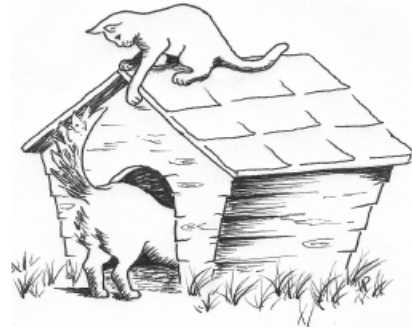


Tails from the Dog House

The Quarterly Newsletter from the
Sardis Animal Hospital

Spring 2006

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**Of course I'll listen to my breeder, 'cause she's "done all her re-
search"; or a little knowledge is a**

Recently, I had a conversation with a gentleman who had called asking a question about dog nutrition. The topic seemed resonable enough at the outset, but as we progressed, the conversation started to go in an odd direction and after a few minutes, I felt sideswiped as things got downright wacky. It was becoming obvious that he was not listening to me or willing to follow my advice. Finally, I asked the caller where he was getting his information from. "My breeder", he replied. I felt my knuckles tighten a bit, but in the interest of remaining polite and politically correct, I calmly asked if his breeder had any formal training in animal nutrition. "No" he replied, "but she's *done all her research!*"

After a few seconds of trying to re-inflate my bruised ego, resisting the temptaion to wave my academic accomplishments, degrees and accolades in his face, I simply whimpered "That's nice."

Since the advent of the internet, "*I've done all my research*" is a phrase I hear more and more. I never heard it the years *BI* (before internet), yet people in those days, still had the opportunity to do "research." Only difference was, back then we had to go to the trouble of reading books, journals, attend lectures and would you believe, even go to college! Now we can become an expert by googling gigabytes of information in a nanosecond.

So at what point has a person done "*all his research*" anyway? It seems to me to be a self defeating phrase that limits the acquisition of knowledge. Is our "research" complete when we have mastered the universe of all knowlege? Is it complete when we know it all and there "ain't no more"? Or do we simply stop doing our "research" when we find information that supports our preconceived notion of what we want to believe in the first place?

When I was a young pup, still in first year vet school, we were visited by Dr. Ray Russell, a well known veterinarian from Arizona. He was at that time the President of the American Animal Hospital Association, and one of my personal heroes. The topic of his address was "Veterinary Medicine - a Lifetime of Learning." I was so impressed with his talk that I still (thirty-five years later) have the notes I took. I remember hearing him say "Students, I want you to know that with the speed we are gaining new knowlege, if you do not have a planned strategy for continued study after you leave these halls, within a few short years you will be a quack!"

I shook in my seat! I didn't want to be a quack! So I studied hard, graduated with distinction, became a Board Certified Specialist in my field and kept up on my continuing education over the years. To what end? So I could be cut down to size by a voice on the phone who would rather listen to his googling breeder than me? Ouch!

I hope I never get to the point where I say "*I've done all my research*".



New Computer System at the Animal Hospital

Staff News

New computer system

At long last we have decided to modernize our hospital computer system. The old dinosaur that has served us well for over 20 years is being given the last rites. Our new system is a quantum leap in features and functionality.

For you techy types, here's the rundown. The hospital management software is a Canadian made product called Alis-Vet, designed by a veterinarian in Ontario. The hardware consists of a highspeed (gigabit) ethernet network of nine Apple iMac's feeding off an Apple G5 Power-Mac acting as a server. There are workstations not only in reception, but in each exam room, doctors desks, and both treatment rooms. It is a complete management system that runs the billing, receipting, reminders, appointments, inventory, and hospital treatments. The system will soon be capable of interfacing with our laboratory blood analyzers as well, and also store digital x-rays when we move up to digital radiography.

The big step for us however is moving to digital medical records. All aspects of medical record keeping as of May 1/06, is on the computer. Paper charts will be phased out over time. We are not entering the previous visits on old paper files into the new system - that's just too big a job. The paper files will be kept for review of history and gradually be phased out as pets leave the system. New pets will have entirely digital records. Pets on the old system will have both old paper files covering the visits prior to May 1, and records of visits after that date will be entirely digital.

The system allows us to process information quicker and more completely, which hopefully will result in better service at the reception counter. One of the big advantages for the doctors is that the doctor on call can now access a patient's medical history on his home computer with a connection to the animal hospital over the internet. This will undoubtedly help us with managing after-hours calls.

We beg your forbearance and patience with us as we make the conversion. Both staff and doctors need to learn how to operate a complex new system and until we are fully configured there are bound to be some glitches and errors. Please review your receipts and other documents carefully and let us know if something doesn't look right to you. We are after all only human and mistakes are inevitable as we convert to a new way of doing things.



Exerpts from "A modern Man" by comedian George Carlin

"I've been uplinked and downloaded,
I've been inputted and outsourced,
I know the upside of downsizing,
I know the downside of upgrading.

I'm a high-tech low life,
A cutting-edge, state-of-the-art,
bi-coastal multi-tasker,
and I can give you a gigabyte in a nano-
second"

I'm new-wave, but I'm old school;
and my inner child is outward-bound

I'm a hot-wired, heat-seeking,
warm-hearted cool customer;
voice-activated and bio-degradable

I interface with my database;
my database is in cyberspace;
so I'm interactive, I'm hyperactive,
and from time to time I'm radioactive

And.. I have unlimited broadband capacity.

Feature
Article

Vaccina-
tion recalls
on mature
dogs go to
3 years



Annual well-
ness exams
are still
important

New Vaccination Guidelines for Dogs - a major change in protocol

The joint task force on vaccination guidelines for dogs has just released their new 2006 recommendations. The task force is organized by the major veterinary associations in North America. The group consists of experts in the field of animal immunology, epidemiology and internal medicine as well as veterinary practitioners and biologics industry representatives.

Rather than recommending vaccinating every dog for everything every year, the new approach recommends customizing and individualizing vaccinations according to risk rates and regional differences. The big change is that most mature dogs can now be moved to a three year interval for boosters, rather than the annual interval that we have followed for the last 4 decades. This is based on findings that the newer vaccines are protecting better and longer than in the past. Some vaccines, like kennel cough are still one year dating.

Vaccines are now divided into two groups; core and non-core. Core vaccines are vaccines that all dogs in a particular region should receive. Non-core vaccines are those that are special use or elective vaccines that are given in special circumstances. The guidelines also list several vaccines that are not recommended. Core vaccines are given to all puppies starting a vaccination program then boosted at prescribed intervals. Non-core vaccines are given only as needed.

Here's the breakdown for our area

Core Vaccines: Canine Distemper, Parvo, Hepatitis, Parainfluenza and Leptospirosis

Rabies: even though rabies is uncommon in BC, we consider this a core vaccine because it is a disease that is almost always fatal in animals and humans. It is hard to confirm a diagnosis in a live pet and since humans live in close association with their pets, we have a responsibility to protect you! A significant percentage of bats in our area carry rabies virus.

Non-Core Vaccines: Bordetella (kennel cough),
Lyme's disease* (to be used only in areas
that are heavily endemic, like the eastern sea board.)

Not Recommended: Coronavirus (not a serious disease),
Giardia, Microsporium (Ringworm) These vaccines are ineffective.

* Our view is that Lyme's be included in the "not recommended" group for local dogs.

With moving to three year recalls on Distemper and Parvo, we recognize that three years is a long time for a dog to go with out seeing a vet. When your dog comes in for its next vaccine, if he is ready to go on 3 year recall, we will set up a reminder for a wellness exam and health check in one year. We strongly recommend annual health checks on those years when your dog is not due for a vaccine.

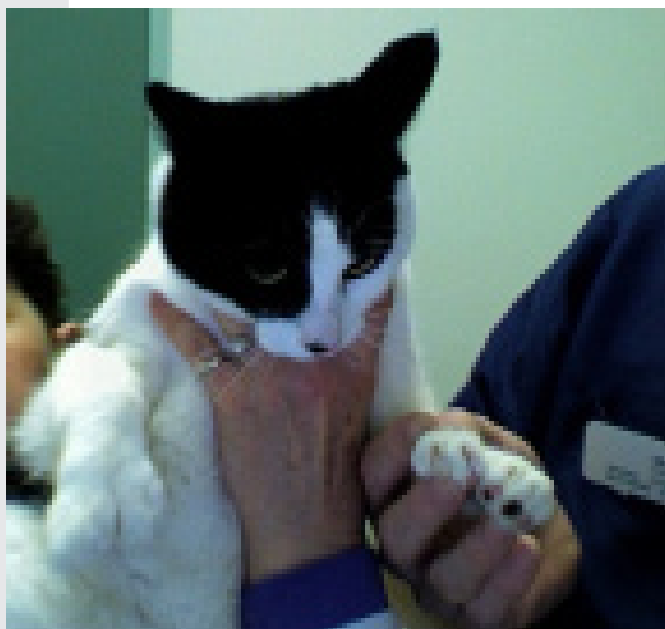
Kitty Capers

Hemingway
loved cats

many of his
cats had mul-
tiple toes

visit the web-
site and view
the "cat-cam"

"Hex"
shows
his toes.



Ernest Hemingway and The Cats of Key West, Florida

If you ever get a chance to visit Key West, a "must see" attraction is Hemingway House, the former home of Pulitzer Prize winner and Nobel Laureate Ernest Hemingway. The famous author owned the home from 1931 until his death in 1961. The home was purchased by its current owner who keeps it as a museum. Many artifacts and works of art that belonged to Hemingway are still there. It is now designated a national monument.

The most unique feature is the sixty-odd cats that live at the estate. They are unique in that about half carry the gene for polydactyly, or extra toes. They are descendents of a multi-toed tomcat that a sea-captain friend of Hemingway gave him. The population of cats is well cared for. They receive regular veterinary care, vaccines and parasite control. They are fed Eukanuba (donated by the manufacturer) and are given Revolution (donated by Pfizer) for flea and parasite control. Most are spayed or neutered, but a few are kept for breeding to carry on the line and replace those that die. They are a popular tourist attraction in Key West.

The cats are named after friends and contemporaries of Hemingway. Some are named after actors who played Hemingway characters in movies which were based on his books. Examples of names are Spencer Tracy, Joan Crawford, Audrey Hepburn, Ava Gardner, Charlie Chaplin, Pablo Picasso and Emily Dickenson.

The museum has a website that is fun to visit; www.hemingwayhome.com. You can see pictures of the cats and there is even a live "cat-cam" link via webcam where you may catch a glimpse of the famous kitties.

Polydactyl Cats

Multi-toed cats are quite common. However, the genetics of polydactyl cats is quite complex, as there appears to be several forms. Long thought to be inherited as a simple autosomal dominant trait, there is now evidence that there may be both recessive and incomplete dominant forms as well as spontaneous mutations. Isolated colonies of cats (such as Key West) where there is a small gene pool, commonly have many cats with multiple toes.

Most have multiple front toes, but some on all four feet. They look like they are wearing mittens with a big thumb

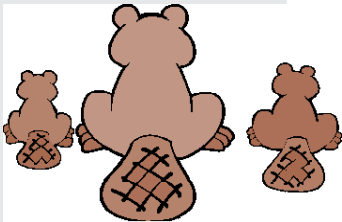
Animal Trivia Page



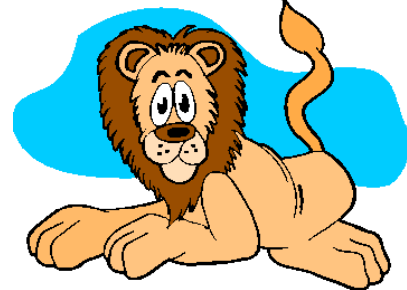
Elephant's tusks grow throughout an animal life and can weigh more than 200 pounds. Among asian elephants only the males have tusks. Both sexes of African elephants have tusks.



Infant Beavers are called kittens



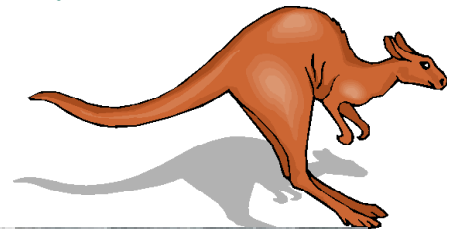
Lions are the only truly social cat species and usually every female in a pride ranging from 5 to 30 cats is closely related.



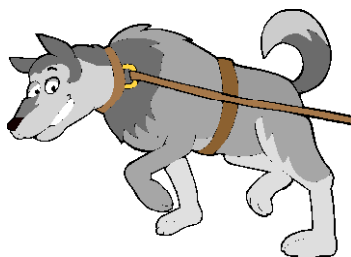
Moles are able to tunnel through 300 feet of earth in a day.



The kangaroo can cover more than 30 feet with each jump



The expression "three dog night" originated with eskimos and means a very cold night. So cold that you have to bed down with three dogs to keep warm.





Little Known Facts About the Sardis Animal Hospital

Did you know that your animal hospital has a secure, fenced back yard for walking and exercising dogs? Our back yard is a full city lot in size and is maintained by the landscaping company that takes care of the entire property. We take poop bags with us when we walk dogs and make every effort to keep the area clean and well landscaped. There is even a small garden!

It is the envy of many of our colleagues. There are very few veterinary facilities in urban or suburban areas that have such a space. Animal hospitals and clinics that are located in commercial buildings rarely have access to such a space, and end up walking dogs in their parking lot, on city streets or sadly, not at all.

Our back yard is also a place where we can take a dog with its owner and let it walk, trot or run safely off leash. This is a great help to us when we are studying mobility disorders or an obscure lameness.

We can even walk dogs that are being given IV therapy. We commonly take the dog on a leash, IV bag and all for a little tour in the back so they can relieve themselves and stretch their legs.

Another use for the back yard is for pet visitation for pets that are hospitalized for longer periods. When appropriate, we let owners visit with their pet on the back lawn. We have had owners that bring a blanket, lawn chair, a snack for them and their pooch, even their knitting and spend an hour or two visiting a pet that may have an injury or illness that still needs hospital management.



Did You Know??

Its another example of the kind of care we can give your pet.

Animal Health Technologist Jocelyn walking "Indy" a Whippet being treated for bite wounds.

Hospitalized pets that are mobile are walked several times daily by staff.

A place
to share
animal hu-
mour.



Animal Crackers

A horse walks into a bar. The bar tender says "why the long face?"

(***answer at bottom)



Two patients walk into two different canadian clinics. Both are suffering from a similar hip disorder and need major hip surgery. The first patient has to wait 3 weeks to see the doctor, then has to go to an X-ray clinic the following week and the the results take another week to get back to the doctor. The patient is referred to a surgery specialist and has to wait another 6 weeks for an appointment. Surgery is then scheduled for 6 months later.

The second patient is seen right away, has x-rays taken the next day and has his surgery scheduled a week later.

What is the difference between these patients? The first is a senior citizen and the second is a Golden Retriever!!



*** "Because I'm a horse silly, all horses have long faces!!"