Toronto Academy of Veterinary Medicine

The Scalpel

Newsletter of the Toronto Academy of Veterinary Medicine

Vol. 32, #1 Jan. 2016

President's NOTE

Setting the Bar High in 2016!

Senani Ratnayake

Happy New Year! It is incredible how quickly 2015 seems to have come and gone. Our TAVM sessions have wrapped up and a new season is just around the corner. The Board of Directors worked hard to once again secure a line-up that we hope the membership will be excited about and, with changes to our food selection, survey process and of course, Dave and Buster's "new look", 2016 promises to be a great year for us all. It has been an honour to serve as the TAVM President for the 2015 season and I would like to formally congratulate and welcome Dr. Rob Jones as he gets ready to take over the reins.

Practicing veterinary medicine isn't what it used to be. On one side we are seeing medicine advance, more products than ever before and medical technology thriving. On the other side we are seeing baby boomers saying goodbye to their "last pet," increasing access to information thanks to Google, blogs and other pet-related businesses, and an overall increase in options and availability of veterinary care. Where practicing good medicine used to be enough we now see customer service and providing proof of value at the forefront of successful veterinary businesses. I sometimes joke that, across most Industries, the bar for customer service is so low you could trip over it.

Continued on page 7

In this ISSUE

Continuing Education

VETERINARY SERIES

Tuesday February 9

This series of lectures will cover the following five topical issues in veterinary medicine:

- Managing Chronic Cystitis in Dogs & Cats
- Rehabilitation: An evidence-based approach to patient care
- Feline Allergic Dermatitis
- Wound Healing
- Anesthesia for Patients with Cardiovascular Disease

Sponsor: Hill's

Tuesday March 8

Practical Techniques in Soft Tissue Surgery

Sponsor: ROI Corporation

Upcoming SEMINARS

HOSPITAL PERSONNEL SERIES

Wednesday February 10

This series of lectures will cover the following two topical issues in veterinary medicine:

- The "Unexpected" in Anesthesia: Complications and Errors
- TPLO, TTA, Tightrope and extracapsular repairs for cruciate injuries – what's the difference and which procedure is best?

Sponsor: Bayer HealthCare

Wednesday March 9

Nursing Care of the Respiratory Patient

Sponsor: ROI Corporation

For complete SEMINAR INFORMATION turn to page 10 - 12

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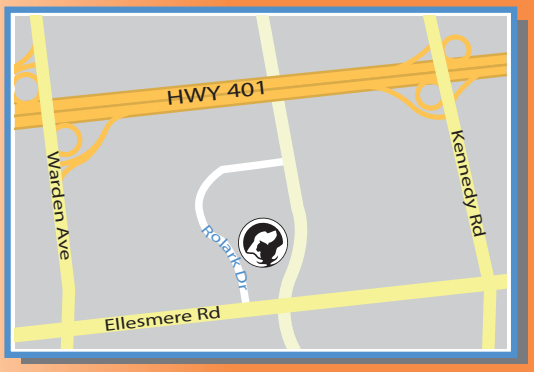

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when you need it !

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The Scalpel

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Toronto Academy of Veterinary Medicine

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DO NOT READ THE NEXT SENTENCE!!!

You little rebel!

You are just what we need!

Open positions on our **TAVM Board of Directors** are available.

If you would like to be *more involved* with the organization and want to help plan upcoming seminar series speakers and topics, you will find this very rewarding!

If you are a TAVM member, and this is something you are interested in, please email info@tavm.org or call 1-800-670-1702 ext 33.

Toronto Academy of Veterinary Medicine 905-875-0756 • 1 800 670-1702 **www.tavm.org**

Letter to the EDITOR

To whom it may concern,

Regarding "Above all do no harm ..." In Vol. 31 #4.

As a new member I was surprised to see the type of article you gave your front page to.

I thought this was more of a scientific magazine, not a podium for someone to spout their personal beliefs without a shred of evidence. It is not that I take exception to Dr. St. Denis's opinion, she is entitled to it. What I take exception to, is the TAVCM providing a soap box for the type of diatribe I expect from the anti-abortion lobby, complete with disturbing pictures.

Her article is filled with statements such as "Some veterinarians continue to believe that if we did not declaw, the cat would destroy furniture and subsequently be relinquished to a shelter ... this is an ancient argument we know is not true ...".

How do we know this? Where is the data to support this?

She asserts that the potential for chronic pain, along with our inability to adequately evaluate pain is a reason for not performing a procedure. Then the extension of this argument is that we should not perform any procedure where the potential for chronic pain exists regardless of the reason for the procedure.

She concludes with "we can longer avoid the mounting facts ..." Yet facts are exactly what her piece lacks.

So I guess my issue is with the editor. Why is this opinion piece in the magazine in the first place?

If your goal was an opinion piece then where is the balance?

If this is what we should expect in the future, then let me suggest the following potential topics:

- Reiki that touch that heals.
- Raw food, why all our pets should be on it.
- Chiropractic vaccines, why inject for immunity when you can manipulate.

These statements are not intended to diagnose, treat, cure or prevent any disease.

Respectfully,

Jory Bocknek D.V.M.

EDITOR'S Response:

Dear Dr. Bocknek,

Thank you for your letter to the editor regarding the article, "*Above all do no harm: the paradox of feline Onychectomy*" that appeared in the October 2015 issue of The Scalpel. In your letter you asked: "*Why is this opinion piece in the magazine in the first place?*"

The Scalpel is a newsletter that offers an open call for articles that are informative and interesting; it is not a peer-reviewed journal and so it may well contain "opinions"

by the author, which is why we state that the "*Views expressed in The Scalpel are the opinion of the author and not those of the TAVM Board or its Membership.*" More importantly, the question about the validity of non-medical feline declawing is an important topic and veterinarians must be at the forefront of the discussion.

We strive to bring awareness to topical issues and engage our membership in discussion. The fact that the article caught your attention, and hopefully the attention of our colleagues, means that the article has opened a dialogue amongst veterinarians, which is a good thing.

As the editor of The Scalpel, all articles submitted to me by veterinary specialists, experts, or general practitioners with a special interest, are considered. As a board-certified Feline Medicine Specialist, Dr. St. Denis wrote about a relevant and important issue that is currently under debate, and I believe it was suitable to share her knowledge and opinions about declawing with members of the profession. Dr. St. Denis has also provided the pertinent references to the other inquiries you made in your letter.

Kind regards,
Dr. Fran Rotondo
Editor – The Scalpel

AUTHOR'S Response:

Dear Dr. Bocknek,
November 27, 2015

Thank you for your letter to the editor regarding my article: "*Above all do no harm: the paradox of feline Onychectomy*". It is important for us to generate more discussion. I appreciate that you have opened this dialogue.

My article is an opinion piece. While opinion may be defined as a view formed about something not necessarily based on fact or knowledge, opinion is also defined as a formal statement of advice by an expert on a professional matter. I consider my article to be a statement based on my clinical expertise and knowledge arising from my status as a feline specialist.

We included a reference list here in response to your concerns. These are now at your disposal to review.

The "disturbing pictures" included in my piece are actual clinical cases treated in my own specialty practice. These pictures represent the facts. If they are disturbing, they should give you pause. Declawed cats are suffering. The evidence is in our experience and our growing awareness. There is a growing body of such clinical data being collected and published by many practitioners. As practitioners commence looking for these problems in their own patients, it will not be long before they find (as I did) that the evidence is right in front of them.

I emphatically disagree with your position that the extension of my opinion "is that we should not perform any procedure where the potential for chronic pain exists regardless of the reason for the procedure". Declaw is a medically unnecessary procedure involving amputation. Digit amputation for the sake of protecting furniture is not equivalent to medically necessary procedures. As compassionate medical professionals, we would not refuse to treat a patient with a condition which surgery can resolve, such as a limb fracture. We both know that the very existence of that fracture diminishes quality of life and would be considered inhumane if left untreated.

Grouping my opinion on onychectomy in with the anti-abortion movement, and other apparently "radical" groups is interesting. I believe prior to 1986, many veterinarians who argued that animals felt pain would have been lumped in the same radical categories, yet neither of us would now argue whether animals feel pain. I am certain that we both strive in our daily practice to anticipate, prevent and treat animal pain. Those who chose to ignore the existence of animal pain, can no longer argue this point. Along that same vein, I hope that all practitioners will soon come to realize that the potential for patient suffering is far too great to make onychectomy an acceptable practice. Above all do no harm. I thank you for invoking more discussion on this topic. As you continue with your own literature review, I invite you to contact me privately via email should you wish to pursue the discussion further.

Sincerely,

Kelly St. Denis, MSc, DVM, DABVP (feline practice)
drstdenis@charingcrosscatclinic.com

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Our New Website Is Live!

The hospital's new website was officially launched on October 1st, 2015!

The following are some of the new features for pet owners:

- FAQs
- Glossary of Terms
- Accommodations Nearby

For our community veterinarians we have the following:

- Online Referral Forms
- Upcoming Events
- Lectures, Articles, Case Studies
- In the News

Visit our website and enter our draw for **a free patient study ultrasound!** Here's where to go:

vetemergency.ca > Veterinarians > Education > DVM Contest 2016

Good Luck!

Our Team

Anesthesiology	Dr. Monica Rosati
Cardiology	Dr. Sandra Minors
Clinical Pathology	Dr. Emmeline Tan
Critical Care Medicine	Dr. Jennifer Kyes / Dr. Jaime Chandler Dr. Rita Ghosal
Dentistry	Dr. Lee Jane Huffman
Dermatology	Dr. Tony Yu / Dr. Charlie Pye
Emergency	Dr. Kendra Goulet / Dr. Jeff Madge Dr. Adrian Stroia / Dr. Vasile Dzsurdzsa Dr. Lucy Fernandes / Dr. Alison Little
Internal Medicine	Dr. Beth Hanselman / Dr. Jinelle Webb Dr. Dinaz Naigamwalla / Dr. Kirsten Prosser
Neurology / MRI	Dr. Carolina Duque / Dr. Andrea Finnen
Oncology	Dr. Meredith Gauthier
Ophthalmology	Dr. Michael Zigler / Dr. Tara Richards
Rehabilitation	Kristine Lee, PT / Joanna (Freeman) Pyke, PT
Surgery	Dr. Krista Halling / Dr. Alexandra Bos Dr. Sylvain Bichot / Dr. Seanna Swayne

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President's NOTE

Continued from page 1

In 2015 I wore my "pet parent" hat frequently. We went through hepatitis with our bunny, "Rupert"; a herniated disc, broken toe and cholecystectomy for our dog "Jackson"; and as I write this message, our "Mama Cat" is hospitalized and in renal failure. As a professional in the industry, I appreciate the value of good customer service within the veterinary hospital; as a pet owner it is extremely impactful. The value-added touch a texted photo of a hospitalized pet can make, or the importance of a good educational resource for my husband, who doesn't understand our jargon, even something as simple as smiling faces and reassuring words really do make all the difference.

In 2016 I challenge you to raise the bar. Figure out what makes your practice special, unique and different – reflect your Brand in everything you do. Show pet parents everywhere why their veterinary health care team is The Best. Ensure that your veterinary hospital is not only the type of place that you and your whole team would want to bring your own beloved furry family members to, but also the type of place they would encourage their friends and family to visit as well.

2016 ANNUAL GENERAL MEETING

Tuesday February 9, 2016

Annual General Meeting and Dinner 5:00pm-7:30pm

Dave & Buster's, Concord
SouthEast corner of Hwys 400 & 7
120 Interchange Way, Concord, ON. L4K 5C3
(905) 760-7600

Dinner open to all members - **RSVP required**

2016 TAVM AGM AGENDA

- Call to order (Senani Ratnayake)
- Approval of February 10, 2015 AGM Minutes (Senani Ratnayake)
- Treasurer's Report (Weiler & Company)

Approval of audited financial statements, year ending Nov. 30, 2015

Appointment of auditor, Weiler & Co for financial year Dec. 1, 2015 to Nov. 30, 2016

- Secretary's Report (Senani Ratnayake)
- President's Report (Senani Ratnayake)
- Other Business (Rob Jones)
- Adjournment (Rob Jones)

2016 BOARD OF DIRECTORS

EXECUTIVE:
Senani Ratnayake, Past President
Dr. Robert Jones, President
Dr. Enna Hughes, President Elect/Treasurer
Dr. Fran Rotondo, Secretary

DIRECTORS:
Dr. Lori Corrigan – 1 year term
Dr. Meredith Allum – 1 year term
4 Board of Director Positions to be elected at the AGM

TAVM BY-LAWS ONLINE

The current TAVM By-laws can be viewed prior to the AGM online at **www.tavm.org.**

Minutes from the 2015 TAVM AGM

2015 Annual General Meeting 7:00pm, Tuesday, February 10, 2015

1.0 Call to Order

Dr. Cheryl Birss, President of TAVM for the year 2014 called the meeting to order at 7:05pm with approximately 105 members in attendance. Dr. Birss announced that a quorum was present.

MOTION: That the agenda be approved as circulated.
Proposed: L. Broadhurst
Seconded: E. Yearwood
Motion carried

2. Approval of Minutes of February 11, 2014 AGM

MOTION: That the 2014 AGM minutes be approved as circulated.
Proposed: R. Jones
Seconded: S. Ratnayake
Motion carried

3. Treasurer's Report

C. Birss called upon Michael Kerr from Weiler & Company to give the Financial Report.

M. Kerr explained that everyone present has received a copy of the financials for the 2014 fiscal year. M. Kerr went over the report and explained that no issues were found. He then highlighted different areas of the report, including the cash for the year and net assets. M. Kerr asked the members if there were any questions. No questions forthcoming.

MOTION: To approve the audited financial statements, year ending November 30, 2014.
Proposed: J. Katchin
Seconded: E. Hughes
Motion carried

MOTION: To approve Weiler & Company as the auditor going forward for 2015.
Proposed: J. Katchin
Seconded: E. Yearwood
Motion carried

4. Secretary's Report

R. Jones, the Board Secretary for 2014, gave the following report:

He thanked the membership for coming to the AGM. He explained this would be his 4th and final Secretary's Report as he is stepping down from the position. R. Jones thanked all of the contributors, including advertisers and article writers. Finally, R. Jones welcomed Dr. Fran Rotondo as the new secretary and editor of The Scalpel.

5. President's Report

C. Birss, President for 2014 gave the following report:

2014 was another terrific year of continuing education at TAVM for both veterinarians and our support staff. We had a great line-up of speakers and topics, and I hope that everyone enjoyed these lectures.

The board of directors appreciates the feedback we receive from our members regarding not only lecture topics, but also about the venue and food. We try our best to maintain the fine balance between providing a high quality speaker, venue and food while keeping the membership dues at a reasonable rate. This information allowed the board of directors to find a solution to the seating arrangement issues and allowed us to return to the preferred forward facing seats. We also were able to improve the meals served at the hospital personnel series and have received very favourable feedback on these changes.

Along with planning the 2015 lecture series, the board continued to review our by-laws to ensure that we remain current. As we are a non-profit association, TAVM will have to ensure that we are compliant with Ontario's updated Not for profit Corporations Act.

I would like to take this opportunity to thank some members of the board for extra work they have done:

Thank you to Rob Jones, editor of the Scalpel. This is a very labour intensive position and Rob did a terrific job producing excellent editions of the Scalpel for the last many years. I would also like to thank Fran Rotondo for taking over Rob's position.

Thank you to Frank Lee who has been attending meetings at the CVO offices in Guelph on behalf of the TAVM as a part of the CVO's Prescribing and Dispensing Task Force.

Thank you to the TAVM by-law committee. In 2014, the members of this committee, Edith Yearwood, Lynn Broadhurst and Enna Hughes, have continued to update our by-laws.

Earlier in the year, we said goodbye to Sheri Beatty who was our administrator for many years, we thank her for all of her hard work over the past few years. One last special thank you to Nina Vaughan who is TAVM's new continuing education administrator.

Finally, I would also like to thank two long term board members who are stepping down after many years of service – Drs. Lynn Broadhurst and Sherry Deemar. Your contributions have been invaluable.

6. Election of Officers & Directors for 2015

C. Birss explained that there are currently 4 vacancies for positions on the Board of Directors with only 3 nominations for those positions. Dr. S. Deemar notified the Board after the 15 day deadline prior to the AGM that she will not be re-running for a position on the Board of Directors. The Board has proposed that the 3 nominees running for the 4 vacancies are accepted, and the Board will appoint a new Director at a future Board Meeting.

MOTION: To accept Avery Gillick, Enna Hughes and Lori Corrigan for the available positions on the TAVM Board of Directors.

Proposed: C. MacKay
Seconded: C. Cameron
Motion carried

MOTION: That the slate of Executive and Directors be accepted as per the following list:

EXECUTIVE:
Dr. Cheryl Birss, Past-President
Senani Ratnayake, President
Dr. Rob Jones, President Elect & Treasurer
Dr. Fran Rotondo, Secretary

DIRECTORS:
Dr. Avery Gillick
Dr. Enna Hughes
Dr. Frank Lee
Dr. Edith Yearwood
Dr. Lori Corrigan

Proposed: J. Katchin
Seconded: C. Cameron
Motion carried

7. Other Business

C. Birss advised that there were proposed changes to the by-laws; the information was handed out at the beginning of the meeting and faxed to members prior to the AGM.

MOTION: To accept the by-laws as presented.
Proposed: J. Katchin
Seconded: E. Hughes
Motion carried

Dr. Cheryl Birss introduced Senani Ratnayake as the incoming President. S. Ratnayake asked for a motion to adjourn the AGM.

8. Adjournment

MOTION: That the meeting be adjourned.
Proposed: R. Jones
Seconded: C. Cameron
Motion carried

Meeting adjourned at 7:23 pm.

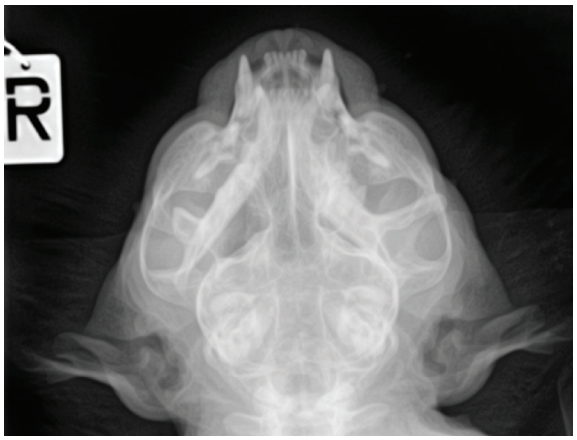
What Is Your Diagnosis? Emergency Medicine

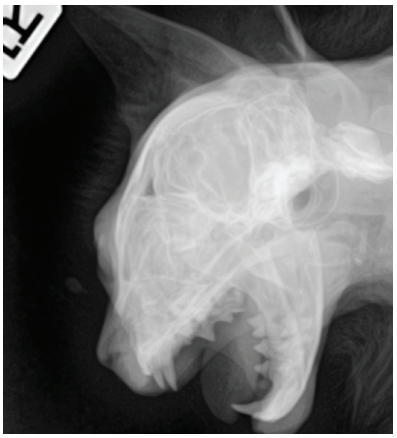
Case STUDY

Joanne Cockshutt, DACVS
Toronto Veterinary Emergency Hospital

A 10 year old, spayed domestic longhair cat presented to the TVEH Emergency Department for assessment of lockjaw. The owner reported that for the previous 24 hours the cat had been holding her mouth wide open. The cat had originally been a rescue kitten, but was now strictly an indoor cat, and there was no known history of trauma. While the cat had not been seen by a veterinarian recently, her owners reported that there were no other health issues.

On initial evaluation, physical examination was unremarkable, except for a widely open mouth. The cat appeared moderately distressed, but heart rate and respiratory rates were within normal limits. Palpation of the jaw did not reveal any obvious mandibular or maxillary fracture, the mandibular symphysis appeared grossly intact and no dental fractures were visible. No oral lesions or skin wounds were found. The mandible was deviated slightly to the left side. Neither joint laxity nor crepitus were detected, and efforts to manually close the jaw with gentle digital pressure were unsuccessful. Hydromorphone (0.025 mg/kg, i.v.) was administered on admission. Initial quick assessment bloodwork was within normal limits except for the following: ALT 109 (20-100 U/L), Ca+ 3.17 (2-2.95 mmol/L), phosphorous 0.83 (1.10-2.74 mmol/L) and glucose 11.5 (3.9-8.3 mmol/L). Skull radiographs were obtained after intravenous sedation with diazepam at 0.25 mg/kg and propofol at 4 mg/kg.

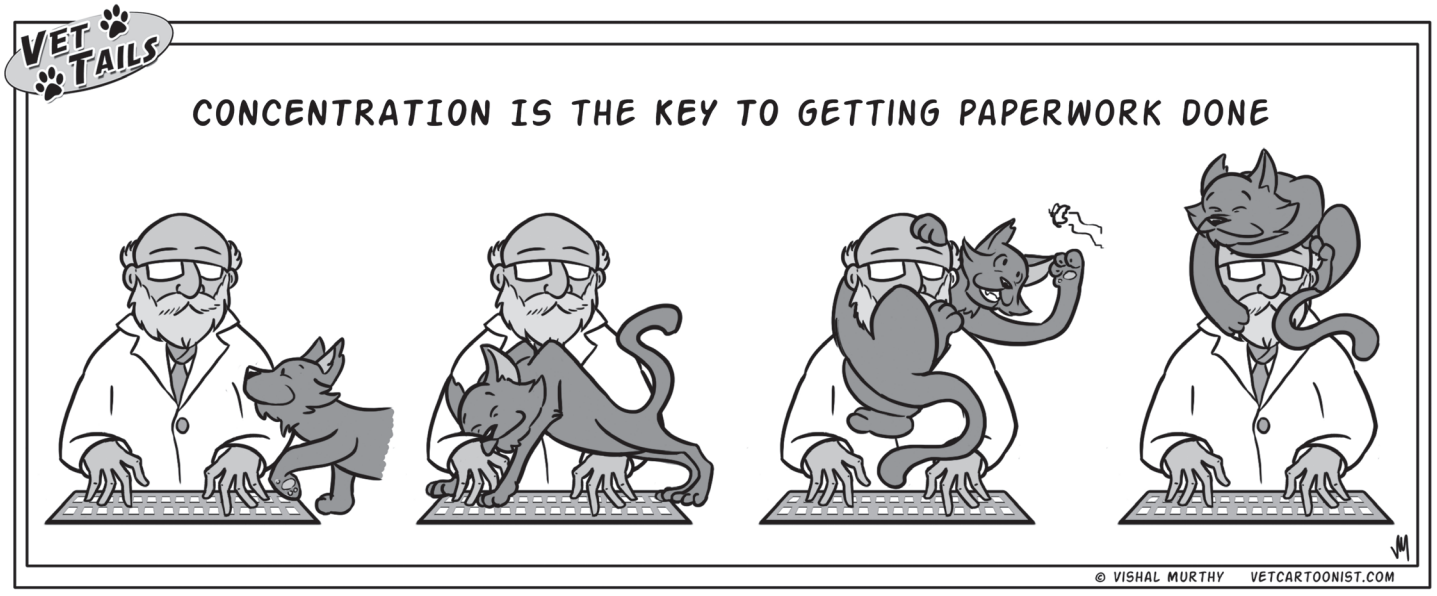




What are your differential diagnoses?

What other diagnostic testing would you recommend??

... see page 13



2016 SEMINARS

FEBRUARY 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27

MARCH 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

VETERINARY SERIES

Tuesday, February 9

2:00pm-9:00pm

A General Discussion of Seizures-Treatments, Causes and Similar Clinical Conditions

SPEAKER: **Andrew Barker,** *BSc, DVM*

Seizures are one of the most common neurologic conditions seen in companion animal practice. Seizures are a symptom of disease and have a wide range of underlying causes from intra to extracranial. The clinic appearance can be confused with several "seizure-like" conditions. Multiple treatment options exist including traditional medications (Phenobarbital and bromide), and newer anti-epileptics such as levetiracetam and zonisamide.

Acute Collapse in the Dog – An ER Perspective

SPEAKER: **Jason Donohoe,** *DVM*

Acute collapse is a common reason dogs present to the emergency hospital. The reasons for collapse are varied and may involve the neurologic, respiratory, musculoskeletal or cardiovascular systems. An approach to the initial evaluation and stabilization of the collapsed patient will be presented. Specific diagnostics to reach a definitive diagnosis will be discussed.

How To Get the Most From In-House Tests

SPEAKER: **Michael Ethier,** *DVM, DVSc, DACVECC*

When next day results just won't do! For many patients waiting for full lab results can significantly delay the onset of treatments, leaving them vulnerable to further complications. A case based approach will be used to illustrate how quick, inexpensive in-house testing can help you get a diagnosis fast.

Understanding Bias in Medical Decision Making: Strategies to Minimize Diagnostic Errors

SPEAKER: **Kelly Mitchell,** *BSc, DVM, DVSc, DACVIM (SAIM)*

Most medical errors are not due to lack of knowledge or technical mistakes but are instead due to flaws in clinical reasoning. Through the use of case examples, this lecture will examine the common intellectual biases that lead to cognitive errors. Strategies to recognize bias and minimize diagnostic errors will be emphasized.

Diagnosis and Treatment of Proteinuria

SPEAKER: **Vladimir Stojanovic,** *DVM, MVSc, DACVIM (SAIM)*

Proteinuria is a clinical condition frequently observed in companion animals. It is a common co-morbidity associated with the chronic kidney disease. Proteinuria implies that glomerular disease is present in the affected patient. This presentation will focus on explanation of different glomerulonephropathies seen in companion animals, their diagnosis, and various treatment strategies.

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Speaker biographies are on page 12

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Tuesday, March 8

2:00pm-8:30pm

Practical Techniques in Soft Tissue Surgery

SPEAKER: **Howard Seim III,** *DVM, DACVS*
Colorado State University

These sessions will consist of a variety of practical soft tissue surgery techniques that most veterinarians can perform in their practice. Video segments of clinical case material, carefully edited to form a real life experience, will be used as a means of delivering the surgical lectures. All video cases are client-owned animals and all of the surgical procedures performed are on patients that have come to the instructor's hospital. Case selection includes practical surgical procedures that many veterinarians are able to perform in their practice. An advantage of this lecture style is that participants are able to see the case actually operated on during the lecture.

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SPEAKER BIOGRAPHY:
Howard Seim III, *DVM, DACVS*
Colorado State University

Dr. Seim graduated from Washington State University, completed an internship in Saskatoon, Saskatchewan, and a two-year surgical residency at the Animal Medical Center in New York City. He obtained Diplomate status in the American College of Veterinary Surgeons in 1983. He is currently on the surgical staff at Colorado State University. He was Chief of the Small Animal Surgery section at CSU from 1992 to 2002. He was recipient of the Merck AGVET Award for Creative Teaching, the CSU Award for Instructional Innovation and selected as the North American Veterinary Conference's Small Animal Speaker of the Year in 2009. Dr. Seim is founder of VideoVet a Veterinary Surgery Continuing Education video series. www.videovet.org

HOSPITAL PERSONNEL SERIES

Wednesday, February 10

7:30pm-10:00pm

Managing Obesity and Arthritis

SPEAKER: **Tara Edwards,** *DACVSMR, Certified Canine Rehabilitation Therapist, Certified Veterinary Medical Acupuncture, Certified Veterinary Pain Practitioner*

Arthritis can be a debilitating condition which affects quality of life and impacts the human animal bond. It is important to recognize that obesity in your arthritic patients is an exacerbating factor and contributes to their chronic pain. We can improve patient care with earlier arthritis identification and implementation of multi-modal treatment strategies. Promoting physical well being in these patients is an important component in minimizing their pain and maximizing their mobility.

Radiation Safety for the Veterinary Technician

SPEAKER: **Shawn Mackenzie,** *BSc, DVM, DVSc*

Taking x-rays is a common and important task of veterinary technicians. X-rays cannot be felt or seen and therefore the risk of working with them can easily be overlooked. This seminar will focus on a discuss about the risks of x-ray exposure to radiology personnel and methods that are commonly used to reduce these risks.

Wound Management – Surgical or Traumatic Wounds

SPEAKER: **Debbie Reynolds,** *BVSc, BSc, DACVS-SA*

Successful wound management is dependent upon appropriate early treatment as well as ongoing wound care. Open wound management can be used to manage a large number of incisional breakdowns or traumatic wounds. Choosing which dressing when, if wound closure is necessary and techniques to close even the largest wounds will be covered.

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SPEAKER BIOGRAPHIES:

Speaker biographies continue on page 12

Wednesday, March 9

7:30pm-10:00pm

Nursing Care of the Respiratory Patient

SPEAKER: **Andrea Steele,** MSc, RVT, VTS (ECC)
Ontario Veterinary College, Health Sciences Centre

The respiratory patient requires a myriad of skills on the part of the veterinary technician: recognizing the emergent patient in trouble, recognizing respiratory distress as a secondary condition, and the specialized skills required to deal with these patients. This lecture will focus on the common causes of respiratory distress, and how to utilize our skills in the treatment of these patients.

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SPEAKER BIOGRAPHY:

Andrea Steele, MSc, RVT, VTS (ECC)
Ontario Veterinary College, Health Sciences Centre

Andrea graduated with a BSc in Honours Zoology from the University of Guelph, (1994), the Veterinary Technician Diploma at the Ridgetown College Campus, University of Guelph (1998), and a MSc in Veterinary Clinical Studies, with a focus on nosocomial infections in the ICU, in 2012.

Andrea has been an ICU technician at the Ontario Veterinary College Teaching Hospital for over 16 years, and achieved Veterinary Technician Specialist in Emergency and Critical Care (VTS(ECC)) certification in 2003, becoming a member of the Academy of Veterinary Emergency and Critical Care Technicians (AVECCT). In 2012, Andrea became the President of AVECCT, and now serves as Immediate Past-President.

Andrea is an experienced lecturer, and speaks regularly at national and international conferences and private CE events. In 2014, Andrea was voted the Veterinary Technician Educator of the Year at the Western Veterinary Conference.

In 2015, Andrea co-edited Small Animal Emergency and Critical Care for Veterinary Technicians, 3rd Edition, and has written several other chapters in veterinary books. Andrea's main areas of specialization include: Respiratory Nursing, Renal Nursing and Hospital Associated Infections.

Andrea is a proud member of the Veterinary Emergency and Critical Care Society, the International Veterinary Academy of Pain Management, the American Association of Critical Care Nurses, and the Ontario Association of Veterinary Technicians.

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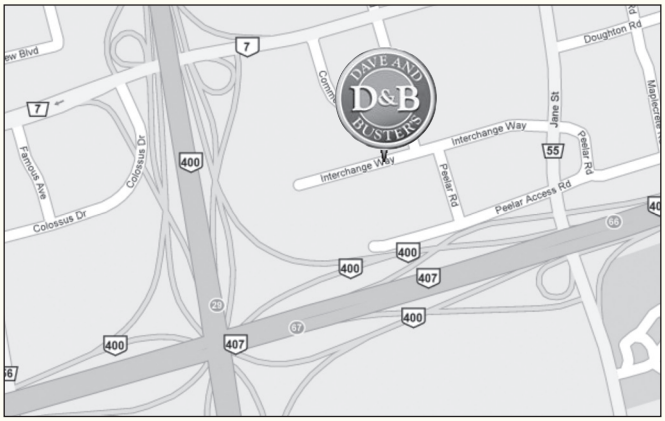


VETERINARY SERIES

Tuesday, February 9

Continued from page 10

SPEAKER BIOGRAPHIES:

SPEAKER: **Andrew Barker,** *DVM*
Veterinary Neurologist
Toronto Veterinary Emergency Hospital

Born and raised in Toronto, Dr. Andrew Barker attended the University of Guelph for an undergraduate degree in Biological Sciences, and the Ontario Veterinary College for the DVM program, graduating in 2009.

Dr. Barker completed a Rotating Medicine and Surgery Internship at the Atlantic Veterinary College in PEI, then a Neurology Internship at Canada West Veterinary Specialists in Vancouver, BC. Following completion of a Neurology Residency at Iowa State University, Andrew worked as an Assistant Professor (Neurology and Neurosurgery) at the Ontario Veterinary College, University of Guelph.

Dr. Barker joined the team at TVEH in October 2015. His professional interests include spinal surgery, and non-infectious conditions of the canine central nervous system.

SPEAKER: **Jason Donohoe,** *DVM*
Emergency Service Veterinarian
Toronto Veterinary Emergency Hospital

Dr. Jason Donohoe began his university career in 1990 at the University of Guelph, graduating from the Ontario Veterinary College in 1996. Jason spent the following three years in private practice, large animal practice in rural Ontario before finding his true calling – emergency medicine. Since 1999 Jason has been using his skills at busy emergency and referral hospitals, and has been at TVEH since its doors opened in 2009. Jason has special interests in trauma and emergency surgery.

SPEAKER: **Michael Ethier,** *DVM, DVSc, DACVECC*
Director of Emergency and Critical Care Medicine
Toronto Veterinary Emergency Hospital

Dr. Michael Ethier was born and raised in northern Ontario where he developed his love for the outdoors. After graduating from OVC in 2004 he spent a year in a private referral hospital in Ottawa. It was then that he realized his passion for emergency and critical care medicine. He returned to OVC where he completed a residency and DVSc in emergency and critical care medicine. After becoming boarded in 2008, he joined TVEH as director of emergency and critical care medicine.

SPEAKER: **Kelly Mitchell,** *BSc, DVM, DVSc, DACVIM (SAIM)*
Staff Internist
Toronto Veterinary Emergency Hospital

Dr. Kelly Mitchell obtained her BSc in zoology from the University of Calgary in 2000 and her Doctor of Veterinary Medicine degree from the Western College of Veterinary Medicine in 2004. These were followed by a rotating small animal medicine and surgery internship at the Atlantic Veterinary College (2005) and a three year combined residency in small animal internal medicine and Doctor of Veterinary Science degree at the Ontario Veterinary College (2008). She achieved board certification with the American College of Veterinary Internal Medicine (small animal internal medicine specialty) in 2008. Dr. Mitchell joined the Toronto Veterinary Emergency Hospital after one year as an assistant professor at the Ontario Veterinary College. Professional and research interests include immune-mediated hemolytic anemia, kidney disease, endocrinology, infectious disease and international veterinary medicine.

SPEAKER: **Vladimir Stojanovic,** *DVM, MVSc, DACVIM-SAIM*
Staff Internist
Toronto Veterinary Emergency Hospital

Dr. Stojanovic obtained his DVM degree in 2002 from the Atlantic Veterinary College in PEI. After 6 years of practicing emergency medicine he returned to the AVC for a three year combined residency/MVSc program in Small Animal Internal Medicine. During his residency, Dr. Stojanovic received several teaching awards and academic scholarships. Dr. Stojanovic is a Diplomate of the American College of Veterinary Internal Medicine (board-certified in Small Animal Internal Medicine). Dr. Stojanovic has published scientific articles and book chapters. Dr. Stojanovic enjoys travelling and spending time with family & friends.

HOSPITAL PERSONNEL SERIES

Wednesday, February 10

Continued from page 11

SPEAKER: **Tara Edwards,** *DACVSMR, Certified Canine Rehabilitation Therapist, Certified Veterinary Medical Acupuncture, Certified Veterinary Pain Practitioner*
Rehabilitation Veterinarian
Toronto Veterinary Emergency Hospital

Dr. Tara Edwards is a 2002 WCVM graduate. She obtained her certification as a Canine Rehabilitation Therapist in 2006 from the Canine Rehabilitation Institute. In 2012, she obtained her certification as a Veterinary Pain Practitioner through the International Veterinary Academy of Pain Management and achieved board certification through the American College of Veterinary Sports Medicine and Rehabilitation. In the fall of 2014, certification in Veterinary Medical Acupuncture was added to her practice to improve the quality of patient care. She is currently providing rehabilitation services at the Toronto Veterinary Emergency Hospital. Her areas of interest include improving the quality of care for geriatrics and raising the bar for pain management.

SPEAKER: **Shawn Mackenzie,** *BSc, DVM, DVSc*
Veterinary Radiologist
Toronto Veterinary Emergency Hospital

Dr. Shawn Mackenzie obtained his DVM in 2010 from the Atlantic Veterinary College (AVC) in PEI. Following graduation he completed a one year rotating internship followed by a four year combination residency and Doctor of Veterinary Sciences in diagnostic imaging at the Ontario Veterinary College. Dr. Mackenzie is joining the TVEH team in the fall of 2015. Dr. Mackenzie has won multiple academic and research awards and published numerous scientific articles. His professional interests include neuroimaging, CT angiography, ultrasound and teaching. In his spare time, Dr. Mackenzie enjoys golfing, hockey, and hiking.

SPEAKER: **Debbie Reynolds,** *BVSc, BSc, DACVS-SA*
Surgeon
Toronto Veterinary Emergency Hospital

Dr. Debbie Reynolds graduated from the University of Queensland in 1999. Following graduation, she worked in equine and small animal prior to undertaking both a surgical and rotating internship at the Ontario Veterinary College. Following board certification has been working at TVEH. Surgical interests include minimally invasive and interventional surgery, wound management and reconstruction, oncology and joint replacements.

What Is Your Diagnosis? Emergency Medicine

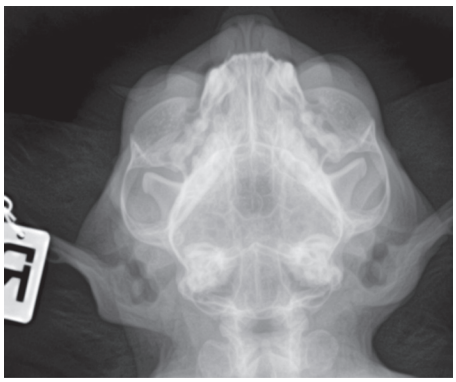
Case STUDY

Continued from page 9

At the time of admission, the primary differential diagnoses included: TMJ fracture/luxation, jaw fracture, oral foreign body, TMJ dysplasia, dental interlock, and trigeminal neuropathy.

Radiographic findings: Both temporomandibular joints are visible and are normal. The left coronoid process of the mandibular ramus is shifted laterally and encroaches on the zygomatic arch. No other abnormalities are detected.

Based on the radiographs and physical examination, a diagnosis of mechanical open-mouth jaw locking was made. Without additional sedation, the cat's mouth was gently opened slightly wider and pressure was simultaneously applied to the displaced left coronoid process, immediately releasing the lock and permitting jaw closure. Skull radiographs were repeated.



The post reduction radiograph demonstrates both temporomandibular joints to be normal and both coronoid processes to be in a normal location.

Intermittent open-mouth jaw locking is occasionally reported in both dogs and cats with no apparent breed, sex or age predilection. There is usually no history of trauma. The condition has been associated with TMJ dysplasia causing subluxation and a contralateral shift of the mandible. It can also, more rarely, occur secondary to anatomic abnormality of the zygomatic arch or ramus. The coronoid process of the mandible (vertical ramus) may impinge on the ventral aspect of the adjacent zygomatic arch, or even become displaced lateral to the arch.

Locking is usually brief in duration, ranging from a few seconds to over an hour. It may correct itself spontaneously if the patient manages to open its mouth wider, permitting the coronoid process to disengage from the arch. Locking episodes typically occur sporadically but may become more frequent over time. Physical examination after spontaneous reduction shows no abnormalities. Occasionally, as in this cat, the coronoid process does not self-release and manual manipulation, under sedation, is needed to free the mandible. Examination of a patient during a locking episode finds an open mouth with the jaw shifted to one side. Patients are often frantic and salivating profusely. They may show pain on oral manipulation. A protuberance is typically visible or palpable on the lateral or ventral aspect of the zygomatic arch on the side that the mandible is shifted towards, being caused by the tip of the coronoid process lying outside the arch.

Diagnosis can be supported by CT which may reveal unilateral or bilateral TMJ dysplasia, although normal joints are found on most imaging studies. During a locking episode, a CT or an open-mouth radiographic view reveals the abnormal relationship between the coronoid process and zygomatic arch as seen in the radiographs above.

Treatment is straightforward and often easy. With the patient sedated, the mouth is opened wider and the coronoid process is pushed back under and medial to the zygomatic arch. Post-reduction stabilization, e.g., with a tape muzzle, has been suggested to prevent wide opening of the mouth and recurrence, since a simple yawn can result in relocking. Longer term, there is risk of recurrence, particularly if there is underlying TMJ laxity, which can be assessed manually in the sedated patient. Permanent resolution may require surgery to remove a portion of the involved coronoid process or zygomatic arch. Both are minimally invasive procedures with good cosmetic results.

The cat made an uneventful recovery and was discharged with instructions to feed a soft diet for 2 weeks and monitor for recurrence of the lockjaw. Buprenorphine was dispensed for analgesia. The mildly abnormal blood values were to be rechecked with the regular veterinarian. At telephone follow up 2 and 13 months later, there was no recurrence of the jaw problem and further diagnostics were not pursued.

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Joanne Cockshutt, *DACVS,*
Toronto Veterinary Emergency Hospital

Dr. Cockshutt was born in northern B.C. but grew up in Toronto before returning to the west coast to study at the University of Victoria. She received her DVM degree from the Western College of Veterinary Medicine, graduating with great distinction in 1979. Joanne returned to Ontario for an internship in small animal medicine and surgery at the Ontario Veterinary College, followed by a surgical residency. After completing an MSc in Surgery in 1984, she joined OVC's small animal surgery faculty. For the next 15 years Joanne was involved in management of referral surgery cases, clinical research, training of veterinary students, interns and residents, and speaking at veterinary conferences in North America and Europe. She is board-certified by the ACVS and has received multiple awards for excellence in teaching. She is particularly proud of having helped over 2000 Canadian veterinarians gain proficiency in surgery; some, sharing her passion for surgery, have themselves become specialists. In 2000, Joanne returned to private practice and in 2008 helped launch TVEH's referral service, bringing almost 30 years of surgical experience to the hospital. Dr. Cockshutt's areas of special interest include soft tissue and minimally invasive surgery. The author of many articles and book chapters on surgery, she serves on the editorial review board of Veterinary Comparative Orthopaedics and Traumatology, a leading surgery specialty journal. She is an enthusiast of anything outdoors, particularly hiking, kayaking, photography and travel, ideally in combination. These adventures are shared by her partner Kit, although not by Willis, their streetwise black cat rescued from Toronto.

Dealing with Renovations and Construction – for Veterinarian Tenants

Dale Willerton and Jeff Grandfield - The Lease Coach

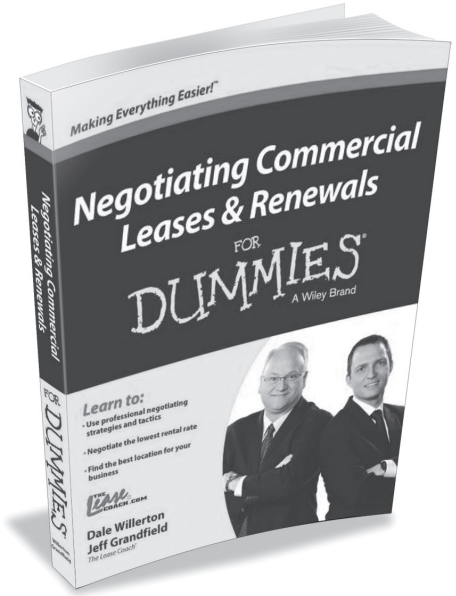
As an existing veterinarian tenant, you might want or need cosmetic upgrades to your commercial property. Even if you are looking at new carpeting or a fresh coat of paint in your practice, one of the best times to address these plans with your landlord is prior to your lease renewal due date. Your landlord may be willing to cover the costs of these repairs or upgrades to your practice as a means to motivate you to renew your lease and remain in their property as a rent-paying tenant.

As we explain in our book, Negotiating Commercial Leases & Renewals For Dummies, there is more to consider and remember. Before completing any renovations or repairs to the property yourself, it's vital for veterinarian tenants to understand that landlords often reserve the right to pre-approve all design and construction to be done by the tenant for a couple of reasons:

- It's often the landlord's tenant allowance money being spent on those leasehold improvements. The landlord wants to ensure, if at all possible, that the improvements being made to the premises can live on and be used by the next tenant should you not stay for more than one lease term or your veterinarian business fails.
- It's the landlord's property and the landlord rightfully deserves to know whether your construction plans include penetrating a roof membrane or other structural changes. If your design plans reveal that you'll be using a disproportionate amount of utilities and the utilities are not separately metered (e.g. further lighting for another examination room), the landlord may also want some input on that (which is completely understandable).

Furthermore, in some cases, the landlord may include a review fee for looking at and approving the tenant's plans. This review fee may not appear in the offer to lease but may instead come to light in the formal lease documents. As with many other terms and conditions in this agreement, this fee is completely negotiable initially or as part of the lease renewal process. With one client, we remember that the landlord was trying to charge the tenant $1500 to review their renovation plans … The Lease Coach negotiated to eliminate this expense entirely as this was not a brand-new buildout and the plans were mostly cosmetic in nature.

We strongly advise that veterinarian tenants clarify the landlord's work to be done. The landlord's work, as listed in an offer to lease, formal lease renewal agreement, or lease renewal documents should state very specifically any improvements that the landlord will do on the property – typically at the landlord's expense. One example can be the installation or replacement of a Heating, Ventilation, and Air-Conditioning (HVAC) unit on the property roof to provide warm and cool air inside. Veterinarian tenants may also choose to replace or upgrade their practice flooring. In this case, the tenant should choose the preferred color and grade of flooring otherwise the landlord may simply install the cheapest and lowest-quality flooring available as a cost-cutting measure. No matter what the upgrade or renovation project desired or planned, it is critical for the tenant to include as many details as possible to avoid future disagreements



and unforeseen costs. Do not make assumptions on these details.

Any work that the landlord isn't doing will be stated as tenant's work. While you will still require the landlord's approval to complete these projects, this work is at your expense. With more extensive renovations and buildouts, the landlord's and tenant's work is, typically, listed in a separate exhibit attached to the lease documents.

For a complimentary copy of our CD, Leasing Dos & Don'ts for Commercial Tenants, please e-mail DaleWillerton@TheLeaseCoach.com

Dale Willerton and Jeff Grandfield - The Lease Coach *are Commercial Lease Consultants who work exclusively for tenants. Dale and Jeff are professional speakers and co-authors of Negotiating Commercial Leases & Renewals For Dummies (Wiley, 2013). Got a leasing question? Need help with your new lease or renewal? Call 1-800-738-9202, e-mail DaleWillerton@TheLeaseCoach.com or visit www.TheLeaseCoach.com.*

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In the NEWS

POLICE DOG RECOVERING AFTER TORONTO MACHETE ATTACK
TheStar.com
Nick Westoll, News Reporter
Tuesday November 24, 2015

A man is facing charges after he allegedly cut the neck of a Toronto Police Service dog.

Lonca, the one-year-old dog, was with officers as they carried out a search warrant related to an illegal gaming operation investigation on Monday, according to a police statement.

After officers entered a home near Selnac Rd. and Churchill Ave., southeast of Bathurst St. and Finch Ave. W., a man ran from the house carrying a large machete. The statement said the man was ordered to drop the knife, but he refused. Officers deployed Lonca and the man subsequently "chopped" at the dog's neck.

Lonca was rushed to an emergency veterinary hospital to be treated for neck injuries. As a result of the cuts, he received multiple stitches. Police were able to subdue and arrest the man.

Phuoc Dang, 56, of Toronto is charged with possession of the proceeds of crime, injuring/wounding an animal and weapons dangerous.

Police also charged two other individuals in relation to the illegal gaming operation investigation.

PANDA NEWBORNS NURTURED IN OLD SICKKIDS INCUBATOR
TheStar.com
Jackie Hong, Staff reporter
Wednesday October 21, 2015

An old incubator from SickKids' neonatal intensive care unit has held lots of babies, but never ones like these.

Toronto Zoo's two newborn panda cubs, still pink, tiny and blind, are taking turns being housed in a retired incubator donated by the hospital. It's been crucial to the cubs' wellbeing.

"The incubator is a critical piece of equipment that is being used by the giant panda team to give both cubs the best chance for survival," said Dr. Chris Dutton, the zoo's head of veterinary services, in a press release. "I would like to express particular thanks to SickKids' Dr. Peter Cox and Mr. Navtej Virdi for arranging this important contribution."

According to the zoo, staff from the Wildlife Health Centre, Wildlife Care and two giant panda experts from Chengdu Research Base of Giant Panda Breeding in China immediately retrieved the second cub after mom Er Shun gave birth Oct. 13 and placed it in the incubator, which is in the maternity area of the giant panda house.

Every few hours, staff swap the cubs so they both have time to bond with Er Shun. The cub in the incubator is closely monitored and given regular health checks, the zoo said. Once the cubs are healthy and old enough to be on their own with mom, the incubator will be relocated to the Wildlife Health Centre.

The Toronto Zoo's panda cubs are taking turns being with mom and being monitored in an old incubator donated to the zoo by SickKids.

Last week, the zoo said the cubs, the first pandas born in Canada, were doing well.

BRUTAL BABOON BATTLE ERUPTS FOR THRONE AT TORONTO ZOO AFTER MATRIARCH DIES
TheStar.com
Liam Casey, Associated Press
Sunday November 29, 2015

TORONTO—After the matriarch died last year, a vicious battle erupted among the female baboons at the Toronto Zoo for her throne that endured for months, prompting a brief closure of the exhibit and providing a fascinating glimpse into the animals' behaviour.

Medical records show numerous injuries among five of the six female olive baboons, from deep lacerations near their eyes to hair ripped out and tail injuries. At least two required surgeries to close deep gashes.

The exhibit was closed for several days because "there were some injuries that we thought best to keep them at the back because our visiting public don't know baboon behaviour," said Maria Franke, the curator of mammals at the zoo.

The baboon house — the area not open to the public where the animals eat and sleep — also had to be modified to allow for more space and additional escape routes, Franke said.

Chris Dutton, the zoo's senior veterinarian, said the animals are fine and are "incredibly tough and they heal incredibly well."

Now, Dutton said, two females sit on the throne in an uncomfortable truce, with the rightful heir biding her time until the older one dies.

Baboons, both in the wild and at zoos, have societies that are run by females — and that dominance runs through family lines. So the oldest daughter of the matriarch is the rightful heir to become queen.

That's what happened to Betty, the longtime queen of the 12-member troop who took the reins when her mother, Boss Lady, died. But troubles began a year ago when keepers noticed differences in Betty's behaviour, Franke and Dutton said.

"She was changing her naturally dominant behaviour and she was hanging out with the subordinates and starting to slow down a little," Dutton said.

The medical records, obtained via freedom-to-information legislation, note Betty was "reported to be lethargic, losing weight and not eating well."

By early December, Betty stopped eating.

So Dutton and his staff anesthetized her to figure out what was going on. An exploratory surgery revealed a tumour in her uterus that had spread to the abdominal wall. It was terminal, Dutton said, so they euthanized her on the operating room table on Dec. 5, 2014. She was 16 years old.

That's when the brawling began.

Molly is Betty's oldest daughter and baboon society dictates the throne was hers. But she was young at six years old, and not fully mature.

So Putsie, who at 18 years old is the enclosure's oldest female, saw an opportunity.

"She's fighting to be dominant because of age, I guess," Franke said.

It's unclear exactly who inflicted which wounds on whom, as the attacks happened mostly at night and away from the keepers. But over the course of the following year, Putsie had only one minor injury, while the remaining five animals fared worse.

Molly and her sister, Susan, appeared to suffer the most attacks early on, according to the medical records.

Molly was attacked at least eight times over the course of three months. At one point, her left eye was swollen shut and she had deep lacerations above both eyes and a gash to the bone on her nose, the records show. Molly was anesthetized and one wound was stitched up.

By mid-month, Susan was attacked and suffered "severe lacerations" of the right side of her face that left the orbital bone exposed. The injury required surgery similar to Molly's.

The eye itself wasn't affected, the records say, "but the eye remains semi closed before and after suturing and cannot rule out muscle or nerve damage to peri-orbital structures."

Three subordinate females, Kristina, Kate and Kalamata — all Putsie's daughters — were also attacked. Kristina's left eye was swollen shut after a fight, according to the medical records.

Kate had cuts on her face and several bites to her tail.

"Now all the aggression is occurring to the other animals, the least dominant, which is Kalamata," Franke said.

On Feb. 3, Kalamata was attacked — the same night as Kate.

"Most of the hair on top of her head has been ripped out," the medical notes read. "This individual has been attacked multiple times within the last two months."

She was attacked again this past October, Dutton said, when one baboon bit her tail. Dutton and Franke only intervened when a baboon needed medical treatment. They were loathe to interrupt the baboon's own game of thrones.

"You have to let their natural behaviour happen," Franke said. "They have to sort it out. In the wild, a lot of times it's to the death."

She added a baboon has never been killed by another baboon at the Toronto Zoo.

A veterinary note that was attached to several baboons' medical files suggests various interventions, including modifying the enclosure to add outdoor heaters and shelters so that the animals can have outdoor access at night without freezing.

The note also suggests looking into medical options for regulating aggressive behaviour.

As for medical intervention, Dutton said: "We don't particularly want our animals on some form of mood-altering drugs of any kind because we don't think that's appropriate."

Earlier this week, the baboons lounged in the sun grooming each other and lazing around. Kalamata lay on a rock, a portion of her tail scabbed over.

The only drama came when one male made a sexual play for a female. Bwana Joe, the oldest and largest male, took offence and chased several baboons up the rock wall — but eventually succeeded in wooing one of the females himself.

CASES OF LYME DISEASE SURGE IN ONTARIO
TheStar.com
Diana Zlomislic, News Reporter
Friday November 27, 2015

Confirmed cases of Lyme disease in Ontario more than doubled this year as blacklegged ticks officially make Greater Toronto home, new public health data obtained by the Star show.

The National Microbiology Lab confirmed this week that for the second season in a row, a blacklegged tick infected with *Borrelia burgdorferi* — the bacterium that can cause potentially disabling disease in humans and pets alike — was found in Rouge Valley, which spans Durham, York and Toronto.

"Once the ticks are established in the location... they don't ever leave," said Curtis Russell, an expert in vector-borne diseases at Public Health Ontario. "Now we just have to make sure to see where they're expanding to."

Public health data released to the Star show 304 confirmed cases and 54 probable cases of Lyme disease have been reported in Ontario between January and November this year. In 2014, 149 cases were confirmed and 71 were probable.

Typical symptoms of infection can include fever, headache, muscle and joint pains, fatigue and skin rash. Untreated, the disease can last for years and cause neurological and musculoskeletal damage. In some cases, it can lead to heart infection and death.

"Over the last few years, Lyme disease in Canada has evolved from an unusual and focal issue, to an emergent and expanding problem," Health Canada warned in a recent report.

What's especially concerning is the spread of ticks from relatively isolated forests to more densely populated areas.

Blacklegged ticks, which can carry Lyme disease, have been spotted on Algonquin Island. Be careful when you are in forested areas to wear long pants and socks.

Prior to the mid-1990s, Lyme-diseased ticks were found in only one area in all of Canada — Long Point Provincial Park on Lake Erie.

This year, 16 new risk zones were identified in Ontario alone, including Rouge Valley.

The latest Toronto-specific data on human illness has not yet been compiled, but last year, Toronto Public Health reported 34 confirmed and four probable cases — the highest number in Ontario. That doesn't mean, however, that all these people were exposed to the bacterium in Toronto.

Ticks often travel on the bodies of migratory birds or white-tailed deer. Since the mid-1990s, parks along the northern shores of Lakes Erie and Ontario have gradually become hotbeds for blacklegged ticks.

When travelling birds stop at these parks, the ticks fall off and look for new hosts. Ticks move very slowly. When they want to feed, they will climb to the tip of a grass blade and wait for an animal to latch onto.

A tick can feed on the blood of a single host for days, even a week. If that tick is infected with Lyme, it will take 24 hours to transmit the bacteria from its gut to its salivary glands and into its host, which is why public health agencies urge people who visit leafy, tall-grassy areas to frequently check themselves and their pets for ticks.

At least 900 dogs across Ontario tested positive for Lyme disease this year — a sharp increase from just 91 cases in 2012, according to Idexx, which publishes data on pet disease. The cases are based on an annual, routine test administered to dogs at veterinary clinics. There are several labs that offer this testing, but only Idexx shares its results publicly. Public Health Ontario reviews animal data, Russell said, but it's just one piece of the puzzle.

While the numbers seem high, dogs respond much differently to Lyme disease than humans.

Dr. Andrew Peregrine, a clinical parasitologist at University of Guelph, estimates that only five per cent of infected dogs will develop clinical signs, which can include intermittent limping, swollen joints and lethargy, or more serious kidney problems. And while humans will typically show signs of infection within a week or two, two to five months may pass before a dog shows symptoms.

Dr. Scott Stevenson sees between five and a dozen dogs each year that show clinical signs

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of Lyme disease at his Thousand Islands veterinary clinic. In those cases, he recommends a full month of antibiotic treatment.

Mostly, though, he prescribes prevention strategies for pets and humans such as daily tick checks whenever the temperature is above freezing.

"There isn't risk 365 days in Ontario, but there is risk in all 12 months of the year because there are days in January where it's above 4 degrees Celsius and the ticks are out." There are no control measures for blacklegged ticks.

"The impact on the environment would be awful if you tried to get rid of them," Peregrine says. "We really need to start learning to live with them."

At Queen's Park on Thursday, NDP MPP Michael Mantha (Algoma-Manitoulin) criticized the health minister for failing to follow through on his commitment last year to create an action plan on Lyme disease.

"If the stakeholders are not consulted, we will get absolutely no changes made to Lyme education, testing and treatment, and patients will continue to suffer," he said.

Humans and dogs heading into wooded areas across Ontario should know that blacklegged ticks can transmit Lyme disease at only two stages in their two-year life cycle.

Eggs: An adult female tick that has fed on blood can produce thousands of eggs after mating in the spring. A female infected with Lyme disease cannot pass the bacterium to her eggs.

Larva: Pinhead-sized larvae typically carry no risk of disease until they feed on a small mammal, often a mouse or bird, which can be infected with the bacterium *Borellia burgdorferi* that causes Lyme disease.

Nymph: By this stage, the tick may already carry the bacterium if it fed on an infected mammal in the larva stage. The size of a poppy seed, nymphs are prevalent in spring.

They're opportunistic and will feed on whatever walks by — small mammals, birds, dogs and people. The blood meal can last three to seven days, after which the fully engorged tick will drop to the ground and moult into its final life stage.

Adults: At their largest size in the life cycle, they're roughly 3 mm unfed. Engorged, they can balloon to 10 mm, making them easier to see and pick off before they can transmit the bacterium to a person or dog. If an adult tick cannot find a host to feed on before winter, they will become relatively inactive under the snow and resume their search for a host when the temperature rises above zero.

CORNELL RESEARCHERS GIVE 'PUPPY LOVE' A NEW MEANING WITH FIRST IVF LITTER
The Globe and Mail
Joseph Ax, New York Reuters
Thursday December 10, 2015

Rarely is a major scientific breakthrough so darn cute.

Researchers at Cornell University in New York State and the Smithsonian Institution in Washington, D.C., announced on Wednesday the first litter of puppies born through in vitro fertilization.

The seven puppies were born on July 10 and include five beagles and two beagle-cocker spaniel mixes. The results were published on Wednesday in the science journal PLOS ONE.
These seven mutts are the world's first test-tube puppies.

The process of in vitro fertilization, in which eggs are fertilized with sperm outside the body before the embryos are implanted into a female, has been in use since the 1970s to assist in human birth.

But scientists have long struggled to reproduce those results with dogs, in part because the canine reproductive cycle differs from that of other mammals.

"Since the mid-1970s, people have been trying to do in a dog and have been unsuccessful," said one of the authors, Alex Travis, the head of the laboratory at Cornell's Baker Institute for Animal Health.

Female dogs only ovulate once or twice a year, and their eggs tend to be less mature at that stage, according to the research paper.

The scientists built upon an earlier success. In 2012, Travis' laboratory was able to produce Klondike, the first puppy in the Western Hemisphere to be born from a frozen embryo. The technique could eventually be used to help breed endangered species in captivity, Travis said, for example the African painted dog.

He also said the development opens the door to detecting genetic traits that lead to disease and fixing them preemptively. "Instead of trying to cure disease, we can help prevent it from happening in the first place," he said.

The paper, whose lead author was Jennifer Nagashima, a postdoctoral fellow at the Smithsonian Conservation Biology Institute, said the research could shed light on the genetic basis for numerous disorders that affect both dogs and humans.

Dogs share more than 350 similar heritable disorders and traits with humans, almost twice as many as any other species, according to the paper.

ONTARIO WOMAN DRIVES 400 KILOMETRES TO HELP AILING BEAVER
The Globe and Mail
Diana Mehta, The Canadian Press
Wednesday December 9, 2015

It was a quintessentially Canadian act of kindness.

When an Ontario wildlife sanctuary put out an urgent call for someone to drive an ailing beaver to a specialized facility some 400 kilometres away, they found a volunteer within half an hour.

Mary Herbert didn't have any prior plans to make the trek from Ottawa to Rosseau, Ont., but offered to give the rodent a ride on Wednesday simply because she's always liked Canada's national animal.

"I just figured I could help them out," the Ottawa-area resident told The Canadian Press after arriving at her destination.

"I looked at my husband and said 'I can do that, I'm free tomorrow.' I love animals. It's really nice to be able to help wildlife out. It's not an opportunity many get."

Herbert had never volunteered for the Rideau Valley Wildlife Sanctuary before, but she did follow them on Facebook, which is how she saw their appeal for a "beaver taxi." "If I can save one beaver's life, that's a good thing," she said. "There's a beaver pond where I live and that's just part of the wildlife that I see, and I like. This fellow, it looks like he's been orphaned and he needed help."

The beaver travelled in a crate which was covered with a blanket and kept on the back seat of Herbert's car.

"He didn't say a word the whole way," Herbert said.

The rodent – which has no name – was found on Friday in a yard in the Ottawa area by residents who called the sanctuary.

"He was found unusually far from water," said sanctuary board member Heather Badenoch. "He was dehydrated, he was lethargic, he was disoriented."

The beaver was warmed up and given immediate care at the sanctuary but his behaviour still wasn't normal, Badenoch said.

A decision was made to transport the beaver to the Aspen Valley Wildlife Sanctuary in the Muskoka region north of Toronto as quickly as possible so he could be examined by a vet.

The beaver would also have the option of spending the winter at that sanctuary if required because of its indoor water enclosure.

"The beaver is beyond what we have the facility for here," said Badenoch. "Once he was stabilized enough to be transported, we put out the call."

The plea went out on social media channels, sparked the hashtag #beavertaxi, and caught Herbert's attention.

The sanctuary has put out similar calls for "animal taxis" before, but Badenoch said the sheer volume of responses generated by the beaver's plight and the speed at which the call was answered made it stand out.

"I think it was because it was a beaver," she said. "The joke was, it's the most Canadian thing to happen in Canada."

Compiled by Brandon Hall

***Brandon Hall** is the acting Communications Manager for the Toronto Veterinary Emergency Hospital (TVEH). With a background in Event Planning and Hotel Management combined with his passion for animals, he is grateful for the opportunity to have both incorporated into his work-life. In his spare time Brandon enjoys evenings out with friends and family, riding horses and is usually seen with his dog Spencer tagging along beside him.*

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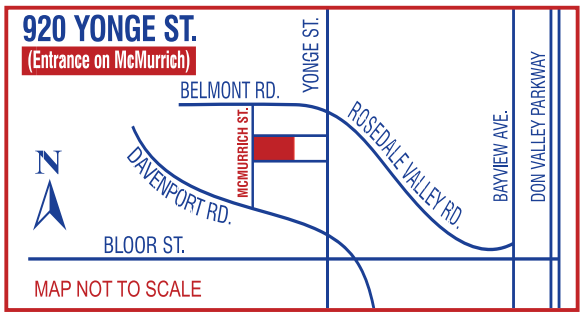

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