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NEW

Shaping the future of animal health
Having been the editor of Veterinary Practice for a month now, and having officially received my degree as of mid-September, I am settling into the role and loving every minute. The magazine has seen some big changes behind the scenes, with myself as the new editor and moving to Improve International (you can read more about this on page four), but the magazine will remain unaffected and I hope you will continue to enjoy its content.

This month, our focus topic is bovine diseases. Tim Potter discusses managing the steady spread of Mycoplasma bovis infections and Katharine Denholm’s piece sheds light on bovine respiratory disease investigations in calves.

More highlights this month include Anita Patel’s piece on cutaneous lupus erythematosus, in which she describes the diagnosis, treatment and management of the autoimmune disease. Also in the small animal section, Caroline Burke discusses the current obesity epidemic in companion animals, and you can learn about the role nurses can play in managing otitis externa.

In the large animal section this month, we spoke to Phil Elkins about the ways artificial intelligence could change farm practice. Richard Gard writes about lameness and cattle standards as discussed at the Total Dairy Seminar 2019.

The October equine section features a column by new BEVA president Tim Mair. Here, he discusses their new antimicrobial survey, the aim of which is to better understand the use of antibiotics in equine practices. Last month was the BEVA Congress 2019, and in this month’s magazine you can read a report on Tim Brazil’s talk about dealing with unexpected equine deaths. John Periam also reports on the latest in assisted reproductive techniques, specifically ovum pick-up, performed by vets at the Sussex Equine Hospital.

Learn about Agria’s Age Amnesty initiative which will give older animals access to lifelong insurance.

Finally, Laura Higham discusses the importance of veterinary leadership in sustainability in parallel to the launch of Vet Sustain, a new online sustainability platform for veterinary professionals. Veterinary Practice magazine is proud to support.

“Laura Higham discusses the importance of veterinary leadership in sustainability”

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**Vets call for no-deal Brexit to be taken off the table**

The BVA is calling for no-deal Brexit to be taken off the negotiating table following detailed analysis of the potential impact on animal health and welfare.

The new position, agreed at BVA Council on Thursday 19 September, builds on BVA’s ongoing role in informing members and stakeholders about the challenges and opportunities presented by Brexit. BVA has not taken a position on leave or remain.

Commenting, BVA President Daniella Dos Santos said: “Our analysis of a no-deal Brexit found that there could be very serious consequences for animal health and welfare, trade and our veterinary workforce.

“Although a lot of work has been done by Defra and a range of regulatory bodies to prepare, we are not convinced that enough has been done to mitigate the potential negative impacts.

“We remain deeply concerned that we won’t have the necessary workforce for veterinary export certification, that the loss of markets for trade could lead to overstocking and significant welfare problems or a cull of healthy animals, that border problems may hold up the supply of veterinary medicines, and that millions of pet owners still don’t know if they will be able to travel with their animals.

“We have also raised concerns that new trade deals could compromise the UK’s high animal health and welfare standards, and that the government has still not enshrined animal sentience into UK law.

“A no-deal Brexit would leave the UK with no time to transition and adjust with worrying outcomes for our colleagues, our clients and the animals under our care.

“This is not a political position on leave or remain, but a pragmatic approach based on the available evidence. We urge the government to take the prospect of no-deal off the table.”

**Improve International adds events and publishing to complete its veterinary education offer**

Improve International, a global leader in veterinary CPD, is to extend the range of learning formats it offers to veterinary professionals to include conferences and publishing.

Improve, already known for its modular postgraduate certificate programmes and short courses, is to take over the delivery of the popular regional veterinary conferences, VetsSouth and VetsNorth, from 5m Publishing, a division of Benchmark Group, Improve’s parent company. Improve will also move into publishing with the launch of a range of textbooks for delegates on its certificate programmes. It will also take on the management of monthly veterinary title *Veterinary Practice*.

Improve’s range of textbooks have been designed to offer additional support to its delegates as part of Improve’s blended learning approach. The company says that they will complement the lectures, practical sessions and online resources offered on its programmes, encouraging delegates’ retention of information through self-directed learning. They will also provide a useful reference source for other veterinary surgeons and support their daily practice.

**RCVS to review “under care” and 24/7 cover**

The RCVS has published details about its plans for a wide-ranging review of its guidance to the veterinary professions on “under care” and out-of-hours emergency cover.

The review was recommended by the RCVS Standards Committee following its exploration of the implications of new technologies for both animal health and welfare and veterinary regulation. The areas under consideration include the provision of 24-hour emergency cover and the interpretation and application of an animal being under veterinary care.

The initial stages of this review had been drafted for Standards Committee to consider at its meeting on 9 September 2019, where the outline timetable was also discussed.

Commenting on its significance, Standards Committee Chair, Melissa Donald, said:

“This is set to become one of our most fundamental reviews of RCVS guidance in recent years. Considering the complexity [and importance] of the issues in question... it is vital that we allow ourselves enough time to ensure this review is as thorough and comprehensive as possible.

“We have a clear responsibility to seek, understand and, where we can, accommodate the opinions and experiences of as many different people from within and around the professions and the public as possible. I would urge my fellow vets and vet nurses to please find some time to consider these issues very carefully over the coming weeks and months, and to send us their views.”

The BVA has welcomed the plans. Simon Doherty, BVA President at the time, said: “We’re very pleased to see that the details of this major review have been set out in a comprehensive and timely way. The concept of ‘under care’ and the future role of telemedicine are very live topics within the veterinary profession at the moment, and BVA is making it one of our key priorities over the next 12 months to gauge our members’ views and further develop our own position on these areas.”

The progress of the review can be followed via the RCVS website at: rcvs.org.uk/undercare
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New BVA President Daniella Dos Santos to champion diversity

Simon Doherty concluded his year as BVA President with his final presidential address to over 100 delegates at BVA Members’ Day at the Brangwyn Hall in Swansea, Wales. In his speech, as well as welcoming his successors, Simon looked at some of the highlights over the past year, which included more joined-up working between government and the veterinary community.

He said, “We are in an unprecedent-ed period of change, challenge and uncertainty. What is clear, however, is that team vet is a small but hugely passionate and valued profession that will equip itself as well as it can to support animal and public health and welfare in the months ahead.”

Simon will continue on the BVA Officer team as Senior Vice President. During BVA’s AGM, small animal and exotics vet, Daniella Dos Santos, was elected BVA President for 2019/2020. Staffordshire-based farm and mixed animal vet, James Russell, was elected Junior Vice President and will join Daniella and Simon on BVA’s Officer team for 2019/2020.

Daniella graduated from the Royal Veterinary College in 2012, after having completed a degree in molecular genetics from King’s College, London. She has worked in small animal and exotics practice in various locations in the South East, most recently as principal exotics and small animal vet at Parkvets Hospital, Kent. She is also studying towards a certificate in Zoological Medicine.

A highlight of Daniella’s year as Junior Vice President (2018/2019) has been the launch of the #TimeForChange campaign. The campaign was initially inspired by BVA’s work on confidence and motivation in the profession in 2018, undertaken with the University of Exeter, as part of the Vet Futures project. This year the focus has been on discrimination and improving the veterinary workplace for everyone in the team.

Daniella plans to continue this work next year and has announced that the theme for her presidential year is #VetDiversity, which builds upon past presidents Simon Doherty’s and John Fishwick’s themes of “One Veterinary Community” and “Team Vet – Working Together”, respectively. The theme encapsulates BVA’s ongoing work championing vets working in a range of roles and from a range of backgrounds and their commitment to promoting the development of an inclusive and welcoming profession for everyone.

Commenting on her appointment, Daniella said: “I am very proud to be a member of the small, but invaluable, veterinary profession and honoured to have been elected as BVA President. I’ve really enjoyed my year as Junior Vice President, getting to grips with the many challenges and opportunities facing the profession in the current political climate. I look forward to representing and championing all members over the coming year and I’m excited to continue our work encouraging and celebrating diversity and inclusiveness across our profession.

“Vets are such wonderful advocates for the animals in our care and I’m keen to ensure we are also advocates for our own welfare and well-being. The veterinary world is changing and we have a perfect opportunity in that change to create a profession that is welcoming and supportive of everyone.”

MMI and BSAVA launch new emotional resilience courses

The RCVS Mind Matters Initiative (MMI) and the BSAVA are launching new emotional resilience courses, with the first course taking place in November 2019.

Titled “Emotional Resilience for the Veterinary Team”, the one-day courses are free to BSAVA members and are designed to equip participants with an understanding of the role that emotional resilience plays in protecting our mental well-being.

“Emotional resilience is mainly a learned behaviour; however, our level of resilience is not static, and we can take steps to increase our resilience and reduce our risk of developing mental health issues including clinical depression. This new programme is suitable for those who wish to increase their own resilience and develop the ability to help others,” says RCVS MMI Manager, Lisa Quigley.

“It is important to note that building resilience, particularly within the veterinary professions, is not about telling people that they should ‘put up’ with bad work environments – we are aware that so many veterinary practices take steps to ensure supportive and positive work environments for their teams. It is instead about giving individuals the tools to support and enable them to cope with the challenges that the veterinary professions bring – and this is what these new courses aim to do.”

Part one of the course focuses on emotional resilience, particularly within the veterinary professions. Part two of the course focuses on the life skills of highly resilient people including listening, using strategy to solve problems, managing emotions, building social capital and knowing how to access help.

To find out more and to purchase tickets, visit: bsava.com/Education/CPD/Resilience
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BEVA introduces coaching scheme to give graduates a leg up

BEVA is supporting the careers and well-being of new graduates with the introduction of a coaching scheme. Launched at BEVA Congress on 13 September 2019, the “Leg Up” programme pairs graduates with experienced equine vets for career support. The project, which has been driven by BEVA President Renate Weller, is being trialled over the next 12 months before being rolled out more widely.

“All professionals, but especially new graduates, need support in navigating their journey through their chosen career,” said Renate. “With the veterinary industry’s rapidly changing landscape and rising concern around well-being, consistent support and guidance have never been more relevant.”

The “Leg Up” programme gives BEVA’s equine practitioners the opportunity to develop their coaching and mentoring skills via workshops, discussion forums and online toolkits. Having been trained by a specialist mentoring professional, the coaches will be paired with recent graduates. Once paired, the coaches will provide guidance and support to help their graduates explore the foundation years of their careers.

Coaching is open to BEVA concessionary members who have graduated within the past three years. They will be able to self-select a preferred coach on a first come first served basis from the “Leg Up” profile page on the BEVA website.

To find out more and to sign up for the programme, visit: beva.org.uk/Careers/Leg-Up

Congratulations to winning BEVA Congress exhibitors

Three outstanding exhibitors at this year’s BEVA Congress (11 to 14 September 2019) were given special awards for their creative use of stand space. BEVA delegates voted for the winners of the competition, which was sponsored by Veterinary Practice magazine.

Boehringer Ingelheim won the Veterinary Practice Best Large Stand Award, the Donkey Sanctuary won the Veterinary Practice Best Shell Scheme Stand Award and Swissvet won the Veterinary Practice Best New Exhibitor Award.

The awards were presented by BEVA President (outgoing) Renate Weller, Veterinary Practice editor Amelia Powell and Veterinary Practice sales manager Nic Catterall.
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Vets awarded in celebration of achievements

Several awards were made to vets across the profession at BVA Members’ Day. These included BVA awards for outstanding contributions to veterinary science and services to the profession in the UK and in developing countries, travel awards for veterinary students and recent graduates and contributions to BVA Council.

- The Dalrymple-Champneys Cup and Medal for work of outstanding merit, considered to be BVA’s most esteemed scientific award and to encourage the advancement of veterinary science, was awarded to David Noakes in recognition of his outstanding scientific contribution to the field of veterinary reproduction and obstetrics.

- The Chiron Award, presented by BVA for outstanding contributions to veterinary science or to the profession, judged in either case as being of a standard commanding international or inter-professional recognition, was awarded to Abdul Rahman in recognition of a long list of contributions to the global veterinary profession, and as a champion for advancing animal health and welfare standards worldwide.

- The Bleby Cup was awarded to South Lanarkshire vet Emma Callaghan in recognition of her outstanding contribution to BVA Council, particularly in relation to small animals and issues affecting Scotland.

- The Harry Steele-Bodger Memorial Scholarship was awarded to Surrey vet Lydia Hudson for her project working with farmers in Kenya around the use of antibiotics on-farm and how understanding of these influences the use of antibiotics within herds.

- BVA Overseas Travel Grants were awarded to Bishani Wickrama for a study of the welfare of captive Asian elephants in Sri Lanka, Emily Freeman for the study of co-infection relationships between livestock and wildlife in rural Kenya, Julia Dahm for a research project into the epidemiology of fleas in smallholder livestock in Southern Malawi and Kate Toland for her research project into the conservation implications of inter-annual variation in reproductive phenology and season body condition of wrinkle-lipped, freetail bats in Cambodia.

This year’s keynote speech was delivered by Chiron Award winner Professor Abdul Rahman. His talk looked at the efforts to gain political support and regional cooperation for dog vaccination programmes in Asia and focused on the need for joined-up working between public health, veterinary, livestock and animal welfare agencies.

Nominations for 2020 RCVS Honours and Awards now open

Nominations are now being accepted for the 2020 RCVS Honours and Awards, celebrating the achievements of veterinary surgeons, veterinary nurses and laypeople who are doing extraordinary work for the benefit of animal health and welfare, the veterinary professions and public health.

The college is seeking nominations this year for all six of its awards, all of which will be presented to the successful nominees at Royal College Day 2020, which will take place at One Great George Street in July 2020.

To make a nomination, visit: r cvs.org.uk/honours. The deadline for nominations is 10 January 2020. All awards will be conferred at Royal College Day 2020.

Veterinary Photographer of the Year winners announced

Two companion animal vets have wowed judges and secured first place in their respective categories for the fourth annual BVA Veterinary Photographer of the Year competition. The 2019 contest saw over 400 applications from vets from across the profession with an interest in and passion for photography.

In the "All Creatures Great and Small" category, Jennifer Dykes, a small animal, Nottinghamshire based vet, took the top spot with her misty morning image of two sheep seemingly in conversation at Castlerigg Stone Circle in the Lake District. She called it "Conversations at Dawn (Sheep at Dawn Lakes)."

In the "One Veterinary Community" category, Laura Caballero Pastor, a small animal vet from Gateshead, won first place. Her photograph depicts a veterinarian helped by the community to vaccinate a dog against rabies in Nepal. She named it "One shot, two lives" and said that the photo was taken during a project where she was part of a veterinary team working with the community to neuter, treat and educate on managing dog populations for rabies and other diseases.
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How will the agricultural industry in the UK be affected post-Brexit?

The UK’s agricultural sector rakes in £122 billion to the British economy, employs one in seven people and fuels the thriving food and drink sector, all the while being able to boast that it upholds some of the highest food, hygiene and animal welfare practices in the world.

Although generating great success, the stability of agriculture post-Brexit hangs in the balance of veterinarians and farmers – both of which face unprecedented challenges to their workforces when the immigration rules apply to EU nationals in 2021. This is because free movement has fuelled both sectors with an influx of talent to plug its shortages with 90 percent of veterinarians and 75 percent of other abattoir staff originating from abroad.

The result of the EU referendum only served to exacerbate existing workforce shortages in the veterinary sector, which now sits between 10 and 15 percent. Yet when faced with the bleak prospect of the UK visa system – and wading through the complex and costly system to do so – the veterinary industry was plunged into uncertain territory.

Vets added to the Shortage Occupation List

Only this May has the government alleviated concerns by announcing that vets will be added to the Shortage Occupation List (SOL), as advised by the Migration Advisory Committee (MAC). Veterinary surgeons were once on the SOL but were removed in 2011 as the “recruitment channel available within the EEA” fulfilled demand. Now that the route is closing on 31 October, putting vets back on the SOL is the least the government can do to protect the sector.

One of the advantages of being featured on the SOL is that applicants benefit from a visa discount. However, the waiver is marginal to say the least: vets will save only £292 when applying for a Tier 2 work visa and will still need to cough up £2,000 for the immigration health surcharge in order to access the NHS, £928 per child and dependent as well as £19.20 per person to register biometric information. This doesn’t include lawyer fees or having an application handled by pricey outsourcing firms or the compulsory English language test.

Visa applications need to be renewed every few years too, including the additional fees and English tests. However, applicants via the SOL route will not need to be offered a job with a salary of £30,000 to surpass entry clearance, nor will they need to earn £35,000 in order to remain in the country five years later to qualify for settlement (indefinite leave to remain). SOL visa applicants are also prioritised over other visa applicants while employers do not need to waste time by advertising their vacancies locally for 28 days first, known as the “resident labour market test”.

Other concerns for vets

Although definitely a step in the right direction, the government could do with incentivising visas for migrants and increasing homegrown vets in the country.

The industry has suffered from recruitment difficulties – long before the EU referendum – due to dwindled interest among UK students which has only been compounded further by a lack of vet schools and courses. The MAC report even goes as far to claim that the “lack of trained veterinarians within the UK is a deeper issue” than Brexit.

Fortunately, new veterinary courses are set to begin in September 2020 to tackle this emerging problem in a joint effort by Keele and Harper Adams universities. Only recently, the government unveiled the post-study work visa for 2020/21 which grants international graduates a two-year grace period to find work before being subjected to the immigration rules, which could boost the veterinary sector with an influx of fresh new talent.

However, even with ramped-up efforts to attract students to the sector, the Food Standards Agency warns critical work conducted in abattoirs rarely piques interest in British citizens, especially those who go on to study veterinary science as few choose slaughterhouse work in their chosen career paths. The RCVS further estimates that 22 percent of academic staff training undergraduate vets in the country either graduated from an EU university or are EU-born. Any barriers to EU academic staff post-Brexit will also have a knock-on effect for the veterinary sector.

No relief for farming

The government has decided against offering any similar crumbs of relief or training initiatives to the veterinary sector’s partner industry, agriculture. Farm workers will not benefit from any discounts and will be burdened with the near-impossible task of meeting the £30,000 income requirement. This is despite the fact that 40 percent of staff on UK farms are recruited from the EU which rises to 58 percent on poultry farms during Christmas time.

The Home Office is currently piloting a Seasonal Agricultural Scheme to mitigate the inevitable shortages; however, the scheme only recruits 2,500 non-UK workers for a period of six months, which is a drop in the ocean to the 60,000-odd workers the sector needs every year. Farmers are now advocating that the government increases this figure to 30,000 for the second half of the pilot for more realistic results.
Ideally, the scheme will prove successful and will become a permanent route for farm workers after Brexit. If not, the only way agricultural staff will be able to enter the country is through a 12-month temporary visa which restricts workers to a yearly placement in which they cannot bring children or family with them, switch employer or even return to the UK for a “cooling off” period of another year.

In the absence of low-wage visa routes and with the implementation of time-restrictive placements in which migrants are tied to specific employers, anti-slavery charities caution that the schemes pave the way for increased human trafficking and, ironically, increased illegal migration as farms and other sectors desperately patch up vacancies with workers wherever they can get them.

Animal welfare in jeopardy
Spiralling the sector into despair even further is the looming prospect of a no-deal Brexit and a UK–US trade deal. Any trade deal with the US makes for illegally produced and far cheaper meat with poor hygiene and animal welfare standards on UK supermarket shelves, which would decimate many UK farms which are unable to keep up. A report released on 14 August 2019 similarly warns no-deal could bring the end of British farming. Launched by “Farmers for a People’s Vote” – who also recently herded a flock of sheep in protest outside Whitehall – and former chief economist of the National Farmers’ Union (NFU), Sean Rickard, the report warns over half of UK farms could be forced out of business if the UK divorces the bloc without a deal. The NFU claims the remedy to no-deal would be to deregulate the industry, which would be a bitter defeat for animal welfare, warns the RSPCA, with chlorine-washed chicken, ractopamine pork and hormone-enhanced beef “much closer to being a reality”. A no-deal Brexit would also spike the demand of Official Veterinarians by 225 percent at the border which, even with the SOL, would be difficult to overcome.

To be realistic about safeguarding the sector and protecting animals, the government must extend its commitment by adding farming roles to the SOL – or by at least creating a more flexible route for lower-paid workers. Without doing so, workforce shortages coupled with a bad Brexit trade deal and increased tariffs shake the very foundations of the sector’s success. As one farmer warns, “selling out British farming could end up being the legacy of Brexit” in which animal welfare, sadly, becomes the collateral damage.
A no-deal Brexit could impact equine health and welfare

A panel at BEVA Congress 2019 discussed their thoughts on the forthcoming event

Fears about the potential impact of a “no-deal Brexit” cast a cloud over the debate at BEVA Congress 2019 on the international role of equine practitioners.

With less than six weeks before the proposed date for the UK leaving the EU, speakers warned of the likely consequences of a failure to reach agreement on a new trading relationship with the rest of Europe on horse owners and the health and welfare of their animals.

If the UK becomes a third country operating under World Trade Organization rules in its dealings with former EU partners, this would have a significant impact on horses. They are transported internationally more than any other domestic species, warned Roly Owers, chief executive of World Horse Welfare.

Currently, there are around 18,000 movements annually between the UK and Continental Europe and thousands more across the border with the Republic of Ireland. But the current tripartite agreement between the UK, the Irish Republic and France, which facilitates international travel, cannot continue if the UK assumes third country status.

UK Chief Veterinary Officer Christine Middlemiss said that there had been some progress on the arrangements for horses registered with the international racing and polo authorities but it seemed unlikely that there would be similar rules with breed societies or through stud books.

A further issue would be the limited number of border inspection posts for any domestic species entering the EU from third countries. There may be no direct route for horses to enter the Netherlands from Britain, for example, and this would mean horses being inspected at French ports before moving on to the eventual destination, adding to the length and complexity of the journey significantly.

Roly was concerned about the quality of lairage facilities in the event of horses being held for long periods due to problems with the owner’s documentation, especially during the high summer months. He warned that it was essential to revise the current transport regulations to set a 12-hour limit on the length of journeys that horses undertake and for this period to include any time spent in lairage.

Christine explained the detailed planning that the government is undertaking as part of its Operation Yellowhammer examination of worst-case scenarios for trade. This is including attempts to identify “choke points” in the movements of any domestic species. This will attempt to find alternative routes and avoid the concerns expressed by Horse Trust chief executive Jeanette Allen that problems in verifying documents “will turn the roads of Kent into a lorry park”.

Renate Weller, then BEVA president, cautioned colleagues against becoming too UK-centric when assessing the problems resulting from Brexit. She felt that her fellow Europeans were becoming tired of the British government’s “shenanigans” and that the Dutch authorities were unlikely to set up separate border inspection facilities purely to serve UK interests. “Who is going to pay for this?” she asked.

Another issue arose with the import of medicines, as an estimated 94 percent of products originate from, or contain ingredients produced in, EU member states. Jeanette was worried that this would increase treatment costs for UK animals and have adverse effects on equine welfare. Both Renate and Roly agreed that the continued uncertainty over the arrangements for the UK’s trade in veterinary medicines with Europe was a serious concern.

Therefore, RCVS past-president Stephen Ware urged BEVA officers to lobby hard to maintain the supply of vital equine medicines just as it has done successfully in past years to prevent analgesic drugs being taken off the market due to the horse’s role as a food animal in other EU states. However, he argued it was more likely that a no-deal Brexit would result in temporary perturbations in trade rather than a genuine shortage of particular products. BVA president Simon Doherty agreed that this was more likely and that veterinary practitioners will have an important role in encouraging their clients to take prompt action in securing supplies of any medicines needed by their animals “rather than waiting until they are down to the last pill.”

There was some evidence of silver linings when examining the gloomy skies that have appeared in the run up to Brexit. Christine Middlemiss noted that there is now a greater appreciation in the UK government of “what vets do and the value that they add in their work in trade and public health.”

Renate had also detected a greater resolve among the international veterinary organisations to come together in trying to solve shared problems. The extra workload that practitioners will face after Brexit is also likely to inspire creative solutions to the resulting time pressures, including closer engagement with allied professions, such as veterinary nurses, she said.
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Accepting change

Life is unpredictable and impermanent, but that doesn’t have to be a bad thing

Which Nhat Hanh once said, “it is not impermanence that makes us suffer. What makes us suffer is wanting things to be permanent when they are not.”

You and the life you lead are constantly changing. Nothing is permanent. This is one of the major teachings in Buddhism. If we can accept that everything in life is transient, then we can learn to “let go” of clinging to stable and predictable external sources for our happiness.

Because we feel more secure when we have a sense of predictability, we develop a great capacity for denying a simple truth: that nothing stays the same. Then the unpredictability of life shows us that even if we do everything “right” and exercise every precaution, we can still face unexpected loss.

When this happens, if we haven’t learnt that everything in life is impermanent, the shock of negative events can throw us into a cycle of sadness and depression from which it’s hard to emerge.

Your inability to avoid change may make you angry, sad and frustrated. It can be hard to let go of the false belief that the only way to achieve happiness again is to regain what’s been lost. Even when you know you can’t reverse the situation, you may agonise over this reality.

It is worthwhile to remind ourselves of this as we face adversity and when negative emotions overwhelm us. Most of us will experience profound grief when our loved ones die. Many of us will feel sadness, pain and anxiety over a breakup of a relationship, failure of an exam or loss of a job. Emotional pain and stress are inevitable when we lose a patient or cause a serious complication at work.

Considering these possibilities doesn’t have to be morbid or morose. It can be the impetus for change within us. There’s no denying that each of us will experience challenges to our well-being over which we have no control. If we are able to face these situations knowing that nothing is permanent, then we are more likely to appropriately handle and overcome them.

In reality, this is asking a lot of ourselves. We rely on some continuity in our lives and some predictability in order to be able to relax. If we can minimise our need for these certainties, we will be able to flow with life’s changes in a happier state of mind.

For managers, we should have enough empathy to realise that our employees are often resistant to change.

Yet, in the current climate, where every practice is being rebranded, bought by another practice or, in my case, being bought by a brand who was then bought by an even bigger brand in the space of six months, those who can’t handle change are lost.

A root cause of resistance to change is that employees identify with and care for their practices. People fear that after the change, the practice will no longer be the practice they value and identify with. The higher the uncertainty surrounding the change, the more they anticipate such threats to the workplace identity they hold dear.

New leadership that emphasises what is good about the envisioned change and bad about the current state of affairs typically fuels these fears because it signals that changes will be fundamental and far-reaching.

Counterintuitively, then, effective change leadership has to emphasise continuity: how what is central to “who we are” as an organisation will be preserved, despite the uncertainty and changes on the horizon.

At the same time, mental health well-being seminars for staff will support them through the changes and teach them to embrace the fact that impermanence doesn’t have to be feared.

Just as negative events are impermanent, so are positive ones. Realising this is important to constructing a balanced perspective. Becoming aware of the impermanence of all situations can fuel one’s passion for relishing and mindfully appreciating the good moments of life.

Rather than viewing these situations as inevitable, one can begin to see them as the precious gifts that they are.

So, if the sun is shining and you have a great coffee in your hand, pause. Stop to appreciate how awesome that moment is. Breathe in that gorgeous weather and feel the sun’s heat penetrate your body. Admire, smell and really taste that coffee. Take a moment.

If your day is going well, embrace it. It won’t last. If you’re having a rubbish day, be aware of yourself. It won’t last.
Management of chronic enteropathies

Can oral B12 tablets be used to treat hypocobalaminemia in dogs?

You are treating a dog with chronic enteropathy (CE) and have identified hypocobalaminemia. You recommend a course of parenteral cobalamin but the owner is reluctant. They are concerned about the discomfort of injections, the stress of hospital visits and the cost. The client asks if cobalamin tablets, otherwise known as vitamin B12, can be given instead of injections. You decide to explore the literature to give advice on the subject.

Cobalamin is necessary for the methylmalonyl-CoA mutase system. Deficiencies can result in the production of methylmalonic acid (MMA), which in turn may affect the ability to digest particular fats and proteins. Previous studies have shown that over a third of dogs with CE have hypocobalaminemia, and a quarter of these have elevated levels of MMA.

Dogs with chronic enteropathy display typical gastrointestinal signs such as vomiting, diarrhea, inappetence and weight loss, as well as subtler signs, including borborygmus, abdominal pain and nausea.

Since hypocobalaminemia has been shown to be a negative prognostic indicator, it has been recommended that all dogs showing signs of chronic gastrointestinal disease should have their cobalamin levels assessed. Levels below 200ng/L are associated with an increased risk of poor outcome, while normocobalaminemia has been described as serum levels of 252 to 908ng/L. In the evidence analysed, cobalamin is supplemented once levels are below 285ng/L, as this represents the lowest 5% of the reference range.

The common treatment regime is to inject cobalamin once per week for six weeks, with a follow-up injection of hydroxycobalamin four weeks later, at a dosage of 0.25 to 1.25mg/dog, depending on body weight. Some dogs require long-term treatment, such as weekly injections.

However, this protocol and dosage regimen is based on clinical experience and expert opinion, rather than on substantial evidence. Furthermore, it has proved insufficient in certain cases, notably in the report of one dog who remained severely hypocobalaminemic at day 90, suggesting the recommended parenteral protocol did not adequately supplement cobalamin.

Tablets or injections?

In one study appraised in the Knowledge Summary, dogs were split into two groups by random allocation and either treated with cobalamin orally or parenterally. Though dogs were given a range of doses and sample sizes were small, this study showed promising results that the oral group had similar results to the parenteral group.

While cobalamin levels in dogs treated by injection were higher at day 28, their levels had dropped by day 90. This suggests that monthly injections of cobalamin may not be sufficient at maintaining cobalamin levels in some dogs. Further studies may be needed to determine frequency of injections after the initial course.

By contrast, serum cobalamin levels in those treated with tablets were increased at day 90 compared to the parenteral group, suggesting daily oral supplementation may be preferable long-term to the current parenteral protocols. In addition, serum cobalamin levels post-treatment surpassed the reference range for normocobalaminemia – in one study, the median serum cobalamin level of the oral group at day 90 was 1244ng/L.

Another study demonstrated reduced MMA, indicating that oral and parenteral supplementation are effective at a cellular level. This supports the use of oral cobalamin supplementation in dogs with CE.

However, although it has been shown that both cobalamin and MMA concentrations have normalised in dogs with congenital hypocobalaminemia treated with oral supplementation, there was no significant change in homocysteine levels among the evidence analysed, suggesting the need for further studies in predisposed breeds.

In veterinary patients, tablets are more cost-effective and convenient, and cause the dog less discomfort, while parenteral treatment requires frequent visits to veterinary clinics, is costly and can be distressing for dogs and owners.

Practitioners are advised to read the full Knowledge Summary of the evidence in order to establish the most appropriate treatment for their patients:

bit.ly/hypocobalaminemiaKS
The case for veterinary leadership in food sustainability

How can veterinary professionals apply their unique skillset to become leaders in the sustainability challenges?

We are in the midst of the “livestock revolution” – an era of unprecedented growth in global farm animal populations, presenting profound environmental and ethical challenges to society. At a time of significant political flux and media attention that often demonises animal agriculture, now is the time for the veterinary profession to shed light on our vast and diverse contributions and opportunities in sustainability. The collection and reporting of economic, ethical and environmental (“3E”) outcome measures as part of a sustainability scorecard presents a new opportunity for vets to become “sustainability practitioners” and drive quantifiable improvements at farm level, to secure a food system fit for the future.

Animal production has been positively linked to human well-being and environmental health for centuries. In some regions, livestock grazing is among the few land use and livelihood options available, with 1.3 billion people depending on livestock for their livelihood, including 1 billion of the world’s poor (LID, 1999). Farming systems incorporating grasslands and silvopastures offer carbon sequestration, and nomadic pastoralism, holistic grazing strategies and mixed farming can deliver environmental benefits by promoting biodiversity and building soil fertility. Livestock are a unique asset to a farming family, representing a source of income, employment and nutrition, and providing draft power, fertiliser, fuel, clothing and building materials in some regions. Small amounts of animal protein can contribute substantially to the nutritional profile of our diets. These enduring links between people, animals and our shared environment are embodied in the concept of “One Health”.

But we are in an era of unprecedented growth in global farm animal populations – the “livestock revolution”, driven by our growing consumption of animal products. This trend shows profound environmental and ethical challenges, contributing to the anthropogenic pressures we are exerting on the earth’s “planetary boundaries” (Rockström et al., 2009). Animal agriculture uses more land than any other human activity, and existing systems of production are linked to the displacement of natural biomes, indigenous communities and land that has potential for producing human food crops. Agriculture has encroached upon natural habitats with repercussions on biodiversity – notably affecting the Amazon rainforest and Brazilian Cerrado in the pursuit of beef and soy production, but also in the UK. Hayhow et al. (2016) report a decline in 56 percent of British wildlife species since 1970, with agricultural intensification cited as the most significant driver of change.

Greenhouse gas emissions, pasture degradation, water use and water pollution through nutrient loading add to the significant environmental costs of some livestock production systems (Poore and Nemecek, 2018). Animal health and welfare, zoonotic disease and antimicrobial resistance linked to medicine use in livestock are significant concerns, particularly with economic pressures on supply chains to meet the increasing demand for cheap animal protein, through “sustainable intensification”. Furthermore, dietary inequality and over-consumption of saturated fats associated with animal products are contributing to a human obesity epidemic worldwide.

Our challenge as vets and informed citizens is to help to address this myriad of ethical and environmental challenges presented by livestock production, against a backdrop of economic pressures and volatility affecting farming livelihoods, whilst harnessing the multiple benefits of animal agriculture to human civilisation.

Definitions of sustainability
“Sustainability” fundamentally implies the long-term viability and stability of a system (Tlusty and Thorsen, 2016) and should incorporate the 3Es of food production previously discussed. Animal welfare is increasingly included in the ethics of sustainability, in recognition of its inextricable links to animal health, food safety and emerging consumer preferences (de Passillé and Rushen, 2005).

Vets as sustainability practitioners
As acknowledged in the Vet Futures report (2016), veterinary surgeons deliver a wide range of sustainability services to society. Firstly, vets are uniquely positioned to reduce waste in global livestock supply chains. One fifth of all livestock are lost to disease (Vallat, 2015), a situation described as “one of the greatest untold stories of food waste today”, and one representing a significant animal welfare impact, environmental footprint and financial loss.

Laura Higham
Programme Manager and Veterinary Consultant, FAI Farms

Laura Higham, BVM&S, MSc, MRCVS, graduated from the University of Edinburgh and worked in mixed practice in the UK and New Zealand. She then coordinated animal health and livelihoods projects worldwide for an animal welfare charity before joining FAI in 2014. Laura manages consultancy and research projects with food businesses.

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Indeed, the postulated need to double food production by 2050 is contrary to evidence that we already produce enough to feed 9 billion people if we tackle avoidable food wastage from farm to fork. Vets can also ensure robust advocacy for animal welfare in the sustainability discourse.

As another example, vets are custodians of several essential public goods for human health, including antimicrobial stewardship, food safety and food quality. As a profession, we are gatekeepers of prescription medicines and therefore play a central role in tackling antimicrobial resistance.

**Measuring performance in sustainability**

Despite the multitude of sustainability roles that are intrinsic in our day-to-day work, vets are not acknowledged as agents of sustainability by ourselves and by society. The many complexities and trade-offs between environmental, ethical and economic issues surrounding livestock production may in fact be sources of debate and contention between us, and therefore must be considered objectively to inform concerned action and decision making at local and global level.

The answer may lie in scientific outcome measures – quantitative indicators of the impacts of livestock production systems and standards, which can equip farmers, suppliers, retailers, vets and other stakeholders with a common set of measures to monitor and evaluate the sustainability of agriculture over time (Figure 1). 3E outcome measure scorecards should be developed, collected and shared with farmers and supply chain intermediaries to ensure relevance and practicality, and to secure support by all stakeholders. Regular analysis and feedback can identify the farming practices with positive and negative impacts across the 3Es, driving continuous improvements. As vets and sustainability practitioners, we could coordinate the development and deployment of 3E scorecards in livestock supply chains.

**Applying an outcome measures approach**

Retailers, food service companies, assurance schemes and the post-Brexit government are likely to request greater visibility of health, welfare, productivity and environmental data at farm level. By taking ownership of outcome measure data collation, we can not only capitalise on an emerging commercial opportunity, but take a leading role in a data-focused approach that is urgently needed to drive progress. By doing so, we can champion the systems of livestock production and management that optimise animal welfare and farm performance, and devise solutions to minimise the ethical, environmental and economic costs.

The provision of environmental advice to farmers alongside paraprofessionals is an opportunity for diversifying veterinary surgeons and practices – here we can learn from aquaculture veterinarians, to which environmental consultancy is fundamental. Based on outcome measure data, farm-level consultancy by coordinated, multidisciplinary teams on elements such as sustainable feed and forage, water and waste recycling, wildlife conservation and the fulfilment of environmental aspects of assurance schemes and post-Brexit support payments could significantly reduce the environmental footprint of UK livestock production.

Vets have a professional mandate to take decisive action on antimicrobial usage and stewardship in agriculture. Although vets are contributing to industry positions, for example through the Responsible Use of Medicines in Agriculture Alliance (RUMA), we could arguably take more action as individual professionals to monitor our antimicrobial usage as part of a sustainability scorecard, and unite behind an agenda on reducing, replacing and refining antimicrobial usage. This is an opportunity to underline our expertise in preventative health, and design and promote husbandry systems with animal well-being at their core.

**Conclusion**

Sustainability challenges present fascinating opportunities to employ the sort of interdisciplinary enquiry that is familiar to vets. As a profession largely trusted and respected by the public (Vet Futures, 2016), we have the platform from which to advocate the farming systems that optimise animal welfare, farm performance and environmental stewardship, to influence consumer choices. We also have the platform to advise at local, national and global level on some of the bold and disruptive systemic changes in animal production that would help us to balance the economic, ethical and environmental impacts of our food system. When we adopt a scorecard approach to monitor 3Es outcomes, I trust we will see vets driving new norms in livestock farming – in production systems, genetics and environmental practices – that will strengthen and future-proof our food system.

A full reference list is available on request

This article is published for the launch of Vet Sustain, the new online sustainability platform for veterinary professionals. Find out more at [vetsustain.org](http://vetsustain.org), and email [vetsustain@hotmail.com](mailto:vetsustain@hotmail.com) to join the mailing list.
Running a practice is more than a full-time job. It’s several jobs. Fortunately Simplyhealth Professionals can support your practice with improving client loyalty and growing your practice business, giving you that time to focus on being a vet.

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“Our health plans is the backbone of the practice to be honest. It’s the only way veterinary practices can grow in the future... it goes without saying that client compliance has improved. Most of our vets recommend regular care and now the client side (of compliance) is almost guaranteed as they are collecting treatments every month”

Tony Duffy
Principal Vet - Abbey Vet Group

If I was starting a new practice now, I would always want Simplyhealth’s support. It really is the only way to grow a practice.”
Getting ready for firework season

Preparing clients so they can help minimise fear and anxiety in their pets

**CAROLINE CLARK**

Caroline Clark, RVN, Dip.AS (CABC), ABTC Registered Clinical Animal Behaviourist, Cert.Ed., qualified as a veterinary nurse in 1989 and has worked in mixed general practice and as a lecturer. She also studied companion animal behaviour at the University of Southampton and is a full member of the APBC.

Ear responses to loud noises is a common behaviour problem in dogs yet it largely goes undiagnosed. Owners do not realise that the condition can be treated, so do not seek professional help until days before bonfire night when there is a steady stream of clients wanting medication for their dog. Cats tend to be under-represented, probably because they deal with stress in a different way, so owners do not recognise the signs. Yet, they too can be affected by sound sensitivities which can impact on their welfare.

Veterinary staff are well placed to provide useful advice during the firework season. They can encourage owners to follow treatment plans to enhance animal welfare and minimise fear and anxiety in their pets at this time of the year.

**Managing the environment**

Create a safe haven well ahead of the event

This should be in a place that the pet usually retreats to at times of distress. Commonly this is under a piece of furniture but an open crate may be used. Taking cover in a bolt-hole is a coping strategy so advise owners against pulling them out. Enhance the area by draping a heavy blanket over the sides to deaden the sound and provide blankets and towels for digging and hiding under. Setting up food trails, scent and find games and activity feeders will provide mental enrichment and positive associations with the den.

As well as hiding, some cats cope by using 3D space. Cat trees with integrated retreats and upturned cardboard boxes with entrance cut-outs can provide safety zones.

**Pheromone therapy**

Dog-appeasing pheromone is associated with increased safety and security. Research shows that using Adaptil Calm (Ceva) in the location of a hide increases its use. Owners should therefore be advised to use it during training and throughout the firework season. Similarly, Feliway Classic (Ceva), the feline facial pheromone (F3 fraction), has been shown to help cats cope during a challenging event and increases security in the home. These products are very much part of a plan to help a pet cope better but they are unlikely to provide a cure when used alone.

**Human-animal interactions**

Whilst stress often results in escape and hiding behaviours, some dogs will seek the company of their owner. Advice to “ignore them”, because of the potential for reinforcing fearful behaviours, is more likely to cause greater distress. Emotions cannot be reinforced so providing some reassurance may help relieve stress. Once the firework season has passed, work should begin on behaviour modification to encourage better coping strategies in the long term.

Loud, low frequency sounds are difficult for cats to localise so they tend to show behaviour inhibition by hiding and keeping very still until the threat passes. Cats picked up at this time can exhibit a panic response and inflict serious injuries. Owners should be advised against such action.

**Medication**

Dexmedetomidine oromucosal gel (Sileo by Zoetis) is currently the only product approved by the European Medicines Agency and Food and Drug Administration for treating canine noise aversion. However, it has no amnesic properties and is required to be given between the gum and cheek, making it difficult for some clients to administer. As such, advice should be provided.

Acepromazine (ACP) was traditionally the drug of choice and some owners still ask for “the little yellow pill”, but this drug has disadvantages. It blocks motor responses yet sensory perception is left intact, can lead to behavioural disinhibition and increases sound sensitivity.

Evidence is limited on the efficacy of nutraceuticals and other non-conventional products so it is important that the veterinary team are knowledgeable about recommendations made. Nevertheless, some may have a place as part of a balanced approach. For example, alpha-casozepine (Zylkene by Vetoquinol) has been shown to reduce anxiety in cats and ADAPTIL Express tablets (Ceva) were shown to rapidly decrease signs of fear in dogs scared by fireworks.

**Long-term help**

The veterinary team should be proactive in following up cases when the event is over to ensure that the long-term problem is addressed. Desensitisation and counter-conditioning over an extended time period, although time consuming, has an excellent prognosis with the right treatment regime. Owners must be directed to a suitably qualified behaviourist or a member of the team with knowledge and a special interest in behaviour.

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DogsTrust has teamed up with vets Sarah Heath and Jon Bowen to provide Sounds Scary – sound effects to help with behavioural treatment programmes – available free of charge: [dogstrust.org.uk/help-advice/dog-behaviour-health/sound-therapy-for-pets](dogstrust.org.uk/help-advice/dog-behaviour-health/sound-therapy-for-pets)
Agria’s “Age Amnesty” is returning for two months; find out how this campaign will help older pets across the UK

How old are the oldest pets that visit your practice? At Agria, we’re very proud to have Tiggy, a 21-year-old cat, and Jasper, an almost 20-year-old Jack Russell on our books!

Sadly, many senior pets don’t have insurance, which, of course, can lead to real problems as and when health issues arise as they become older. Most insurers exclude pets from around the age of eight from new policies, so there’s not usually much that can be done to help an older pet that’s uninsured – even though for many pets, this upper age limit kicks in when they’re only halfway through their lives.

Agria’s “Age Amnesty” returns this October and November to address the problem. During this two-month period, dogs, cats and rabbits of any age can access a full lifetime insurance policy from Agria.

Nick White, head of veterinary channel at Agria Pet Insurance, says, “We are always overwhelmed by the support we receive from the veterinary community for Age Amnesty. Lack of insurance options for owners of older pets is a real issue for the owners, pets and vets involved, often resulting in serious implications financially and in terms of treatment options.

“Our offer of lifetime insurance with no upper age limit means that owners of more senior pets can overcome these barriers and benefit from a great sense of peace of mind over their animal’s health throughout their later years.”

While many pets live a healthy younger life, getting cover in place before an animal has an accident, becomes ill or develops a condition typically associated with middle–older age can be life-changing. For example, should a cat or dog develop diabetes at the age of nine and live to be 14, assuming treatment costs are approximately £2,500 per year, managing the condition without insurance could cost the owner £12,500.

Robin Hargreaves, vet lead at Agria Pet Insurance, backs the campaign: “Some animals can be lucky and seem almost bomb-proof when they’re younger by not needing much in the way of veterinary care. Of course, we know that it’s later in life, particularly with chronic diseases, when things can start to go wrong – so having insurance is a huge help.

“For owners, it’s the reassurance that their pet can access the veterinary care they may need for problems connected with old age, and for the pet, getting this care can mean a much happier and more comfortable retirement.”

To highlight this autumn’s Age Amnesty campaign, and the need for insurance for more senior pets, Agria Pet Insurance has produced a video to demonstrate the importance of older pets in owners’ lives. Featuring Joseph, an older man who lives alone, the video shows how his world has transformed since adopting an older dog, Cindy.

Joseph was drawn to the prospect of adopting an older dog, to avoid the puppy and younger dog phase, but had some initial concerns over the possible vet bills that could arise from having a senior pet. However, as Joseph was reassured that he’d be able to take out a lifetime policy with Agria. As older pets adopted from Agria’s rehoming partners benefit from a permanent Age Amnesty, Joseph was given the confidence he needed to adopt his new companion.

Cindy is the perfect dog for Joseph, still with the energy to join him on walks in the stunning Yorkshire countryside, but is calm and relaxed at home. As the video shows, Cindy is enjoying her new life with Joseph as much as he loves having her in his.

Age Amnesty runs from 1 October to 30 November 2019. To help your clients find out about it, get in touch with the Agria Vet Team for a poster to display in your practice. Contact your local Business Development Manager or call the Vet Team on: 03330 30 83 90

For more information about how Agria Pet Insurance supports veterinary practices visit: agriapet.co.uk/vets
Feather plucking in parrots

Can enrichment keep birds physically and psychologically healthy?

An article in the *Scottish Daily Record* (2019) brought to light the damage that parrots can do to their feathers if they are anxious, stressed or unhappy. In this news story, two zoo-housed macaws with severely damaged feathers and bare skin had been brought together in a new home to try to provide them with new opportunities for positive behaviours – in the hopes of the birds forming a pair bond and rearing a chick. Such “damaged” birds are unfortunately not that uncommon in public and private collections. Feather-plucking behaviour (Figure 1) has a complex aetiology but with compassion and care, expert veterinary advice and sound husbandry knowledge, birds can gradually recover and feathers can grow back.

There are many factors that can trigger the onset of feather-plucking, including the personality of the individual, contact time with owner, enclosure size and style, underlying pathological conditions, rearing experiences, social grouping or social isolation, environmental parameters and restriction to behavioural diversity. Many excellent reviews of the causative factors of feather damaging occur in the literature including Garner *et al.* (2003), Speer (2014), who discusses the importance of wild ecology to solving behavioural problems in companion birds, and Greenwell and Montrose (2017), who specifically focus on one of the commonest of companion parrots, the African grey parrot (*Psittacus erithacus*). In cases where a bird is feather plucking due to boredom or a lack of an outlet for normal behaviour patterns, enrichment can be used to encourage a wider behavioural diversity (Figure 2). Whilst enrichment for captive parrots is always to be encouraged and should be provided (Rodríguez-López, 2016), it can be a challenge to completely alter behaviour by providing enrichment alone.

Foraging tasks have been shown to provide an outlet for behaviours that reduce feather plucking in individual birds that are prone to this damaging activity (Figure 3). Research by Lumeij and Hommers (2008) has identified that prolonging foraging times for African grey parrots improves the plumage condition of birds that originally performed chronic feather plucking. These authors provided parrots with a complete pellet diet in a pipe feeder that a bird had to manipulate to get food. These birds were compared to a control group that had pellet given in an open bowl. The parrots that had to extract their diet from the pipe feeder had an increased time spent on foraging and showed a decline in feather-damaging behaviour. These authors note that the feather condition of feather-plucking parrots improved significantly with every extra hour that a bird can spend foraging.

Whilst increasing foraging time seems important to improving parrot welfare and the use of enrichment to do this might sound straightforward, it can be logistically quite tricky to have a big impact on foraging behaviour in this manner. Therefore, other forms of enrichment need to be considered too. Van Zeeland *et al.* (2013) show that a range of foraging enrichments tested on African grey parrots significantly increased foraging time, but none of them enabled parrots to demonstrate the same number
of hours spent foraging that would be performed by free-living birds. The enrichments used were each designed to add complexity to parrot foraging activity, by increasing the spatial distribution of food, increasing the extraction time of food, increasing food processing time or increasing the time needed to search for food. Increasing the extraction time of food and increasing food handling by providing larger food particles are the most effective ways of encouraging parrots to spend more time foraging, with some birds performing 2 to 2.5 times more foraging activity compared to when not enriched. Socialisation, companionship and interaction with parrots in captivity may be just as important as increasing foraging time so that birds do not resort to feather-damaging behaviours to fill their time.

Finally, research by Mellor et al. (2018) shows how by using a behavioural ecology approach to welfare issues, we may better understand their causation and therefore provide more targeted and effective treatment. Targeted environmental enrichment for a specific individual with a specific trigger for feather-damaging behaviour is one such effective treatment. The study evaluated feather damaging and other abnormal repetitive behaviours in birds alongside “Tinbergen’s Four Questions”. The four questions are different levels of analysis of behaviour that describe proximate explanations (causation and development) and ultimate explanations (function and evolution) of an animal’s behaviour (Tinbergen, 1963; Figure 4). By applying these four questions to parrot feather plucking, we can: identify what triggers (both external and internal) control the behaviour’s performance (causation), determine what life history, physiological and experiential influences there are on feather plucking (development), understand whether a coping strategy is the reason for feather plucking (function) and evaluate any heritable traits or genetic predisposition to feather plucking that explain its performance (evolution). As welfare assessments are best performed on an individual level, such an ecological and evolutionary approach can allow practitioners (vets, behaviourists, pet counsellors) to get to the root cause of feather damaging on a case-by-case basis.

A full reference list is available on request
Rabbit haemorrhagic disease 1 and 2

Diagnosis and treatment of the highly contagious viral disease

Rabbit haemorrhagic disease (RHD) has regained attention recently due to a new strain causing outbreaks across the United Kingdom, Europe and the rest of the world. The virus is difficult to eliminate, highly contagious and difficult to diagnose.

History and classification

RHD was first identified in China in 1984, where a highly lethal strain of calicivirus killed more than 140 million rabbits within the space of a year (Abrantes et al., 2012). The disease first spread to Korea, then to Italy in 1988 and from there to the rest of Europe via the fur and meat trades. The disease was even identified as far away as Mexico within four years of the first reports in China (Gregg et al., 1991).

The causative agent of RHD was identified in the early 1990s as rabbit haemorrhagic disease virus (RHDV) from the Caliciviridae family (Ohlinger et al., 1990). This has been further classified as a single-stranded RNA virus of the genus Lagovirus (Green et al., 2000). In 1991, the Czech strain of RHDV was released onto Wardang Island off the coast of South Australia as a biological control for wild rabbit populations. By 1995 the virus had spread to the mainland where it decimated rabbit populations, with a fatality rate estimated up to 95 percent (Mutze et al., 1998).

Several strains of RHDV now exist following mutations of the original calicivirus. The most recent strain is RHDV2, becoming widely talked about in the veterinary community. RHDV2 was first identified in France in 2010, affecting rabbits already vaccinated for RHDV. Affected rabbits showed similar clinical signs to those seen with RHDV; however, clinical signs developed more slowly, and emergency vaccination took longer to reduce mortalities when compared with previous RHDV outbreaks (Le Call-Reculé et al., 2013).

Transmission

RHDV is hardy in the environment and difficult to eradicate, with studies from New Zealand showing that it can survive outside for up to three months within a rabbit carcass (Henning et al., 2004), which poses a transmission threat via scavenging predators. The virus is not inactivated by freezing or by temperatures of up to 50°C for up to an hour (Harcourt-Brown, 2018).

Transmission can be via live animals or fomites. In live animals, routes of transmission include conjunctival secretions, oral and nasal secretions and parenterally (Abrantes et al., 2012). This means that any bedding, food or water bowls and any items coming in contact with affected rabbits are a possible vector for spread. Insect vectors have also been shown to spread RHDV, via their own secretions (Asgari et al., 1998), posing a serious threat for spread of the disease. At the time of writing, the carrier status of rabbits recovered from RHDV1 and RHDV2 is unknown.

Clinical signs

The incubation period for RHDV ranges from 24 to 72 hours, with affected rabbits usually succumbing within 36 hours with a pyrexia of greater than 40°C. There are four main presentations of RHD: peracute, acute, subacute and chronic. Peracute presentations often manifest as sudden or unexpected death (Abrantes et al., 2012).

Acute presentations are characterised by anorexia, lethargy and the sudden onset of neurological signs such as opisthotonus, ataxia, paresis and sometimes excitement. Respiratory signs can be seen including dyspnoea and a foamy, blood-tinged nasal discharge (Marcato et al., 1991). Haematuria and bloody vaginal discharge may also be seen (Harcourt-Brown, 2018). Subacute infections often have milder clinical signs with rabbits recovering without incident, leading to seroconversion and therefore protection from reinfection (Patton, 1989). Chronic presentations are seen less commonly and result in rabbits showing signs of lethargy, anorexia and jaundice (Figure 1), with most succumbing to the disease one to two weeks after the onset of clinical signs (Abrantes et al., 2012).

Clinical signs of RHDV2 are similar but often have a lower mortality rate as subacute infections are more common with RHDV2. Signs are more likely to manifest as chronic weight loss and jaundice (Le Call-Reculé et al., 2013).

Diagnosis

Ante-mortem diagnosis is difficult due to the non-specific clinical signs. Biochemistry can show an elevation in liver enzymes, coupled with hypoglycaemia, azotaemia, hyperbilirubinemia and hyperlipidaemia (Kerr and Donnelly, 2013). Elevation in liver enzymes and jaundice seen in chronic cases can be explained by the virus’s predilection for hepatocytes where viral-induced apoptosis results in acute hepatic necrosis (Alonso et al., 1998). Liver biopsy can...
be performed for polymerase chain reaction (PCR) testing; however, the risk of fatal haemorrhage due to hepatopathy should be considered. Serology can be performed on animals that have recovered from subacute infections as they will develop high antibody titres (Kerr and Donnelly, 2013).

Most cases are diagnosed on post-mortem, where typical lesions include a pale, friable liver, splenomegaly, foamy tracheal exudate and unexplained haemorrhage within any organ (Harcourt-Brown, 2018). Histopathology usually shows an acute, necrotic hepatitis and haemorrhage, splenic lymphocyte depletion and congestion within a number of organs (Kerr and Donnelly, 2013). PCR of blood, urine and faeces can often yield false negative results; however, definitive diagnosis is via PCR testing of fresh or frozen liver samples, as the liver is a target organ for the virus (Abrantes et al., 2012).

**Differences between RHDV1 and RHDV2**

Rabbits under the age of four weeks tend to have natural immunity to RHDV1 which wanes as they approach 10 weeks. If they are exposed within this period, they develop a lifelong immunity. This natural immunity has not yet been shown to be present for RHDV2 (Harcourt-Brown, 2018). RHDV1 has been shown to only affect rabbits; however, RHDV2 has been identified in a number of hare species in Sardinia, Italy, Spain, France and Australia (Bell et al., 2019).

**Treatment, control and vaccination**

Currently, no specific treatment exists for RHD, although experimental treatment with melatonin or cardiotrophin has been shown to improve patient outcomes (Tunon et al., 2011 and Laliena et al., 2012). Supportive care, including feeding, fluids and treatment for secondary complications such as gastrointestinal stasis, should be administered and strict quarantine should be implemented for affected animals. The prognosis for affected rabbits is guarded.

All rabbits suspected to have RHD should be isolated from all other susceptible rabbits with separate cleaning and feeding supplies. If the rabbit is hospitalised, any attending staff should be wearing full personal protective equipment, including gloves, gown and shoe covers as a minimum (Figure 2). Disinfection following a suspected or known case of RHD should be carried out using a viricidal disinfectant known to be effective against feline calicivirus.

Vaccination is available to protect against RHDV1 and RHDV2 (Figure 3). Nobivac Myxo-RHD, available in single-use vials, is licensed for use in rabbits from five weeks of age and provides immunity against myxomatosis and RHDV1 for one year’s duration. Filavac VHD K C+V is available as single-use, 50-dose and 200-dose vaccinations, licensed for use in meat rabbits from 10 weeks of age and provides immunity for RHDV1 and RHDV2 for a one year duration. Eravac emulsion for injection for rabbits is available as single-use vials, is licensed for use in rabbits from 30 days of age and protects against RHDV2 for nine months’ duration. A combination of vaccinations can be administered to fully protect rabbits; however, based on manufacturer recommendations, a two-week gap should be observed between vaccinations (personal communication, 2019).

Suspicion of RHD should be based on vaccination status, clinical signs and known exposure. When the disease status is unknown it is best to quarantine and barrier nurse the patient until a diagnosis has been reached. It is important to ensure that rabbit owners are educated and aware of RHD and the measures that can be taken to prevent the spread of this disease.●

A full reference list is available on request

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**FIGURE (1)** Jaundice of the sclera of a young rabbit that was later diagnosed with RHDV2 (2) Barrier nursing with full PPE of a patient with unknown disease status (3) Nobivac Myxo-RHD and Eravac are both licensed for pet rabbits and when used correctly together can provide full cover for RHDV1 and RHDV2, as well as myxomatosis.
Tackling the obesity epidemic

How do we manage the growing numbers of overweight companion animals?

CAROLINE BURKE

Caroline Burke, BSc, RVN, qualified as an RVN in 2008 from the University of Bristol. She worked in practices across the UK and Australia before joining Royal Canin in 2012 as a Veterinary Business Manager. Since 2016, Caroline is now Royal Canin UK’s Weight Management Specialist.

Latest research shows that 66 percent of dogs and 39 percent of cats are overweight or obese, meaning that vets and nurses are more likely to see a patient with a body condition score (BCS) of six or above (on a nine-point scale) than one at ideal weight and shape (BCS 4-5).

In response to the growing numbers of overweight and obese patients, the BSAVA released its position statement, recognising obesity as a disease in cats and dogs and encouraging both veterinary surgeons and owners to be “proactive in addressing obesity and its consequences, in order to improve the health and welfare of pets”.

Consequences of obesity

The links between obesity and increased incidence of other conditions such as joint disease, diabetes mellitus, urinary disease, skin disease and tumours are well documented. It is no surprise then that research has found that owners of overweight cats and dogs spend more on healthcare costs than owners whose pets are at an ideal weight. However, what some owners may not be aware of are the hidden costs associated with obesity.

Overweight cats and dogs may have a reduced life expectancy, with studies indicating that it may be as much as two and a half years less in overweight dogs, and just under two years in cats (Figures 1 and 2). By encouraging these owners and their pets to undertake a weight management programme, we can help them live longer, healthier lives.

Owner education

In a recent survey by the PFMA, 67 percent of owners admitted they are not concerned about obesity, whilst 68 percent of owners think their pet is exactly the right size. However, owners often misperceive their pet’s body condition score, with studies highlighting they are more likely to underestimate the BCS of an overweight pet. The first step in the patient’s weight management programme is therefore to help the client recognise their pet is overweight.

For veterinary professionals, BCS is not only a basis for diagnoses and calculating the cat or dog’s ideal weight but crucially provides a method of guiding and communicating to the pet owner to understand the impact of this disease on their pet. The now well-established nine-point BCS model has been further adapted by Royal Canin to include six dog morphologies and one cat morphology (Figure 3), to make communication about obesity even more specific.

Once the client has recognised their pet is overweight or obese, they can be referred to a weight management clinic, where they can receive additional support to help their pet reach their ideal weight and shape.

Focus on energy intake

To encourage the management of overweight and obese cats and dogs, a vital area of focus for weight clinics should be reducing calorie intake.

A detailed history of the pet’s current diet and eating habits should be taken. Using a food diary or questionnaire at the outset will provide valuable information and can be very helpful for owners to document their pets’ food history and begin to understand the impact of extra calories.

Given the nature of obesity and how drastically calories need to be cut to induce weight loss, it is no wonder that a major concern for owners is that their pets will be hungry and the impact this will have on begging behaviour.

Human studies show that some foods are more effective than others in reducing hunger, and foods high in protein, fibre, carbohydrates or water are the most satiating. Results

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FIGURE (1) Overweight dogs have a reduced life expectancy of up to two and a half years (2) Overweight cats have a reduced life expectancy of just under two years
from a trial performed by Weber et al. (2007) indicated that a diet containing high protein and high fibre had a greater satiating effect than either protein or fibre alone.

In a series of studies, Seriser et al. (2014) demonstrated that using air to increase the volume of dry dog food decreases energy intake and increases meal duration in ad libitum fed dogs. The exact reason for this was not fully understood, but the suggestion was that an increased meal volume resulted in a longer meal duration, allowing a greater time for release and effect of gastrointestinal hormones.

To this end, feeding a specifically formulated weight management diet (such as Royal Canin Satiety) is recommended and has been shown to support safe weight loss and reduce begging behaviour.

Long-term management

Once the patient has reached their ideal weight and shape, how can we help them maintain this long term?

Weight regain after a successful weight loss programme is common in cats and dogs. In fact, the results of a 2012 study suggest that nearly 50 percent of dogs who successfully complete a weight loss programme will regain weight. This is because the energy requirements needed to maintain an ideal weight and shape post-weight loss are lower than the energy requirements of cats and dogs who have never been obese. It is therefore recommended that patients remain on their weight management diet long term in order to prevent weight regain.

Risk factors for obesity

Given that these patients will face a lifelong challenge to maintain their ideal weight and shape, it is vital that veterinary professionals start to identify those at risk of obesity as early as possible. Common risk factors for obesity such as breed, sex and neutering are well documented, but what other risk factors are there?

In a letter to the editor in 2018, Alex German highlighted the prevalence of obesity in growing dogs, with 37 percent of dogs less than two years of age classified as overweight or obese.

In a 2017 paper, Leclerc et al. (2017) found that Beagle puppies with a high BCS at seven months of age were more likely to develop obesity as an adult, which indicates that similar to humans, a major risk factor for obesity in adulthood is obesity during a young age.

As with their adult counterparts, reviewing calorie intake is important in helping prevent obesity in puppies and kittens. Ensuring owners are feeding an appropriate diet and volume of food for the age and life-stage is recommended. Measuring cups are commonly used by owners; however, studies have highlighted the inaccuracies of measuring cups, with results ranging from under-feeding by 20 percent to overfeeding by 80 percent. Using digital food scales is always recommended, in particular for growing cats and dogs where inaccuracies due to smaller feeding volumes can be greater.

Putting a treat strategy in place is also vital as these are commonly used in training for kittens and puppies. However, many owners don’t realise the amount of additional calories these treats equate to. It is recommended that treats make up no more than 10 percent of a pet’s daily food ration, and providing advice on low calorie options can help prevent excess weight gain. It is suggested to use part of their daily food allowance or use half a treat rather than the full one.

Monthly weight consults for kittens and puppies are therefore recommended to educate owners on how to maintain a healthy growth curve for their pet and allow for early intervention when necessary.

Summary

Obesity is a complex disease and one that presents clear health and welfare issues for cats and dogs. By promoting a healthy weight and shape at a young age, as well as having a strong practice protocol in place for weight management, practices can help owners make long-term changes that benefit their pet.

A full reference list is available on request.
Cutaneous lupus erythematosus

Managing the canine autoimmune disease

ANITA PATEL

Cutaneous lupus erythematosus is an autoimmune disease which encompasses a group of clinical entities: localised and generalised discoid lupus erythematosus (DLE), exfoliative cutaneous lupus erythematosus (ECLE), mucocutaneous lupus erythematosus (MCLE) and vesicular cutaneous lupus erythematosus (VCLE). These conditions are uncommon to rare and all require long-term treatment, often with drugs which can have serious adverse effects. Evidence-based treatment and management described in the literature is lacking for some forms of the disease. This article gives an overview of the different variants and the treatment and management options.

Discoid lupus erythematosus, also referred to as facial lupus erythematosus

Of all the variants, DLE is probably the one more frequently encountered in general practice. Generally, the lesions are confined to the nasal planum and the bridge of the nose. The condition is mainly seen in dolichocephalic breeds like the German Shorthaired Pointer (GSP), German Shepherd Dogs, Collies and Shetland Sheepdogs; however, many other breeds can also be affected. The condition is associated with, and also aggravated by, ultraviolet light. It is suggested that UV damage exposes novel antigens that lead to autoimmune and cytotoxic reactions.

Clinical signs

In the early stages of the disease, the nasal planum loses its cobblestone appearance. Depigmentation is a common feature (Figure 1). This is generally followed by crusting, scaling, erythema, erosions and ulcerations. Secondary infection is often present (Figure 2). Although in most cases the lesions are confined to the nose, the perocular areas and foot pads can also become involved.

Diagnosis

The diagnosis is confirmed on histology, where hydropic degeneration and apoptosis of the basal keratinocytes is seen. In addition, an interface dermatitis, with a lympho-plasmacytic cell infiltrate and pigmentary incontinence, is also present. It is best practice to take the biopsies only after mucocutaneous pyoderma has been ruled out.

Treatment

Topical tacrolimus ointment, or potent glucocorticoid ointment, is the first-line treatment for most cases. In cases with more extensive lesions, concurrent systemic treatment with ciclosporin, prednisolone or azathioprine can be given in the initial phase until remission, and then maintained on topical treatment. Sun avoidance is important in the long-term management.

Exfoliative cutaneous lupus erythematosus

ECLE is a chronic progressive condition, characterised by generalised scaling and crusting lesions. This condition has been mainly recognised in the GSP, where an autosomal recessive mode of inheritance has been identified. It has also recently been described in the Hungarian Vizsla (a breed which shares a common ancestry with the GSP).

Clinical signs

Most affected dogs are presented any time from 10 weeks of age with scaling and alopecia which involves the muzzle (Figure 3), pinnae and dorsal aspects of the trunk. As the disease progresses, crusting, ulcerations and secondary infections are seen. Intermittent pyrexia, peripheral lymphadenopathy, intermittent lameness and reluctance to move are seen in some cases. The condition can affect the reproductive function.
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Diagnosis
This is supported by histopathological findings of an interface dermatitis which involves the epidermis and the hair follicle infundibulum. T-lymphocytes target the dermoepidermal interface. Destruction of the sebaceous glands in some cases can confuse the condition with sebaceous adenitis.

Treatment
Overall this variant of lupus responds poorly to treatment and eventually most affected dogs are euthanised, because of poor quality of life. Various treatments to improve quality of life have been used with varying responses. They include a combination of tetracycline or doxycycline and nicotinamide, oral glucocorticoids, azathioprine, ciclosporin, leflunomide, mycophenolate mofetil and hydroxychloroquine.

Mucocutaneous lupus erythematous
MCLE is an ulcerative condition and, as the name suggests, has a mucocutaneous distribution. It has been described mainly in adult German Shepherd Dogs and their crosses; however, other breeds can also be affected.

Clinical signs
The main signs are symmetrical erosions and ulcerations affecting the mucosal sites of and around the genital (Figure 4) and anal areas. The periocular, perioral and perinasal sites can also be involved. If the anal and genital mucosae are involved, dogs exhibit signs of pain during defecation or urination. Crusting and hyperpigmentation are seen in areas where the ulcers have been present previously. Ulceration in the oral cavity has also been reported.

Diagnosis
The diagnosis is supported by histopathological findings of a lymphocyte-rich interface dermatitis, with apoptosis and hydropic changes of basal keratinocytes.

Treatment
Remission can be achieved with immunosuppressive doses of prednisolone and maintained using the lowest possible dose and frequency of the drug. Other immunosuppressive drugs such as azathioprine, ciclosporin and mycophenolate mofetil are alternatives to consider.

Vesicular cutaneous lupus erythematous
VCLE is seen in Shetland Sheepdogs, Collies and their crosses which suggests there is a strong genetic predisposition. Affected dogs are mainly middle-aged or older. Most cases appear to have a summer onset suggesting that exposure to UV light may be a triggering factor.

Clinical signs
It is a non-pruritic condition and in the early stages erythema and vesicles are seen; however, they rapidly slough leaving an erosive and ulcerative dermatitis. The distribution is mainly ventral involving axillae, abdomen, groin and medial aspects of the thighs. The lesions are often arranged in serpiginous or polycyclic configurations. Some dogs may show ulceration at mucocutaneous junctions and the oral cavity. Secondary bacterial infections are common.

Diagnosis
In addition to the history and clinical signs, the diagnosis is supported by the presence of a lymphocyte-rich interface dermatitis with hydropic degeneration of basal keratinocytes and apoptosis that is seen as intrabasal clefts and vesiculation.

Treatment
Responses to immunosuppressive doses of prednisolone (2mg/kg q24h), ciclosporin (5mg/kg q24h) and azathioprine (2mg/kg q24h) have been reported. The merit of each drug has to be assessed on a case-by-case basis. Avoidance of sunlight is important in the management of the disease.

Summary
Cutaneous lupus erythematous encompasses a group of autoimmune skin diseases, of which discoid lupus erythematous is the most likely one to be encountered in general practice.

There are strong genetic and breed predispositions for the diseases. Diagnosis based on history and clinical examination should be confirmed by histological examination of affected tissues. They require long-term management with topical and/or systemic immunosuppressive drugs and so careful monitoring is recommended.
The nurse’s role in otitis

Nurses can play an important role in the identification, diagnosis, treatment and management of otitis externa

Otitis externa, the inflammation of the external ear canal, is seen in approximately 10 to 20 percent of dogs and 2 to 6 percent of cats. Nurses can be of real value in identifying the disease and assisting the vet with its diagnosis, treatment and management.

Nurses play a role in early identification initially by recognising signs over the phone, but also in routine nurse consults by discussing ear health with the owner and selecting appropriate ear cleaners in conjunction with the vet to prevent its occurrence, particularly in predisposed breeds. The condition can also be identified in specialised nurse dermatology consultations as part of a skin work-up.

Nurses can also have an invaluable role in assisting the vet in making a diagnosis by gathering a detailed history in specialised nurse dermatology consultations, taking cytology samples and staining and analysing them, as well as taking swabs for culture and sensitivity if required.

Nurses can play an almost exclusive role in treatment once the vet has made the diagnosis. Many nurses already clean patients’ ears regularly for owners who cannot manage it themselves at home, and demonstrate to those owners who can how to perform this correctly. But they can also ensure compliance with ear cleaning treatment regimens, improving the chances of fully resolving cases of otitis and preventing reoccurrence. Nurses can provide education and support with involved and severe cases where a multi-step approach may be necessary and biofilms may be present. As well as this, nurses can assist treatment by carrying out ear flushes under general anaesthetic in cases where manual cleaning alone is not sufficient.

Finally, the nurse is essential in successful ongoing management as they can select and advise appropriate ear cleaners, either as a prevention in predisposed breeds, as a cure in cases caught in early onset or as a complementary treatment to antibiotic drops if selected by the vet. Nurses can also help compliance with treatment long term by educating owners about the importance of cleaning and monitoring, and providing long-term support to the pet owner.

By having an understanding of the primary, predisposing and perpetuating factors involved in otitis, nurses can play a crucial role alongside the vet in actively helping to eliminate secondary infection before it becomes an issue. But in cases where this has already taken hold, the nurse’s role in the short- and long-term treatment and management of this disease can be paramount to its success.
“Our decisions are only as good as the information we have”

Veterinary work is full of decision making. A typical shift is filled with quick-fire decisions involving patients, sometimes with complex complaints and multiple stakeholders. What is the best way of juggling our clinical appraisal of the patient and existing evidence, while taking into account owner preference and limitations of finance, availability and even palatability of various options?

According to behavioural economist Daniel Kahneman, decisions can broadly be split into two categories: fast and slow. Fast decisions are instinctive and emotional (sometimes hot-headed), with little effort and no sense of voluntary control. Decisions are often made based on unconscious bias, such as doing something because it worked last time, or dealing with a complaint happening in the waiting room. The slow system is deliberative and logical, allocating attention and time to evaluate variables and evidence, and make reasoned choices. This is more typical of patient work-ups, or the interview process for a new member of staff (cool, calm and collected).

Decision making will also be affected by pre-existing bias (whether conscious or unconscious). Bias can be a powerful ally when it guides us to quick-thinking problem solving. However, we have to be aware of its existence to check we’re making the best decisions.

Disappointingly, yet unsurprisingly, a research collaboration between the BVA and the University of Exeter showed gender bias is present within the veterinary profession. Employers were more likely to rate male candidates as better qualified and give them a higher salary than the female candidate. They were also found to be willing to invest more in the development of the male candidate.

How do we go about making the best decisions for our patients, staff and practices? The first key point is awareness of bias. The BVA study showed that gender bias is largely mitigated where it is perceived. Simply being aware of our inherent bias means we are able to address it. This relates to self-awareness and the ability to recognise our cognitive blind spots, whether others can see them or not.

Take your time and consider issues properly. There are many models for effective decision making: variations on a decision tree. These are great in principle, but who has time to implement them? Creating space to critically appraise clinical information is important, such as case reviews with colleagues. Decisions about a course of diagnostics or treatment for a pet are a shared decision with the owners, who will bring their own bias and their own resource limits of time, finance, health, circumstance and emotions. Sally Everitt’s PhD found decision making in veterinary practice is more a negotiated activity in comparison to human medicine, taking into account the animals’ and owners’ circumstances as well as biomedical information. Recent research has shown the shift in communication style between vets and clients from paternalistic to partnership.

Justifying decisions with evidence and recording our reasoning helps to address bias. Herein lies the value of CPD and case reviews with colleagues to build a solid evidence base as well as transparent and open employment practices. Our decisions are only as good as the information we have; more reliable facts reduce uncertainty. However, there is no such thing as “perfect” knowledge and endless evaluation can result in “analysis paralysis”, where we become indecisive and, consequently, ineffective.

Broadening our experience base, whether this is trying a new procedure or conversing with a wider diversity of people, challenges your status quo. Tiredness, stress and time pressure can lead to poor decision making and increased risk taking. A 2018 review by Baumister et al. noted the negative effects of these factors on the decision making of children in academic settings, hospital staff, judges and voters. Research by Kirchler et al. showed individuals are more likely to make risky choices under time pressure.

In the workplace, policies and procedures can be implemented to reduce the influence of individuals. This is where decision-making models are useful tools to guide processes and mitigate the influence of bias, for example during the interview process. Simple steps such as requesting CVs to be submitted where the gender is not revealed has been shown to reach more equal outcomes and reduce bias in shortlisting candidates.

There is no such thing as the perfect decision; even with our best efforts factors outside our control may thwart our efforts. There is a fine balance to strike with critical appraisal of available choices, versus time constraints and personal resources. The principles of being aware of and addressing bias, evidence gathering, effective communication, and appraisal and review of the decision-making process will help us to make the best decisions with the tools we have. Despite our perfectionist tendencies, a good decision is good enough. 🧠

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Mycoplasma bovis infections are on the rise

How do we manage the steadily spreading disease?

The organism can be carried asymptomatically, and the introduction of these subclinical animals is thought to be the primary means by which naïve herds become infected

Transmission
The organism can be carried asymptomatically, and the introduction of these subclinical animals is thought to be the primary means by which naïve herds become infected. Once present in a herd, M. bovis can be readily transmitted from infected to uninfected cattle. Transmission is reliant on close contact with aerosol being believed to be the main route of spread. In calves, infection can also occur via maternal contact and also infected milk. Fomite-mediated transmission has been demonstrated to occur and, whilst mycoplasmas are susceptible to desiccation and sunlight, M. bovis can survive for long periods in protected environments with the greatest survival in cool, humid conditions.

Diagnosis
Rapid and accurate diagnosis of M. bovis infections is compromised by the low sensitivity and some cases specificity of available tests and further complicated by subclinical infections and intermittent shedding.

M. bovis has been recognised as a pathogen in cattle for over 50 years, and in experimental infection studies it has been demonstrated to cause mastitis, respiratory disease and arthritis. In naturally occurring infections, M. bovis can be isolated in pure culture in cases of mastitis, arthritis, tenosynovitis, abortion, keratoconjunctivitis and pneumonia. In calves, M. bovis is the predominant pathogen isolated from the middle ear of animals with otitis media. Across both experimental and natural infections, variable disease expression is a key feature, which along with the limited sensitivity of some diagnostic methodologies has resulted in a number of knowledge gaps about this pathogen.

The absence of accurate prevalence figures makes economic analysis difficult, although it is clear that the costs of disease include reduced production, drugs and labour for treatment, death and culling losses as well as the financial impacts of implementation of diagnostic and control measures. Costs per case are typically high, relative to other pathogens. M. bovis can also contribute significantly to antimicrobial usage on-farm and was highlighted as a specific focus area for the Responsible Use of Medicines in Agriculture (RUMA) Targets Task Force Report.
Serology can be applied for surveillance or as part of a biosecurity protocol for buying in stock. For detection in clinical samples, culture can be used although it requires specialised media and extended incubation. The sensitivity of milk culture for diagnosis of Mycoplasma has been reported as being around 50 percent for bulk milk tank samples, and can drop to below 30 percent in individual cows with subclinical infections. Given the limitations of culture, PCR is the method of choice for Mycoplasma detection (Figure 1).

**Treatment**

Due to its lack of a cell wall, M. bovis possesses a natural resistance to penicillins and cephalosporins. In addition to this, its folic acid-independent metabolism gives it natural resistance to sulphonamides-trimethoprim. Theoretically effective products include macrolides, oxytetracyclines, fluoroquinolones and florfenicol with a number of products containing these active ingredients now licensed for treatment of M. bovis. However, the nature of the pathogen, including its ability to create biofilms, can reduce clinical response to treatment. The key to treatment success is early intervention, which requires client education to rapidly identify affected animals.

**Prevention**

The development of vaccines for M. bovis is challenging given its ability to change its antigenic make up and its relationship with its host. Autogenous vaccines have been used on some farms in the UK and we are now able to import a commercial M. bovis vaccine from the USA under the Special Import Certification system; however, the epidemiology of the disease can present additional difficulties when implementing vaccination programmes, with infections being acquired at a young age and the pathogen spreading rapidly after introduction.

In dairy herds, the best route for control and prevention is the maintenance of a closed herd. Buying from herds of known disease status is always recommended although it must be remembered that herds frequently do not know their Mycoplasma status. On units where the disease has been identified, control measures are aimed at reducing exposure of calves to the organism; avoid feeding whole milk to calves and if it is being fed it should be pasteurised before doing so. Batch pasteurisation of milk at 65°C for 10 minutes, 70°C for 3 minutes or high temperature (72°C) short-time pasteurisation will inactivate M. bovis.

Steps should be taken to minimise spread between calves, in particular good hygiene of the feeding equipment (Figure 2). Calves with clinical Mycoplasma shed very large numbers of organisms, so isolation of affected animals can help reduce the spread. In rearing units, instituting all-in all-out systems and avoiding the mixing of age groups can help control the disease. Pens should be disinfected between calves using an appropriate disinfectant. M. bovis is sensitive to heat as well as chlorine, chlorhexidine and iodine-based disinfectants.

The impact of M. bovis can be reduced by ensuring that all non-specific factors related to health are addressed; good colostrum management, nutrition and control of diseases such as bovine viral diarrhoea can all help limit the impact of M. bovis. Appropriate vaccination programs should be in place for respiratory viruses, as controlling other pathogens can help reduce the risk of M. bovis coinfections.

**Conclusions**

The management of M. bovis on-farm can present significant challenges. It is important that farmers are aware of the impact of the disease and are able to identify its clinical presentations rapidly. It is clear for farms that are unaffected the emphasis should be on preventing introduction through good biosecurity and stringent controls on purchasing stock. For herds where Mycoplasma is already present, steps should be taken to minimise spread and reduce the impact of the disease.
Bovine respiratory disease investigations in calves

How to diagnose, treat and prevent a respiratory disease outbreak

It is well known that bovine respiratory disease (BRD) can be a costly and time-consuming blight on any farming enterprise. Several pathogens and risk factors interplay in a BRD outbreak, making treatment and prevention challenging. Pathogens implicated include viruses such as bovine herpesvirus 1 (BHV1) (the causative agent of infectious bovine rhinotracheitis (IBR; Figure 1)), bovine respiratory syncytial virus (RSV) and parainfluenza 3 virus (PI3) with bovine viral diarrhoea disease (BVD) contributing to immune suppression, and bacteria (eg Mycoplasma bovis, Pasteurella multocida, Mannheimia haemolytica).

Although respiratory disease is most often identified as a cause of morbidity and mortality in post-weaning calves, pre-weaning heifers can also be affected.

This article aims to outline the main pillars of a respiratory disease outbreak investigation, focusing on a holistic and herd health-based approach.

Data analysis and history taking prior to the farm visit

Typically, veterinary advice is sought in the case of a higher than expected incidence of morbidity and mortality due to respiratory disease or perceived vaccine failure. More insidious production losses (such as poor growth rates) associated with respiratory disease often go unnoticed. A lot of information may be gleaned prior to a farm visit from good farm records, such as calf morbidity and mortality data, including age of calves affected and risk period, seasonal disease patterns, housing structure, maximum number of calves in any one housing structure at any one time, calf nutrition pre- and post-weaning, vaccinations and treatment protocols.

Be aware that disease recording can be very poor and available data for analysis prior to a farm visit can be limited. Be conscious that any information collected at a farm visit can be subject to recall bias and may be inaccurate. This is often an area for improvement.

Examining individual calves

Initial investigations should centre around clinical examination of individual calves. All animals should be examined where fewer than 20 animals are affected. In larger group sizes a representative sample of 50 calves can be sampled.

There are several available scoring systems to screen for respiratory disease in calves, the most common one being the Wisconsin calf health system (McGuirk and Peek, 2014). Animals are scored on a clinical scale based on nasal and ocular discharge (Figure 2), ear position, appetite, cough, demeanour and nasal and joint appearance.

An animal with a score of four or more is defined as clinically affected with BRD. Most clinical parameters can be established from outside the pens with minimal fuss and time spent on each calf. Often (in practical terms) clinical decision making regarding treatment is made on pyrexic rectal temperature (higher than 39.5°C or 103.1°F).

The scoring tool can also be used to examine the ability of the farm staff to detect respiratory disease. Ideally 85 percent or more of affected animals should be detectable by trained farm staff, but in reality, this target is seldom achieved without further education and knowledge. Early detection is key to treatment success and all too often chronic low-level respiratory disease becomes an acceptable part of calf rearing operations due to poor detection and treatment failures.

KATHARINE DENHOLM

Katie Denholm, BVMS, MVS(Epi), MRCVS, is a farm animal clinician at the University of Glasgow. She has a research interest in calf health and colostrum management. Katie is experienced in teaching farmers and other vets, motivating people to make changes to improve farm profitability and sustainability.

FIGURE (1) A six-month-old pedigree cow was brought into an endemic IBR herd which subsequently suffered from acute respiratory signs. At post-mortem severe pathological changes to the trachea were revealed (PCR positive to BHV1) (Photo credit to Mike Denholm, Clyde Vet Group) (2) A calf with mucopurulent nasal discharge from a farm with an endemic IBR problem.
Contains the same active ingredient as Alamycin® LA 300 (oxytetracycline) and Flunixin Injection (flunixin).

Hexasol does not contain the excipient DEA and can be used in food producing animals.

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While Wisconsin respiratory scoring can provide a useful "snapshot" of the prevalence of BRD on the day of an investigation visit, more regular, routine scoring of calves can have many advantages including: containing outbreaks within pens, providing an early opportunity for treatment intervention and determining cure rates to treatment.

Colostrum management
Colostrum management practices need to be thoroughly reviewed in any BRD outbreak. The three Qs of colostrum management are that calves should receive high quality colostrum in sufficient quantity as quickly as possible.

Calves should be fed 10 to 15 percent of their bodyweight of high-quality colostrum (more than 50g/L of IgG) within their first 6 to 12 hours of life. Since the abomasal capacity of a new-born calf is 2.5 to 3 litres, it may be necessary to split the feed between two separate feeds. Be aware that highly contaminated colostrum (especially colostrum contaminated with coliforms) can interfere with IgG absorption, so hygienic colostrum harvest and storage is important.

Housing evaluation and risk factor assessment
Poorly ventilated calf housing can result in aerosolisation of respiratory disease pathogens. Mixing of different age groups of calves can result in transfer of pathogens, particularly from older to younger less immunologically competent animals. Mixing of calves from different sources and high stocking densities may also be problematic.

Winter temperatures (particularly in draughty housing) can hamper growth rates, since feed rations are rarely tailored to account for this.

Basic biosecurity is important in any calf rearing facility including gloves, disinfectant and clean boots and clothing. Sick calves should ideally be contained, or if detected early enough, isolated in a separate airspace.

Further diagnostic testing
Once clinical parameters have been established, use the youngest age group of affected calves for further diagnostic testing. Animals with acute signs, representative of the group’s clinical picture, should be selected since sampling chronically affected animals will not yield useful results.

The aims of diagnostic testing should be decided beforehand. Be aware that therapeutic decisions often need to be made before results are available, for sick animals, but laboratory results may inform preventative decision making (such as on vaccination or housing) in the future. It is also important to discuss the cost of diagnostic testing before beginning.

Serum for failure of passive transfer testing
Total proteins of more than 5.5g/L in calf serum is indicative of adequate passive transfer. This is an indirect measure of serum IgG and is a simple and cheap option. Alternatively, a Brix refractometer can be used calf side to assess failure of passive transfer (Brix higher than 8.5 percent is indicative of adequate passive transfer).

Paired serology
Two serum samples can be collected at a 14- to 21-day interval to gauge antibody titre increases to respiratory disease pathogens. This can be a costly option and single sample serological testing is often employed in practice, although this option does not provide as clear a diagnosis. BVD check testing may also be prudent.

Nasopharyngeal swabs
If the aim of the investigation is simply to improve early detection and initiate a more effective treatment protocol, nasal swabs can be taken from six untreated calves with clinical disease. From each calf, two deep nasal swabs are taken for aerobic and anaerobic bacteria. One of the swabs is submitted for bacterial culture and the second is submitted for Mycoplasma bovis culture.

Bronchoalveolar lavage
Bronchoalveolar fluid collection from pre-weaned calves in a herd with respiratory disease can be an efficient way to characterise the type and severity of respiratory inflammation.

Post-mortem examination
Fresh mortalities or freshly euthanised calves can provide useful diagnostic information and an opportunity to examine all organs. Sometimes the problem is not respiratory disease at all!

Vaccination and treatment protocols
Investigation of calf respiratory disease outbreaks should also include a review of any vaccination protocol. At-risk calves can be vaccinated any time from seven days of age, depending on maternally derived immunity and whether respiratory disease is pre- or post-weaning. Intranasal and subcutaneous vaccinations are available. Sensitiser and booster vaccinations should be given strictly at the required time interval depending on the product used to ensure efficacy, as compliance is often poor.

Treatment for BRD often centres around antimicrobial therapy. The decision to treat entire groups of calves with antibiotics should not be taken lightly, particularly in the current climate of prudent antimicrobial use and compliance. Non-steroidal anti-inflammatory treatments are also often useful ancillary therapy.

Conclusions
A holistic approach to calf respiratory disease investigations takes time and attention to detail to ensure that nothing is missed. Client expectations should be managed and costs of diagnostic testing discussed. Basic epidemiological principles like morbidity and mortality incidences, age of onset and risk factors should not be overlooked.

References
A look through the latest literature

**Relationship between welfare and reproductive performance in French dairy herds**
Benedicte Grimard and others, National Veterinary School Maisons D’Alfort, France

Conditions such as lameness that affect the welfare of dairy cattle are also known to have a negative impact on the animal’s reproductive performance. However, most studies looking at the relationship between welfare and productivity have examined specific aspects of welfare rather than an overall assessment. The authors used the Welfare Quality Protocol consisting of 11 criteria and four principles (good feeding, housing and health plus appropriate behaviour) to assess the link between welfare and two key production parameters (calving to first service interval (CFSI) and calving rate (CR)) in 124 commercial dairy herds. They showed that CFSI was shorter in herds in the higher overall welfare category and there was a possible association between shorter intervals and the absence of injuries. There was no clear association between calving rate and overall welfare but CR was significantly higher in farms providing comfortable rest areas.


**Prospects for the eradication of bovine tuberculosis from the Irish Republic**
Simon More, University College Dublin

Although bovine tuberculosis in the Republic of Ireland has been in decline for many years, the number of reactors has remained steady. In 2018, the national government pledged to eradicate this condition by 2030. The author reviews the prospects for eliminating bovine TB from the Republic and whether the proposed timetable is achievable. He concludes that it will not be possible to meet this target by 2030 with the current control strategies plus a national programme of badger vaccination, arguing that additional measures will be needed. He also warns that decisions made now will have long-term implications for both the duration and cost of the control programme.

*Irish Veterinary Journal, 72*, 3 (open access).

**Breeding bulls as a potential source of bovine leukaemia virus transmission in beef herds**
Oscar Benitez and others, Michigan State University, East Lansing

Bovine leukemia is a viral condition usually transmitted by biting flies or contact with infected bodily fluids. It causes immune dysfunction and decreased milk production in dairy cattle but there is much less data on the effects of the bovine leukaemia virus in beef cattle. The authors report a study of the prevalence of BLV in beef bulls from 39 US herds. They found that almost half the 121 bulls tested positive and that lymphocyte counts were significantly higher in infected than uninfected bulls.

*Journal of the American Veterinary Medical Association, 254*, 1,335-1,340.

**Antiviral effects of naturally occurring proteins against bovine viral diarrhoea virus**
Joanna Malaczewska and others, University of Warmia and Mazury, Olsztyn, Poland

Bovine viral diarrhoea virus (BVDV) is a single-stranded RNA virus responsible for significant economic losses in cattle herds worldwide. While vaccination is a mainstay of disease control policies, it is not always effective in preventing virus being shed. The authors investigated the efficacy of various naturally occurring virucidal proteins against BVDV in vitro. Bovine lactoferrin had greater effects than chicken egg lysozyme or nisin, a bacteriocin derived from *Lactococcus lactis* bacteria. A combination of nisin and lactoferrin showed enhanced efficacy.

*BMC Veterinary Research, 15*, 318 (open access).

**Effects of mechanical loading on bovine hooves with toe-tip necrosis**
James Johnston and others, University of Saskatchewan, Saskatoon

Toe-tip necrosis (TTN) is a term used in Western Canada to describe a condition occurring in beef feedlot cattle involving white line separation along the apex of the toe, with no obvious signs of swelling. Debridement of affected claws may reveal necrosis and dark purulent exudate. The authors investigated the effects of loading in tests on hind limbs taken from bovine cadavers. Digital camera images suggested that pressure may exacerbate TTN but is unlikely to initiate the condition. Using hoof blocks to decrease loading may be beneficial in its early treatment.

*American Journal of Veterinary Research, 80*, 736-742.
What were the key takeaway messages from the Total Dairy Seminar 2019?

September this year saw the first intake for a five-day intensive course on the theory and practice of cattle hoof trimming. This is an initiative between the Royal Agricultural University and the Cattle Hoof Care Standards Board. The five-day module is the first step in improving hoof trimming with ongoing assessment, certification and support and it is intended that veterinary practices will have more confidence in the observations of hoof trimmers. This course was internally and externally moderated and a register of people completing the standard maintained.

Some veterinary practices engage with hoof trimmers and exchange understanding about hoof issues on a farm, but an important element is for the vet and the trimmer to meet face to face. This is one of the aims of everyone looking to raise standards. Nick Bell has been auditing hoof trimmers on-farm and the initial 20 participants have demonstrated a high level of ability. More audits are due and much has been learned from the initiative that builds on the elements of the Healthy Feet Programme.

From October, the Red Tractor scheme will include mobility and lameness within the herd health plan and the point is made that the plan will need to be useful to the farmer and not a paper exercise. During discussions at the Cattle Hoof Care Standards Board CPD day, it was emphasised that the farmer needs to see the hoof problems on the farm. This enables the farmer to understand the value of trimming hooves in order to find any problems and engage with appropriate early treatment. Records of trimming visits are recorded by trimmers on computers nowadays and there is value in sharing assessments with the farm veterinary practice. Some trimmers are also mobility monitors and it is intended that this dual role will be expanded and improvements in hoof health for a herd able to be shown with fewer lesions and fewer cows with walking difficulties.

Gerard Cramer (University of Minnesota) has been busy explaining how industry-level programmes can facilitate changes at the herd level to reduce lameness incidence.

As well as delivering masterclasses and webinars for veterinary surgeons, Gerard gave two workshops and two presentations to delegates at the Total Dairy Seminar. The theme was that achieving 0 percent lame cows is not complicated. It was noted that in the large conference hall, with several screens showing many pictures of hooves and detailed analysis of data, he was not wearing shoes. A hoof specialist with a lameness problem, perhaps? At the Standards Board CPD day he confessed that he prefers socks only when walking on carpet. However, in the yard at the Royal Agricultural University farm he was totally within his comfort zone discussing the use of hoof blocks with the hoof trimmers. Legs had been sourced from an abattoir and attached to a frame with a camera showing the detail onto a screen.

As discussions took place and trimming activities demonstrated, by Gerard and attending trimmers, everyone standing around was able to participate. There is considerable practical debate about the correction of specific hoof problems and the need to share awareness was evident. All agreed that the hoof trimming facilities available on-farm have a direct impact on the detection of hoof problems.

In aiming for 0 percent lame cows, Gerard emphasised the value of making decisions based on data. Data enables the management team of veterinary surgeon, trimmer and farmer to determine if lesions have changed, to monitor the trimming programme and to create management lists. An example was given of a 600-cow herd with the goal to trim each cow twice a year and trim heifers post fresh calving. The records showed that there was a peak in lesions at 140 days in milk and at 280 days with 50 percent due to repeat cases carried over from the previous lactation. Of the sole ulcer cases, 43 percent were treated in the previous lactation. The management team need to decide whether the cows were being trimmed according to the plan, in terms of timing and frequency, and whether the types of lesions were changing when the same periods, year on year, were compared. The early detection and treatment of lesions reduces repeat cases.

The management of foot bathing and the cleanliness of walkways is needed to control digital dermatitis and data is the guide to the frequency of foot bathing. As much as...
necessary is the headline. It is important to focus on heifers because the disease can be carried for life if not treated fully. Footbath design, so that the cow steps through the chemical and fully immerses each hoof, is a practical consideration together with allowing the cow time to tread carefully and slowly to give adequate immersion time. Mobility monitoring, every one to two weeks, allows early detection of hoof horn lesions. The aim is to treat early and to prevent chronically lame cows.

The speaker emphasised the need for a team approach to achieving lameness-free herds. By standing back and understanding the data, decisions across the whole management of the herd can be based on fact rather than feeling. Monitoring progress and sharing successes with all involved continues to develop enthusiasm for good and accurate practices. Benchmarking the performance of herds provides a valuable comparison tool for the farmer to gauge the severity of the herd lameness and leads to change in the detailed day-to-day management.

Various discussions took place throughout the Total Dairy Seminar and Marina Von Keyserlingk (University of British Columbia) led an interactive session on “imagining the future dairy industry”. Delegates discussed issues in small groups and the observations were brought together as an overview. The phrase “better information politics” was noted and explained that politicians and journalists need to be better informed about dairy herd practices. However, there was also a strong view that the information needs to be true and accurate and not just promote the “best bits”. It was highlighted by the convenor that there are issues that would be difficult for the public to accept, with snatching of calves after birth and the use of hormones to control fertility mentioned. Some of the delegates were from overseas as well as the UK, and there is concern about action groups, targeting farms and commenting on social media, that makes day-to-day farming activity more stressful.

The exhibition area included a variety of commercial and technical information as expected. Carmarthen Veterinary Investigation Centre has established a Centre for Extensively Managed Livestock to support farmers with animals that are not easily inspected for signs of ill health, typically grazing uplands, mountains and moors. The top three priority diseases identified by farmers are liver fluke, sheep scab and tick-borne diseases. Surveillance and diagnostic information is available online via the APHA Vet Gateway. The TB Advisory Service was also promoted, offering free support and advisory visits to farms within the High Risk and Edge areas of England. The service runs until 2020 and is funded by Defra and the Rural Development Programme for England.

For more information about the TB Advisory Service, call: 01306 779410
Phil Elkins qualified as a veterinary surgeon in 2005; he went into mixed practice and then farm practice in the UK and New Zealand, before settling at Westpoint Farm Vets in Cornwall in 2009. Phil opened a second branch in the West Country, where he worked for 10 years, growing the branch to a team of nine vets. Phil was director of Westpoint Farm Vets for his last three years with the practice and Chair of the Clinical Governance Board for the last two. In May 2019, he made the decision to leave Westpoint and join the team at Prognostix – an innovation-driven animal health company that aims to improve disease prevention and boost performance of farm animals.

What were the key drivers in your move from veterinary practice to animal health innovation?
The number one factor was the direction that Prognostix is looking to head in. We’re trying to take veterinary knowledge and put a different spin on it, and trying to adapt and drive solutions to future challenges.

The clinical governance within Westpoint is something I am incredibly proud of and I am really happy to be associated with the business. I was just looking at the clinical veterinary practice and seeing a lack of investment in innovation; corporatisation can bring a lack of willingness to take risks and a view towards short-term returns.

Innovation always comes with a risk and the returns are more long term. You need to see things through and accept the fact that you might not get any money out of it for the next 12, 24 or 36 months. This can be a hard sell to a business that is ultimately based on giving returns to its investors.

You’ve also got a situation where farmers are looking to change their relationships with vets. The economics of a vet treating a sick animal generally don’t fare as well as lots of other investments on the farm. There’s a lot of rhetoric about it being more about the prevention of disease, which was probably the new thing 10 years ago. Now, it’s much more about optimisation of performance – with prevention of disease forming part of that.

My concern is that traditional veterinary practice is putting itself in a difficult place by not innovating quickly enough and allowing associated industries a head start in these areas.

How will Prognostix improve farm animal practice?
Prognostix is taking data from multiple sources, some of which are our own hardware and software, and analysing it to give vets, consultants and farmers the tools to predict when diseases are likely to happen. We will define early warning signs for disease – even for things that are going to be precursors for disease – and, taking that to the next stage, early warning signs for things that are going to challenge performance. This should provide the tools on the farm basis to optimise the systems.

For the main project at the moment – which is about respiratory disease in calves – on a farm basis, we can predict which calves are going to get sick because their feeding behaviour changes a couple of days beforehand and their temperature starts to peak (which we see through the constant temperature monitoring via rumen boluses). We can tie that in with environmental sensors and say that we know that on a particular farm, when the temperature in the shed goes above a threshold, you’re likely to get disease in a week’s time. You can then put a flag up to the farmer and say, “get the temperature down quickly to stop the animals getting sick in the first place”.

How will artificial intelligence change farm practice?
After 14 years in practice, Phil Elkins tells us why he made the move to developing innovative farm health solutions
We can throw in some weight data, and add, "we know your animals grow best when your temperature and humidity are at this level, or light intensity is at this level", and then start controlling those factors, and getting the animals performing as well as possible.

Is data collection and benchmarking the basis of the product? There are a number of tools for collecting data; if it was just that, I don’t think it would have been enough to drag me away from what I was doing. The big thing is about incorporating artificial intelligence and machine learning into the software so that you can actually turn this into useful advice at the farm level.

There are papers out there that say that, for example, if the temperature gets below 10°C, with the humidity over 85 percent, cows are more likely to get pneumonia. The reality is that the work has been done on a relatively small number of farms and individual scenarios, and each building behaves differently. If you incorporate machine learning and artificial intelligence, you can start to make those cut-offs and thresholds farm-specific.

Will you be expanding the focus from poultry to cattle? Can you tell us about the Y-ware project? The poultry side is definitely more advanced than the rumi- nant, but my role is entirely ruminant. The Y-ware project is an Innovate-funded project looking specifically at respira- tory diseases. And for me that is the starting point. The initial point is to start looking at data and thinking: how far can we go with this? What algorithms can we build with this? Let’s define as wide a range of normal as possible so we can start defining abnormal – and looking at what factors contribute to that. That funding has allowed us to take the initial push, but the project is far bigger and far wider than that for me.

Are your products going to be negatively impacted by the low strength of mobile signal in rural areas? We are ideally not looking to limit ourselves to 4G cellular networks. We’re going to be using different communication pathways, which shouldn’t be affected by mobile signal. Rural broadband connectivity may well play a role in how much we can achieve on certain farms. I suspect, given personal experience, that the cases of abysmal broadband are fewer and further between than the media likes to make out.

How will you use the big data collected? We’re looking at being as open as possible with the data. We don’t see ourselves as being in competition with those who have management software or vet analysis pro- grammes. We’d like to work in a way that has two-way communication between the programmes, and allow open access to that data.

How do you think the tech solutions are going to change large animal practice? I think we’ll find a number of businesses embracing data and technology, and they will be providing a higher level of service to their clients. That doesn’t mean that there won’t be vets going out to do calvings, caesareans, sick animals, TB testing, etc. It means there will be a cohort of vets within those practices that will be using this data to advise farmers much better on how to prevent disease and how to optimise returns.

Did you change any of your practices as a result of your time working in New Zealand? We’re all products of our experiences; at that time I was about two to three years graduated and I think we subcon- sciously adapt what we’re doing based on the experiences we have along the way. There are some real positives that I picked up from working in New Zealand. And there are some real concerns – which is probably the reason why I’m not still there.

Working in New Zealand gave me a much better ability to look at things through multiple and different viewpoints, and to try and force myself to have an open mind about things rather than assuming that things need to be done in a certain way. I think this can help you grow as a person as well as an advisor and a communicator.

Do you have any tips for what better communication between farmers and vets would look like? The biggest challenge I had as a manager of a branch – a practice principal as we would call it – is matching personal- ities of vets with personalities of clients. It comes down to relationships and it takes time to work out those relationships. Some people communicate better in some ways than other ways. And that works equally for vets and farmers. I think the best thing you can do around communication is use multi-modal communication with your farmers, and then talk to them about what works best for them. Is it emailing, texts, phone calls, a sheet of paper, stuff that’s laminated, pdf reports?

For some farmers, all they want is to be told what to do. They don’t necessarily want to understand the reasons behind it. But there are other people who need to be taken on a journey before they make a decision. They need to be convinced with every little bit of evidence out there. You’ll discuss something and then a month later they’ll show up with a Farmers Weekly report from six years ago that says something slightly contradictory and they’ll want you to respond to it, and then four years down the line you’ve found that something has happened.

We’ve got some of the Prognostix kit going in at one of the farms I used to work at. I spent eight years trying to convince them to put water buckets down for their calves from day one. I went back there after not being on the farm for a couple of months, and every cow has a water bucket in front of it… What happened to instigate that change? I don’t know! Maybe it was me not telling him to do it.

To me, the only difference between a good vet and a great vet is the ability to enact change on a client. And that’s far deeper than any article will ever cover!
According to the UK’s outgoing Chief Medical Officer, Dame Sally Davies, the threat of antimicrobial resistance is as great as that of climate change, and should be given as much attention. At a time when there are very few new antibiotics being produced, antimicrobial resistance has become a global human health emergency, and this is rightly bringing antimicrobial use in animals under increasing scrutiny. Although the greatest direct threat is likely to come from food-producing animals, all sectors of the veterinary profession are affected, and there is evidence that the levels of antimicrobial resistance are actually greater in equine and companion animals than in food animal species. This may be partly because of a wider range of antimicrobials used in animals not intended for human consumption, and regulation is more restrictive for drug administration to food animals.

In addition, antimicrobials are more readily available for use “off-label” in companion animals and horses. The economic factors that affect antimicrobial use in food animals are often less important in companion animals and horses, due to their high value and importance to animal owners, so antimicrobial drugs that are important in human medicine are commonly used despite their higher cost.

All antimicrobial use can select for antimicrobial resistance, but exposure to sub-therapeutic levels of antibiotics may increase the rate of development of resistance, particularly when exposure is prolonged or recurrent. Under-dosing of antimicrobial agents appears to be common in horses; use of dose rates lower than those that result in plasma concentrations of the drug above the required minimum inhibitory concentrations may predispose to the emergence of antimicrobial resistance. Several of the doses recommended on the data sheets for antimicrobials, including procaine penicillin, fall below those now considered appropriate. Many antimicrobials used commonly in equine practice have current dosing recommendations higher than in the past, based on advances in knowledge of drug pharmacokinetics, pharmacodynamics and target plasma antimicrobial concentrations. Veterinary surgeons treating horses should be aware of the current recommend dose rates and inter-dosing intervals to ensure efficacy in therapy and to preserve the usefulness of these antimicrobials for the future. Recommendations for appropriate antimicrobial selection and dosages in horses are available in BEVA’s award winning Protect Me antibiotic use tool kit, which is regularly updated.

Whilst antimicrobials remain essential for the health and welfare of horses affected by bacterial infections, it is imperative for vets to protect their usage to maintain their effectiveness for the future. BEVA has organised a new survey to find out more about current antimicrobial use and antimicrobial resistance in equine veterinary practice. Launched at BEVA Congress, the survey will be open until the beginning of November and is directed at all veterinary surgeon members. Participants have the chance to enter a free prize draw to win £500 of BEVA CPD vouchers. The survey has been designed by Amie Wilson and Gina Pinchbeck from the University of Liverpool and is based on a similar survey conducted in 2009. The intention is to help fill in gaps in knowledge about how antimicrobials are being used in equine practice and also the current landscape of resistant infections encountered in equine practice. It is hoped that the results from the UK survey will be announced to coincide with European Antibiotic Awareness Day on 18 November 2019. In addition, we are also looking at the possibilities of running the same survey through other national equine veterinary associations in the hope that we can accumulate comparable data from other countries.

Find out more about BEVA’s Protect Me antibiotic use tool kit at: beva.org.uk/Resources-For-Vets-Practices/Medicines-Guidance/Protect-me

Take part in BEVA’s antimicrobial survey here: liverpool.onlinesurveys.ac.uk/beva-questionnaire-2019-final
How do you deal with an unexpected equine death?

At BEVA Congress 2019, Tim Brazil discussed actions to take if a patient dies suddenly

Dig a big hole, call the knackerman or make a cup of tea – those were the three suggestions that Tim Brazil’s colleagues offered for his BEVA presentation on dealing with an unexpected equine death.

On balance, he would probably support the last option. In this situation, there is nothing that a practitioner can do for the patient; it isn’t necessary to immediately dispose of its carcass and the clinician’s first thoughts must be for their client, he explained. The horse owner is likely to be distressed by the sudden loss of a much-loved animal and it is the vet’s responsibility to take charge of the situation, including offering reassurance and sympathy.

But as a Veterinary Defence Society claims consultant, Tim also noted the need for the vet to choose their words carefully and to do a thoroughly professional job. This was particularly so in those cases where the horse has died while under veterinary care or – even worse – actually during a medical or surgical procedure.

After talking to the owner, the vet can get on with dealing with their professional duties in examining the animal and investigating the likely cause of death. But the first task is to confirm that the animal is actually dead – both Tim and a couple of audience members recalled occasions when the person reporting the death had been mistaken.

The next step will be to positively identify the animal by scanning its microchip and examining its passport. In situations where the owner isn’t present or on a large commercial premises, it may also be necessary to find the agent responsible for the animal to make some decisions and to provide a full clinical history, he said.

For animals found dead at pasture, there may be an environmental cause that could affect other animals on the premises. In cases that have showed potential signs of atypical myopathy, for example, Tim advised checking the area for sycamore seeds and seedlings – the practice should be warned to prepare for a situation in which it will need to provide intensive treatment to any other horses that have been exposed to the toxin, he said.

In the worrying situation of a horse expiring during treatment, Tim said “the important thing is not to jump to conclusions; the horse may well have died for reasons totally unconnected with that treatment. If it looks as though the death may be an unexpected reaction to a drug treatment, don’t try anything heroic, take your time, close the door and wait for the dust to settle.”

Tim reminded colleagues of the need for honesty in answering the client’s questions. It was appropriate to offer
sympathy for the loss "but don't admit liability as that will likely negate your professional indemnity insurance and then you could be in big trouble," he said.

Whatever the cause of death, the veterinarian should not be in a hurry to organise disposal of the animal’s remains. There is a need to question the owner about their plans and it is important to find out whether the insurance company would want a post-mortem examination, even when the animal was old or of low value. "If you haven’t much experience of this task then it may be necessary to involve a colleague from the practice or to refer the case to another centre with a specialist pathologist,” he noted.

Tim reminded his audience that they should not feel totally alone when dealing with the death of a patient that could have considerable financial and reputational implications for the clinician involved. They should be ready to call others for advice, particularly senior colleagues at the practice or a representative of their indemnity insurance provider, he said.

It is also important to write down full details of the case management for inclusion in the clinical records. Any relevant photographic images or other documents should be saved and colleagues present during treatment should be asked to record their recollections of what happened. "Remember that it may be a year after the incident that you first find out that a complaint has been received," he warned.

Tim urged colleagues to consider the circumstances leading up to medical near-misses just as carefully as those incidents in which an animal has died. He recalled an occasion during his own career when he was presented with two bay thoroughbreds, one requiring euthanasia and one sent to be castrated. It was only when preparing to deal with the first of these horses that a stable lad ran across to warn him that the second horse had already received surgical attention. "The lesson here is to scan the chip when the horse is brought in – and again before you put the bullet in the breech.”

He recommended that all colleagues should make use of the VDS VetSafe website to record any incident of either clinical errors or close shaves. "We can use this to build up a database of incidents that will form part of our drive for better clinical governance and allow the profession to develop processes to minimise the risk of harm to our patients."
The latest in assisted reproductive techniques

Ovum pick-up is an innovative method in equine reproduction offering advanced fertility solutions for mares

JOHN PERIAM

John is a photojournalist; he worked as a veterinary salesman in the 1960s and still has strong links to the profession through his equestrian work. John is also a regional correspondent for a trade paper for the UK fishing industry.

Kaatje Ducheyne was born in Belgium and was the daughter of an orthopaedic surgeon. She was fascinated by how vets could make a diagnosis just by using their senses and pursued her dream of following in their footsteps – qualifying as a vet at Ghent in Belgium. After finishing her master’s degree, she spent six weeks in Keros – the largest commercial embryo transfer (ET) centre in Europe. It was here that Kaatje found her passion for horse breeding.

Kaatje began an equine internship in Someren in the Netherlands, where she covered all aspects of equine medicine, surgery and radiology – along with reproduction. She realised she wanted to dedicate her career to breeding and took up a residency position at Ghent University. A year later and a research grant which focused on the effect of a mare’s age on her fertility gave Kaatje the chance to travel to Argentina, where she gained more experience at a large embryo transfer centre and later at the lab of Adrian Mutto in Buenos Aires.

After being introduced to cloning techniques and in vitro embryo production, Kaatje worked during the breeding seasons at Keros ET centre. For the last two years, Kaatje has been part of a team led by Tom Stout at Utrecht University where Kaatje was able to complete her PhD research.

Kaatje says her goal was always to go back to private practice. Once she had completed her ECAR Board exams and PhD, she took the opportunity to join the Sussex Equine Hospital at Ashington in West Sussex. “It was important to find a place where I felt I could grow together with the practice and I am convinced that we all have the same future vision in regard to horse breeding with a growing importance of assisted reproductive techniques and in special embryo transfer and ovum pick-up (OPU). The support the directors at the hospital have shown me is amazing and it has given me a rare opportunity to expand my work into the field.”

Ovum pick-up is an innovative method in equine reproduction offering advanced fertility solutions for mares
**Advances in assisted reproduction**

During the last 20 to 30 years, ET has gained an important role in the horse breeding industry. Kaatje explains, “With ET we refer to a technique where the embryo is flushed out of the uterus of the biological dam (embryo donor), who was inseminated and ovulated seven or eight days ago, and then transferred into the uterus of a synchronised recipient mare. The recipient mare will carry the embryo and raise the foal as if it was her own.

“Due to ET, breeders started to pay more attention to female genetics. Before the introduction of ET, competing mares could only produce offspring after they had finished their sporting careers. By then they were often already halfway through their teens and it is well known that the fertility of the mare reduces with increasing age. With ET, a mare can be inseminated while competing.”

It is often hard to match the reproductive cycle of the mare with her competition calendar. For those mares, in vitro embryos (“test tube foals”) can be the solution.

Ed Lyall, one of the practice directors, said, “We are very proud of the fact that Kaatje joined our practice to develop the ovum pick-up service. We have always tried to keep to the forefront of equine reproductive developments, enabling us to provide new services to our clients as they come along. We were one of the first practices, years ago, to offer artificial insemination, and then more recently we were one of the first to offer embryo transfer. Now we will be one of the first to offer ovum pick-up. Kaatje brings her knowledge and experience to an already excellent stud team based at the practice.”

We were one of the first practices, years ago, to offer artificial insemination, and then more recently we were one of the first to offer embryo transfer. Now we will be one of the first to offer ovum pick-up.

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**The ovum pick-up technique**

The embryos are produced with the combination of two techniques: OPU and intracytoplasmic sperm injection (ICSI). In OPU, also known as oocyte aspiration or oocyte collection, oocytes are collected by aspirating the follicular fluid. The OPU procedure is performed on the standing mare after sedation and administration of epidural anaesthesia.

OPU does not require hospital admission of the mare. Before scheduling an OPU appointment, the ovaries of the mare are assessed at home to determine if she is a suitable candidate. The ideal OPU candidate has a minimum of 15 follicles with a diameter at least 1cm. If there are not enough follicles present during this scan, the ovaries are reassessed two to three weeks later to allow enough time for follicular growth. So, in contrast to ET, where the mare needs to be in season, OPU can be performed year-round and without hormonal manipulation.

A single oocyte is present in every ovarian follicle. Unfortunately, oocytes by themselves are too small (125 to 150µm) to visualise via ultrasound. The follicles are visualised by inserting an ultrasound probe, equipped with a needle guide, into the vagina. The ovary is then grasped via the rectum and held against the vaginal wall. The fluid of each follicle of 1cm or bigger is aspirated and subsequently flushed several times while scraping the follicular wall to enhance oocyte recovery. After aspiration of all the follicles, the recovered fluid is filtered analogously to the recovered fluid after an embryo flush. This fluid is then searched for the presence of the oocytes. The oocytes are transferred into a transport medium and shipped to a specialised lab in Italy, without the loss of their fertility.

Once the oocytes have arrived at the laboratory, they are placed in a maturation medium for 24 hours. This is because the recovered oocytes are not yet ready to be fertilised; they need to finish the first meiotic division and arrest at the metaphase of the second meiotic division. In vivo, oocyte maturation happens while the follicle grows. Once the oocyte is mature, the follicle will rupture and ovulation takes place. The oocyte is then caught by the oviduct and ready to be fertilised.

Since the oocyte has been removed from the follicle, the conditions of the follicle need to be mimicked in the lab. This is the goal of the maturation medium, which contains the same kind of hormones that are present in the follicular fluid. After the 24 hours of incubation in the maturation medium, the oocytes are assessed under the microscope to evaluate whether or not they have successfully matured (ie extrusion of the first polar body can be identified). Only matured oocytes will be fertilised.

Fertilisation in the lab is done by ICSI, in which one spermatozoa is injected into the cytoplasm of the oocyte. The oocyte is then transferred into another medium to promote the development into an embryo. This development takes between seven and nine days. The fertilised oocytes that have successfully developed into a blastocyst will then be frozen and stored in liquid nitrogen. Those embryos are then shipped to the clinic. The frozen embryo can be thawed and transferred at any moment during the breeding season when there is a suitable recipient mare available. So, in contrast to ET, there is no stress with recipient mare synchronisation.

OPU not only offers solutions for competition mares but it also resolves certain male and female fertility issues. Furthermore, OPU-ICSI optimises the use of expensive or limited stocks of frozen semen. One 0.5ml straw of semen can, depending on the quality, be used for three to five ICSI sessions. Finally, OPU offers a last chance to produce offspring in case of sudden death of the mare.

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Last summer, my holiday, if you can call it that, was spent in Chernobyl looking at wild rodents to see whether they had radiation-induced cataracts. They didn’t! A couple of years earlier, a paper in the journal *Scientific Reports* had documented lens opacification in these animals, but only after they had been frozen, stored at -20°C and then thawed – enough to give anything a cataract! The trouble is that a positive result is easy to publish, but no journal wants to publish a negative one contradicting such a finding. Such is life! So where to go this summer? The request to give a series of lectures and practical surgery classes in Iran was just such an opportunity!

I must admit that, just as with my Ukrainian visit, there were some qualms as the date drew nearer, especially as the news seemed to be ramping up the tension between the UK, USA and Iran. But my visit to the Iranian embassy was far smoother than that to the Russian or American embassies in previous years. Little was I to know until later, my colleagues in Iran had spent weeks smoothing out the issues so my entry to Iran could be relatively problem free. And that exemplified the wonderfully warm welcome I found on my entry to this amazing country.

Let me take you to the very end to give you another example. The problem Iran has is that, not by its own volition, it is cut off from the Western world. And for that reason, the veterinary group to whom I was speaking were not able to pay me in sterling. But as we toured the busy bazaars full of spices, fruits and nuts, I remarked how my middle son, Jack, loves pistachios. As I came to leave a few days later, I was presented with a kilo of the finest pistachios for him. The food I was given throughout my stay was simply amazing but I especially loved the fresh dates – not the wizened dry ones we are used to here. And on my departure, I was given a kilo of them! A common snack that people take in their pockets to munch through the day in Iran are dried baby figs – a sheer delight. And yes, I found a large bag of these in my bulging luggage as I left. The tea that is drunk all day long is similarly wonderful, and I was presented with a special teapot and warmer as I left – with the first Shah’s portrait emblazoned on it. In fact, I had so much to take home that my bags burst and had to be wrapped in plastic to get home. Thankfully returning on a sleepy Sunday afternoon meant that nobody in Heathrow felt like stopping me to unwrap this ungainly load!

The wife of the head of the main veterinary clinic in which we held the surgical course painted the most amazing portraits of dogs dressed as people in Elizabethan, Jacobite or modern clothes. One was of a spaniel Einstein in a bow tie! I said how much I liked it and the owner of the practice simply ripped it off the wall and handed it to me with a “Here – it’s yours.” Now I understand that they were delighted that I was prepared to visit them, especially when we were sending a warship to patrol the Straits of Hormuz!

But this welcome – and what I’ve described was just a tiny part of my stay – was simply wonderful. Trump was, and still is, threatening to increase sanctions – which of course would not hit the ayatollahs who are in control one little bit, but merely worsen the financial hardship of the men and women on the street. Their portraits glower down from the walls of every café and street corner apart from next to the mosques where they smile at those entering. But my veterinary colleagues always seemed to be smiling. Oh, that we would remember, that however much politicians may posture, the people of these countries, and I’m sure it’s not just Iran, are friendly and warm beyond belief.
Business ethics in the modern workplace

Striking the balance between ethical and profitable decisions

Business ethics – the morals, values and principles that guide an organisation – have become increasingly important in recent years. Fair trade, social responsibility and good governance have all followed from heightened levels of corporate scrutiny.

Take the fallout from the BHS debacle. A former paragon of retail, it once had 180 stores on the high street. Then in 2015, Sir Philip Green sold it for £1 to Dominic Chappell and his firm Retail Acquisitions – offloading £1.3 billion in debt that included a pensions deficit of £571 million in the process. In 2016, BHS went into administration with the fallout nearly losing Philip Green his knighthood and resulting in his paying of £363 million into the BHS pension scheme.

Rising prominence
According to Philippa Foster Back, director of the Institute of Business Ethics (IBE), ethical principles have shot up the corporate agenda in recent times. In her view, “there is no escaping current increasing political pressure for exemplary ethical behaviour from our businesses”.

Corporate scandals, including misreporting and poor management practices, are a key driver for change for Mel Green, research adviser at the Chartered Institute of Personnel and Development (CIPD), a professional body for the HR sector. She says that they “have continued to shine a light on the issue of ethics at work. They can damage an organisation’s reputation, erode wider public trust in business and harm individuals. There is broad recognition that business needs to be conducted in an ethical, transparent way for sustainable long-term success, but there has previously been a lack of clarity about how to go about it.”

Emma Scott, representation manager at Chartered Institute of Procurement & Supply (CIPS), notes that the problem is that news travels quickly but bad news travels at lightning speed. “Consumers, customers, suppliers and investors vote with their feet when it comes to dealing with businesses that aren’t doing enough or have been exposed for doing the wrong thing.”

On a positive note, there are benefits for organisations operating ethically. Being responsible doesn’t mean that a business can’t make a profit or cut costs, according to Emma. In fact, it’s her view that it can open up opportunities to increase market share. She highlights how the recent trends in veganism and reduced use of plastics “has made organisations look at their products and adapt them, or even introduce new products to make them more attractive to a wider market”.

Interestingly, Philippa notes that ethically run companies can outperform their peers financially in the long term. She points to IBE research back in 2003 which indicated that “this and subsequent research by others continues to show how organisations which take their ethical responsibilities seriously and embed ethical values within the fabric of how they operate, do better financially over the long term”.

Unethical behaviour is common
Unethical behaviour takes many forms from full-blown illegal activity like fraud, to so called “pro-organisational unethical behaviour”, where questionable actions are taken because they seemingly benefit an organisation in the short term. For the latter, Mel Green has seen situations where “an employee might oversell the benefits of a product in order to hit a sales target. The short-term impact is financial gain, but down the line the client and employees lose out, trust is eroded and reputation is damaged.”

She details recent research from the CIPD on the causes and solutions to unethical behaviour: “Individuals, organisations and the issues and challenges people face are all implicated in unethical behaviour. This means a
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A good rule of thumb is to investigate the mistake rather than looking to apportion blame.

range of factors, from organisational norms, time pressures and individual personality traits, interact to increase the likelihood of unethical behaviour.

The real world
So, moving away from the theory, how does business ethics play out in the real world?

By taking a definition of business ethics to mean the "application of ethical values to business behaviour", it should be clear that ethics has a direct relationship with how business is done. In Philippa’s opinion, "business ethics can be seen as being about big news stories of misconduct, corruption, black and white bad behaviour or big issues like human rights, sweatshop labour or climate change... we are all making ethical decisions every day".

The practical reality means considering what supplier to go with, asking staff to work late, choosing who to employ or fire or whether to bend the rules for a client – there is often a choice. Where the ethical business comes to the fore is how it is applied in times of uncertainty and economic pressure.

But is "business ethics" just another layer of bureaucracy – something that requires lip service, and nothing set in concrete? For Philippa the answer depends on how embedded the organisation’s ethical values are: “If your ethical values are just words on a wall, rather than embodied in how you do business, then they are going to be viewed with cynicism.”

Creating an ethical organisation is more than an exercise in image management in Mel’s view. She says that: “Business ethics requires all stakeholders to be valued and treated fairly. This includes employees, suppliers, customers and wider society. Making decisions in isolation, or not thinking about impact, makes unethical outcomes more likely.” Organisations need to weave ethics throughout the business using checks and balances and behaviour nudges.

Writing a code of ethics
How should ethics be engrained within operations? First off, procedures, policies and practices need to support employees to be ethical in their behaviour and decisions. For Mel, this means aligning policies and practices with ethical behaviour – "this isn’t a simple task but could start with what behaviour is rewarded, and how individuals are incentivised. Having broad metrics for success and rewarding employees not just on short-term profit is a good place to start. Reward strategies could explicitly call out the importance of unethical behaviour.”

Philippa echoes this view. She suggests starting by identifying the core values to which the business wishes to be committed and held accountable. She says these might include responsibility, integrity, honesty, respect, trust, openness and fairness. “Communicate them through everything you do, from client material to your Facebook page. It is important to insist that ethical values underpin the business’s mission statement, strategy and operating plan.”

Next comes the important part: translating those ethical values into guidance for all employees on how to act responsibly in different circumstances. Here Philippa says “if ethical values are the compass which guides how you do business, then a code of ethics is like a map. It sets out the expectations that the company has for how employees should behave in any given situation, to assist with decision making.”

But no matter what is included in the document, Mel cautions that while a code of ethics can be effective, it will only be so when it is actually used in practice. She adds: “A code or policy will be of limited value if it’s an ‘empty shell’ and behaviour, reward and business values don’t align with it. For example, if a top performer ‘gets away’ with unethical behaviour because they benefit the bottom line.”

Dealing with mistakes and unethical behaviour
Having policies means that it’s inevitable that infringements will occur. The question is – how should they be dealt with?

For Philippa, the response should depend on the nature and the seriousness of the mistake: "A good rule of thumb, to encourage an openness in the discussion of honest mistakes, is to investigate the mistake rather than looking to apportion blame.”

Should an organisation maintain zero-tolerance to unethical behaviour? Philippa says possibly not – “little in life is black and white – it tends to be fuzzy and grey”. She gives an instance: “You may say you have zero-tolerance on harassment, but find it difficult to fire your most successful sales person who has multiple allegations against them. This is where the true test of ethical values comes in: putting your money where your mouth is.”

Mel makes a further point that when communicating about ethics, businesses should focus on positive examples and what the organisation stands to gain, rather than what’s to lose: “Whilst businesses should be transparent about any issues, they must strike a balance between transparency and creating a sense that unethical behaviour is not the norm. Businesses need to communicate that ethics is ‘business as usual’ and provide clear guidance on what is and isn’t acceptable. This can help line managers and employees challenge unethical behaviour too.”

To summarise
American economist Milton Friedman, back in the 1970s, famously said that “The social responsibility of business is to increase its profits.” While that still holds true, it’s just as relevant to point out that businesses need to have an eye on generating profit in a manner which will elicit public approval. A failure to act properly and to treat everyone fairly will soon get noticed, and from there it’s a downward spiral.■
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Are the roles of a manager and a leader synonymous?

The importance of defining your expectations of management and leadership positions

Back in my academic homeland of business administration, the discussion on the differences between the role of a manager and that of a leader was a hot one. It is not one, I’ve found, that translates well into the world of veterinary practice. So hot is the topic in business academia that I even have a favourite set of definitions for it. Pioneer in leadership studies Warren Bennis (1989) articulated 12 practical differences between the roles, and for good reason.

Defining a role sets an expectation, which in turn provides an opportunity to meet or exceed that expectation, resulting in job satisfaction for the employee and productivity for the employer – or to fall short of it, highlighting the need for further coaching and potentially performance management. Either way, the outcome should be the fulfilled, motivated and skilled team you desire. Conversely, when you fail to effectively communicate what you want from your team members, you essentially forgo your ability to provide constructive feedback. This is especially true when someone is promoted to a management role based on their seniority, or success, in a previous, non-management, position.

Reception manager

“The manager focuses on systems and structure; the leader focuses on people.”

Systems and structure are important in any administrative task: when executed well they ensure everything functions, from the consult diary being organised, to there being paper in the printer. But a receptionist who is preoccupied with such tasks, prioritising them above the needs of their colleagues and clients, is not ideal. In fact, chances are they earned their role for their stand-out communication skills and personability! So by weighing them down with this burdensome management title, you promote them beyond the realms of their specific skillset, taking away the source of their job satisfaction. Unless of course you qualify their new job title with your specific expectations.

Head nurse

“The manager accepts the status quo; the leader challenges it.”

Traditionally the first foray into the world of management, and last stop before practice management, the head nurse role is shrouded in variance: from being the person who does the rota to performing an active role in recruiting, practice profitability and everything in between. Depending on where your practice falls on this spectrum of expectation – and the size and composition of your existing practice team – it’s feasible that you might actually find a highly driven, dynamic person in this role to be disruptive. The important thing is that you identify and recruit for the unique blend of people management, clinical, financial and administration skills required to fulfil whatever it means to be a head nurse in your practice, and share that vision with the whole team.

Practice manager

“The manager relies on control; the leader inspires trust.”

In veterinary practice we seem to spend a disproportional amount of time together in close quarters, in high-pressure and highly emotive situations, compared to other industries. This is where trust is inspired, and engaged and bonded teams are built. Not to mention, respecting clinical freedom will always limit the scope to which a practice manager can “control” members of their clinical team. Transferring traditional management skills from other industries, or from generic textbooks, doesn’t work. You have to find a collaborative approach.

By now I hope you’re thinking this is all semantics, because you’d be right. But bear with me: it doesn’t mean it’s not relevant. If you don’t explain to the newest member of the practice’s upper echelons precisely what you envisage their role to be, then they are liable to turn to Google for the “top 10 ways to assert their seniority”, to Amazon for an “Idiot’s Guide”, or worse; they’ll begin to mirror the behaviour of the managers of their past – which by their very virtue of being “past”, may indicate they weren’t very good managers. You only have to look at the Stanford Prison Experiment (Haney et al., 1973) – and do; it’s fascinating – to see how far untamed authority can go! The veterinary world is really good at defining clinical roles. You have codes, committees and acts of legislation that tell you what you can and cannot do. Think about it: when you have a dog to castrate, no one wastes time by asking who would like to wield the scalpel today. Everyone already knows their part. Defining the roles of your practice leaders should be no different, and of course it doesn’t have to be academically correct, it just has to be understood.
Have you performed a marketing audit for your company recently?

Why and how you should perform an audit of your company’s marketing strategies

A marketing audit is highly beneficial for any practice, as it will help you set up systems to reduce error in your marketing and create replicable strategies for success. You should strive to remove guesswork from your marketing strategy by regularly reviewing your company’s marketing objectives, strategies, activities and results.

“It is a capital mistake to theorise before one has data. Insensibly one begins to twist facts to suit theories, instead of theories to suit facts.” Sherlock Holmes

A marketing audit will give you all the information you need to create your annual marketing calendar, safe in the knowledge that you have examined the facts and acted to make things as efficient as you can.

Consider speaking to an expert
Marketing audits can be carried out internally, or by using an external agency that specialises in audits.

A professional marketing consultancy would likely look at a lot of different variables when performing a full marketing audit, but the good news is you can also do a simplified version yourselves that will help you to form a clearer overview of your company marketing and goals for the year ahead.

Refer to your brand audit
Like everything else that we’ve been talking about in this series, this exercise should be an extension of your already completed branding audit.

How to perform a simple marketing audit

1. Create an inventory of your marketing assets
The first thing you should do is to compile a list of all the marketing efforts that your clinic is currently undertaking. Gather details of as many things as you can from the following list: annual/monthly promotions, website, social media, print advertising, SEO and Google AdWords, email newsletters. Items from the last six months should give you enough data without overwhelming your team.

2. Examine the data
From the list above, aim to gather as much accurate data as possible about each topic. Certain things will be easier to measure than others. Which clinic promotions worked best for you last year and drove the most revenues? Compare your promotions with the same date parameters as the previous year to check effectiveness. Check that your website reflects your brand and evaluate how many website hits you are receiving per month. Does this figure need a new target for improvement?

Think about how can you improve your Facebook likes, shares and engagement. Is your SEO cost-effective, and what about taking another look at the keywords you are using for your Google AdWords campaigns?

If you send out regular email newsletters, examine the open rates and click-throughs for the past six months – are the figures improving each month? Are the print adverts you’re running in local magazines actually getting you new clients? How do you know? Now is the time to reappraise your local marketing spend.

3. Analyse your market
Now it’s time for your team to have a discussion around your service compared to your competitors, referring back to your brand values wherever necessary. Make note of your team’s views on who your customers are, the unique value you are providing them and if you’re communicating this value effectively. Discuss which marketing is working well for you and which isn’t working well. Evaluate how your clinic compares to your rivals and identify any specific gaps in the local market that you can exploit.

4. Compare your results to your goals
Are the results consistent with what you’re trying to achieve, and does the data show that your marketing campaigns are taking you closer to your goals? What do you need to do more of and which things should you do less of?

5. Adapt and optimise
Now you have all the facts to make a positive change to your marketing strategy. With the details of your marketing audit in hand, you’ll be able to design an annual marketing plan that will streamline your marketing budget and ensure you reach your business goals. Remember, don’t conduct an audit if you’re not willing to act upon it. This is your chance to make sure that you’re using your resources and time properly. The more you evaluate the goals, processes and activities that make up your marketing strategy, the more power you gain to positively affect your business growth.

WILL STIRLING
Will Stirling is a freelance marketing consultant who has worked in small animal practice marketing for over a decade, consulting on marketing strategy. He now spends his time helping independent veterinary clinics to grow and thrive.
Property or pension?

Considering the benefits and drawbacks of both approaches can help vets make informed decisions on the best course.

When it comes to saving money for one’s future, the number of people who prefer property investments to pensions is on the rise, despite the government tightening the tax burden on buy-to-let landlords.

Investment growth
It has been well publicised that property has experienced some extraordinary levels of capital growth over the years. UK house prices have far outstripped inflation – the general rise of prices – by some 3 percent a year since 1955. But the UK stock market has grown faster still, gaining investors on average over 6 percent above inflation over the same time period. These figures were calculated by Numis and London Business School; they exclude rental and dividend yields and don’t factor in the costs of investing in each.

With the average UK rental yield around 3.6 percent, this gives you a regular income with the prospect of additional profit in the future.

Rental income or dividends?
With buy-to-let property, you get the combined benefits of ongoing rental yields alongside inherent appreciation in value. With the average UK rental yield around 3.6 percent, this gives you a regular income with the prospect of additional profit in the future. By contrast, the FTSE All-Share currently offers a prospective dividend yield of 4.7 percent (variable, and not a reliable indicator of future income).

Of course, both yields are averages. Properties in certain parts of the UK are likely to generate a much higher yield, just like certain businesses that are listed on the stock market can offer higher dividend yields than others. Often higher risks accompany higher rental or dividend yields so one needs to be mindful of this when considering investment.

In some ways, if you have more than one property, it can be like running your own small business.

Inheritance tax benefits
Property counts towards your estate, which means it will normally be subject to inheritance tax. A pension, however, can be claimed tax-free by your beneficiaries if you die before the age of 75. If you’re older than 75 when you die, your pension still isn’t usually subject to inheritance tax, but your beneficiaries would pay income tax at their marginal rate.

Time is money
You’re free to sell your property whenever you like, with the option of investing that money somewhere else. You might have to pay 18 percent or 28 percent in capital gains tax on any increase in the value of the property. Once your money is inside a pension, however, you can’t usually access it until the age of 55 (57 from 2028). At this point, you can usually take up to 25 percent tax free and the rest you’re free to take how you like, but it will be taxed as income.

Property investment can be time consuming and often requires a lot of effort. Finding tenants, handling the bad ones, dealing with letting agents and arranging (re)mortgages, tax returns, maintenance, repairs, decoration and insurance are all aspects that will need to be considered. Buying and selling is costly and can be drawn-out. In some ways, if you have more than one property, it can be like running your own small business.

A pension on the other hand is a comparatively relaxed affair. It should be the first thing most people consider for their retirement saving. Every UK resident under the age of 75 is able to invest, even children and other non-taxpayers, and when you add money, you get a boost from the government of up to 45 percent. It’s one of the most generous tax perks available and the main reason why so many people put money in a pension in the first place.

Remember, tax rules can change and benefits depend on personal circumstances. Unfortunately, most traditional pensions don’t give you the flexibility to invest where you...
There’s always risk with investing – the value of your investments can go down as well as up, so you could get back less than you put in. And it’s not always easy to see or understand what’s happening with your money. This is why it can often be useful to seek guidance from a finance professional to help you make a financial plan that meets your specific needs, objectives and tolerances for investment risk.

Certain types of pension, like a SIPP (self-invested personal pension), let you (or your appointed adviser) choose all your own investments from a large selection. This can even include commercial property, so there is a way of combining the two investment approaches in one!

The risks
With the freedom and flexibility of a pension/SIPP also comes responsibility. You’ll need to be comfortable with your investment decisions and the risks these entail.

There’s always risk with investing – the value of your investments can go down as well as up, so you could get back less than you put in. This means a pension/SIPP might not be right for everyone.

Just like the stock market, the value of property can fluctuate. If you buy property with a mortgage, you are at risk of finding yourself in negative equity if house prices fall.

You can also face void periods should you be unable to find a suitable tenant. Or worse still, if a tenant defaults on the rental income, it can take a considerable time to evict them, during which time you may receive no income but still have liabilities such as the mortgage interest.

Another major consideration is the additional 3 percent stamp duty that now applies to investment properties. Tax benefits on property also aren’t as generous or rewarding as they once were, and mortgage providers are introducing stricter criteria before lending.

Conclusion
When it comes to property and pensions, it’s not necessarily a case of one being better than the other. Both have their advantages and disadvantages, and what’s right for you will depend on how comfortable you are with the risks of each. Investing is all about allocating your money in order to benefit from a decent return at some point in the future, and there’s no reason property and pensions can’t complement each other as part of a diverse investment portfolio.†
Today started with me staring into the abyss of the recruitment crisis. Just where are all the vets hiding? I thought we would try advertising abroad so had a look at the South African Vet Association (SAVA) website. I was immediately struck (but not surprised) by the adverts already there. Several from the UK, a few from Australia and several from New Zealand (NZ), plus a large advert promoting the impending visit of the NZ chief vet on a recruitment drive. This lack of vets is a global problem. Last time we recruited, I contacted an old colleague down under who owns a recruitment agency in NZ and was basically told not to bother, and even asked that if I found any spare vets to let her know! Twenty years ago, you couldn’t work in a city without tripping over a few jolly antipodean locums filling their pockets with crisp high value sterling and spending the weekends doing European city breaks.

We have sent our advert off to the other hemisphere, with the interesting proviso from them that they can censor it if we make any disparaging remarks about South Africa or conditions there. At least reading that made me put our current political chaos into perspective. The lack of vets may be the same the world over, but political turmoil is very different from place to place (to loosely paraphrase Tolstoy).

In the van on the way to the supermarket, I heard one little clue to a part of why people are giving it up. On a Radio 4 media programme, they quoted that 24 percent of people surveyed had never seen an opinion they disagreed with when looking on the internet. Just mull that over. And when was the last time you were googling or scrolling through social media and saw something you strongly disagreed with?

The internet is an echo chamber. People seek out opinions they already hold about subjects and the algorithms of the social networks find more similar stuff to present to them. A client recently asked if what her dog had wrong with it was due to last week’s vaccination. “Probably not,” I replied. “But if you look online you will definitely find a link.” She took that and understood my drift, but most people do believe what they see online, and because of the way it works will never see other opinions or reasoned arguments against their belief that the L4 vaccine caused their dog to become diabetic, or get diarrhoea, or whatever the current malaise du jour is.

As I was in the supermarket mulling over the delights of serving the general public, one of its number was writing a four-letter word over the side of my van in what I discovered was an extremely effective permanent marker. After failing to get it off with cleaning products, I went to customer services to complain. Their advice was to google how to remove it. Mindful of the above notes on the wisdom of the internet I went to a car parts shop. There the counter staff was a) human and b) sympathetic but c) unable to help. He could direct me to a professional paint dealer to find some matching paint.

So, I found myself in a small business at reception. Some expensive versions of familiar products were on display (sounding familiar yet?). He was a) human, b) both sympathetic and knowledgeable and c) knew his stuff and could help. After a brief inspection of the block capital expletive, he prescribed a suitable cream to apply SID to the affected area. It cost a bit more than expected but within a few seconds of use in a lay-by the word had been removed and I was no longer facing the school run with a massive swear word on our van.

If I haven’t laboured the metaphor already, the parallels here to me as a vet were clear. I had gone in with a worry, an unexpected, unplanned-for problem, which I could not fix, despite trying. A real person had listened to me and resolved the problem. Despite all the googling and Facebooking our clients do, once they are in our consult room, we must also remember that we have a duty of care to them as well as to our patients. To fix that unfixable problem if possible, or counsel them if not. They come to us with a burden; it should be our privilege to relieve them of it, or at least help them bear it.

“Most people believe what they see online”
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