

# The Scalpel<sup>5\$</sup>

Toronto Academy of Veterinary Medicine Newsletter

Volume 22, #2 March 2006

## Subscription Series lecture date change

Due to a scheduling conflict, the March 2006 Subscription Series lecture date, with Dr. Mark Papich speaking on **Current Drug Therapy in Small Animals**, has been advanced by one week to **Tuesday, March 7.**

Lecture date for the Hospital Personnel Series remains at March 15, 2006.

The start and end times for both these lectures remain the same.

## Dr. Clayton MacKay is TAVM's President for 2006



Dr. Clayton MacKay, left, presents outgoing president Dr. Bill Holley with the gavel in appreciation of his work over the past two years. Dr. MacKay will be president for 2006.

The Annual General Meeting of the Toronto Academy of Veterinary Medicine was held Tuesday, February 7, 2006 between the afternoon and evening lectures. Guests at the meeting included former TAVM president Dr. Tim Arthur, now a CVO representative for Toronto, Mr. Doug Raven, Ontario Veterinary Medical Association Executive Director, and Dr. Chris Brown, Chair of Clinical Studies and acting director of the veterinary teaching hospital. Dr. Debbie James of the Toronto Veterinary Emergency Clinic and Referral Centre was the evening's guest speaker.

Between dinner courses, TAVM president Dr. Bill Holley invited each guest to say a few words.

Dr. Tim Arthur introduced himself and mentioned that he and Dr. Al Thompson are the representatives for Toronto on the CVO board. He reminded members that he and Dr. Thompson are always happy to listen to any questions or concerns from members. He gave a preview of three documents that the CVO is in the process of introducing. The first one concerns guidelines for the transferring of medical records. It would provide direction for situations such as what

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## 2006 President...cont'd from page 1

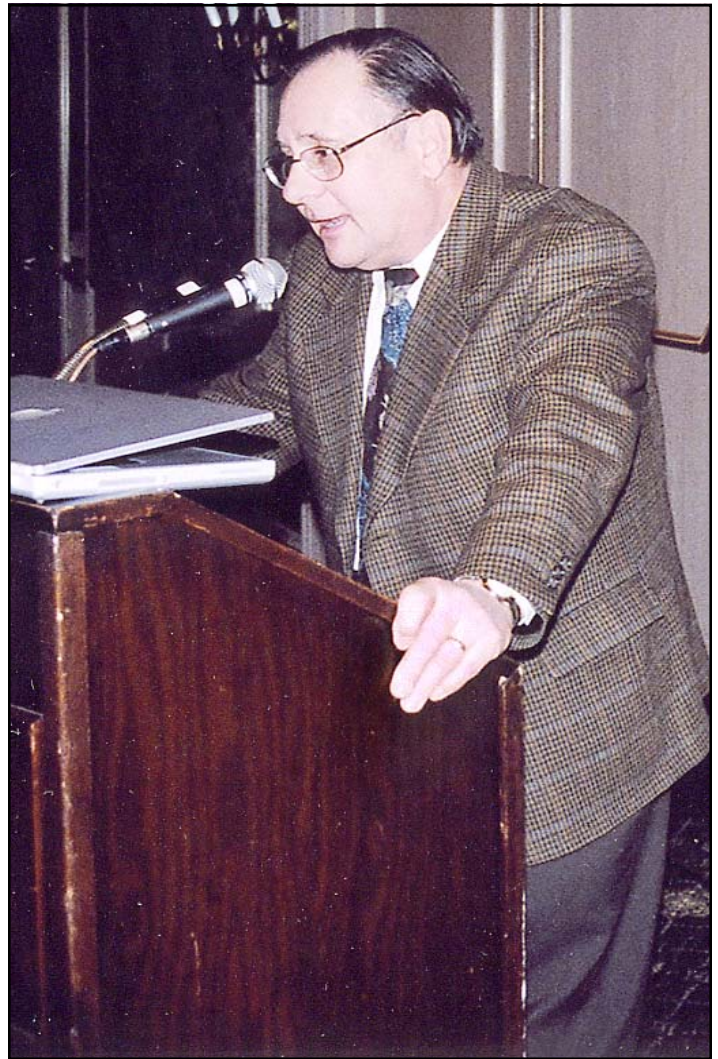
one should do when records are requested, and what you should do when you receive records from another clinic. The second document will be a position paper concerning the topic of drug compounding. This will address the responsibilities of the pharmacist compounding the drug and the veterinarian prescribing it. The third document, which is in its final stages, will offer guidelines for the keeping of medical records. This is currently available for viewing on the CVO website.

Dr. Chris Brown was the next special speaker. He represented OVC dean Dr. Elizabeth Stone who was away in California on a fundraising mission. He reminded the audience that the College will be continuing to raise funds for needed upgrades and expansions of the teaching hospital and other facilities at the College. Expect a call.

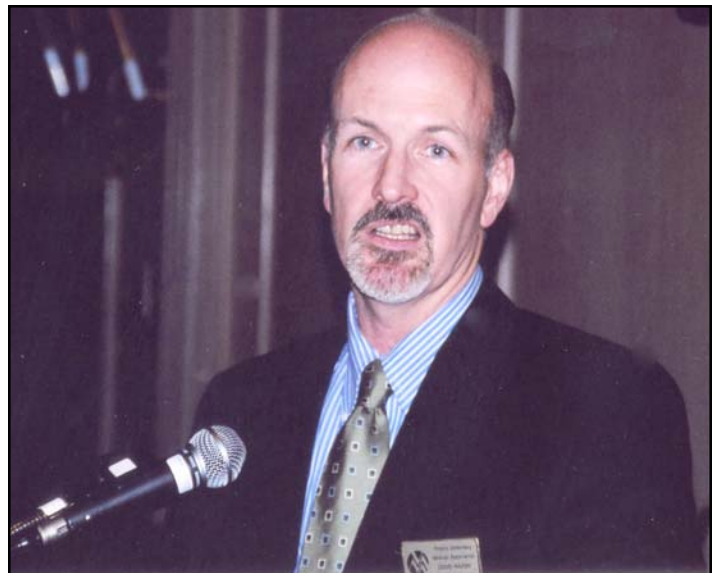
Mr. Doug Raven extended greetings from the OVMA. He represented OVMA President Dr. Ken Bridge, who could not attend due to inclement weather in Ripley, where he is a mixed-animal practitioner. Mr. Raven reminded the audience that his last lecture to TAVM members was to warn them about the pending Pitbull ban, part of the new Dog Owners' Liability Act. OVMA continues to oppose this Ontario law. They also continue to lobby both governments and the CVO about aspects that influence the Ontario veterinarians. Present projects include providing input to the CVO about their records guidelines. OVMA wants to make sure that these guidelines do not become standards. OVMA is also lobbying the Ministry of Finance to include family members as shareholders in incorporated veterinary practices. Another OVMA project is to align all Members of Provincial Parliament with a veterinarian. As part of its member services, OVMA is negotiating with VIN to provide services at reduced rates to OVMA members. One future project includes co-hosting the 2011 AAHA conference.

TAVM treasurer Dr. Jennifer Day introduced the special guest speaker, Dr. Debbie James. After waiting a few minutes to correct some technical glitches, Dr. James entertained us with a very compelling story about her adventures in Africa and her climb up Mount Kilimanjaro to raise money for AIDS/HIV, Stephen Lewis Foundation. Read her fascinating story, complete with pictures, beginning on page 4. I can tell you that the entire audience was very taken with her cause. Those wishing to contribute to the Foundation can find information on page 7.

The rest of the AGM consisted of reports from the treasurer and secretary and the introduction of the new president, Dr. Clayton MacKay. Treasurer Dr. Jennifer Day was happy to inform the members that the Academy's financial picture is much improved. A fee increase was necessary to overcome a deficit and a drop in membership.



**Dr. Bill Holley addresses the TAVM members.**



**Mr. Doug Raven reviewed how the OVMA is working for the veterinary community.**



**TAVM treasurer Dr. Jennifer Day gives the audience some good news.**



**Dr. Chris Brown, acting head of the OVC Teaching Hospital, reminded us of the college's need for funds.**



**CVO representative Dr. Tim Arthur reviews some of its current projects.**

Secretary Dr. Heather Hannah continues to write and edit *The Scalpel*. She reminded the audience that everyone needs to be a recruiter for more members. She was happy to see that several new members were joining the board in the new year.

The major business of the AGM consisted of passing new bylaws. Dr. Holley explained that the bylaws had been revised to better reflect what the Academy was now about. We now invite non-CVO members to join and come to our lectures. These could be foreign-trained veterinarians who are studying to eventually join the CVO, or scientists in the animal field but who are not veterinarians. The new bylaws also officially remove the necessity of being nominated and seconded to join the Academy, a practice that hasn't been in enforced for years. The new bylaws had been circulated with the last issue of *The Scalpel* for review. The motion to pass the new bylaws passed without any further discussion from the floor.

Dr. Holley advanced the elections of the new slate of officers and board members, then wrapped up the rest of this year's business.

The meeting ended with the introduction of our new TAVM president, Dr. Clayton MacKay. Dr. MacKay graciously thanked Dr. Holley for his efforts as president for the last two years and his work on the board for the last several years. Dr. MacKay gave a brief summary of Dr. Holley's résumé and accomplishments, especially the very successful Zoo Days for which he was responsible. He reminded the audience that even though Dr. Holley does not do most of his work in private practice but rather by working as a provincial inspector, he still faithfully attends TAVM lectures and has worked tirelessly on the Board. He stressed that he does these things because he wants to, and not because he has to. Dr. Holley thanked Dr. MacKay for his words, and jokingly said that he considered it an honour that the TAVM had had a "mouse doctor" as president.

# Helping save the world by touching its top

Debbie James, DVM

I can't remember exactly when my fascination with Africa began. If I had to guess, I would say sometime around 1985 after I first saw the movie "Out of Africa." I can, on the other hand, remember exactly my first exposure to Stephen Lewis. I had not yet graduated from high school when my friend's mom invited me to a speech that he gave at a teacher's conference in Victoria, B.C. The theme of his speech was "making a difference" and, since that time, his words and his passion have been a constant inspiration to me.

It was much past due, in my 37<sup>th</sup> year, that I fulfilled a lifetime dream of a trip to Africa. Bringing together my career as a veterinarian and my love of cycling, I embarked on an adventure to cycle 300 km through southern Uganda and northern Rwanda to raise money for a veterinary charity. In those countries, people don't ride bikes for fun. Their bikes come in one style: black, skinny wheels, one gear, and shiny chrome brake handles for brakes that don't usually work. They are used for transport rather than for recreation. I saw bikes laden with green bananas, tomatoes, sticks of goat meat, water buckets, and women sitting side-saddle as passengers on little padded seats over the back wheel. African women are not encouraged to ride bikes because it is thought to make them infertile.

We must have looked mighty strange to them: 30 muzungus (the African term for white people), more than half of us women, ranging in age from 25 to 65, riding colourful bikes with fat tires, wearing helmets and tight stretchy shorts. Yet they encouraged us anyway. The children ran along beside us or cheered from the roadside their cries of encouragement and amazement. I stayed on for a few days after the cycling trip to tour

around with a veterinarian and meet some local Rwandese families. I can't count the number of times I was hugged or touched affectionately by the women that I met – the women that till the fields starting at 6 am, look after the livestock, carry the water, provide the food, do the cooking, and provide care to their husbands and children.

Many things saddened me: how hard the women had to work, the poverty, the little children with no shoes and ragged clothes who surely should have been in their "free" primary school if only their families could afford their uniforms and books. Many things filled me with happiness: the spirit and affection of the people, the singing, the dancing, the warmth, and the welcome. They even went so far as to thank *me* for coming to their beautiful country. I was incredibly moved by the challenges that the people of these countries face on a daily basis. In particular, losses due to HIV/AIDS are devastating on all levels – from countries and communities to families,



**Dr. Debbie James, right, and a fellow cyclist begin their adventure in Uganda.**

mothers, and children. More than 2 million people die of AIDS in Africa every year, decimating the structure of communities and leaving behind child-headed households and orphans. Before the end of that trip to Africa, I realized that I was forever changed and that I had no choice but to



**Dr. James fell in love with the local children who imitated her every move, even when she crouched down to be at their level for this photo.**



**A Rwandese family on their farm.**

continue to try to make some contribution to help improve the lives of those less fortunate than I in that wonderful continent.

But what could I do? Another sporting challenge came to mind...something in Africa, something really hard. After a little research, the idea materialized. I would climb Mt. Kilimanjaro, the highest point in Africa, the highest freestanding mountain in the world, and at least 7000 or 8000 feet higher than anywhere I had ever been. I chose to donate the funds that I raised to the Stephen Lewis Foundation. This worthy foundation helps at the grassroots level to alleviate the suffering of those living with HIV/AIDS in Africa.

More specifically, their purpose is

1. to provide care at community level to women who are dying, so that their last weeks, days, hours are free from pain, humiliation and indignity;
2. to assist orphans and other AIDS-affected children, in every possible way, from the payment of school

fees to the provision of food;

3. to support associations of people living with HIV/AIDS, so that the courageous men and women who have openly declared their status can educate themselves and share information with the broader community on prevention, treatment, care and the elimination of stigma.

The Stephen Lewis Foundation addresses exactly the issues that touched me so much during my visit to Rwanda and Uganda; the choice to support their efforts was easy. So began my letter writing and e-mailing to family and friends and, perhaps more importantly for my survival, my training...no easy feat in downtown Toronto. Luckily, I had daylight savings and the Toronto ravines on my side, as every night after I finished work at 7pm, I laced up my hiking boots, put on my back pack, grabbed my hiking poles, and headed for the "hills," wherever I could find them...High park, the Brickworks, the stairs to my basement, the little ski hill



**A bicycle's typical role in Africa: metal beast of burden.**

in Milton. Before I knew it, ready or not, October had arrived and I was off to Tanzania.

The 6-day climb up and down Mt. Kilimanjaro was an experience of a lifetime. The first 4 days were generally quite pleasant – about 8 to 10 hours every day of uphill walking and occasional scrambling over rocks. We were guided by 3 experienced and knowledgeable local guides and accompanied by at least 40 porters, who lugged up not only our main bags but also all the tents, tables, chairs, food and water. Imagine our surprise on the first day when, after a morning of hiking uphill for about 4 hours, we turned a corner to see 30 chairs set around a large table covered by colourful table cloths and a delicious spread of juice, sandwiches, vegetables, and muffins...but don't get the idea that it was all luxury and not hard work – this climb was undoubtedly the most physically challenging thing that I have ever done.

**Article continues on next page**



**Mount Kilimanjaro, as seen from the bus on the road from the airport.**



**Some of the forty porters responsible for carrying the climbers' bags and the expedition's tents, tables, chairs, food, and water.**

#### **continued from previous page**

Those first 4 days allowed us to build camaraderie with the other trekkers and acclimatize somewhat to the altitude. On the third day, we ascended from 3800m up to 4600m and then back down (further east along the mountain) to 3800m, where we camped at the Barranco camp. At 4600m, I started to feel some slight effects of altitude – just some mild lightheadedness and a headache, which thankfully responded to a little more to drink and some ibuprofen. At that height, you can walk but you can't run, as I found out when I hopped, skipped, and jumped up a little hill for a little "nature break," which then took several minutes of serious out of breath puffing from which to recover.

Days 4 and 5 were when the real physical challenge began. The first hours of day 4 were spent scrambling up the Barranco wall – not exactly technical climbing but definitely necessitating the intermittent use of all four limbs. Of course all things are relative in terms of difficulty: we often had to move over so that the porters could sprint by us with 20 kg bags balanced on their heads. After completion of the wall, we continued on gentler slopes until we reached the Barafu camp (meaning the "ice camp") at 4600m at 5:30 pm. This camp was set near the edge of a cliff amongst large boulders, looking down on the clouds. I felt like I was on the moon. If I had gone no further, I would've been proud; however, the real challenge was yet to come. After a quick dinner, we organized ourselves for the next day, got dressed into the clothes we would be wearing for the summit attempt, got into our sleeping bags, and tried to sleep for a few hours. I remember sleeping very well between 8 and 9pm, with the hours between 9 to 11pm being much less restful, and the "good morning" that I heard from our trip leader at 11pm coming much, much too soon. I stayed in bed for 5 minutes more as I was

busy at the time visualizing myself skipping the last 45 minutes from Stella point to the summit. Visualization completed, it was up at 11:05 pm to face the day...or the night, as it was.

Imagine this: it's just past midnight, about -20 degrees C, the sky is clear, 37 zillion stars are visible, the wind is still, and we are embarking on an 8 hour ascent up steep frozen scree on narrow switchback trails...a long line of hopeful souls illuminated by the light of our halogen head lamps. The first five hours were in the dark and, as we had been warned by our trip leader, not very pleasant. The guides did their best to keep everyone's spirits up with their songs...it helped until about 3 am. My water froze. I was dehydrated and cold but very happy still to be able to walk in a straight line. We had been told that, from the time the sun came up at 5:30am, the experience would be "glorious." That was enough to keep me going through those first 5 or 6 hours. Every once in a while (and about every 5 minutes from 5am onwards), I allowed myself to sneak a peak at the little compass on the handle of my hiking poles to check



**The Barafu camp, the evening before the final ascent to the top.**

which way was East. This was followed with the same routine every time: asking myself whether I still knew in my altitude-addled brain whether the sun rose in the east, remembering that Japan was the land of the rising sun, thinking that Japan

was in the east, and then stealing a hopeful look in the direction of the E on the compass. Finally, finally, finally, there was a light on the horizon – at first a little slit of orange and finally a glorious sunrise.

**Article continues on next page**

## Help make a difference!

Debbie James climbed to the top of Mount Kilimanjaro to help support medical treatment for the people of Africa. You can get your own feeling of accomplishment by making a tax-deductible donation to the Stephen Lewis Foundation, in care of:

Dr. Debbie James  
VEC/Referral Centre  
920 Yonge Street, Suite 117  
Toronto, Ontario M4W 3C7

Make cheques payable to the Stephen Lewis Foundation. You can also contact Debbie directly by calling her at the VEC/Referral Centre at 416-920-2002 to discuss how you can help.

## Helping...cont'd from page 7

Unfortunately, with the sunrise came the onset of my nausea, a common and not too threatening complication of altitude. Nevertheless, it tests one's resolve to continue. When I was 20 years old, I did a triathlon put on by a group that is into meditation, who used to print insightful sayings on the back of the race t-shirts. The t-shirt from the first triathlon that I did had the words "my inner strength is the secret to my adamant determination" on the back. Eighteen years later, and not having thought of that t-shirt for longer than I could remember, these were the words that came into my head over and over again to keep me going for the next 3 hours. I think it probably really should have said, "my completely stubborn nature and refusal to give up is the secret..."

By 8:15am, we reached Stella point, which is on the edge of the crater and marks the end of the 8-hour ascent up the steep scree. The summit was a mere 45 minutes away along a gentle walk around the crater rim. Sadly, the nausea prevented me from continuing in the energetic manner of my visualization of 9 hours earlier and I consented that just walking would be the best way to ensure my success of reaching the summit. And then, quite unexpectedly, with the view of the beautiful glacier on my left, came the sudden rush of emotion. I had expected to feel accomplished and proud but, as the tears streamed down my face, I was overwhelmed with happiness from the realization that I had just completed the hardest mental and physical challenge of my life.

At the summit of 5895m, while the others in my group were crowding around the sign for a photograph, I sat on a little rock overlooking the glacier. I had a long, soulful moment for all those whom I love, for the wonderful people with whom I had climbed, and mostly for the people for whom I had climbed — for the more than 25 million people, the majority of whom are



**A glacier near the top of the summit.**



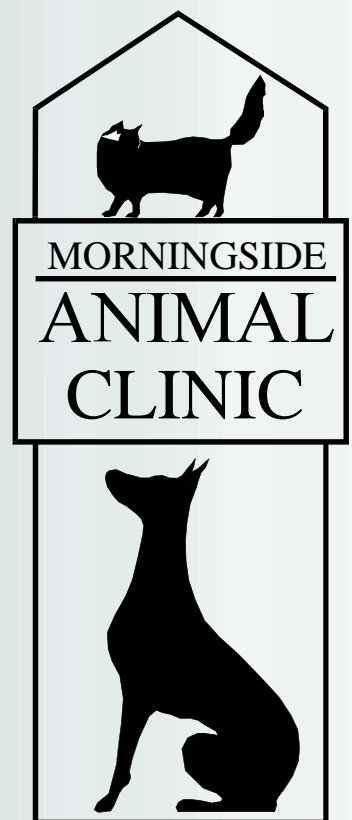
**Dr. James reaches her goal: the summit of Mount Kilimanjaro.**

women and girls, living with HIV/AIDS in Africa; for the millions of orphans who have watched their parents die and who may well go on to meet the same fate — with the hope that the money that we raised may help even a few to alleviate their suffering from this pandemic.

I would like to thank you for the

opportunity to tell my story and for the opportunity to thank my family, friends, clients, and colleagues, who together contributed the incredible sum of over \$7500 to this worthy cause.

# REFERRALS IN: MEDICINE AND SURGERY



ENDOSCOPY  
LAPAROSCOPY  
CHEMOTHERAPY  
ULTRASONOGRAPHY  
MYELOGRAPHY

AVERY GILICK DVM, D<sub>IP</sub>MED  
MEDICINE

KATRINA SMITH DVM, D<sub>IP</sub>ACVIM  
MEDICINE

CARL D. PORTER DVM, D<sub>IP</sub>ACVS  
SURGERY

JOANNE COCKSHUTT DVM, D<sub>IP</sub>ACVS  
SURGERY

NEUROSURGERY (SPINAL)  
ORTHOPEDIC SURGERY  
TPLO & CRUCIATE SURGERY  
SOFT TISSUE SURGERY

MORNINGSIDE ANIMAL CLINIC  
4560 KINGSTON ROAD  
SCARBOROUGH, ONTARIO  
M1E 2P2

PHONE (416) 284- 9205  
FAX (416) 287- 3642



Dear Veterinarians,

Pet Support is a new organization, a not-for-profit corporation and a registered charity, formed to fill a gap in existing services.

Our mission is to keep people and pets together by ensuring that pets who are companions to ill, elderly or disabled owners, can remain in their homes with proper care despite their owners' incapacity thereby continuing to enhance recoveries, promote health and enrich lives.

Veterinarians, of all professionals, know the immense benefit that pets bring to the lives and health of their owners and we witness the anxiety that owners suffer when they cannot look after their pets. We at Pet Support believe that no pet should ever lose their home and loved one, and that no person should ever lose their "best friend" just at a time when they need them most. To accomplish our mission, we will provide basic daily care for pets right at home, where the people and pets live, for as long as it is needed. The service will be offered to people whose family or friends, if any, can't help out daily and for whom paying for commercial pet care would be a hardship.

Undoubtedly you know from your professional experience, as I do, how beneficial this service will be to the pet owning community.

Pet Support will provide only the necessities such as feeding, clean water, cleaning litter boxes or bedding, giving medications - nothing fancy, just enough to keep the pet at home and healthy. We will enlist, screen and train volunteers to visit the homes and provide the service. We will care for all pets without exceptions.

We are different from professional pet care services in that we offer free care only to those who really need the help in order to keep their pets at home and well. We don't offer extras such as dog walking or house sitting but if extra services are needed, we will find and recommend the best and most affordable professionals. Our service will be free but we will charge an initial registration fee of \$25.00.

Although the pet care will be done by volunteers, because the organization must respond quickly and consistently to all requests and inquiries and must schedule and guarantee the volunteers' visits, we will maintain an office staffed by a paid employee. Our \$25.00 registration fee will not go far toward providing income for this purpose and so we are seeking funding. We hope that veterinarians will support our cause, first, by showing us support as we fund raise and then by referring clients to us when we are fully operational.

A handwritten signature in black ink that reads "Jane Berg". The signature is fluid and cursive, with the first name and last name clearly distinguishable.

Jane Berg, DVM. President

*. . . Keeping people and pets together*

## A call for your support!

This group's purpose is to keep animals in their homes and in our practices, and not have them surrendered or euthanized because their owner is becoming too old or disabled to look after them.

The purpose of this petition is because *Pet Support* is applying for money from government-granting agencies such as the Trillium foundation. These agencies need to see support from professionals in the areas concerned.

In our case, this includes veterinarians, technicians, and other support staff. These are the people who should be signing the survey.

*Pet Support* intends to set up a database of various related pet services such as dog walkers, house sitters, groomers, etc. If you deal with anyone providing these services, please write the particulars on a separate piece of paper and fax it along with this page. Thank you.

## Fax this page to 416-286-8474

### Pet Support Care for the Community of Toronto

We, the undersigned, members of the Toronto veterinary community, endorse the PET SUPPORT mandate and recognize its value to the community as a whole.

**Signature**

**Practice Name**

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## Your Quality Choice for Heartworm Testing

**Individual Testing:** Each sample is run individually. Samples are never pooled.

**Quality Results:** All samples found to be positive using an ELISA assay are also tested using a Millipore filtration technique to detect microfilaria. The presence of microfilaria aids in the selection of appropriate treatment options.

**Courier Systems:** Dedicated reliable couriers offer frequent and convenient pick-ups for quick turn-around times. Where VITA-TECH drivers are not available, alternate courier systems are in place.

**Value:** Heartworm testing at VITA-TECH is cost-effective and allows hospital staff to spend their valuable time with their patients.

**Added Value:** VITA-TECH offers special pricing when Wellness testing is combined with heartworm screening.

**Comprehensive Service:** VITA-TECH offers a complete range of tests and services, including pathology consults, to help you with your diagnostic healthcare needs.

**Dedicated Team:** The Heartworm team at VITA-TECH is strictly focused on Heartworm Antigen ELISA and Heartworm Filter testing ensuring quick turn-around without compromising quality.

### Special Reduced Pricing during Heartworm Season

**Additional discount on all Heartworm tests when combined with any profile.**

**Volume rebates available.  
Please contact your territory manager  
or customer service for details at  
1.800.667.3411**

### Heartworm Tests at VITA-TECH

**Canine/Feline Heartworm Antigen ELISA (code: HW)**  
Detects antigen shed by mature female heartworms. If the ELISA antigen is positive, VITA-TECH performs (free of charge) **Heartworm Filter (code: HWF)**, which concentrates microfilaria to allow visualization and quantification when examined microscopically. You can choose to order HWF individually.

**Feline Heartworm Antibody (code: FHWAB)**  
Detects antibody to heartworm indicating exposure. This is the screening test of choice for *cats*.

**Heartworm DNA (code: HWD)**  
Detects heartworm DNA common to microfilaria and mature heartworms (male and female). This test is not considered routine, but may be recommended by a pathologist in unique circumstances.

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# Continuing Education

Subscription Series

## CURRENT DRUG THERAPY IN SMALL ANIMALS

**Mark Papich, DVM, Dip. ACVCP**  
NCSU Veterinary Teaching Hospital

### About the Lecture...

Some vets may be unfamiliar with all the advances of recently introduced drug therapies for small animal medicine. In the fields of antibiotics, analgesics, and anti-inflammatory drugs, some products have been specifically developed for vet use, while others have been adapted from human medicine. Some adaptations

work, but others have been less successful due to differences in pharmacology or an inability to extrapolate dosage regimens from humans to animals. Throughout the presentations of these important drugs, the principles behind their clinical use and clinical examples will be emphasized.

This lecture has been brought to you by:



**Pfizer Animal Health**

## Hospital Personnel Series

### UNDERSTANDING / MANAGING SHOCK

**Teresa Cheng, DVM**  
University of Guelph

### About the Lecture....

Shock is a commonly encountered clinical condition in veterinary emergency and critical care patients. There are many underlying causes. This lecture reviews the different types of shock, particularly hypovolemic shock. I'll begin with an overview of its pathophysiology, then present the progression of shock as three phases: 1) early or compensated shock, 2) early decompensated shock, and 3) terminal shock. I'll highlight the resulting clinical signs within each phase. I'll devote part 2 of the lecture to resuscitation strategies based on optimizing patient parameters and the continued vigilant monitoring required for these critical patients in shock.

NOTE LECTURE  
DATE CHANGES

**Tuesday, MAR 7, 2006**

2:00 – 5:00 PM & 6:00 – 8:30 PM  
Sheraton Parkway Hotel  
600 Highway 7 East  
(at Leslie Street)  
Richmond Hill, Ontario  
Tel: 905-881-2121

This lecture has been  
brought to you by:



### About the Lecturer...

- Currently Professor of Clinical Pharmacology, College of Vet Medicine, and Supervisor of the Clinical Pharmacology Laboratory, North Carolina State Univ.
- Diplomate, American College of Veterinary Clinical Pharmacology (ACVCP)
- Has served as president of ACVCP
- Fellow in the American Academy of Veterinary Pharmacology and Therapeutics
- Member of the Council of Experts and Chairman for the Veterinary Drugs Expert Committee for the United States Pharmacopeia
- Member of the Clinical Laboratory Standards Institute (CLSI, formerly NCCLS) Veterinary Antimicrobial Susceptibility Testing subcommittee (VAST)
- Member of the Veterinary Medicine Advisory Committee of the FDA
- Author of many book chapters, review articles, and several research papers
- Has delivered presentations at many national and international meetings, conferences and symposia.

Read our lecturers' complete bios online at [www.tavm.org](http://www.tavm.org)

### About the Speaker...

Dr. Teresa Cheng's hometown is Burnaby, B.C. She graduated from Saskatoon's Western College of Veterinary Medicine in 2002, and went on to complete a one year rotating small animal medicine/surgery internship at the Atlantic Veterinary College in PEI. In August 2003, Dr. Cheng accepted a private practice position as an emergency veterinarian in Issaquah, Washington for 10 months before starting her residency training at OVC. She is currently a second year resident under the training of Dr. Karol Mathews in emergency and critical care medicine.



Some recent media items concerning veterinarians, clients, animals, and TAVM

**Globe and Mail, October 8, 2005, p.M1: "The danger that lurks in the backyard dirt"**

Jay and Liz Jordon always thought they did their best to protect their two sons, Spencer and Kyle, with regular checkups, vaccinations and CSA-approved car seats. But they never expected a microscopic killer to be lurking in the backyard dirt of their Beaches house. One day, Spencer became extremely lethargic and complained of pain constantly. Check-ups on two successive days at the Hospital for Sick Children and the Toronto East General Hospital found nothing. Temperature, vital signs, and a CAT scan were normal. Spencer's slip into a semi-comatose state on the third day prompted Sick Kids to quarantine him. Hospital staff had developed an interest in the case. The combined theorizing of about two dozen medical experts led to two possibilities: vasculitis or raccoon roundworm infestation. *Baylisascaris procyonis*, raccoon roundworm, is a parasite whose eggs are passed into the soil through raccoon feces. When Purdue University's analysis of blood and spinal fluid samples confirmed it, Spencer became Canada's first recorded human case of raccoon roundworm. He remains in intensive therapy after eight weeks in hospital, having suffered profound neurological damage. A Toronto Board of Health

investigation of his mother's backyard found heavy contamination by roundworm eggs from raccoon feces. Spencer had probably ingested these by putting his hands in his mouth. Toronto is home to one of North America's largest raccoon populations, with the vast majority infected with roundworms.

**The Globe and Mail, October 27, 2005, p.A13: "Why the king of beasts can afford lots of beauty sleep"**

Jerome Siegel, a sleep researcher at the University of California's Neuropsychiatric Institute, has analyzed the sleeping habits of 60 mammals. The British journal, *Nature*, recently published his claim that diet and environment determine how much sleep a mammal requires. Meat eaters get more sleep than grazers; omnivores fall somewhere in between. No one knows exactly what function sleep performs. Dr. Siegel argues that sleep may serve a different function in different animals. The three-toed sloth needs about 14 hours, while the African elephant needs only about three hours. Nutritional and survival needs are also factors. After a lioness kills and eats an antelope, she can sleep the rest of the day because she has consumed energy-dense food, whereas a giraffe needs to keep eating all day to get sufficient calories and nutrition. Giraffes will only sleep for about five minutes at a time, and will do so standing up in order to be able to escape predators.

**The Globe and Mail, October 28, 2005, p.A14: "Man who moved 80 pesky birds finds his goose is cooked"**

Peter Francis, a maintenance foreman at Alberta's Leduc Golf and Country Club, pled guilty to moving migratory birds without a permit. This is a federal offence punishable by a \$300,000 fine and six months in jail *per bird*. Mr. Francis had used a rope to herd 80 molting geese and their young into a trailer, then moved the birds into a nearby lake. The presiding judge could have jailed Mr. Francis for 40 years, but instead fined him \$500, saying that the publicity had likely deterred others from doing the same. The rarely-used charge of moving migratory birds without a permit is part of the Migratory Birds Convention Act. Those federal rules were established in 1916 to protect birds which were starting to disappear due to overhunting. The moving birds rule was developed because even during officially sanctioned relocations, moving migratory birds can stress them to the point of death. Birds causing a nuisance can be moved; Wildlife Officers will issue a permit, but only as a last resort. Most permits are issued for Canada geese since they overpopulate many parts of Canada, and are the subject of many phone calls to Wildlife Officers. A spokesman for the Leduc golf course claimed they didn't know a permit was needed. The birds were moved mainly because they were being killed or maimed by golf balls. The birds were also damaging the course's greens.

**Toronto Star, October 29, 2005, p.A3: "A terrifying, despicable act"**

An extreme animal rights group, known as SHAC (Stop Huntingdon Animal Cruelty), is suspected of having exhumed and stolen the coffin of an 82-year-old woman whose son-in-law, Chris Hall, run the Darley Oaks

guinea pig farm. Darley Oaks supplies animals for medical research to Huntingdon Life Sciences, Britain's largest animal research lab. Huntingdon conducts tests for drugs, food products, and agricultural chemicals on 65,000 animals each year, mostly rats and mice. Animal rights militants have sent Huntingdon employees threatening phone calls, damaged their property, and falsely accused them of pedophilia. The animal rights militants then moved to Huntingdon's suppliers and customers, such as Darley Oaks. The campaigns have proven effective because of their very personal nature. Rather than going after a company, they target the individuals within that company. The SHAC leader, Greg Avery, along with his wife and ex-wife, each served six months in jail in 2002 for conspiracy to incite criminal damage after phoning in a bomb scare to Huntingdon's London offices. In July, the British government made economic sabotage a criminal office punishable with a five-year jail sentence. Home Secretary Charles Clark has also announced that the new anti-terrorism bill will be used against people who glorify or commit "violent acts of terror" to promote the cause of animal rights. Huntingdon Life Sciences has yearly sales of US\$120 million. Britain's biomedical research industry is worth seven billion dollars a year.

**The Globe and Mail, November 1, 2005, p.A3: "Picking out the faint notes of Die Fleder-Mouse"**

Timothy Holy, assistant professor of neurobiology and anatomy at the Washington University School of Medicine in St. Louis, Missouri, has recently published his findings on mouse vocalization in the journal, *PLoS Biology*. Dr. Holy and his team used new computer technology on 45 male mice and found that they actually sing in the ultrasonic range. The researchers recorded the male mouse

reactions after stimulating them with the smell of female mouse pheromones. The males produced the expected high frequency noise. But when the researchers slowed the noise down to 1/16<sup>th</sup> is original speed, then dropped the pitch to audible levels, the noises sounded remarkably like bird songs. This had not been noticed before, as that sound range is difficult to record and analyze. Computer analysis showed the sounds meet key definitions of songs. There are distinct categories of sound, instead of just one repeated note. The songs have recurring themes, such as a melodic hook. It is possible to recognize an individual mouse by his song. The female mice, who may also sing, but were not tested, can hear the males singing. It is unclear whether these serenades translate into more sexual activity for the males. Mice now join the ranks of other animals that make music to woo females: birds, insects, frogs, whales and bats. Mice songs are more complex than those of insects, but less diverse than of birds or whales. Scientists believe their research on singing mice may open the door to a better understanding of the biological basis for song-making, and perhaps for music in general. To hear the mice sing, go to <http://mednews.wustl.edu/news/page/normal/6040.html>. That site also includes a link to download a pdf file of Dr. Holy's study.

**The Globe and Mail, November 3, 2005, p.A10: "Air Canada cuts free meals in Canada, U.S."**

Air Canada emerged from bankruptcy protection 13 months ago and needs to shave costs whenever possible to survive in the fiercely competitive

industry. Its cost cutting measures are outlined in painful detail. Among the most lamented cutbacks are the airline's scrapping of complimentary meals on its long-haul flights within Canada and the continental US and the decision to raise the rate to transport animals within Canada from \$40 to \$105 for a one-way ticket.

**The Globe and Mail, November 14, 2005, p.A3: "Literacy lessons go to the dogs"**

In collaboration with two other local libraries, the New Tecumseth Public Library in Beeton, Ontario is offering the *Story Dogs* program to improve the reading skills of struggling and new readers. The program's founder, Carolyn Milne, says that the dogs add a degree of comfort to the situation. Three dogs participate: a Yellow Labrador, a Boston terrier, and a Jack Russell cross. Each dog is assigned a separate corner of the library. Children of ages ranging from 5 to 12 snuggle close to the dogs as they read. The

article continues on next page

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## **Article cont'd from previous page**

two-year-old *Story Dogs* program pairs each child with a certified therapy dog and its volunteer handler for an eight week period. A similar, American program has been running since the late 1990s. More than 800 therapy dogs and their handlers go into libraries, schools, and detention centres to help improve the children's literacy skills. The Beeton program, funded solely by donations, is proving so popular that a waiting list is necessary for entry. Ms. Milne reports that some parents say their children's reading marks have steadily improved, while others say their child has more confidence when reading in front of a class.

### **National Post, November 14, 2005, p.A2: "Victim of likely attack from Oshawa"**

Autopsy results show that 22-year-old Kenton Joel Carnegie, a third-year geological engineering student at the University of Waterloo, was killed by a wolf at Points North Landing, an outpost and airstrip in northern Saskatchewan. Mr. Carnegie was employed by Sander Geophysics, an aerial survey company for petroleum and mineral exploration ventures. He had been working with a five-man aerial crew for about three weeks when he was attacked. The remaining crewmembers left the camp a few days after the attack. According to Saskatchewan Environment and other government agencies in North America, there are no documented cases of a wolf killing a human in the wild. Dr. Valerius Geist, professor at the U. of Calgary, says that wolves that have trouble catching natural prey follow a pattern of behaviour that begins with approaching humans and escalates into an attack. Any wolf approaching humans is very dangerous. "Any time a wolf that appears tame looks you over, the only reason he is looking you over is

because you're a potential lunch", he said.

### **National Post, November 18, 2005, p.A18: "Thai safari park to serve wild meat at restaurant"**

Kenya is shipping 175 wild animals to a Thai resort park, the Chiang Mai Night Safari. One of the park's five restaurant menus will feature giraffe, zebra, and crocodile, as well as dogs, grasshoppers, and insect eggs. The zoo opens in January in the popular resort city of Chiang Mai, in northern Thailand, and will display 726 animals from 103 species. Conservationists in Kenya and Thailand have criticized the agreement. Thailand's deputy Minister for Natural Resources said he is "not afraid of criticism as we have done everything legally." The list of animals Kenya is shipping does not include endangered animals, but some may be threatened with extinction unless trade is strictly regulated.

### **Globe and Mail, November 18, 2005, p.G11: "Furry friends need to be part of the equation"**

Owning a pet complicates the transition from house to condo. Real Estate agent Ellie Davis says home buyers should tell their agents about their pets, and agents representing condo owners should check the building's bylaw declaration to know its policy on pets. Dr. Gary Rosnick says that cats don't like to move to new environments. He recommends having your cat stay with a friend during the move, and until the new home is set up. Most cats will adjust, though there may be a settling-in period during which unwanted behaviour may manifest itself. This is especially so with outdoor cats that have become involuntary indoor cats. Dr. Rosnick recommends trimming your indoor cat's nails regularly and providing it with a good clawing post. Some situations may make declawing necessary. Dogs are generally more

adaptable, and adjust well to condominiums. Their social nature also make it easy to start introducing yourself to fellow residents. But dogs should be kept under control at all times because condo areas such as hallways will be narrow. Owners should adjust leashes to the minimum length to which dogs can properly heel.

### **The Globe and Mail, November 21, 2005, p.A6: "More than 67,000 B.C. birds to be culled"**

The Canadian Food Inspection Agency has ordered a Chilliwack facility's 67,000 ducks and geese to be killed, even though their flue strain is a much milder North American cousin of H5N1. CFIA is ignoring the objections of farmers because the low-pathogenic strain has the potential to mutate into a much more dangerous variant of the virus. This happened last year when B.C. authorities killed 17 million birds in the Fraser Valley due to an outbreak of a high- pathogenic strain of H7N3.

### **Toronto Star, November 22, 2005, p.B3: "Pets could be cash cow for city"**

A Toronto Board of Health report estimates that only 10% of dogs and 4% of cats are licensed, as required by city bylaws. This contrasts with Calgary (85%), and Winnipeg (60%). Calgary only licenses dogs, but licenses generate \$3.3 million in fees to support animal services. Winnipeg launched a public campaign to license dogs five years ago when the licensing rate was 6%. Today's 60% rate generates \$700,000 in yearly revenues. The Board of Health report, co-authored by Toronto Animal Services manager Eletta Purdy, recommends setting licensing targets of 60% dogs and 18% cats by 2010. Achieving these objectives would increase this year's \$550,000 license revenues to \$6.5 million in 2010. The city plans to use the money to hire more animal control and education staff, and mount a public education campaign.

Ms. Purdy says that more licenses mean better animal services. The report also recommends a “zero-tolerance policy” for unlicensed dogs and cats. The current fine for this is \$240.

**Globe and Mail, December 2, 2005, p.A21: “Cats fingered as culprits in long-lasting asthma”**

Paul Taylor’s medical column, *Small Doses*, reports on a presentation made by Dr. Jared Allen at the annual meeting of the Radiological Society of North America held in Chicago. Dr. Allen, a University of California researcher, suggests cat allergens can impair lung function for up to 22 hours after exposure. He explains how the extremely fine particles of cat allergens can penetrate deeply into the small airways of the lungs, causing constrictions and inflammation. His research team used high-res CT scans to examine the lungs of 10 asthmatics who were exposed to cat allergens. The scans found breathing was compromised for 22 hours, even though conventional lung function tests would have indicated the patient’s condition had returned to normal. The results could mean that patients may need to use their asthma-controlling medications for a longer period after encountering a cat.

**Toronto Star, December 5, 2005, p.A17: “Groups want bear hunt back”**

The Northwestern Ontario Sportsmen’s Alliance, NOSA, says the Ministry of Natural Resources’ current management strategy for bear population growth is ineffective. The principal reason is because the MNR’s two-year-old *Bear Wise* plan is aimed at managing people, not bears. A spokesman for the Ontario Federation of Anglers and Hunters agrees that the *Bear Wise* program has been “money well wasted.” Ontario spent more than \$10 million on a reporting hotline, organizing 98 community projects aimed at preventing bear encounters,

and providing information kits to teach children how to avoid bears. Nuisance bear complaints have increased 500% since MNR canceled the bear hunt in 1999. During a debate at the Ontario Legislature, northern Ontario members from all three parties unanimously approved a resolution calling on the government to do whatever is necessary to protect Ontario residents from bears. NOSA’s position is that nothing but a full return to a spring bear hunting season is needed to fully manage the growing population of black bears.

**National Post, December 5, 2005, p.A12: “If it chewed its way in, it will not leave willingly”**

Mark Broschek is owner and operator of Anything Wild, one of the Metro’s 20+ pest-control companies that specializes in removing squirrels and raccoons. He discusses the doubling in phone calls he receives when falling autumn temperatures motivate raccoons, skunks, and squirrels to start searching for a warm spot to spend the winter. Mr. Broschek characterises these animals as persistent in their desire to remain in your house once they settle in. His work starts when home owners realise these creatures won’t leave on their own. Animal removal technicians agree that raccoons and squirrels are getting smarter as they adapt to urban conditions. They now circumvent the traps and barriers that had worked well for years. Homeowners must act quickly to remove these animals as the damage they cause can escalate. Squirrels need only a small hole, a single missing shingle, or loose roof vent to enter the house. Once inside, they chew electrical wires, and can burrow their way through walls all the way down to the basement. Their damage will let heat out and water into the house. Even worse is that this damage will provide an entrance suitable for larger animals such as

raccoons to enter. Most pest-removal companies use a two-step process to remove the animals. They place a temporary one-way door over the entry point to let the animal leave, but not return. They replace this a few days later with a permanent barrier, then line all vulnerable entry points with metal screening. A basic removal costs about \$200; chimney and roof vent screening is extra. It will also cost more to remove any scared, angry squirrels who are trapped inside walls. The City of Toronto’s website cautions homeowners against confronting these squirrels since they can bite through any glove.

**The Globe and Mail, December 7, 2005, p.A3: “Going to bat for owls at risk of extinction in B.C. forests”**

The Sierra Legal Defence Fund has launched the first court case under Canada’s 3-year-old, untested *Species at Risk Act*. Acting on behalf of four environmental groups, Sierra seeks an order that would force the federal Environment Minister to comply with his duties and provide emergency protection for the spotted owl. B.C. is the northern extent of the spotted-owl range in North America. The province’s 6 breeding pairs and 11 single owls represent Canada’s entire spotted owl population, except for 1 bird in captivity. Although the Agriculture and Lands Ministry claims it is studying the matter, environmental groups claim the Ministry is part of the problem, not the solution. British Columbia’s logging permits for old growth forests have few restrictions to protect spotted owl habitat. Neither does the province have legislation to protect the species. Spotted owls need forest; they cannot survive in areas that have been clear-cut. Baby owls that have been tracked by radio tags are found dying in clear-cut regions.

# O B I T

## Dr. Alexander HRONCOK

Dr. Alexander Hroncok died on December 19, 2005 of cancer. He was 70 years old.

Dr. Hroncok was a graduate of veterinary school in Kosice, in eastern Czechoslovakia, presently the Slovak Republic. He eventually became a professor at the veterinary school, and taught there until the 1968 uprising, at which point he came to Canada with his wife, Edith and son, Craig.

He obtained work with the Research Branch of the Department of Lands and Forests in Maple, Ontario. Then in 1971, he formed the North York Animal Clinic which he ran until his retirement three years ago. Dr. Hroncok was a long-standing member of TAVM, and had served on the Board.



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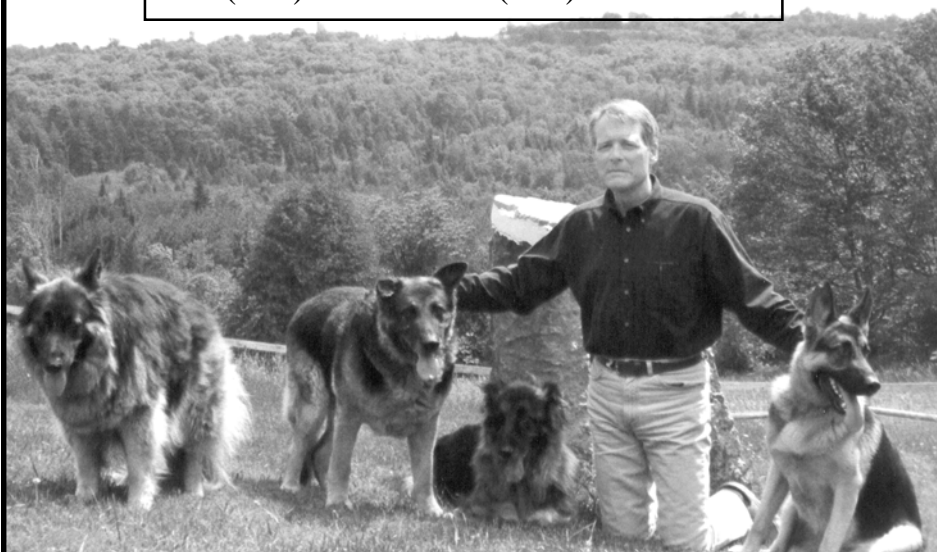
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