminated from coming on to pig premises.

25 JULY

Change to ordering and distribution of tuberculin in England, Scotland and Wales

In England (from 16 July 2018) and Scotland and Wales (from 1 August 2018), all tuberculin orders will be processed at APHA Weybridge. As of these dates, no orders will be processed at APHA Weybridge. The product is only available in the following formats: RB15070 Dutch tuberculin test kit (2ml vials); RB16275 Dutch tuberculin test kit (5ml vials), and kits cannot, due to the licence status, be broken down.

Remember to make use of the APHA post-mortem examination and diagnostic services at the Veterinary Investigation Centres and partner post-mortem providers. APHA offers subsidised testing on post-mortem examinations. Veterinary Investigation Officers are happy to provide free advice on cases, even if no submission is made to APHA. They also carry out farm visits for unusual cases.
This year’s conference, taking place in Swindon on 19 and 20 September 2018, will follow the theme “Controlling disease threats at home and from abroad” 

Now in its fourth year, the Official Vet Conference will be held at Alexandra House in Swindon on 19 and 20 September 2018. The conference provides a unique forum in which to discuss the latest developments in the field of OV work. 

Small animal, large animal and equine streams feature in the conference programme, as well as workshops, which will give delegates the opportunity to ask more specific questions on topics such as certification and revalidation. An exhibition of products and services for OVs will run alongside the diverse conference programme. 

Topical issues will be covered in lecture sessions such as “Backyard pigs – notifiable diseases and zoonoses”. Renowned parasites expert Ian Wright will be discussing the threats of hydatid disease and Babesia canis in the UK, while in equine, Helen Roberts will explore the threat of equine infectious anaemia. 

In his talk on the Wednesday, Simon Hall, APHA’s Director for EU Exit and Trade, will be delving into the potential for paraprofessionals in the veterinary team – an important topic with EU Exit looming and an associated concern over the expected increase in workload. 

With the ongoing efforts to control bovine TB in the UK, talks will be presented on how a better understanding of badger ecology can help vets advise on TB biosecurity, the delivery of Cymorth TB in wales and the process of blood testing in cattle and camels. There will also be the opportunity to learn from methods employed abroad, with Paul Bartlett’s talks on TB control and bovine leukaemia virus in the USA. 

The APHA International Trade Team will be delivering several useful sessions on topics such as international pet travel, export health certificates and pet passports. Certification tips and advice will also be given on how to export pet birds and lab rodents.
Introducing the new Chief Veterinary Officer

Find out what the key priorities will be for Christine Middlemiss in her first year as the UK’s Chief Veterinary Officer.

Tell us a bit about your background and how you came to work in government

I come from a farming background in the south of Scotland. I was always interested in being a vet because I like to know why things work and why animals do what they do.

I graduated from Glasgow Vet School and spent quite a long time in practice – both in the south of Scotland and north of England. Subsequently, I damaged my back from all the work you do in practice, so I joined government in 2008. I have worked in delivery aspects of government out in the field through to policy roles in London.

I really enjoy working in government. I came here because of the physical constraints of being in practice and, actually, I have never used my vet brain to make such a difference.

What made you apply for the role of CVO in the UK?

Coming from the UK and a farming background, I’m very passionate about animal health and agriculture here. I was working out in Australia as Chief Vet for New South Wales – a fantastic personal and professional learning experience. But the opportunity to be back here when there is so much going on around EU Exit and what farming and our livestock industry might look like for the future, and to be part of influencing that, was an opportunity too good to miss.

What were the biggest challenges you faced as CVO in New South Wales?

At the time, in Queensland, there was an outbreak of white spot virus, which led to white spot disease in farmed prawns. White spot is like the foot and mouth disease of the prawn. For me, that was quite a steep learning curve about the virus (in terms of how it works, how the prawn industry works and the link to recreational fishing), but the principles are the same: How did the disease get there? How long has it been there? Where has it spread? What are the most effective control measures? It was hugely fascinating and a great opportunity to work through something like that.

What key skills and experience will you be drawing on while CVO in the UK?

While I was in New South Wales, we implemented new legislation – a biosecurity act that took all the different plant, animal health, aquatic health and non-native invasive species regulations and made them into one act. It was about responsibility in terms of biosecurity. That was quite an interesting way to approach it. The EU legislation has moved on a lot; there is a new EU animal health law coming out, which is more risk-based, proportionate and prescriptive. Things like that present opportunities for what our legislation could and should look like to achieve the outcomes that we want.

What are your main priorities for this year?

Firstly, never taking our eye off disease control. We’re always thinking about exotic animal diseases; the ones we’re most concerned about at the moment are bluetongue virus in France, African swine fever in eastern Europe and the recently confirmed Newcastle disease in Belgium. Avian influenza hasn’t been so bad this winter, but in previous winters it has been, so we’re constantly looking at re-evaluating our controls around that.

And then of course, in England, there’s the TB issue that we’re constantly dealing with; we’re five years into our 25-year TB strategy. The Secretary of State announced a review earlier this year and the report will be published later. That’s really looking at: we’ve come five years, what more do we need to do? What further controls will help us achieve eradication in that timeframe?

Then there is EU Exit, where I’m involved in informing some of the technical aspects. And antimicrobial resistance – a huge global problem that the UK has quite a prominent voice on. Our agricultural industry has done a great job of reducing use of antibiotics by 27 percent in three years and so I look forward to working with them further on that.

There is also the Veterinary Capability and Capacity Project and, for me in government, making sure we have enough vets with the right skills enjoying government work and feeling they are able to make a difference.

Is the government’s current strategy for controlling bovine TB working?

The evidence we have to date is that the increasing disease level has reduced. It has plateaued out. There are a number of control methods in place, including badger culls and increased cattle controls; there are lots of things going on because it’s a very insidious disease. We aren’t going to see a sudden drop over months – it’s a disease that must be managed over a number of years.

How does the government plan to tackle the staffing issues anticipated with EU Exit?

The workload will be dependent on what deal is agreed upon in the end and decisions about the common rule.
book and white paper. At the moment, we’re planning for all eventualities.

Most certificates are about food products that contain animal products. We are working very closely with APHA and their delivery partners to map out what those might look like. Although we will not have a definitive answer until we have the details of a deal, there is a huge amount of planning underway for the potential outcomes.

We have the Veterinary Capability and Capacity Project, where Defra is working with the BVA and RCVS. We all recognise that this is such a significant issue and we need to work together on it.

It links in to some of the other initiatives like Vet Futures, which, for government, is looking at: what do we need the professional structure to look like and how many vets do we need? And as a profession, what do we need it to look like for people to have happy, successful careers?

Are there plans to incentivise vets to take on more government work?

We have provided some funding to the Royal College in terms of talking about government roles as opportunities. We know that we have a problem across the profession of people dropping out and there’s a lot of work trying to understand why they drop out and what alternative options there are for them to remain within the profession. Government works well from that perspective.

Government is becoming increasingly diverse and increasingly switched on to the need for a good work-life balance. Flexible working patterns are really important to people.

Before I joined, I didn’t have a good perception of what government work looks like. When you’re in here, and you understand how we make evidence-based decisions that are informed by risk assessments and working out what the most appropriate control options are, and how we provide advice to ministers and stakeholders on those, it’s really fulfilling.

For me, it’s like doing the complex problem solving you do in practice, but on a national herd level.

What opportunities do you think EU Exit will bring for the profession?

Our role as vets in the evidence base and supporting decision making has become much more apparent. There is a huge opportunity for us, including to be stronger in talking about the role we have in food safety, food security and antimicrobial resistance. Vets know and trust the profession and farmers listen to them.

I don’t see vets in practice in one box, vets in government in another and people doing food safety work somewhere else. We’re all on that continuum; we’re all there about the assurance and verification of the products we’re producing – be it for our UK consumers or those elsewhere in the world. There’s huge opportunity in how we use our expertise to support animal health and welfare.
The International Disease Monitoring team is an important group within Defra’s APHA. Its function is to keep an eye on exotic new and notifiable animal diseases around the world and make assessments of the risks that they pose to the UK’s livestock industries. It provides advice and recommendations to APHA and wider government on this subject as well as publishing information for the general public.

Intelligence data are gathered from a number of sources, including official reports to the OIE (World Organisation for Animal Health) and the European Union. EU Member States with exotic notifiable disease outbreaks make regular presentations to the Animal Health and Animal Welfare section of the Standing Committee on Plants, Animals, Food and Feed (SCoPAFF). This information is frequently reviewed by the International Disease Monitoring team. The team also uses unofficial sources, such as Pro-Med email alerts, local media reports and personal contacts, which provide the remainder of the information and help to give an accurate picture on the ground.

Monitoring the disease
In the case of African swine fever, the official reporting system provides the basis for regularly updated maps of the westward spread of disease across Europe from the Caucasus area over the past 11 years. The latest map is shown in Figure 1.

These maps show recent confirmed cases of disease in domestic pig herds and feral wild boar, which are also being proactively sampled and tested for African swine fever. Some EU countries pay hunters to shoot and submit wild boar carcasses, while others just rely on finding dead animals to test.

There are more wild boar carcasses submitted in EU Member States because there is an active surveillance programme in place. Some other countries outside of the EU have lower levels of surveillance, and case numbers are reduced as a result. This doesn’t mean that they are free of disease, just that it has not been detected and reported. It is important to bear this in mind when viewing the map in Figure 1.

As can be seen, there have been some long-distance jumps of disease, and in these cases, human involvement is suspected as the most likely transmission route. This may have been through indirect spread by vehicles or equipment or, more likely, by the inadvertent feeding (or scavenging) of infected meat products to wild boar.

The protocol following an outbreak in Great Britain
If an outbreak of disease was detected in Great Britain, pigs on the affected farm would be culled immediately and epidemiological investigations initiated. This situation is covered by the various country Exotic Disease Control Strategies, which state that movement restrictions are to be immediately imposed on suspect premises and if disease is confirmed, Protection and Surveillance Zones will be applied.

One of the first on-farm actions that would be undertaken is the blood sampling of a proportion of the different groups of pigs on the infected premises at slaughter. By looking at the levels of virus and antibodies present in the samples, a picture would emerge of the order in which the groups had been infected and approximately when the virus had entered the pig herd.

Armed with an estimate of when the disease is likely to have entered the herd, disease tracings time windows can be identified. Tracings would be initiated for both the potential source and spread of infection. In other words, we would want to find out where the virus had come from and where it might have gone to.

Tracings deal with many different potential pathways and this is especially important with African swine fever virus, as it can survive in the environment for several days. As a result, we would want to trace vehicles, equipment, manure, carcasses and people, as well as, most importantly, any live pigs that had left the infected premises during the spread tracing window.

In the case of source tracings, we would also be looking at movements of similar items (pigs, vehicles, equipment, visitors) onto the premises during the potential source tracing window. In addition, this would include a check for any feeding of or access to infected meat products, as well as usual sources of feed and bedding and an assessment of wildlife in the area. A final route to consider would be...
semen for artificial insemination purposes, as this too can contain the virus.

There are a number of ways in which vets and pig producers can assist APHA staff with their investigations; these are listed below.

Accurate, up-to-date records should be kept, including:

1. Movements of live animals on and off the premises (legal requirement)
2. Movements within the premises or pyramid
3. Movements of carcasses
4. Where and when manure or slurry has been spread
5. Movements of lorries (feed, bedding, livestock, dead-stock, etc)
6. All visitors and their vehicles (delivery drivers, vets, fieldsmen, electricians, pest controllers, etc)
7. Records of feed and bedding suppliers
8. An updated staff list with contact details
9. Details of porcine semen deliveries or despatches

It is also helpful to look at farm premises with regard to biosecurity and consider the following questions:

- Do people and vehicles clean and disinfect both on and off the premises?
- Can wildlife access buildings? eg rodents, birds, larger mammals
- Can wildlife access grazing in outdoor units?
- Are there specific risk factors in the local area? eg municipal dumps, footpaths, picnic sites, laybys, Eastern European workers or visitors, local populations of feral wild boar
- Do staff have contact with pigs on other premises? Do they keep pigs of their own?
- Do deadstock collection vehicles enter the farm or collect from the boundary?
- Are incoming pigs quarantined before mixing with resident stock?
- Are pigs or semen imported?

Although many of these factors cannot be altered, the knowledge of their existence could help APHA staff in their investigations and will also alert pig producers to the fact that they face a greater risk of acquiring disease. This in turn may lead them to change their business model, if appropriate, to address these concerns.

The current 21-day standstill for pig movements should help curtail the rapid spread of disease between premises; however, it does not apply within registered pig pyramids. Therefore, it is important that disease signs are recognised early and suspicions reported to APHA rapidly. The prompt reporting of movements through the eAML2 electronic system (in England and Wales) and ScotEID (in Scotland) is another key disease control feature that should facilitate the tracings process.

A campaign to highlight the dangers of swill feeding has recently been launched. It is important to remind the public that any feeding of meat products, including the feeding of swill, kitchen scraps and catering waste to any pigs, including pet pigs, wild boar and feral pigs, is illegal.

It is important for everyone to work together when combatting notifiable disease incursions into the national pig herd in order to preserve our current high levels of pig health and welfare and our international trading status.

WEB RESOURCES
The International Disease Monitoring Team’s reports are available at: gov.uk/government/collections/animal-diseases-international-monitoring
A list of African swine fever signs and symptoms can be found at: gov.uk/guidance/african-swine-fever

FIGURE (1) African swine fever cases have been mapped from January to July 2018
The relationship between veterinary surgeons, their farmer clients and hoof trimmers is set to expand, if communication between the parties is improved. There are several issues to be taken into account. It is a reality that hoof trimmers attend to the feet of many thousands of cows and most veterinary surgeons see only the problem animals. How a problem animal is identified and how it should be handled and treated in the best interests of animal welfare was one of the considerations at the second annual CPD day of the Cattle Hoof Care Standards Board, held at the University of Bristol.

It was sobering to listen to Professor Becky Whay identifying lessons learned from trials. Over 100 cows were reported to farmers as mobility score 2, but only 12 were treated and the median time to treatment was 65 days. In New Zealand, cows with moderate to severe lameness waited over three weeks before treatment, and those with mild lameness waited 70 days. It is established that delays to treatment make the treatment less effective. If the farmer sees a poor response, they are less likely to take action. The message is that early treatment is cost effective and welfare efficient.

It was also sobering to learn that veterinary surgeons involved in studies have been unaware that early treatment was not taking place when they thought it was. Discussions about using non-steroidal anti-inflammatory drugs (NSAIDS) had taken place between the farmer and the vet, but clearly that was not enough to overcome the difficulties of available time and other herd-related pressures that mean actions are delayed. The traditional view that the vet dictates and the farmer acts has to be put aside. For actions to be implemented, the vet needs to listen to the farmer and share their understanding, and establish two-way communication that recognises the expertise of the farmer and the knowledge and experience of the vet.

The role of the hoof trimmer

Also within that mix is the hoof trimmer. It may surprise some that the Cattle Hoof Standards include aspects of treatment. For example: "Lameness must be investigated thoroughly and systematically using detection of heat, pain, swelling, odour, redness, discharge or visible lesions. Lesions causing lameness must be correctly recognised using professional terminology. Lesions causing lameness must be treated whenever possible without breaching the Veterinary Surgeons Act. Treatments must be administered according to protocols found within the farm’s own veterinary herd health plan. Deviations from the protocols should be discussed and agreed with the client and the local vet. "Providing advice to farmers on antibiotic selection is a veterinary role only. Periodic summaries of lesions found at hoof trimming should be provided for discussion with the client. Regular team meetings should be offered with the local vet and other advisor, either in a response to a deterioration in foot health or in order to proactively manage on-going improvements in foot health. Trimmers form a frontline disease surveillance role and so in instances when unusual lesions occur, or an unusual outbreak is seen, alarms should be raised. The advice of a veterinary surgeon should be encouraged at the earliest opportunity."

To be included on the hoof care register, members agree to a spot assessment. Currently the assessments are carried out by a veterinary surgeon (Nick Bell). The member offers a weekly diary of appointments in advance. The audit takes place unannounced part-way through the appointment and involves examining cows that have been trimmed and observing trimming taking place. The trimmer receives verbal feedback on the day and a written feedback report within two weeks.

The cost of the assessment for the member is £275 and it takes place on a farm where they regularly work, using their own kit. The Standards Board has evolved from the National Association of Cattle Foot Trimmers where
members pay £150 for an assessment every other year by an experienced hoof trimmer on a farm that may be unknown to the member, where two cows are trimmed. The NACFT member may lose working time and have to travel to the assessment farm.

There has been considerable anxiety about accepting veterinary assessment and the two organisations operate in parallel. The choice of a trimmer to look after hoof health is an important one for the farmer. For dairy herds, the milk buyers are including hoof management outcomes within their criteria for milk purchase, with particular emphasis on mobility scoring. Some trimmers also carry out mobility scoring, but this is a different skill and there are many variations in who provides this service and how.

Factors contributing to hoof health
The CPD day at Langford involved veterinary surgeons, hoof trimmers and other interested parties. Roger Blowey was very frank about changes in understanding about lameness issues and how subsequent research and awareness had altered his perceptions. He stated that "lameness is a disease of cows that starts in heifers". There are many questions still unanswered and Roger has shown spiky pedal bones at other meetings, but establishing the normal still remains an area for research.

If bony overgrowth has occurred, can it be corrected or do the lesions remain throughout life? Clearly the cause of the “overgrowth” is a major aspect for clarification but the damage caused by internal pressure on the sole is a consideration. Sole ulcers appear to be associated with internal swelling of the hoof which compresses the corium and causes further disruption of horn formation. Boiling up feet and measuring the bones in normal cows has shown that the dorsal wall varied from 52 to 79 mm and toe to heel from 63 to 101 mm. The audience was asked "Is it logical to trim all cows’ feet to the same length?”

George Oikonomou (University of Liverpool) explained that although some dairy herds show a 30 percent average for mobility scores 2 and 3 in cows, the herd variation is from 5 to 55 percent. Studies at different stages of lactation have shown that where bruising occurs at 40 to 50 days post-calving, ulcers can be expected by 100 days. It is very important to collect information from individuals about their experiences.

As foot trimmers are seeing many cows, early lactation checks with hoof modelling rather than trimming would provide useful information. The fat pad is thinner after calving with a risk of inflammation. In the first 30 days after calving, a cow is 7.7 times more likely to develop claw horn disruptive lesions than later in lactation. Genomic heritability has been shown for sole ulcers, interdigital hyperplasia, digital dermatitis and digital cushion thickness at calving. Ongoing work with digital dermatitis and treponemes is indicating that initial changes in the skin microbiota may allow colonisation. Opportunistic anaerobic pathogens are implicated with the advice that a clean and dry environment helps to prevent anaerobe multiplication.

Jonathan Huxtable (Zinpro Corporation) outlined the relationship between nutrition and how it predisposes cows to lameness. It is recognised that lame cows have a huge impact on herd performance including milk production, fertility, profitability and feed efficiency. The trace minerals zinc, copper and manganese are involved with bone development, as well as skin and hoof integrity. However, when formulation of rations has gone wrong, there has not necessarily been an increase in lameness cases, although production has been reduced.

This may be one reason why nutritionists and consultants have not always considered lameness when formulating rations and feeding regimes. Roger Blowey highlighted that 85 percent of cattle lameness occurs in the foot, that 85 percent of all lameness is in the hind feet and that 85 percent of all hind foot lameness is in the lateral claw. He asked “Do we have diets that can specifically influence the outer claw of hind feet?”

This educational day arranged by the Cattle Hoof Care Standards Board highlighted the need for greater communication between the various professionals involved with dairy herds, and that new awareness and understanding about lameness is ongoing. Veterinary practices are encouraged to recognise the development of standards and to work more closely with hoof trimmers and farmers to achieve improvements in cow welfare.
The highlight of the year

In his last column as BEVA President, Jonathan Pycock explains what he is most looking forward to at the 2018 Congress

Jonathan Pycock is an equine claims consultant for the Veterinary Defence Society and an equine reproduction expert. He is the current president of the British Equine Veterinary Association.

BEVA Congress 2018 and its theme of “plenty to smile about” is the undoubted highlight of my presidential year. As veterinary professionals, we face many challenges, some of which can have a negative impact on our health and well-being, but I want to focus on the positives at Congress.

The aim of this year’s event is to celebrate our incredible careers as equine veterinary professionals and to help our colleagues learn how to achieve the right work-life balance. As part of the build up to Congress, we have ambitiously set out to obtain 100 personal video clips in the 100 days leading up to the event, giving personal insights into why it’s great to be an equine vet.

We have been overwhelmed with the responses: some funny, some innovative and some poignant, but all of them giving us tremendous cause for optimism. Conveying positive, encouraging messages to young colleagues in this way is supporting the future of our profession.

Apart from the obvious theme of helping that selfless and wonderful animal, the horse, my favourite aspect of these videos has to be the collegiality, friendship and laughter that all the video contributors have provided. There absolutely is plenty to smile about, as you will undoubtedly see at Congress 2018 in Birmingham.

What is so exciting about this year’s BEVA Congress? My reaction to the 2018 programme has been likened to that of a small child in a sweet shop. David Rendle, the chair of the congress programme committee, has worked tirelessly alongside the BEVA Office to put together a truly amazing programme, which is probably the most ambitious and comprehensive yet. Innovative and incisive topics will dig down to ensure all the new developments from recent years are covered.

Of course, being a horse vet involves much more than dealing with your clients’ horses these days, and our programme has plenty of management, marketing and finance topics, reflecting the ever-changing professional world we all work in. There is a truly mind-blowing array of speakers, both home-grown and from overseas, many of whom I have been fortunate enough to work with in the past. I know they are simply the best.

And along the way, we will have some fun – because learning is always best when it is fun. You need delve no further into the programme than Dickson Varner’s talks to experience this. Dickson knows so much about stallion fertility and has his own unique style of speaking.

You may not know that Dickson nearly became a professional rodeo rider and is one of only a few certified American Mountain Men who head into the Rocky Mountains each year to ride horseback across the wild countryside. On these trips, Dickson will get his harmonica out round the campfire and he has promised to do the same in Birmingham, albeit without the campfire!

Come and meet up with your old friends, meet some new friends and have some fun with us all in Birmingham on 12 to 15 September 2018. I can’t wait.
The top picks for BEVA Congress 2018

With internationally renowned speakers and notorious social events, there is lots to look forward to at BEVA Congress this year.

1. Get the latest information on equine reproduction
Reproduction, theriogenology, stud medicine – call it what you will – breeding horses will take centre stage in this year’s scientific programme. World-renowned speakers will convene from all corners of the globe to contribute to seven sessions, offering useful updates as well as some instruction on fundamental skills and group discussion of difficult areas.

The leading names in equine reproduction from the UK are joined by Harold Sieme and Dickson Varner in discussing stallions and semen processing. Juan Samper will contribute to the reproduction sessions in addition to delivering the plenary lecture. He will be joined by Margo Macpherson, Karen Wolfsdorf, Tom Stout and Peter Daels and eminent clinicians from the UK in sessions on preparing mares, dealing with twins, coping with foaling and post-foaling issues and “barren” mares.

2. Join BEVA in tackling the non-clinical aspects of being a vet surgeon
This year, Congress is addressing the non-clinical aspects of being a veterinary surgeon. Equine vets have a lot to smile about and for those that doubt that, there is a session on thriving in practice. There are, however, challenges, and these will not be ignored.

Arguably, the highlight of the six non-clinical sessions will be a session featuring speakers from parliament, Defra, the RCVS, NGOs, vet schools and BEVA itself to give different perspectives on where the profession is and where it needs to be as the world changes around us. Brexit, changes in legislation, controls on professional migration and falling university applications are just some of the issues that will be addressed.

3. Practice dealing with difficult clients using role play
In the exhibition hall, the demonstration area will provide an alternative to lectures for delegates who want to get more hands on. Routine and advanced dentistry, upper airway endoscopy and orthopaedic imaging will all feature. The VDS takes over the exhibition area on Friday afternoon, bringing a team of actors to aid with conflict management in a session that is sure to be entertaining as well as educational.

4. Enjoy the return of the farriery day
The Saturday farriery day returns with a very international flavour; Andy Parkes, Sebastien Caure and Maarten Oosterlinck will be joining seasoned BEVA campaigners such as Michael Schramme and Simon Curtis. Diagnostic and therapeutic approaches to foot lameness will be discussed and there will be opportunity to discuss different farriery solutions. Lameness is a common thread through the whole programme with sessions on the fetlock, joints and bursae, fracture repair and orthopaedic causes of poor performance.

5. Get up to date with infectious diseases
Within the medicine programme, Nicola Pusterla returns by popular demand to provide updates on different infectious diseases. Problem-based scenarios related to infectious
6. Make the most of dentistry sessions for everyone

Three sessions on dentistry on Saturday will provide something for everyone who has an interest in this area. Jack Easley and Paddy Dixon lead an all-star cast who will work through fundamentals and on to advanced extraction and filling techniques.

7. Meet the BEVA team at their first ever stand

This year you can meet and chat to the BEVA staff at Congress. This is the first year BEVA have had a stand at Congress and they will be giving everyone the chance to try out the brand new online learning platform and answering any queries delegates may have; delegates will also get the chance to have one-to-one time with the incoming BEVA President, Renate Weller.

8. Be entertained at the annual dinner

Brando, the new band at the Congress’s annual dinner, will have delegates dancing the night away following a three-course meal among colleagues, friends and the BEVA team.

9. Stay up to date with news hours on different clinical areas

For those who are looking to remain at the cutting edge, there will be two days of research communications that increase in quality every year and cover a range of topics. For those who are less interested in the detail but want a more rapid-fire update on what’s new in different clinical areas, the news hour returns with updates being provided by Bruce Bladon, Celia Marr, Madeleine Campbell and Michael Schramme.

10. Celebrate what’s great about being an equine vet

Last but definitely not least, with the theme “There’s plenty to smile about”, the ongoing #ilovebeinganequinevet campaign will come to a finale at Congress. Get involved, get your cameras out and tell others why you love being an equine vet.

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**Functional Movement Analyses and Myofascial Mobilization of the Horse**

The International Academy of Veterinary Chiropractic (IAVC) is pleased to present an intensive two module CPD course in Functional Movement Analyses and Myofascial Mobilization of the Horse in the UK in 2019.

This very practice-orientated course explores the “functional motion circuits” of the horse: Head-neck, neck-chest-forelimb and sacroiliac-hind limb in detail, and offers a holistic therapeutic approach to the myofascial system.

Equine physiotherapists, chiropractors and veterinarians alike, will find Myofascial Mobilization an extremely useful and applicable technique addition to their current musculoskeletal work.

Based on the Stammer©Kinetics concept, and years of experience in equine CPD education, this training and rehabilitation concept is an ideal way to compliment and facilitate equine musculoskeletal therapies, helping to unlock the full training and performance potential in our patients. Well received in continental Europe over the past several years, 2019 will represent the initial course offering in the UK.

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**Functional Motion Modules at AECC University College, Bournemouth:**

**Module 1**
Feb 14-16th 2019
Neck, Chest and Thoracic Limb

**Module 2**
June 27-29th 2019
Caudal Trunk, Pelvic Limb and Moving Back

Further information and module details:

www.i-a-v-c.com
e-mail: info@i-a-v-c.com

International Academy of Veterinary Chiropractic
Dr. Donald Moffatt (MRCVS), Dorfstr. 17, 27419 Freetz, Germany. Tel: +49 4282 590099

disease are the subject of a full session on Saturday afternoon and draw on recent areas of difficulty and controversy. Updates are provided on endocrinology, ophthalmology, glandular gastric disease, cardiology, lower respiratory tract disease and medicines use. Internal medicine meets soft tissue surgery in sessions on sarcoids, urogenital surgery and upper respiratory tract surgery. Surgical updates from Fabrice Rossignol are sure to be a highlight.
Head to the BEVA Congress exhibition to learn about the latest products and services

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IMV imaging
Your complete animal imaging solution
Previously trading as BCF Technology and ECM (Echo Control Medical), IMV imaging is a world leader in complete animal imaging solutions.

We offer the best quality ultrasound, X-ray, digital image management (PACS) and three-dimensional imaging equipment in the world. Developing and offering technology that will make a real difference, we are dedicated to providing the best equipment, advice, learning, customer care and technical support.

Part of the IMV Technologies Group, we now have a wide offering to the entire reproduction management sector. With offices and distributors around the world, the IMV Technologies Group is made up of over 500 employees, each committed to our core values of partnership, innovation and learning.

For more information, please visit: imv-imaging.com/international

STAND NUMBER B72
Norbrook Laboratories
A leading global provider of veterinary pharmaceuticals
Norbrook’s Equine Product Range is manufactured by Norbrook Laboratories; the only home-grown British Pharmaceutical Company. Norbrook Laboratories has become established as a global presence in the development of revolutionary veterinary and animal health medicines, including products for horses such as Peptizole, Noropraz, Norodine range and anti-inflammatory range (Equinixin, Fluixin, Loxicom and Colvasone).

Norbrook’s manufacturing plant is based in Newry, in Northern Ireland – a site that is constantly subjected to rigorous checks and audits from the relevant veterinary authorities. These controls ensure that each of our products is produced to the absolute highest quality to support the needs of the vet, horse and horse owner.

For more information, please visit: norbrook.com

STAND NUMBER A48
VDS Training
Developing people, inspiring change
The Veterinary Defence Society has always been about its members; supporting and protecting them when things go wrong. As the veterinary profession has developed, we use our experience in a wider way, helping the whole team to reduce the risk of things going wrong in the first place.

For a practice to function effectively, it needs excellent leadership, good team-work and a thriving and resilient workforce. That’s where VDS Training comes in, offering non-clinical training and development opportunities for all.

VDS Training can support you in developing confidence in leadership, a thriving practice, satisfied clients, a great workplace culture, lower absenteeism, higher employee retention and improved business financial health.

VDS offers a range of courses across the UK through seminars and workshops, online training programmes, one-to-one coaching and bespoke in-practice training.

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STAND NUMBER D40
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A global perspective on the equine profession

Having led a diverse career with experience all over the world, Juan Samper talks about the profession now and what it might look like in the future.

Tell us about your career so far
I was born in Colombia, South America, and, like most vets, always wanted to be a veterinarian. I grew up on a dairy farm and after vet school, I went into practice for a few years. Later, I went to the University of Minnesota to do graduate work; I did a master’s and a PhD, and ended up doing my speciality training in theriogenology/reproduction.

From there, I had the opportunity to work in Sweden for a couple of years before taking a job at the Ontario Veterinary College, Canada. A few years later, I moved to Vancouver and established my own practice, which was a speciality practice in reproduction that I grew to be an equine general practice with a focus on reproduction.

I also had the opportunity to be on the faculty at Kansas State for a few years. Several years ago, I joined the faculty at Ross University in the Caribbean, and I worked there with all the clinical year students. Most recently, I was offered a job as an associate dean for academic and student affairs at the University of Florida. I sold my practice and I came here, where I now work full time.

What did you learn during your time at the University of Ross in the Caribbean?
Ross University has a very interesting model of training veterinarians because, since they don’t have a large teaching hospital, they bring the students to the island for the first three years of their education and after that, they contract with different universities around the world (one of which is the RVC).

My job there was to assign students to their clinical affiliate and monitor their progress, making sure they were having the learning outcomes necessary for graduation according to the Ross and AVMA standards.

I had to visit every affiliate at least once a year, which gave me a very good perspective of what veterinary medical education is like around the world. Most of it was centred here in the United States, but I also had to go to Europe, Australia, New Zealand and Canada.

What I confirmed, and it wasn’t a big epiphany, was that there is no perfect school. Every school has a lot of strengths and a few weaknesses. And I think a lot of it is about what the student gets out of that experience. If they put the effort in and take ownership of that opportunity, it doesn’t matter what school they go to – they will be very well trained.

How have your views on the profession changed throughout your career?
Because of my experience, I really understood a lot of the infrastructure of veterinary medical education – what the strengths are and what we need to change. I think it is important to understand that veterinary schools must be very open-minded and dynamic in terms of what we do to train students. But also that we are not on our own – we have to partner with all these different stakeholders to make sure that this profession stays where it needs to be. If we accept a class of students and put them through our curriculum and they’re not supported out in practice, there is a disconnect. And then we are not producing what the practitioners need in terms of quality of day-one practitioners, and that disconnect will cause problems.

Would you say that the challenges are the same in the profession everywhere you’ve been, particularly with regards to recruitment and retention?
I think it’s the same everywhere, at least in Australia and New Zealand, Europe and North America. And it is even worse in equine practice. We’re not attracting enough veterinarians to come into equine practice and that needs to change. We have this idea engrained in the profession that every student who wants to be an equine practitioner has to do an internship first, and go and get a really low-paid salary because they need the experience, and only once they have that year of experience can we pay them a little bit more.

Many of my students have said “I want to go into equine practice but we have to work too many hours and don’t get
paid enough”. That’s certainly prevalent in North America. The UK is probably a little bit better because there is more the concept of multi-people practice.

Do you think it is looking positive now there is more focus on tackling these problems?

We are at that crossroads where we can decide to make it look more positive or continue with what we have been doing. It has to be a discipline-wide change of culture and mentality. That’s where we really need to start to focus, and I think BEVA and AAEP [American Association of Equine Practitioners] will have a significant role to play in this.

Ultimately, it’s going to be down to the individual practitioners, but we cannot keep thinking that “because I did it this way, the next person has to do it that way too”. And that’s a difficult thing because, for the most part, those people are requiring students to do it one way because they did it that way and are very successful. It is difficult to argue against those principles, particularly when change sometimes requires going into the unknown.

Have you worked much with BEVA in the past?

In the late 90s, Jonathan Pycock and I started delivering a BEVA-sanctioned course on artificial insemination. I went over to the UK to do that for a few years. More recently I haven’t been that involved with BEVA – until Jon invited me to participate in this year’s congress.

I am honoured to have been asked to deliver the John Hickman memorial lecture at the 2018 BEVA Congress. My talk won’t be a lecture, more my thoughts and views on where we are and where we’re going. I can almost guarantee that in the next few years (how few, I don’t know), the way we practice medicine is going to be very, very different. If we don’t keep up with the times, we might just be left behind. And those that embrace technology and change are the ones that will move forward.

What do you think are the biggest innovations that equine vets will need to embrace?

In human medicine, they’ve moved towards personalised medicine; I think we are starting to feel that we are moving that way. The ability to acquire or generate data is happening at an unprecedented pace. So now we just need to be able to analyse that data and make sense of it – and that is also happening.

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What do you think are the biggest innovations that equine vets will need to embrace?

In human medicine, they’ve moved towards personalised medicine; I think we are starting to feel that we are moving that way. The ability to acquire or generate data is happening at an unprecedented pace. So now we just need to be able to analyse that data and make sense of it – and that is also happening. When we are able to analyse it and put small groups of individual research groups together to generate robust information, there will be significant changes. It won’t be long before the first part of taking a history will be running the genome of an animal. From there, you can argue that you can look at this animal’s history back and forward, and alter how you’re going to design preventative therapies, treat or prevent a condition. I don’t know that I’m going to be around to see the full impact, but I’d love to be a fly on the wall 30 years from now.
At the end of 2017, two of Europe’s most successful veterinary imaging companies joined forces. They are now delivering complete animal imaging solutions across the world. BCF Technology and ECM (Echo Control Medical) merged last year to form IMV imaging and became part of the wider IMV Technologies group.

Together, with over 500 employees, these innovative and progressive businesses are now better positioned to provide complete animal imaging solutions to their customers by bringing together their respective values, visions and resources to deliver the best quality ultrasound, X-ray and three-dimensional veterinary specific imaging equipment.

Both BCF and ECM have successfully built their brands, customer relationships and reputations over the past 35 years, supporting veterinarians technically and clinically to improve animal care worldwide. As a result of this merger and creation of IMV imaging, the company is now able to offer a wider portfolio of products to their customers.

Equine vets in the UK will now have even more choice as IMV imaging welcomes the ExaPad and ExaPad mini to their ultrasound range. The ExaPad is a revolutionary system designed specifically for veterinary use. Both the ExaPad and ExaPad mini are optimised for use in equine examinations, including orthopaedic, abdominal and back/vertebral exams. They can also be used for all aspects of mare and stallion stud work and cardiac scanning. The systems are robust, durable and able to cope with the high demands of a stable environment while offering outstanding image quality and a two-hour battery life, making them portable.

The ExaPad products are a welcome addition to IMV’s range of high quality ultrasound scanners, joining brands such as Sonosite and GE to offer a variety of options to equine vets to help them with their imaging needs.

IMV imaging also offers a range of CR and DR veterinary X-ray solutions which are ideal for equine practice with portable, battery powered DR systems available. The Epica Pegaso CT scanner complements the imaging product portfolio, offering a CT scanner that has been specifically engineered for the equine veterinary market.

Visit IMV imaging at stand C14 at BEVA Congress to find out more about their range of ultrasound, X-ray and CT scanners. For more information, please visit imv-imaging.co.uk or call +44 (0)1506 460 023.

Discover excellence at your fingertips with the ExaPad, a revolutionary system designed specifically for veterinary use. Both the ExaPad and ExaPad mini are optimised for use in equine examinations, including orthopaedic, abdominal and back/vertebral exams. They can also be used for all aspects of mare and stallion stud work and cardiac scanning. The systems are robust, durable and able to cope with the high demands of a stable environment whilst also offering outstanding image quality and a two-three hour battery life making them portable.

**ExaPad**

<table>
<thead>
<tr>
<th>Screen</th>
<th>15”</th>
<th>12”</th>
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<tbody>
<tr>
<td>Ports USB</td>
<td>4 (2 x 2.0 / 2 x 3.0)</td>
<td>2 (3.0)</td>
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<tr>
<td>Autonomy</td>
<td>2 hours</td>
<td>3 hours</td>
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<tr>
<td>Weight</td>
<td>5.9 kg</td>
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<tr>
<td>Dimensions</td>
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**ExaPad mini**

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Performing a meaningful neurological exam

Practical advice from a specialist on performing an equine neurological examination – from head to tail

The neurological examination begins at the head and ends at the tail, emphasising the anatomical location of any lesion as the examination proceeds and allowing completion of the examination a lot faster. The examination consists of evaluation of the head and entire body in the stable and finally evaluation of gait and posture while the animal is moving freely in hand.

An evaluation of behaviour, mentation, head posture and movement, as well as cranial nerves, is undertaken to determine if there is evidence of brain or cranial nerve disease (Figure 1). The examiner can complete all the observations, tests and reflexes involving cranial nerve function; the results can be documented and then specific deficits relating to individual nerves can be correlated (Table 1). Bony and muscular asymmetry, localised sweating, focal muscle atrophy, decreased pain perception and localised painful responses should be noted.

For the most part, neurological gait abnormalities involve degrees of paresis (weakness) and ataxia.

For the most part, neurological gait abnormalities involve degrees of paresis (weakness) and ataxia – the degree of each should be evaluated (mild, moderate, severe for paresis, 0 to 4+ for ataxia). Compressive lesions classically result in clinical signs that appear more severe in the pelvic limbs (probably due to the more peripheral location of the spinocerebellar tracts in the spinal cord) and a two grade difference in spinal cord ataxia is possible with a lesion in the cervical spinal cord.

After completing the neurological examination, the clinician should decide where within the nervous system any possible lesions exist. If this is not clear, it often is worthwhile returning to the patient and performing more critical evaluations.

![Figure 1: Key aspects of an equine neurological examination](image from Mayhew’s Large Animal Neurology)

The following sequence for the equine neurological examination is used by the author:

- Behaviour and mentation (forebrain)
- Head posture (CN VIII)
- Nasal septum sensory perception (forebrain, sensory CN V)
- Head muscle mass (temporalis, masseter, pterygoid) (motor CN V)
At the end of the neurological examination, the clinician should then be able to determine which area of the nervous system is affected:

- Cerebrum
- Brain stem
- Cerebellum
- Peripheral cranial nerves
- Spinal cord
- Peripheral spinal nerves
- Muscles

Many times, the clinician will be able to define even more precisely the exact location of a lesion, or lesions, within these divisions. With the anatomical location of any lesions more or less clearly determined, and following further review of the history of the case, appropriate specific diseases that might occur at such a site can be considered.

This is the first article in a three-part series written by veterinarians from the Vets with Horsepower team, in partnership with Norbrook Laboratories. The articles are excerpts from the continuing professional development lectures delivered during a recent charity ride.

<table>
<thead>
<tr>
<th>CRANIAL NERVE</th>
<th>MAJOR FUNCTION</th>
<th>REFLEX AND RESPONSE ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Olfactory</td>
<td>Sense of smell</td>
</tr>
<tr>
<td>II</td>
<td>Optic</td>
<td>Afferent pathway for vision and light</td>
</tr>
<tr>
<td>III</td>
<td>Oculomotor</td>
<td>Pupillary constriction Extraocular muscles (other)</td>
</tr>
<tr>
<td>IV</td>
<td>Trochlear</td>
<td>Extraocular muscle (dorsal oblique)</td>
</tr>
<tr>
<td>V</td>
<td>Trigeminal</td>
<td>Sensory to side of head and face Motor to muscles of mastication</td>
</tr>
<tr>
<td>VI</td>
<td>Abducens</td>
<td>Extraocular muscle (retractor oculi) Extraocular muscle (lateral rectus)</td>
</tr>
<tr>
<td>VII</td>
<td>Facial</td>
<td>Motor to muscles of facial expression</td>
</tr>
<tr>
<td>VIII</td>
<td>Vestibulocochlear</td>
<td>Afferent branch of vestibular system Sense of hearing</td>
</tr>
<tr>
<td>IX</td>
<td>Glossopharyngeal</td>
<td>Sensory and motor to pharynx and larynx</td>
</tr>
<tr>
<td>X</td>
<td>Vagus</td>
<td>-</td>
</tr>
<tr>
<td>XI</td>
<td>Accessory</td>
<td>-</td>
</tr>
<tr>
<td>XII</td>
<td>Hypoglossal</td>
<td>Motor to tongue</td>
</tr>
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TABLE 1 Cranial nerve reflex and response assessment
Well, I guess you could call it a holiday of sorts. It was hot, for sure. But this resort, if you could give it that epithet, was not just thermally hot. The boots and overalls I took with me had to be left there because they were too radioactively contaminated to bring back home.

Let me go back to a phone message I got just before Christmas: “Would you be interested in investigating whether bank voles near the nuclear reactor in Chernobyl have cataracts?” To my mind there can be only one answer to such a question – absolutely. Six months later, I found myself on a plane to Kiev ready to meet the rest of the research team. Unfortunately, just after I landed, a thunderstorm wiped out the airport radar so the majority of the researchers didn’t make it to Ukraine until the next morning.

With a couple of other researchers who had arrived on time, I was taken into the Ukrainian countryside, where gradually fewer cars passed by and the sunflower-covered fields gave way to wilderness. It has been 30 years since the disaster, which depopulated the whole area – well, as far as people are concerned that is – and left the area as a haven for wildlife uninterrupted by humans (apart from researchers like me, and Americans coming on their day-long tours!).

After the checking of passports and reams of paperwork, we were allowed into the protected zone. I had the opportunity to explore the near-deserted town with trees growing through the roofs of what were once beautiful houses. The few residents I met all seemed to scowl at me in a most ferocious way. I quite unjustifiably presumed that this was just their temperament, until the leader of the group arrived the next day and strictly forbade us to walk around outside without a police guard. I was definitely persona non grata.

As we started work investigating the rodent population, we passed into the Red Forest, an area still highly contaminated but an amazing wilderness. Some have reported finding mutations in wildlife, and cataracts too, but our work failed to confirm this. Ironic that even in an area where human involvement in the form of the worst nuclear disaster in the world would seem to be as bad as it could get, nature bounces back when people stay well clear.

As far as humankind is concerned, it is still a nightmare; a memorial with all the signs of towns and villages evacuated after the disaster shows just what an impact the reactor meltdown had. Now the people working in the hotel stay for two weeks at a time before leaving for two weeks far away. The food doesn’t change though – eggs, eggs and more eggs, interspersed by reconstituted chicken – presumably those whose egg production had dropped. The feral dog population and their night-time howling was pretty constant too. So not quite a holiday in the normal sense of the word, but a remarkable trip!
Having clients is one thing, but knowing their true value is quite another. Of course, it is entirely possible to run a practice on a diet of “one-hit wonder” clients, but it’s a wasteful, time consuming and expensive way of generating business. It’s much better to win and keep clients by understanding their lifetime value through studying their loyalty to the practice. One way of doing this is to generate a “net promoter score”.

**The net promoter score**
A net promoter score (NPS) is a loyalty tool developed by Bain & Company and Satmetrix that was introduced in 2003. It is used to monitor and gauge the loyalty of a business relationship, irrespective of whether it is business to consumer or business to business. The key benefit of NPS is that it gives insights into elements of a relationship, such as customer satisfaction, effectiveness of communications and how well customer service is judged.

Ian Cass, Managing Director of the Forum of Private Business, believes it to be a very effective way of measuring customer experiences as “you can see if the customer would recommend you to others, with answers based on a 0 to 10 scoring method”. Ian says that the size or sector of the business concerned does not matter because it’s the understanding of the customer experience that is important – this “allows the business to keep improving”. He adds: “It is a great tool for driving a strategy for business performance; it can also improve a business model as it provides a metric measurement, which is important, especially from a purchaser’s point of view.”

**Score calculations**
From a business perspective, understanding how the score is calculated is essential: this drives communication with those individuals that form the customer base. Essentially, NPS asks a series of “why” and “would” questions which return scores between 0 and 10.

Ian illustrates how the process has worked for the Forum of Private Business. “We’ve asked many members for their opinions over the years, from looking at changes to government policy to business rates and budgets. And because we often have lots of questions that we want to ask our members, we look to condense what we ask into a 20 to 30 second questionnaire, which is great for our members to answer quickly,” Ian says that NPS has led to a greater level of response from members and as a result, has helped put research reports together that have been fed back to government.

Under an NPS scoring regime, a standard has been established. If a response scores:
- **9 to 10**: clients are labelled as promoters. They are likely to come again and promote the practice to others as a recommendation. They are great advocates for the practice and they will be loyal clients in the future.
- **7 to 8**: clients are labelled as passive. These people fall in the middle of being promoters or detractors. They are undecided and do not want to commit, so do not give active responses to the questions and try to remain impartial.
- **0 to 6**: clients are labelled as detractors. Detractors can be detrimental to a practice. They can become negative and give comments that will influence others and they may not complete transactions.

The problem for businesses faced with detractors is that the web feeds the subconscious. As Ian remarks, “consumers today will look at comments made about the products and services of a business and this can have a negative or positive effect and may well influence their own buying decisions”.

**Using NPS to best effect**
It should go without saying that NPS needs to be used properly if the right result is to be achieved. For Ian, NPS should be important to any business wanting to know how well it is doing while helping to measure the customer experience of those that deal with it. He says: “Having a scoring for a product or service will give you the insight of a job well done or not. If the scoring is poor, a business can see the areas that need work and take proactive action to improve them. If a business is not asking for this kind of information, how do they know if they are doing a good or
bad job?” Having positive reactions from clients and suppliers is the bedrock of success – it will help a business gain new customers while helping them grow as poor feedback should lead to work on areas of weakness.

NPS can be used generally or specifically, depending on the strategy being deployed. For example, after a client has visited a practice, a simple automated email can be sent to them asking for feedback. But Ian offers a note of caution here. He says that for NPS campaigns to work, a business-wide strategy needs to be implemented and it needs to take into consideration factors such as making all staff aware of what NPS is, how the measurements work and what they mean; not ignoring or failing to respond to negative comments; and actively seeking to engage with those classified as promoters.

Ian says: “Think about how you will communicate further with promoters. They have given you a good score but how will you continue to communicate positively with them now that you have their goodwill?” He says negative scorings should also create the same thought process and asks: “How will you work with those that give you a low scoring? Everyone needs to communicate effectively to customers and the key is to keep monitoring the scoring results and acting upon them.”

### NPS as a predictor of growth

If NPS scores are high, it’s fair to hope this would be reflected with a healthy practice that is growing. Conversely, if the scores are low, it can be expected that the rate of growth for the practice will be poorer. But Ian says that this may not always be the case, and he cites an example well known to economists: “If a product is one that is in very high demand – say it’s the trendy thing to have at the moment – then it may well sell despite poor customer service and low NPS scores.” But clearly a business in this situation is not going to have a long life.

### Getting an NPS

The actual calculation when measuring NPS is a function of the total number of respondents who replied, the total number of promoters and the total number of detractors. The percentage of detractors should be subtracted from the percentage of promoters. The closer the result to 100, the better it is and anything with a negative should be dealt with quickly.

It is important to remember that NPS is not the be-all and end-all of customer satisfaction. Any business owner or manager worth their salt should have an ear to the ground for customer feeling. NPS is just one useful tool for honing the detail.

NPS can be an effective method of seeking feedback with minimal input from clients. Used correctly, it can condense a number of issues effectively into an easy-to-answer questionnaire. It is important to note that scores can indicate a probable path of business growth but can equally illustrate areas of weakness that need work.

No matter the desire to seek answers, the process behind NPS requires that clients are continually monitored to note any deviations of their sentiment. But once those clients who are considered to be “promoters” have been identified, they should be considered – with consent – a marketing asset.

### FURTHER INFORMATION

- Bain & Company: [netpromotersystem.com/about/measuring-your-net-promoter-score.aspx](http://netpromotersystem.com/about/measuring-your-net-promoter-score.aspx)
- Satmetrix (co-developer of NPS): [netpromoter.com/know/](http://netpromoter.com/know/)
- The Chartered Institute of Marketing: [cim.co.uk](http://cim.co.uk)

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**Using net promoter scores to benefit your practice**

Are you are considering negotiating the sale of your veterinary practice to a large corporate company?

Let us help you level the playing field to get the best outcome.

For a free confidential discussion without obligation. Tel: Malcolm Wright MRCVS. 07939216174 or email mal@thevba.com

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The key steps to designing a practice

Although there are unique factors to consider, designing a veterinary practice involves the same key steps essential to any building project.

Where do you start? Are you planning to improve the practice’s current workspaces? You may be thinking of converting a building to create a brand-new outlet, like Tim Pearson, the owner of Orchard House Vets, who recently took on an old police station in Northumberland and transformed it into a second surgery (Figures 1 and 2).

Either way, it is strongly advised that you start by appointing an architect to undertake a feasibility study of your building. An architect will not only review the condition of the existing building, but also create a brief for the new changes that will be required to create a state-of-the-art surgery. In accordance with the RIBA (Royal Institute of British Architects) Plan of Work, your architect will develop a useful roadmap for a project.

When it comes to creating the brief, take the time to do your homework. It’s more than a simple list of room names. Think of them as spaces and how they connect to each other. This “flow” of spaces will define how your practice works. No two practices work in the same way, so provide as much information as you can to the architect to explain how your practice prefers to work.

RIBA Stage 1: Creating a brief

- Ask all the staff what they like about the existing building and what they don’t. Everyone’s views from receptionist and admin staff to the clinical team will be different.
- Consider whether it is time to introduce new services or facilities and if so, will the building need to be extended to do so?
- Do the existing facilities work to meet modern standards or equipment needs?
- Define the standards you are working to. If your premises are to RCVS core standards, do you wish
to improve to practice level or to veterinary hospital standards? The RCVS standards cover in detail all aspects of running a practice but shouldn’t be considered a design guide.

This feedback will be useful to the architect and will help mould the design brief. Clients often want to get into the micro detail before they have decided on the fundamentals of a project – like choosing colours before deciding if the new consulting room is required.

RIBA Stage 2: Concept design

Once a scheme has been developed through drawings and discussions, a plan can be created. Factors to consider are:

- Planning – if the project involves alterations and extensions, a discussion with the local authority may be required. Don’t think that internal works only excuse you from permissions – they don’t! Also note that if your property is listed, extra permissions are required.
- All building projects require building control. This should be considered carefully when the works involve structural amendments, fire escapes, updating electrics or any other upgrade to the fabric of the building.
- Programme of works. This is easier on a new build or empty conversion and more complex on a refurbishment.
- Cost is too important to ignore. Always get a cost plan on the early design ideas to get an early estimate. This will aid with financial planning and arranging any necessary bank loans.

RIBA Stage 3: Detailed design

The detailed design stage sees plans developed so that all the accommodation needs are included and any new extensions that have been designed are signed off by the client. The next important step is submission to the local authority’s planning department for approval before any construction works can commence.

RIBA Stage 4: Technical aspects

It is at this stage that we get down to the detail: for example, considering the actual materials, finishes and systems that you want to install.

The scheme needs to allow for:

- Building regulations
- Details of all equipment, including power, ventilation and safety of X-ray machines

“if the project involves alterations and extensions, a discussion with the local authority may be required. Don’t think that internal works only excuse you from permissions – they don’t!”
Mechanical and electrical systems – LED lights use a fraction of the power of old lights, so it’s probably time for a change. Heating systems – has the old boiler seen its day? If so, more efficient and cost-effective choices can be made.

Finishes – the choice of paint, anti-slip floors and counter tops all need to be decided at this stage.

Using this information, your architect will develop a package of information to create a tender document for appointing a contractor. It is normal at this stage for other professionals to be called in, such as structural and building services engineers.

**RIBA Stage 4P: Procurement – finding the contractor**

Finding the right contractor is vital, as is selecting the correct contractual route. A good architect will draw up a list of contractors based on experience of contractors in the sector (have they built a surgery before?) and size and complexity of the job.

Professional peers may know of a good contractor and recommendation is always good, so ask other surgeries who they have used. Tendering or negotiating are the usual methods.

**RIBA Stage 5: Building**

Once you have a preferred contractor in mind, agreeing the price, programme and phases is vital before signing a contract. Projects that run the smoothest typically have all this set out in a contract signed by both parties prior to commencement on site.

Regular site meetings should be insisted upon as they allow the practice to discuss the day-to-day issues and challenges of planning the workload, especially if working on a live site.

There will be issues and challenges with the project, especially on a refurbishment, as unforeseen elements will inevitably arise. That’s why adding a contingency into the contract allows for these issues and stops them becoming a real drama.

**RIBA Stage 6: Completion**

This is a summary of the tasks involved in designing and delivering a practice. The process is not simple and will require time and commitment from everyone involved.

However, with open and honest communication between everybody involved, problems will be solved and you will have a fantastic practice facility which will support the ongoing success of your veterinary business.
Dealing with tricky situations

Sometimes it will be necessary to dig yourself out of a hole when speaking with an emotive client.

The Duke of Wellington is alleged to have said that the Battle of Waterloo was "won on the playing fields of Eton". I write this after England’s departure from the World Cup, following defeat by Croatia – a day when the Duke's sentiments were reiterated by a match commentator. He stated that England’s early goal was the product of many hours of practice, not just dreamt up on the spot. The same could very much be said of one's success, or otherwise, in the consulting room. Having the confidence and resilience to handle clients' varied issues and concerns every 10 to 15 minutes, keeping to time and leaving that room stress-free after seeing perhaps 18 clients over three hours, is no mean feat.

We all remember those first days in practice. Gone were the days when there was somebody else making the decisions; you were "it" – the vet in charge! Depending on where you did your EMS, you will be to some degree unconsciously incompetent. Another definition of EMS is "seeing practice"; if it's more that and you haven't had opportunity to conduct consultations, you may have remained unconsciously incompetent.

When most people first enter practice, there is a sudden realisation of being incompetent; that’s when you’re consciously incompetent. Everything then tends to be by-the-book, step-by-step, until you become consciously competent; then, with practice, routine procedures become easier, steps become second nature and you’re suddenly unconsciously competent. That’s when things can go horribly wrong and you can head down that slippery slope to becoming unconsciously incompetent again!

Commentators spoke about a momentary lapse of concentration leading to Croatia's winning goal. The England team may not have conceded that goal, had that momentary lapse not happened at a time when they were tiring and under pressure. That’s when mistakes tend to be made and you get punished! Good defenders identify what’s wrong and deal with it quickly.

You will inevitably sometimes find yourself in very tricky situations – we regularly deal with very emotive situations and clients. Given a heightened situation, that word or phrase that would normally not cause any issues may suddenly cause offence. How we deal with those situations tests our communication skills.

A client may verbalise an offence or it may be seen in their body language. You need to acknowledge what you have done, in terms of causing the upset; genuine empathy never goes amiss. You may need to enquire what it is you said or did that caused offence. “I’m very sorry, but I appear to have really upset you. Please tell me what it is I’ve done.” When empathising, it’s always best to overstate what you perceive the level of emotion involved to be. Once you have sensed and acknowledged the client’s emotion, they’ll have no need to continue to express it.

The other area individuals are reluctant to approach is offering apology. It need not be an admission of liability, and clients often cite it as something that, had it been expressed, would have prevented them from registering a complaint. Apologising for the situation you find yourselves in, or for the fact that the outcome fell short of what was expected, is not an admission of liability. Adding “it was all my fault”, however, is best avoided, and could be taken as that admission of liability we all want to avoid.

Although retired from practice, Geoff Little is still actively involved in the profession. His positions within the VDS Training Team and as president of Vetlife bring him into close contact with practice team members of various ages and positions.
Twenty years is a long time to be a vet. My cohort of graduates has just reached that anniversary. It is approaching half a lifetime for us. If you take the number of years it took you to learn to potty train, feed yourself, walk, attend primary school and secondary school, get A levels and complete vet school, and add all that up, toddler years and all, then that’s almost equal to the time we have spent vetting.

A group of 40-somethings gathered to celebrate 20 years since we graduated together. And I use the word celebrate deliberately, not just because we obviously partied (and it was a party, not an “event”, if anyone from Cornwall County Council is reading this, as a party does not need a licence) but, in the main, we seemed a reasonably successful bunch and broadly positive about the 20 years we had spent at it.

This was in stark contrast to how I was feeling a few months ago when, as regular readers will know, I had had enough. It also seemed in contrast to the general mood you get from the profession via the press and online communities – that of dissatisfaction and frustration with the job, and people leaving the profession.

I tried to find out if anyone of our cohort had given it up, and only came up with one name. This may have had something to do with the selection process, which seemed to value practical experience and character as well as the requisite high A levels.

Many of us had stories of driving to the university after better or worse A level results than expected arrived in the summer, being interviewed by the admissions tutor and being given a verbal offer there and then.

Back then, the general aim of graduating was to go into mixed practice for a few years to see what we wanted to do later on. I hear that now, many students have a career path mapped out by final year that includes internships, residencies and postgraduate certificates. And, generally, not doing any out of hours; ie following in the footsteps of their lecturers and not doing what most vets end up doing – being a GP.

That also was a point of much diversity amongst the group – out of hours. One city vet’s eyes nearly popped out of her head when I told her I worked 1:5 on call. I was equally surprised that they expected clients to collect hospitalised animals, deliver them to an out of hours centre and collect them again in the morning. I have just built a new practice to accommodate overnight nursing. We have had holidaymakers using us who, at the end of the day, ask, “Where do I have to take him overnight?” and have been overjoyed to know that their pet is staying where it is and being looked after by the same team.

Amongst our number we also had someone who had recently opened a new practice from scratch and was doing most of the out of hours single-handed. Practice growth will eventually dilute the rota, but it was good to hear that single vets can still start from nothing and succeed. His current problem was finding vets to employ. This was not so much a problem for our smartly dressed Londonite, who flew in for the day and runs a small group of high-end, beautifully designed and presented practices in London with no out of hours.

To list other stories briefly, we had: an academic; a beef, sheep and TB testing practice owner from Ireland; an equine surgeon; numerous small animal vets; and many practice owners (including two women practice owners but by far the minority compared to overall numbers), with representatives from three major corporates and joint venture partners all with surprisingly positive stories to tell.

I have left most people’s names out of this article but a last mention must go to Keith Leonard. He asked me to get seven double entendres into this article. I said I doubt I’ll manage seven but I’d try to slip one in if possible. He also recounted a story which I think could sum up our group and its largely successful career trajectory from first year vet students to 20 years qualified, with many of us now owning or managing practices.

Keith was asked to speak at a large joint venture corporate conference about why he originally chose to become a joint venture partner and about his success, as he now runs several thriving joint venture partner practices. He summed up by saying: “I had worked in many jobs over the last number of years and done lots of locum work, too. I became tired of working for dickheads. Well, I’m the dickhead now.”

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Now, many students have a career path mapped out by final year
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