Best friends

THE PET MAGAZINE OF THE ONTARIO VETERINARY COLLEGE

a shift in focus

How OVC’s Ophthalmology Service saved Boo’s eye from a complex corneal ulcer
I am proud to celebrate with our Best Friends readers our achievements thus far in 2022. Earlier this year, the Ontario Veterinary College was ranked first in Canada and fifth worldwide in new global university rankings for veterinary science. Thank you to our supporters for playing an important role in our world ranking success. Donations to OVC Pet Trust directly feed into the successes we celebrate as a veterinary college.

Vital funding from OVC Pet Trust fuels research and innovation. I wholeheartedly believe that OVC Pet Trust is a game changer for how we improve life for pets.

The Ontario Veterinary College is a research-intensive college that is part of one of Canada’s top comprehensive universities. The benefits of OVC Pet Trust are especially evident with our early career researchers and young faculty who may not have other sustainable ways to fund their work — that is, until they have substantial experience under their belts to then apply to other major funding agencies who require proof of prior research success. OVC Pet Trust helps, in many cases, kickstart our scientists’ research programs and projects before they may be able to gain external government funding.

As part of the Ontario Veterinary College (OVC) at the University of Guelph, OVC Pet Trust is Canada’s first charitable fund dedicated to advancing pet health and well-being. We do this by raising funds to support innovative discoveries, healthcare and education that improves the prevention, diagnosis and treatment of diseases of companion animals. Since 1986, more than $73.5 million has been raised to improve life for pets and the people who love them. In 2022, OVC ranked first in Canada and fifth in the world for veterinary science by Quacquarelli Symonds’ World University Rankings.

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OVC PLACES FIFTH WORLDWIDE, FIRST IN CANADA FOR VETERINARY SCIENCE IN NEW 2022 WORLD UNIVERSITY RANKINGS

The Ontario Veterinary College (OVC) has placed fifth in the world and first in Canada based on new 2022 rankings by the Quacquarelli Symonds (QS) University. Performance is evaluated through the six key metrics of academic reputation, employer reputation, faculty-student ratio, citations per international faculty ratio and international student ratio. OVC held onto its fifth-place ranking from 2021 and has consistently placed in the top 10 since QS first included veterinary science in their rankings in 2019.

CANNABIS POISONING IS ON THE RISE IN PETS, OVC STUDY FINDS

A new study from the University of Guelph’s Ontario Veterinary College shows an increase in reports of toxicosis in dogs since cannabis was legalized. Prior to legalization in 2018, Canada had one of the highest rates of cannabis use in the world. The study’s lead author, Dr. Iban Khaskar, a professor in OVC’s Department of Veterinary Clinical Sciences, says studies have consistently found cannabis to be one of the top 10 toxicological agents in dogs. Therefore, the increase in cannabis use is not necessarily the result of humans increasing their use of cannabis, he added, but could reflect more reporting to veterinarians when animals are exposed. The research team found dogs were the animal most often ingesting cannabis, but cases were also reported in cats, guinea pigs, ferrets, horses and cockatoos, based on clinical signs, history of cannabis exposure and toxicology tests. Reported effects included urinary incontinence, disorientation, abnormal or uncoordinated movements, lethargy, increased sensitivity of the senses and slowed heart rate. The study found edible was the most common cause of cannabis-induced toxicosis, with animals often ingesting cannabis while unattended. The study has received extensive media coverage in several news outlets, including CNN, NBC News, Popular Science and the Wall Street Journal.

VIRTUAL REALITY

Student veterinarians at the Ontario Veterinary College (OVC) will begin using a virtual reality (VR) simulation tool this semester to help learn about dog and cow anatomy. The technology — believed to be the first use of VR for teaching anatomy at a Canadian veterinary college — allows students to move around virtually inside an animal’s body for a close-up look at organs and tissues. Besides helping to teach anatomy alongside the college’s veterinary anatomy labs, VR tools can help students review material and reduce teaching dependency on preserved specimens, says Dr. Paynes Madan, a professor in OVC’s Department of Biomedical Sciences.

"Such tools have been shown to bring an element of gamification, which students love as they are used to such technology in their daily lives," he says.

First-in-Canada One Health Degree Coming to U of G

As the world navigates through the COVID-19 pandemic, the One Health initiative has become more important than ever and has sparked interest in many students to gain knowledge about origins of the disease and the effects it has on the human-animal-environment interface. The University of Guelph is set to launch the first-of-its-kind Bachelor of One Health (BOM) degree in the Fall of 2021. One Health recognizes the connection between the three integrated pillars of animal, human and environmental health and aims to deliver optimal health outcomes for all species. As the first four-year undergraduate program dedicated to One Health in Canada, students will be given the opportunity to seek solutions to interdisciplinary health problems and emerging diseases. Students will be given insight on zooparasitic diseases, zoonotic diseases, translational medicine, public health and the human-animal bond through this degree on a local and global scale.
The characteristic bulls-eye rash is a distinct symptom in people who get bit by a tick carrying the bacteria that causes Lyme disease. Although Lyme disease symptoms are apparent in humans soon after infection, clinical signs can take much longer to show up in dogs. Preventing tick bites is the best way to protect the quality of life of pets.

Prevention starts with understanding local risk. Ticks like to live in different areas depending on the type of tick and the weather. To better understand these patterns of local tick risk, a team of researchers at the University of Guelph’s Ontario Veterinary College (OVC) started collecting ticks from veterinarians across Canada. The local data generated can be used to provide veterinarians and pet owners with information to more effectively limit tick bites in pets. Researchers collected over 4,500 ticks from 94 Canadian veterinary clinics. The results showed that the time of year when ticks are most active and the prevalence of tick-borne pathogens changes between provinces depending on the tick type and the climate.

“While regional data on ticks is available, there is variation within the regions,” says Dr. Katie Clow, OVC professor leading the study. “Providing people with local data on tick populations will allow for more accurate, tailored prevention methods for pet owners.”

Researchers found clear seasonal patterns of when ticks were more active. In Ontario, ticks were more active during spring and fall, while in Saskatchewan, ticks are the most active in spring and summer. Although the warmer months show the most tick activity, ticks were collected from pets during every month of the year.

“People sometimes believe that during winter their pets won’t get bit by a tick, but it’s not uncommon – especially in Southern Ontario,” says Clow. “With climate change, we have warmer periods during winter which increases tick activity.”

The impact of globalized pet adoption

Ticks live in many regions all around the world. International rescue animals can sometimes carry hitchhiking ticks into Canada and their new homes. “Tick checks aren’t required for rescue dogs coming into the country or before meeting their adoptive family,” says Clow. One type of tick imported to Canada via international adoption is the brown dog tick. “When rescuing an animal from another country, pet owners can take precautions to prevent ticks from getting into the home or from spreading new tick species within Canada,” says Clow. Before a rescue animal goes into the house, it is advised that pet owners complete a simple tick check and organize a primary care visit with a veterinarian on the way home from the shelter.

How can pet owners protect their pets from ticks?

Cats and dogs can both be affected by ticks, depending on the diseases they carry. Cats do not appear to be susceptible to Lyme disease. Dogs, on the other hand, are susceptible to concerning – and sometimes severe – clinical signs of Lyme disease. Unlike Lyme disease in humans, the clinical signs of Lyme disease in dogs, like shifting lameness, can take three to five months to develop. The risk to a pet depends on the time spent outside, areas of play and the local tick information. Being aware of the risk in the area is the first step. Talk to a veterinarian to learn about the local risk of tick bites. Clow says that the most impactful step in tick bite prevention is to perform regular, thorough tick checks after spending time outside and accompany this with tick medication.

Tick checks are also valuable to the people living with the pet as ticks don’t just bite animals; they can wander off a pet and bite humans too. Following the tick prevention recommendations from local veterinarians helps pet owners to ensure they and their pets are safe. To learn more about tick prevention and pets, visit PetsAndTicks.com.

You found a tick

NOW WHAT?

1. Start by putting on gloves. Now, if possible, have someone help hold the pet in place.
2. Clear the fur away from the tick and use a pair of tweezers on commercial tick remover to get as close to the pet’s skin as possible and gently secure the tick where the skin and tick are touching. Keeping the tweezers secured on the tick, pull straight out gently, trying not to leave any part of the tick in the pet. Do not pick at the pet’s skin to make sure the whole tick came out; this can increase the chance of infection.
3. Save the tick in a plastic bag or jar. Then clean the area with saline solution or a gentle dog-safe antiseptic like chlorhexidine.
4. Remove the gloves and wash the tweezers.
5. Report the tick found to eTick.ca.
6. Complete a thorough tick check on yourself and your cat or dog to see if there are any more ticks. Pay extra attention to the pet’s head, neck and between their toes.

How to check for TICKS

Start at the pet’s head and gently comb your fingers through the pet’s fur, feeling for bumps and watching for small black or brown ticks. Ticks must be wandering through the pet’s fur or they could be embedded in the skin resembling a dark skin tag or raised mole.

Check for ticks in the following areas:

- Head
- Neck
- Ears
- Under and on the legs
- Behind and in the ears
- Between toes
- Around the tail

Tick prevention made local

Protecting pets from preventable tick-borne illnesses

[Photo credit: istock.com/Chalabala]
A growing body of research from the Ontario Veterinary College (OVC) aims to understand what makes for a successful veterinary-client relationship. For postdoctoral researcher Natasha Janke, who recently completed her PhD in Epidemiology at OVC, good relationships begin with successful information exchange at the clinic or at virtual appointments.

"A lot of information gets exchanged during veterinary visits, and it’s important we understand what works well, and what contributes to less ideal interactions," says Janke.

Pet owners are the keepers of important information about their personal lifestyle, home environment and any changes they may have noticed in their pets. Is there a smoker in the house? Has there been a change in who lives there? These details may not always be top-of-mind for pet owners, but they are important factors that may influence a pet’s behaviour or health.

"Pet owners who come prepared to share information about their pet, lifestyle, and home environment can contribute to the veterinarian-client relationship that many pet owners are looking for," says Janke.

DECISIONS, DECISIONS

Through surveys and focus groups, Janke studied how information is shared in veterinary appointments from beginning to end.

"Clients expressed a strong expectation to work in partnership with their veterinarian, and to combine their knowledge of their pet with the medical knowledge that the veterinarian has, so they could decide together how to best manage their pet’s health," says Janke.

But before a client can become part of the decision-making partnership, participants in Janke’s client focus groups expressed wanting veterinarians to develop an understanding of the client’s information needs. Veterinary clinics typically have a variety of tools, including visual aids and other resources, allowing for a tailored approach to client education.

UNDERSTAND YOUR OPTIONS

There is a growing recognition among veterinarians that clients prefer to be offered options when making decisions, rather than a single path forward. Janke says the pet owners she consulted in her study reinforced this idea. Participating pet owners perceived their veterinarians to have financial motivations when a single recommendation was made. For example, if weight loss is a desired outcome for a pet, pet owners indicated that speaking in general terms about the benefits of different nutritional options is better received than recommending a single brand. Pet owners can foster a shared approach to decision-making by asking “What options are available?”

WHAT IF YOU GOOGLED?

If you’ve been searching for pet health information online, is it appropriate to discuss it with your veterinarian at your appointment? Absolutely, says Nanette Lai, a PhD student in Epidemiology at OVC who studied how online searches may impact a client’s relationship with their veterinarian.

“Veterinarians shouldn’t feel surprised that clients are searching online, and clients should feel comfortable sharing what they’ve read, and asking what their veterinarian thinks about what owners have found,” says Lai. “Your veterinarian can help you understand what information is credible, and when necessary, they can direct you to trustworthy online sources.”

Lai says in many cases, pet owners have already consulted online resources before making an appointment, to help them decide if a visit was warranted.

“For example, a pet owner might start with a search such as ‘is cat vomiting normal,’” Lai says. “They will probably find results that suggest the owner consider the frequency, period of time, and other factors that would indicate if the situation is more or less urgent.”

Lai says her research shows pet owners relied on information from search engines, social media and even breed-specific online forums. In general, pet owners suggested they were supplementing information, but they expressed a preference to get information directly from their veterinarian. She notes some pet owners may choose not to disclose their online searches because they felt it may be perceived that they were second-guessing their veterinarian.

“Our study showed that searching for pet health information online doesn’t displace veterinarians’ guidance,” says Lai. “Most people reported the veterinarian-owner relationship was stronger when online searches were openly discussed.”

WHAT IF YOU HAVE A LOT OF QUESTIONS?

Access to veterinary care is harder to come by since the COVID-19 pandemic. So how do pet owners get information they need without monopolizing their veterinarian’s time?

“If you need additional information or wonder if an appointment is warranted, contacting your regular clinic through their website or phone is a great first step,” says Janke. She notes that many clinics post trusted resources on their websites, and most will provide links by client request.

To make the most of your appointment time, prepare the same way you would for your own medical appointment — and find out the best way to follow up if you have more questions after you leave.

“Some pet owners want only basic information, and others need more detail before they feel comfortable with making decisions about their pet’s care,” says Lai. “If you need your veterinarian to take a different approach with you, it’s best to tell them.”

Natasha Janke completed her research with Dr. Jason Coe, professor and the ISA Canada Chair in Relationship Centred Veterinary Medicine. Nanette Lai is a PhD student in Dr. Deep Khetra’s lab. Khetra is an associate professor and academic coordinator of the Hill’s Pet Nutrition Primary Healthcare Centre.
How OVC became the Canadian leader in intensive care services for companion animals

Nobody wants to be in the hospital, and that includes our pets. But it’s a comfort for other family members to know a loved one is where they need to be, and that they’re receiving the best care possible. That’s an assurance the staff and medical teams at the Ontario Veterinary College (OVC) provide to clients and patients in their care.

Today, an estimated 50 per cent of OVC patients spend some time in OVC’s Intensive Care Unit (ICU), which houses inbound emergency cases, critically ill patients, and those in need of round-the-clock supervision or quiet healing time. What many people don’t realize is that the concept of an ICU for companion animals is a relatively new idea. OVC’s ICU was the first unit of its kind in Canada and one of only a handful across North America.

5 MILLION PEOPLE AND COUNTING

For Dr. Wayne McDonell, the need for an ICU emerged out of a growing number of complex cases that veterinarians in neighbouring communities were referring to OVC in the mid 1980s. McDonell was managing OVC’s Small Animal Hospital at the time, and he says as the capabilities and offerings of primary care veterinarians advanced, only the most challenging referrals were finding their way back to OVC.

McDonell recalls cases that required consultation from multiple specialities, such as an older dog undergoing back surgery, or animals needing treatment for a condition that might be further complicated by heart failure or kidney failure. “Even back then OVC had the largest number of specialties and the biggest faculty, and our expertise in solving complex cases was well-established,” McDonell says. “OVC has 5 million people residing around it, and there are many practitioners who send their patients for advanced care here.”

It was time to centralize the patients that needed a higher level of care in a single ward. But first, they needed the vision.

WHAT WOULD AN ANIMAL ICU LOOK LIKE?

The idea of intensive care facilities for animals was gaining some traction for the world’s leading veterinary schools, but it seemed there were different ideas about what they might look like. McDonell had the opportunity to tour a number of facilities, and there was inconsistency in what an ICU could look like. Some were little more than a sign on a door, others were lacking in staff. “I swore that if we were going to set one up in Guelph, we would either develop a fully functioning unit with a dedicated space or we would not do it all,” he says.

He worked with colleagues to acquire essential equipment. He advocated to hire 24-hour care coverage.

“It was clear that you can’t run an intensive care facility and have everyone leave at five o’clock,” he says. “We needed 24-hour staffing, and faculty that could be on-call overnight. There were so many concepts that were new to everyone at the time.”

Soon McDonell had established a rotation of students within the Doctor of Veterinary Medicine (DVM) program to help manage the ICU, and he needed a staff member to supervise them. That duty fell to Dr. Karol Mathews, a veterinary surgeon who had recently completed her post-doctoral work on kidney transplants. Mathews was a logical choice for the role due to the nature of her recent work: her patients required round-the-clock care. The job started as a temporary position in 1988.

MODELED ON HUMAN MEDICINE

Mathews managed the ICU and its rotation, but any attempts to improve her knowledge of emergency veterinary medicine or improve OVC’s ICU were met with one giant hurdle: the field was new, and there was no one to teach her. “There was nowhere in Canada to train, so I picked how I would train myself,” Mathews says. “I was immersed in what I was doing, and I recognized what I needed to learn more about.”

Mathews set her sights on human medicine for specialty training. She applied for, and was granted, an observation period at The Hospital for Sick Children (SickKids) in Toronto, where she was able to learn techniques, processes and protocols that could be applied to companion animals back home. For more practical knowledge in veterinary emergency and critical care, Mathews spent two weeks at a specialty clinic in the United States.

After these ‘learning sessions’, a serendipitous event occurred. While advising on care for a rabbit included in a surgical trial at nearby Hamilton General Hospital, she met the hospital’s intensivist (human term for criticalist), Dr. Clive Davis, a pet owner, who became a mentor...
advising her of learning opportunities. Dr. Davis included Mathews in the critical care classes with his residents, patient rounds and was available by phone 24/7 for troubleshooting and assisting her with managing the complex ICU patients. “Dr. Davis’ mentorship was the path to my success in board certification,” says Mathews.

A FACULTY OF ONE

By 1993, Mathews became the first board-certified emergency and critical care medicine (E&CCM) specialist in the veterinary profession in Canada. With those credentials, she developed a graduate residency program at OVC to share the knowledge and experience she had gained to increase the number of E&CCM specialists, and ultimately manage critically ill pets across Canada. During this period, visiting veterinarians from around the world spent time in OVC’s ICU to expand their knowledge for practice in their own country.

But, while Mathews had focused on teaching others, she remained a faculty of one. There was no published ‘point-of-care problem and management’ resource for OVC DVM students, emergency interns or technicians working in the ICU, other than Mathews’ personal typed notes.

“I received many 2 a.m. phone calls from interns and residents from other services who were working rotations in the emergency room and ICU, and there were a lot of basics to cover,” says Mathews. “With each call, I was answering many of the same questions about managing the patient’s blood pressure, fluid requirements, pain management or the acid–base and electrolyte status, so I prepared notes on how to approach and manage these commonly-experienced problems. With these notes available, they were able to treat the patient appropriately, and then phone me if they needed further help.”

Today, Mathews’ notes form the basis of the quintessential textbook she authored, The Veterinary Emergency + Critical Care Manual, which is now in its third edition and used by veterinarians around the world. What’s more, the eight students that graduated from her residency have gone on to build key veterinary emergency and critical care programs across Canada, making significant contributions to improving the lives of companion animals and the people who love them.

Many pet owners with loved ones in the ICU may wonder — what do veterinary critical care specialists do?

The specialty of veterinary emergency and critical care medicine (E&CCM) focuses on the immediate management of a severely ill or injured animal and encompasses all organ systems and associated functions.

Some of the core therapies the ICU conducts include: mechanical positive pressure ventilation/respiratory therapy, transfusion medicine, pain management, CPR, cardiac disorders, sepsis and antimicrobial use, trauma management, managing kidney function and dialysis, acute plant and chemical toxicities and many other emergent problems.

Laboratory point-of-care testing and diagnostic imaging, such as ultrasound, are frequently required for evaluation of the emergent and critically ill patient. The veterinary criticalist has the expertise to prioritize attention to medical and surgical issues requiring immediate intervention.

“We work with colleagues in specialty areas such as surgery, internal medicine, cardiology, neurology, oncology and ophthalmology to address the problem the patient was referred for,” says Mathews. “Based on the primary problem the patient has, they may remain under the care of the criticalist or referred to a colleague of theirs, with the designation of VTS (ECC), or Veterinary Technician Specialty Emergency and Critical Care certification. Their support was invaluable then, as it still remains today.”

Ultimately, collaboration, partnerships and an integrated approach are at the heart of OVC’s success in building a model for critical care.

“Working together with other specialties, we are truly optimizing patient care,” says Mathews. “Clients can feel confident about that level of care; their loved one is where they need to be at that moment.”

Understanding veterinary critical care

What happens in the ICU?

A new and improved Intensive Care Unit (ICU) is slated to open within the OVC Companion Animal Hospital in 2022, supported by OVC Pet Trust’s $8.36-million capital project, Building a Brighter Future for Pets. Renovations will construct a new ICU, as well as specialty service suites for neurology and ophthalmology within the OVC Health Sciences Centre.

OVC dean Dr. Jeff Wichtel says the expansion and creation of new spaces for critical care at OVC is urgent and essential to continue to help the sickest of the sick, bring the medicine of tomorrow to our patient’s bedside, and allow OVC to keep pace with the modernization of health care. “Our facilities offer more than just medicine; our veterinary teams are the guardians of our most critical patients,” says Dean Wichtel. “Improvements to OVC’s critical care and specialty units will enable our team to focus on delivering best-in-class care for our patients; all while educating, training and inspiring the next generation of veterinary professionals.”

ICU RENOVATIONS WILL:

- Dedicate space (1857 square feet) for veterinary emergency services, which previously coexisted within the ICU itself.
- Expand the ICU to a larger, newly renovated space (2231 square feet), increasing capacity by 50 per cent.
- Create a flexible space to adapt to patient care needs, accommodating various configurations of dog and cat kennels to minimize stress.
- Provide a dedicated workspace for the medical team with clear sightlines to patients.
- Offer two separate bays for the most critical patients, each with monitoring capabilities.
- Improve design by including zoned lighting for a more restful patient experience that is less disruptive to animals’ circadian rhythms.
- Provide increased privacy within the ICU to allow pet owners the opportunity to visit companions that cannot be moved for end-of-life care.

MEET PATIENT MAESON

Maeson, a one-year-old male Domestic Short-haired cat, arrived at OVC needing emergency care after his owners suspected that he had eaten some lilies. Many lily plant species are extremely toxic for cats and can result in life-threatening kidney failure within 24 to 72 hours. Maeson was hospitalized for three days in OVC’s ICU with intensive supportive care for his kidney function and his specific toxicity. OVC’s Emergency and Critical Care team monitored his condition round the clock and continuously assessed his well-being. Thankfully, Maeson was one of the lucky ones and was discharged from hospital. He returned home to his family in Guelph where he is doing well, his owner Holly says.

MEET PATIENT DIESEL

Diesel, an eight-year-old German Shepherd, was admitted to OVC’s ICU after experiencing progressive lethargy, a loss of appetite, regurgitation and vomiting. Diesel was hospitalized for a total of six days while multiple diagnostic tests and treatments were performed, including bloodwork, radiographs (X-rays) and ultrasound. Surgery was performed to remove a foreign body from his small intestine. Unfortunately, Diesel developed several complications associated with the underlying foreign body and the vomiting it caused. He developed moderate pancreatitis, the inflammation of the pancreas, a vital organ that regulates food digestion and hormone production. He was also diagnosed with severe aspiration pneumonia, which occurs when gastrointestinal content has been inhaled into the lungs, causing lung injury and inflammation and consequently difficulty breathing and low blood oxygen levels. During his recovery Diesel received supportive care while hospitalized that included IV fluid therapy, medications for his pain and placement of a nasogastric (NG) tube (pictured in photo) as a tool to allow Diesel to receive nutritional support during the worst stages of his illness. Diesel also received supplemental oxygen therapy during the worst stages of his pneumonia. Diesel continues to receive care from OVC’s internal medicine service as an outpatient to treat his pancreatitis and ongoing health concerns. “I know how frightening it is to rush your pet to OVC and pray someone can help. I thank everyone at OVC for continuing to care for my Diesel and for being available when we need it the most,” says his owner Kourtney.
Amanda Mansz affectionately describes her 11-year-old pug Boulez (pronounced Boo-les), whom she lovingly calls ‘Boo’, as a determined, sweet and feisty dog. Boo found his forever home with Amanda in 2012 when he was 11 months old. In August 2021, Amanda noticed a deep crater in Boo’s eye. She took him to their family veterinarian who immediately recommended taking him to the Ophthalmology Service at the OVC Health Sciences Centre (HSC) as soon as possible.

In hindsight, Amanda says she knew that Boo was on the verge of disaster. After being referred to OVC Amanda and her family were faced with a big decision.

Boo was diagnosed with a complex corneal ulcer, a serious lesion of the cornea, the clear outer part of the eye. He was also diagnosed with keratomalacia, which means that the cornea had begun to disintegrate and “melt” due to infection. Boo was examined by OVC ophthalmologist Dr. Chantale Pinard and her team, and Amanda learned that she had a few options to consider to help her dog: she could make the decision for Boo to lose his left eye completely or opt to treat it medically and/or surgically.

Surgery meant that Boo would have to go through a procedure called a corneal graft, an intricate and involved procedure that would be performed by Dr. Pinard in an operating room.

Even through her lens as a trained veterinarian, Amanda had never experienced anything like what she was about to go through with her beloved Boo.

Amanda is a trained veterinarian (OVC 2008) with advanced graduate training through a residency and Doctor of Veterinary Science program (DVSc) in anatomic pathology. She has worked at the Animal Health Laboratory at the University of Guelph since 2018. Her job includes day cases, which involves analyzing biopsies and samples from small and large animals. Amanda also conducts post-mortem autopsies, and her caseload includes dogs, cats, horses, exotic animals and livestock (pigs, cows, goats and sheep).

Dr. Pinard says that corneal ulcers are one of the leading eye diseases in dogs. Dogs with prominent eyes such as pugs, shih tzu and Boston terriers are at higher risk than dogs that have a longer snout (nose) – such as retrievers, spaniels and sheepdogs.

“Dr. Pinard and the team advised me that there was a chance that medication only would have solved the infection and Boo could have healed without surgery; but there was also an equal chance that the cornea would have ruptured due to its fragility during healing.” Amanda shares. Boo’s vision would have been compromised and the eye would have undoubtedly been a source of pain for the pug. He was immediately hospitalized in OVC’s intensive care unit (ICU) for rigorous medical therapy to prepare for surgery.

Surgery would not only increase the odds that Boo could keep his eye, but also shorten the medical therapy to two to three weeks; with all of the risks, medical therapy without pursuing surgery can still take several weeks to months and the outcomes are not guaranteed.

In the ICU, Boo was placed on several medical interventions to stabilize his eye, treat his infection and manage his pain – all with the ultimate goal of maximizing surgical success.

“If Boulez’s infection was still active at the time of surgery, the sutures used may not have held and the graft would be more likely to fail,” explains Dr. Pinard.

“This aggressive medical therapy was only possible due to the presence of the ICU as most owners usually do not have the capacity to administer drops at such a frequency for 24 hours,” she adds, acknowledging the importance of integrated care at a tertiary hospital such as the OVC HSC.

Boo had surgery with Dr. Pinard a day later. Dr. Pinard surgically constructed a graft for Boo’s eye. The graft involved taking a piece of adjacent pink tissue around the eye (called conjunctiva) and manipulating it to cover the corneal lesion. Precision is key: under a microscope, the sutures that Dr. Pinard used to build
Continued from page 17.

Dr. Pinard advocates that owners pay careful attention to their dog’s triggers. “When you are around situations that are stressful for your dog, try to anticipate their experience beforehand by being respectful of other dogs and pets, as well as to reduce the potential for their reaction to occur.”

Niel also advises that owners take a systematic approach to training. “Many people think that puppy classes are for the days when they are bringing a new puppy home. They might help your dog to improve these encounters with unfamiliar people and situations.”

How to be a good dog neighbour

Being a good dog neighbour means that the handler and the dog are confident and relaxed during everyday situations.

• Be aware of triggers that make your dog fearful and be respectful of other dogs’ triggers.

Watch your dog for signs of fear before escalation to aggression.

• Use reward-based training to reduce the chances of an aggressive developement in your dog.

Short daily training sessions with your dog can help keeping them out of a stressful situation and using commands and guidance.

Remember, although your dog may be calm and confident during new introductions, not all dogs are comfortable meeting new dogs. In this situation, maintain your distance.

If your dog is reactive when seeing people or dogs, has trouble with recall or is easily distracted, classes with qualified professional might help to improve these behaviours.

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If your dog is reactive when seeing people or dogs, has trouble with recall or is easily distracted, classes with qualified professional might help to improve these behaviours.

Dr. Pinard advocates that owners pay careful attention to their dog’s triggers. “When you are around situations that are stressful for your dog, try to anticipate their experience beforehand by being respectful of other dogs and pets, as well as to reduce the potential for their reaction to occur.”

Niel also advises that owners take a systematic approach to training. “Many people think that puppy classes are for the days when they are bringing a new puppy home. They might help your dog to improve these encounters with unfamiliar people and situations.”

How to be a good dog neighbour

Being a good dog neighbour means that the handler and the dog are confident and relaxed during everyday situations.

• Be aware of triggers that make your dog fearful and be respectful of other dogs’ triggers.

Watch your dog for signs of fear before escalation to aggression.

• Use reward-based training to reduce the chances of an aggressive developement in your dog.

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What began with a telephone call in 1985 from the dean of the Ontario Veterinary College (OVC) to a client of the OVC Companion Animal Hospital, investment manager Roger Warren, has grown into a deep and fulfilling partnership between the college and the philanthropist spanning more than three decades. In September 2021, OVC celebrated Roger and his late wife Mary’s contributions to the college by naming them the inaugural recipients of the newly established OVC Legacy Medal.

The OVC Legacy Medal recognizes outstanding voluntary and philanthropic efforts that have contributed to OVC’s progress in pursuit of its mission to improve life by creating healthier futures for animals, people and the environment. In presenting Roger with this prestigious award, and honouring Mary posthumously, the college commemorated the Warrens’ 35-year legacy of support for OVC Pet Trust to advance veterinary learning, pet healthcare and innovation in companion animal medicine.

Roger is known by his peers and the broader community as a leader, philanthropist, businessperson and visionary. Within OVC, he is known as a founding member of the OVC Pet Trust board and, later, a board chair and now, an honorary member and trusted advisor. He helped build OVC Pet Trust from the ground up and has undoubtedly influenced its growth and success.

Those who knew and loved Mary Warren describe her as a life-long animal lover with a generous heart. Over the years, she and Roger expressed their gratitude to OVC for the care provided to their own family pets who have encountered medical problems. Roger says this is a significant source of inspiration for him to stay involved with OVC Pet Trust. He adds that his motivation to give back is based on the family values he grew up with – a personal desire and a sense of responsibility to give back to the community.

Roger’s vision for a pet memorial program, which would allow veterinarians and pet owners to commemorate the companion animals who bring so much joy into our lives, became the foundation for OVC Pet Trust in the 1980s. With the support of collaborators Dr. Ole Nielson (OVC Dean 1985 – 1995), Dr. Alan Meek (OVC Dean 1995 – 2005) and Wayne McDonell (Medical Director of the Veterinary Teaching Hospital, now known as the OVC Health Sciences Centre), he provided the necessary guidance to make it the first charitable fund dedicated to the health and well-being of companion animals in Canada when it was officially established in 1986.

During an interview with OVC Pet Trust in 2015, Roger said, “I’m not a medical person, I’m a financial person. My contribution was largely putting together the corporate structure for OVC Pet Trust. Originally, I agreed to join the board for one year, and I’m still here. I am a great believer that when one has had success in life that one should give back. OVC Pet Trust has been a worthy cause for me to give to and get involved with,” he said. Mary and Roger, through their educational and research-focused charitable endeavour The Rathlyn Foundation, have been extremely generous donors to the Ontario Veterinary College. Their support includes contributions to OVC Pet Trust, the creation of student bursaries and support for capital projects. Most profoundly, they have influenced the nature of OVC’s research and graduate programs by together creating nine endowed funds for Doctor of Veterinary Science (DVSc) students – advanced clinical training for veterinarians who are pursuing a specialized area of veterinary medicine to become board certified specialists.

“By combining their passion for animal health, veterinary research and innovation with student support, Mary and Roger have had a tremendous influence on OVC’s research output potential and growth,” says Dr. Jeff Wichtel, OVC Dean. “As valued champions, donors and volunteers, they have had an extraordinary and enduring impact on the Ontario Veterinary College and, in a fundamental way, have helped shape its future. For that, we will be forever grateful.”

In photo: Roger Warren at the inaugural OVC Legacy Medal ceremony (left). Mary and Roger Warren on their wedding day (right).

In photo: Ashleigh Martyn (left). Photo supplied by Roger Warren (right).
Pet ownership in Canada is at an all-time high, thanks to so-called “pandemic puppies” COVID kittens” and other animals finding their forever homes. Now, as families incorporate new companion animals into their households, many are encountering an unexpected challenge—higher demand and longer wait times for veterinary care.

Dr. Andria Jones-Bitton, director of well-being education at the Ontario Veterinary College (OVC) and OVC researcher with a focus on the epidemiology of mental health in veterinarians, veterinary students and agricultural producers, says many veterinarians are seeing high demand for their services at a time when clinics are also adjusting to new and changing public health protections.

“Veterinary hospitals have seen more pets, and a decrease in the number of people that can be present in clinics who’ve transitioned to offering curbside medical care for their patients,” says Jones-Bitton. “Increased veterinary demand has been compounded by other stressors resulting from the COVID-19 pandemic—veterinarian and staff shortages, illness resulting from COVID, lack of child care, clients taking frustrations out on staff, and burnout.”

Jones-Bitton and then-PhD candidate Dr. Jennifer Khosa conducted research, believed to be the first of its kind, that examined how the relationship between the mental health of veterinarians and the resulting client satisfaction. What her research team found was that the relationship was incredibly complex.

“We found that higher client satisfaction was associated with lower veterinarian mental health states, and lower client satisfaction was associated with mental health problems more indicative of wellness. We suspect the higher levels of anxiety, emotional exhaustion and depersonalization amongst veterinarians with high client satisfaction may be explained by emotional labour—the effort expended to manage one’s feelings while fulfilling the requirements and societal expectations of the job,” Jones-Bitton says. “Similarly, among human physicians, empathy has a well-documented association with patient satisfaction and is also hypothesized to increase the risk of burnout and empathic distress (also known as compassion fatigue).”

Jones-Bitton’s research raises the question: how can pet owners best support their veterinarian? What does it mean to be a good client?

THE COMPLEX RELATIONSHIP BETWEEN VETERINARIAN MENTAL HEALTH AND CLIENT SATISFACTION

Pet insurance, when it’s a viable option, can help ensure the best care is delivered to clients without cost being as big of a barrier, Jones-Bitton adds.

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Commit to your pet

Most families want only the best for their pet, and they understand their veterinarian. Sometimes, though, a pet’s medical needs or behaviours change, and that can lead to difficult situations for veterinarians.

“It’s hard for many people to put a veterinary bill into perspective, because in Canada we aren’t used to paying for our own healthcare or seeing an itemized bill,” says Jones-Bitton. “Keeping a veterinary clinic running costs at a high. The equipment, skilled teams and the facilities are essential to giving the very best care possible.”

Pet insurance, when it’s a viable option, can help ensure the best care is delivered to clients without cost being as big of a barrier, Jones-Bitton adds.

Communication is key

Between pandemic challenges and higher workloads everyone is experiencing, sometimes corralling pets through traffic to the clinic can feel even more stressful than usual, Jones-Bitton says. “Particularly if a client has a concern related to their pet’s appointment or care, they are entitled to their feelings. But regardless of what kind of day they’ve had, it essential that communication between members of the veterinary team and clients is respectful.”

“Strong relationships are built on trust, and respectfully communicating concerns is essential to strengthening your relationship with your veterinarian,” says Jones-Bitton. “At the end of the day, we are all human, and we all want the best possible outcomes for our animals.”

Learn more about Dr. Andria Jones-Bitton’s research on her website: ajbresearch.com.

HOW EVIDENCE-BASED TOOLS ARE HELPING TO ADDRESS THE PROBLEM

Veterinary medicine is an incredibly rewarding occupation. But by nature of the job, there are some stressors that are inherent to the veterinary profession that can have a negative impact on a veterinarian’s mental health. A growing body of research is looking at factors such as resilience, perceived stress, anxiety, depression, burnout and empathic distress (compassion fatigue) among veterinarians.

“Veterinarians see a lot of sickness, and sometimes despite best efforts, veterinarians don’t always see the outcomes they want,” says Jones-Bitton. “At times, when veterinarians connect with clients on a personal level, it can be harmful to a veterinarian’s own emotional state and mental health. It is important to recognize that we manage our own mental health accordingly.”

Jones-Bitton works with colleagues to understand the risk factors associated with poor practitioner mental health. She has also been instrumental in providing the field with evidence-based tools to address the problem.

Jones-Bitton has a new study underway with co-investigator Dr. Caroline Ritter at the Atlantic Veterinary College, and PhD students Tipsarp Kittisiam and Emily McRabbit. “We have a new study to investigate early career veterinarians’ mental health from time of graduation through their first two years of practice. The results will help us develop training resources and support veterinarians through this crucial transition period.”

Jones-Bitton is also led the development of a new curriculum to enhance resilience and wellbeing for student veterinarians, that instructors are now using to also teaching students about compassion, and how they can demonstrate compassion for their patients.

“It’s important that current veterinarians—and our students—appreciate that veterinarian medicine is an incredibly rewarding profession, but it’s also bordered with stresses and challenges. Many positive psychology tools and well-being strategies can help,” says Jones-Bitton. “With that awareness, we can set them up for success in serving their patients and clients.”
Dealing with and preparing for the loss of a pet can be difficult to navigate. Visit pettrust.ca/petlossresources to access FREE guides.
clerks, pet food industry, or regulatory bodies. We all have the same goal—improve life of pets. It is important that all of us work together to achieve this goal through good nutrition and feeding management, at the individual level for the pets that we live and work with every day, but also at the population level.

The most important advice that I can give to pet owners is to regularly check in with your pet’s family veterinarian. They can assess your pets body weight, body condition and muscle condition and teach you how to monitor your pet at home. If your pet is overweight or obese, an individually tailored weight loss plan will be needed under the supervision of your veterinary team. Hopefully, it doesn’t come to that! Pet obesity can be prevented with careful monitoring of the pet’s weight and body condition but also with good nutrition and feeding management. Feed a diet, commercial or homemade, that is complete and balanced and intended for your dog or cat’s life stage. For homemade diets, don’t just search the internet for dog or cat food recipes, these are more than often not providing balanced amounts of all essential nutrients. Talk to your family veterinarian or seek advice from a veterinary nutritionist. Cut down on human food, snacks and treats, these quickly lead to extra calories and no more than 10% of daily calories should come from unbalanced food items. Again, talk to your veterinarian if you need help with determining your pet’s nutritional needs and energy requirement. Feeding management is important as well. Consider using interactive feeders and food puzzles or play pet-food-hide-and-go-seek. Having them work for their food engages our pets both physically and mentally. You can also consider changing up their meal schedule or even intermittent fasting. Aside from nutrition, don’t forget the importance of exercise. Walk that extra block. Remember, the World Health Organization recommends people to move 30 minutes per day. No need to sweat, just move. It is good for you as well.

What research projects are you currently working on? What do you hope to ultimately achieve? What impact does OVC Pet Trust funding have on your research program?

Unsurprisingly, my research also focuses on pet obesity. One project, funded by OVC Pet Trust, that I like to highlight was conducted by Dr. Caitlin Grant, my former doctoral student and now assistant professor and Nestlé Purina Professor in Companion Animal Nutrition. Essential amino acid and vitamin intake was investigated in the white collar fox nine commercial cat diets including veterinary weight loss, over-the-counter adult maintenance and over-the-counter light or low-calorie diets at six different energy restriction levels. Intake of each nutrient was compared to the nutrient recommendations for adult cats according to the National Research Council (NRC). The results show that all of essential nutrients was greater with veterinary diets compared to both types of over-the-counter diets. For all diets, though, not all nutrients were within the NRC recommendations. Overall, it is well-accepted that dietary energy must be restricted to achieve weight loss, but in doing so, intake of essential nutrients may also be restricted. Veterinary weight loss diets are purposefully formulated so that essential nutrients are enhanced while calories are reduced. A misconception may be that restricting an over-the-counter low-calorie diet is better than an over-the-counter adult maintenance diet. However, neither diet types is formulated for energy restriction during weight loss. Simply feeding less of an over-the-counter diet is putting the pet at risk for nutrient deficiencies. While more work is needed to determine the nutrient needs of obese cats, results of our research support the recommendation that only veterinary weight loss diets should be recommended for cats undergoing dietary restriction to promote weight loss. Though our research also called for further improvements of choline delivery. Choline plays a key role in fat metabolism. Studies in many species, including cats, have shown that inadequate intake of choline results in accumulation of fat in the liver. This poses a big risk for obese cats who are already at risk for developing feline hepatic lipidosis. Ongoing research in my lab focuses on the role of choline in prevention and treatment of feline obesity.

Ultimately, my hope is that research contributes to the veterinary standards and, for weight management in dogs and cats. There is still a lot of unknowns about best practices for the treatment and prevention of pet obesity. Veterinary professionals and pet owners have mixed success with weight management in their patients and pets. Development and investigation of new nutritional and feeding management strategies that allow safe and successful weight loss for obese pets undergoing energy restriction is the major focus of my research program.

How do you help OVC HSC patients and their owners?

As a veterinary nutritionist, I also provide clinical service in the OVC-HSC Clinical Nutrition Service. Our clinical team consists of two faculty, one registered veterinary technician with a veterinary technician speciality in nutrition and two Doctor of Veterinary Science students, who are also residents of the European College of Veterinary and Comparative Nutrition. OVC is currently the only institution in Canada offering advanced training and specialization in veterinary nutrition. The clinical nutrition team works closely with other clinical services at the OVC Companion Animal Hospital to assess the nutritional needs of patients, including tube feeding and parenteral nutrition, evaluation and formulation of homemade diets; customized weight loss plans and nutrition programs for different life stages, reproduction and performance. At this time we are only available for OVC HSC patients and clients, but certainly have aspirations to grow and expand the Clinical Nutrition Service when the time is right.

Do you own any animals yourself?

My cat, Chanel, my trusted companion, who supported me through my PhD and residency and followed me and my husband to Canada when my professional career brought us here, passed away 3 years ago. It is hard losing a pet with whom you shared a life, a bond, a connection.

During the pandemic we became new pet parents. Having two energetic little boys, I wasn’t sure how that would go, so we decided to first foster one of the OVC Blood Donor kittens. That’s how Starr came to live with us. Of course, we get hooked and adopted him last year. He certainly has a special personality, and our boys adore him.
YOUR GIFTS AT WORK
Each year, OVC Pet Trust invests $500,000 in new projects and equipment to advance health and well-being for pets.
How Smiling Blue Skies Improves Research

Many types of cancer are naturally occurring in dogs and cats as well as people. In recent years, researchers have built considerable momentum through comparative oncology by analyzing how some cancers and treatments behave across species. The findings have the potential to offer massive benefits to veterinary and human medicine alike through opportunities for further clinical research.

Two key features that make the Institute for Comparative Cancer Investigation (ICCI) so successful — the tumour bank and clinical trials coordination — are managed by staff members that are supported by funds donated to Smiling Blue Skies.

Dr. Jeff Wichtel, dean of the Ontario Veterinary College (OVC), says projects Dr. Tony Mutsaers, veterinary medical oncologist at OVC, says the tumour bank is also an excellent resource for graduate students, who use samples to produce all animal tumours he required from the ICCI’s tumour bank, while the human samples were sourced from six different sites.

UNDERSTANDING CANCER BEHAVIOUR

Dr. Tony Mutsaers, veterinary medical oncologist at OVC, says the tumour bank is also an excellent resource for graduate students, who use samples to produce small clinical trials as part of their program. Students can access more than 8000 samples of blood or tissue from approximately 90 types of cancer. Those smaller studies have the potential to contribute at a larger level.

“Even in the most prevalent cancers, we’re learning a lot about the biology,” says Mutsaers. “We have cloned the genome in the dog, we’re coming up with a pile of markers for disease, and there is a large amount of investigational work that is going on in structured clinical trials.”

With that knowledge, Mutsaers notes researchers are closer to understanding how an individual pet’s cancer behaves and predicting how the cancer might respond to treatment. That’s thanks largely to another notable change over the last decade: the growing number of researchers - and type of expertise - represented at OVC.

“Smiling Blue Skies has improved access to all animal tumours he required from the ICCI’s tumour bank, while the human samples were sourced from six different sites.”

INTERNATIONAL CREDIBILITY

OVC’s interdisciplinary approach and ongoing support from Smiling Blue Skies builds opportunities. The college was the first Canadian veterinary member of the National Institutes of Health (NIH) Comparative Oncology Clinical Trials Consortium, which links industry, government, and academia for the purpose of veterinary oncology clinical trials.

“Thanks to Smiling Blue Skies and OVC Pet Trust we have infrastructure and expertise in place to not only evaluate potential solutions at OVC, but to bring in these larger consortia to produce a clinical trial that will be large enough to know for sure if something has an impact or not,” says Mutsaers.

Dear OVC Pet Trust,

I met Bear on a sunny day in late winter of 2012. He and his sister Daisy had been surrendered to Golden Rescue and I was going to foster the siblings until we could find a suitable home for them. Sadly, when they came into the rescue program, Daisy was diagnosed with end-stage kidney failure and was given a very short time to live. I agreed to provide palliative care for Daisy with the intention that once Daisy crossed the rainbow bridge, we would find Bear a loving, forever home. Daisy and Bear had other plans. Daisy was a beautiful Golden with red curls in contrast to Bear who was such a handsome white boy. Daisy was the very definition of ‘feisty’ and Bear, in contrast, was extremely chill and laid back. Daisy fought against her disease and exceeded all of the experts’ expectations in living another eight months after she came to me. And by then of course, I was in love with Bear and the two of them would go everywhere. He had found his forever home.

Given Bear’s sweet, calm nature it seemed a good idea to enrol him in the St. John’s Ambulance Therapy Dog program. He passed with flying colours and his favourite ‘job’ was to go to the local university at exam time and help the kids alleviate their anxiety and homesickness. He would also come to my place of work for our mental health awareness days. I could barely get in the door before he would be surrounded by my adoring subjects, telling him how handsome he was and giving him lots of love and belly rubs.

During his lifetime, Bear brought immense joy and peace to many. He had a gift for knowing who in the room needed him most and he would simply sit on their feet until they started to pet him.

Not a day goes by that I don’t think of him and miss him. There will never be another Bear. I believe he was an angel on earth. I have had many dogs in my lifetime, and I have lost many dogs. When the end comes, I take great comfort in knowing that there is nothing I would have done differently during the course of their lives. I want every day to be their best day. When Bear was diagnosed with cancer, I wanted him to get the best care possible which is why I brought him to OVC. Both he and I were treated with such kindness and compassion. Dr. Rebecca Farmer and Bear’s oncology team treated him as if he was their own dog. And, at the end, when there was nothing more that could be done for him, I was at peace with the decision to let him go and join his sister Daisy.

I hope in some small way, Bear’s story will inspire others to support OVC so that our animals can continue to receive the world class care that they deserve.

Kind regards,

Jane

Remembering Bear

To share your “In Memory” story, please email Ashleigh Martyn at ovcpet@uoguelph.ca.
GO BEHIND THE SCENES AT THE ONTARIO VETERINARY COLLEGE

OVC Pet Trust debuted a new video in November 2021 to give viewers a glimpse behind the scenes of the Ontario Veterinary College and showcase how supporters help improve life for pets and the people who love them through healthcare, research and education.

1. OVC oncology patient Velcro is prepared for radiation therapy at the Mona Campbell Centre for Animal Cancer.

2. PhD candidate Anita Luu, a graduate student in Dr. Alicia Viloria-Petit’s lab, works on her OVC Pet Trust-funded research focused on canine osteosarcoma (bone cancer).

3. OVC neurology patient Dart is examined by Dr. Luis Gaitero and Doctor of Veterinary Medicine (DVM) students on their fourth-year clinical rotation in the OVC Companion Animal Hospital.

4. Cancer patient Lacey awaits her chemotherapy treatment at OVC.

#PETTRUSTPALS

#PETTRUSTPALS celebrates amazing supporters of OVC Pet Trust from across Canada! To share your photos use the #PETTRUSTPALS on Facebook (facebook.com/ovcpet) and Twitter (@ovcpettrust) or email: ovcpet@uoguelph.ca.

IF UNDELIVERED, PLEASE RETURN TO SENDER:
Ontario Veterinary College. University of Guelph
50 Stone Road East, Guelph, Ontario Canada N1G 2W1

Attention: OVC Pet Trust,
OVC Main Building, Dean’s Office

OVC PET TRUST
OVC Pet Trust is part of the University of Guelph, a registered charity. You can visit our website to support companion animal health at www.pettrust.ca.

The University of Guelph charitable registration number: 10816 1829 RR 0001

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