

# How to Keep Both the Consultant and the Local Veterinarian Involved - Part 2

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Traditionally local veterinarians have been thought of as individual animal health care providers. As times change and as economic efficiency becomes more important the local veterinarian needs to focus on becoming more involved in the overall management of the operation and balancing what is best for the cattle and the owner.

Many operations are seeking more input from specialists (consulting veterinarians and/or qualified nonveterinary specialist) on how to manage either specific entities of their operation or the entire operation so that they may become more profitable. Local practitioners need to adapt to these changing times. Local veterinarians can either make the transition from an animal health care provider to a consultant or work directly with a consultant to complete the veterinary management team.

Our practice has taken the position of working with, not against all "specialist" that the client can bring on board as part of the management team. Not everyone is cut-out to be a consulting veterinarian and that is okay because of the need for local veterinarians willing to perform the day to day activities.

## **How does the consultant contribute to the team - A review?**

1. Record System
  - a. cost justification - economics
  - b. treatment response data
  - c. comparing results with multiple yards
2. Processing and Treatment Programs
3. Research Data
4. Personnel Training
5. Facility Design Ideas
6. Diagnostics
  - a. necropsies

## **How does the local veterinarian stay involved and contribute to the team?**

1. Availability on a day to day basis
  - Local veterinarians can focus on the individual animal
  - Help troubleshoot any problems that arise immediately
  - Use consultants' suggestions and provide follow-up
2. Diagnostics
  - Perform necropsies or assist crew with necropsies as the need arises
  - Collect and prepare tissue for proper diagnostic evaluation
  - Advise as to the proper diagnostic test and lab work for various problems
3. Processing.
  - Assist with developing a processing program that fits the regional area
  - Provide training for the processing crew
  - Provide a processing crew on a contractual basis
4. Treatment Program
  - Assist with developing a treatment program
  - Providing follow-up for the treatment program
  - Provide day to day monitoring and training for the crew
5. Drug Sales
  - Opportunity to supply drugs
  - Write script or provide prescription drugs
6. Pregnancy Checking

## **What has changed since the start of the "team" approach?**

1. Improved management and fewer needles
2. Improved facility design for working cattle

3. Better trained crew
4. Consistent and uniform treatment program
5. Good record system
6. Up to date research data
7. More involvement for the local veterinarian - not less

#### **Concerns that a local veterinarian has when a consultant comes on board!**

1. Loss of the account
2. Lost revenue, both service and drug sales
3. Feeling of being inadequate to participate in decision making

Make yourself available for the day to day tasks. The consulting veterinarian will pull all levels of man-

agement within the feedyard together. Do not be afraid to ask questions or give input about local problems or ideas. I have found most consultants are very willing to accept suggestions from all levels of the team. Don't be intimidated, use the consultant as a referral center. Request from management that you as a local veterinarian are included in the consultants' visit to some degree so that communication lines remain open and that you continue to know what direction the operation is headed.

Finally, one must always remember that the focus needs to remain on what is best for the cattle while at the same time bringing profitability to the client. There is definitely a place for both the local and consulting veterinarian on most management teams. By working together towards a common goal everyone's a winner.

## **Abstract**

### **Chondrodysplasia in Australian Dexter cattle**

**P.A.W. Harper, M.R. Latter, F.W. Nicholas, R.W. Cook and P.A. Gill**  
*Aust Vet J* 1998; **76**:199-202

**Objective** To describe the occurrence of chondrodysplasia in Australian Dexter cattle.

**Design** A pathological and genetic case report.

**Procedure** Congenital lethal chondrodysplasia was studied in two female Dexter fetuses aborted mid to late gestation. Clinicopathological findings including histological changes in limb bones, and analysis of pedigree information were evaluated.

**Results** Characteristic features of congenital lethal chondrodysplasia (Dexter bulldog) include abortion, disproportionate dwarfism, a short vertebral column, marked micromelia, a relatively large head with retracted muzzle, cleft palate and protruding tongue and a large abdominal hernia. Histological changes in limb bones are consistent with failure of endochondral ossi-

fication. Dexter chondrodysplasia is considered to be inherited in an incompletely dominant manner with the homozygous form producing the congenital lethal condition. A preliminary minimum estimate of heterozygote frequency is 19% within the registered Australian Dexter herd, based on analysis of the contribution of three obligate heterozygotes whose semen has been widely used by artificial insemination in Australia.

**Conclusion** Dexter chondrodysplasia is present in Australian cattle and further cases of the homozygous form, congenital lethal chondrodysplasia, are likely to occur.

**Recommendation** It is requested that spleen and liver tissue from bulldog fetuses and blood from their parents be collected to assist research into Dexter chondrodysplasia.