



Newsletter of the
International Society of Veterinary
Ophthalmology
Spring 2008

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Editorial

Animal welfare, the final goal of our professional work.

There is a common motivation moving so many veterinarians around the world, giving them a good reason to travel, to update, to study: animal welfare.

It is a matter of fact that to attend meetings around the world is also an occasion to meet friends, to see new places and relax a bit, but the advantages we give our patients doing so come before our personal interest. The scientific content always prevails on the social events although the perfect blend of the two is the key for a successful Congress.

When there is the opportunity to meet the best speakers in the world, listen to State of the Art Lectures, learn the most updated information, we must go, be present, our patients will benefit of it.

The next chance to immerse ourselves in an exclusive mixture of scientific and social atmosphere will be the European Veterinary Ophthalmology Meeting in Versailles, May 14-18, 2008. A good reason to read The Globe, keep the information needed and join us in the extraordinary frame of Versailles.

See you there soon.

Claudio Peruccio

Letter from the ISVO President

From the past to the future

Time passed so quickly since the foundation of ISVO at the initiative of Bill Magrane and a small group of people in 1980.

It is difficult to imagine that youngest colleagues may not know how much we have to pay tribute to the men and women like them.

However it is important not to forget the contribution of those who worked for "our" society.

I would like to take the opportunity to mention the names of all the ISVO presidents who preceded me and to thank them.

From the foundation to last year: Bill Magrane (USA), Gus Aguirre (USA), Kristina Narfström (Sweden), Claudio Peruccio (Italy), Frans Stades (The Netherlands), Robert Peiffer (USA), Bernard Clerc (France), Robert Munger (USA), Simon Petersen Jones (USA), Andrea Leber (The Netherlands) and Jose Laus (Brazil).

This list of contributors is long but could not be complete without the names of Masanobu Fukui (Japan) and Lloyd Helper (USA) who worked for the society for many years.

Now and for the future, considering the growing interest into veterinary ophthalmology in many parts of the world, ISVO's challenge is to help in this development.

The Globe (thanks to Claudio Peruccio and Kristina Narfström) provides the necessary forum for international exchange of news, ideas and scientific information.

It is to emphasize the important growth of the specialty in Latin America that the ISVO Board decided, after the 2007 congress in Italy, to organize the next one in Brazil with the WSAVA, CLOVE and CBOV.

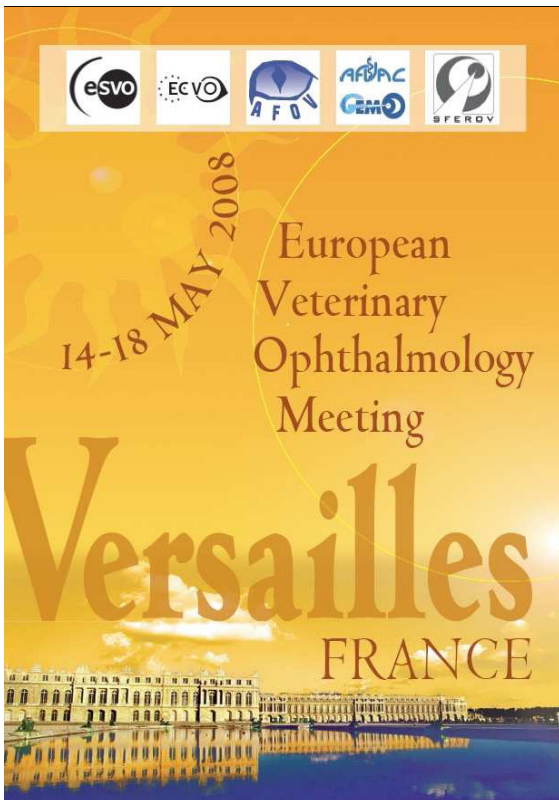
You are warmly invited to come and share your enthusiasm for ophthalmology with our South American colleagues.

The world will meet in Sao Paulo in 2009.

Maurice Roze



Coming Events



**ECVO-ESVO-AFOV-AFVAC-GEMO-SFEROV
Conference
Versailles, Paris, France,
May 14-18, 2008**

It is our great pleasure to invite you from May the 14th to May the 18th to our European annual meeting that will be held in a prestigious and wonderful venue :Versailles (France).

Together with the three French Veterinary associations in Ophthalmology (AFOV, AFVAC-GEMO and SFEROV), the ESVO (European Society of Veterinary Ophthalmology) and the ECVO (European College Veterinary Ophthalmology) organise a 5 day meeting divided in 3 parts.

Wednesday and Thursday will be the Continuing Education days. The topics to be discussed are Equine Ophthalmology and Genetics.

The main programme will start on Thursday afternoon and will consist of short communications, a self assessment test on hereditary diseases and a poster session. There will be three state-of-the-art lectures. One on Thursday evening presented by Dr Behar-Cohen on « Development of non viral therapy », one on Friday morning by Pr Kirk Gelatt that will speak about « Veterinary Ophthalmology : the past, the

present and future » and one on Saturday morning by Chris Murphy on « Vision in dogs ».

On Sunday morning you can attend seminars : one on « Electrodiagnostic evaluation of vision » by Björn Ekensten or one on « Refraction and optics» by Chris Murphy.

Don't forget to attend the gala dinner on a boat on the Seine river in Paris and the evening Bartabas Horse show.

You will also be able to visit the Château of Versailles and the city of Versailles in a guided tour.

For more information, visit the conference website at www.esvo.org.

We look forward to seeing you in Versailles.

The Organizing Committee Versailles 2008



**Program of events Versailles 14 May to 18 May
2008**

CONTINUING EDUCATION DAY

Wednesday May the 14th, afternoon **Equine ophthalmology**

Bernhard Spiess (Switzerland), DVM, Dipl ACVO, Dipl ECVO, Professor at the Vetsuisse Faculty, Small Animal Department, Section of Ophthalmology, University of Zurich, Zurich

Thursday May the 15th, morning **Genetics**

Cathryn Mellersh (England), Ph D, Post Doctoral Research Assistant in Genetics, Animal Health Trust, Lanwades Park, Kentford, Newmarket, Suffolk

Catherine André (France), PhD, CNRS, UMR6061, Laboratoire de Génétique et Développement, Faculté de Médecine, Rennes
William Beltran (USA), DVM, PhD, Dipl ECVO, Assistant Professor at the School of Veterinary Medicine, University of Pennsylvania , Philadelphia

MAIN CONFERENCE PROGRAM

Thursday May the 15th

Afternoon :

3:00 pm- 6:00 pm

General Session (basic and clinical research, retrospective studies, case reports)

6:00 pm- 7:00 pm

State of the Art Lecture : **Development of non viral ocular therapy. Francine Behar-Cohen**

(France), MD, PhD, Professor, Director of Research laboratory, équipe 17 UMRS 872, centre de recherche des Cordeliers, Paris 6

Friday May the 16th

9:00 am- 11:30 am :

General Session (basic and clinical research, retrospective studies, case reports)

11:30 am-12:15 am :

State of the Art Lecture : **Veterinary**

Ophthalmology : the past, the present and the future. Kirk Gelatt (USA), DVM, Dipl ACVO, distinguished Professor of comparative Ophthalmology, Department of Small Animal Clinical Sciences, College of Veterinary Medicine, University of Florida, Gainesville

Afternoon :

13:45 pm- 3:15 pm :

ECVO certificate filling form and case reports

3:30 pm- 5:00 pm :

Poster session, authors have to be with their posters

Saturday May the 17th

Morning :

9:00-9:30 :

Short clinical cases Presentation

9:30-11:30

General Session (basic and clinical research, retrospective studies, case reports)

11:30 am- 12:30 am :

State of the Art Lecture : **Vision in dogs.** Chris Murphy (USA), DVM, PhD, Dipl. ACVO, Professor of Comparative Ophthalmology, School of Veterinary Medicine, University of Wisconsin-Madison

Afternoon :

1:30 pm- 3:00 pm

ESVO ABM

3:00 pm-5:45pm

General Session (basic and clinical research, retrospective studies, case reports)

5:45 pm- 6:30 pm :

Announcement of the ECVO and ESVO awards 2007

Election of the 2010 meeting location

Invitation to the 2009 meeting and closure of the scientific meeting

SEMINARS

Sunday May the 18th

9:00 am- 12:00 am

Seminar 1 : Electrodiagnostic evaluation of vision

Björn Ekesten (Sweden), DVM, PhD, Dipl ECVO, Professor of clinical Neurophysiology, Department of clinical sciences, Uppsala

Seminar 2 : Refraction and optics

Chris Murphy (USA), DVM, PhD, Dipl ACVO, Professor of Comparative Ophthalmology, School of Veterinary Medicine, University of Wisconsin-Madison

HISTORY OF VERSAILLES



The first mention of the City of Versailles was in 1038 A.D. At the end of the 11th century, as a town, it established itself around a manor and an abbey. It quickly became prosperous owing to its proximity to the road from Paris to Normandy. The Lord of Versailles, who has always been directly subordinated to the King, does not possess any significant powers.

There came a dark period in the entire country of France which witnessed the Black Plague and the Hundred Years' War. Then in the 15th century, the 'town' of Versailles rebuilt itself, having only 100 inhabitants at that time. At the end of the 16th century the Lord of Versailles was permitted to establish four annual fairs and a weekly market on Thursdays.

It was during the 17th century that the King of France, then Louis XIII, invited by the Lord of Versailles, came to Versailles to hunt. The site pleased the King, and in 1622 he bought a parcel of land in the forest for his personal hunting. Then, two years later, in 1624, he bought other parcels of land and constructed a 'gentleman's hunting house' or 'gentleman's castle'.

In 1632, the King then purchased the entirety of the surrounding land, and even the *seigneurie* (meaning a local jurisdiction governed by a lord) of Versailles and its enlargements, while at the same time transforming the gentleman's castle. Note that until this period of time, the King had lived in Paris (in the Louvre), in Saint Germain-en-Laye, or in Fontainebleau.

1643 marked the death of the King Louis XIII. His son Louis XIV, who was only five years old at the time, succeeded him. At that time, the population of Versailles had increased to 1,000 inhabitants. The Queen, Anne of Austria, mother of the King, was named regent to the majority by the young King. However, a very violent revolt against the King, instigated by certain nobles including Louis of Bourbon-Condé (Louis II, Prince of Condé who was the King's uncle), bloodied and ruined the country from 1649 to 1653. This civil war (called the 'Fronde' - which literally translated means slings), devastated the King, who was by then an adolescent. He became distrustful of Paris and was prompted to rise again with his court who continued to surround him and support him. Louis XIV liked the forest of Versailles, where he came to hunt, and the gentleman's castle of his father where he had his first romantic encounters. Thus in 1661, he decided to enlarge and to

transform the Château and its gardens, without demolishing his father's small castle that still constituted the central point of the Château at the far end of the marble courtyard.



Versailles in 1688

Parties were frequently given in the gardens of the Chateau of Versailles, and on May 6, 1682, the King and his court installed themselves permanently in Versailles.

Louis XIV wanted this Chateau to be the reflection of his strength and of his magnitude: the most sumptuous Château in the world for the most celebrated King of the world.

The enlargement and embellishment continued. Louis XIV lived in the Chateau during his entire life while construction continued. One can only imagine the scene of a crowd of workers with their tools amongst elegant courtesans with ribbons tied around them!



Versailles in 1675, viewed from the gardens

The city grew around the refurbishment of the Chateau - a flood of merchants, servants, guards and military officers...

In 1671, a decree made by the King, which is still in force today, established that the height of the construction surrounding the Château could not surpass the height of the Château; this is why the bell on the top of Notre Dame Cathedral and the spire appear to be so low. This decree established the plan of the city. Avenue de Paris was directly in line with the Château, with a

symmetry of the Holy neighborhoods of Louis to the south, and Our Lady to the north of this axis. The Hall of Mirrors was finished only in 1684. The Château and the gardens look similar even to this day. The room of the King is found at the center of the Château in the former sector of Louis XIII. On August 25th, the day of the Holy Louis, the sun set directly in line with the big canal and the King's bedroom. At the time of the death of Louis XIV, in 1715, the city had 30,000 inhabitants. His great grandson succeeded to the throne; Louis XV was only 5 years old. His govern brought back the King and his court to Paris.

Versailles entered a dormant period. In 1722, Louis XV came back to Versailles which then boasted 24,000 inhabitants. The city resumed his development and returned to normalcy. In 1744, the population increased to 37,000 inhabitants. During the reign of Louis XV, the Château underwent internal transformations and the gardens were modified. In the city, the Ministry of Foreign Affairs and the Ministry of the Navy were established. Louis XV died in 1774, and his grandson Louis XVI succeeded him.

He married Marie-Antoinette who oversaw the restoration of the small Trianon and constructed the hamlet. In 1783, the Treaty of Versailles was signed establishing the independence of the United States (at the Ministry of Foreign Affairs, which is today a municipal library).

On September 19, 1783 the brothers Montgolfier succeeded in launching the first hot air balloon at the Château in front of the King. The balloon transported a sheep, a rooster and a duck and covered a distance of 3.5 Km.

In 1789, on the eve of the revolution, Versailles contained 50,000 inhabitants. Versailles, which had been the seat of supreme power, became, on May 5, 1789 the cradle of the revolution: the date of the meeting of the Estates General.

The abolition of the feudal system there was proclaimed on August 4, 1789.

October 6, 1789, a crowd came from Paris, invaded the Château and brought the King and his family back to Paris. The Château no longer existed. It was left either pillaged or sold with the furnishings and art objects to be found in different parts of the world to this day.

The population of Versailles declined to 24,000 inhabitants by 1824. Louis-Philippe, the last King of France, saved the Château from complete ruin by transforming it into a national museum in 1837. It was during this time that Versailles became linked to Paris by two train lines - one on the right bank in 1839 and the other leading to the left bank of Paris in 1840.

Versailles found itself again occupied, this time by the Prussians in 1870 after the defeat of the Emperor Napoléon III. In January 18, 1871, Guillaume the First was proclaimed the German Emperor in the Hall of Mirrors. This marked the birth of the first German Reich.

Versailles was again the political center of France from 1871 to 1879 until an insurrection brought power back to Paris.

The first World War ended officially at Versailles, in the Hall of Mirrors where, on June 28 1919, the Treaty of Versailles was signed (ending the American Revolutionary War) with President Clémenceau representing France, Lloyd George representing the United Kingdom, Orlando representing Italy, and President Wilson representing the United States. This treaty was the basis of the creation of the Society of the Nations (precursor to the United Nations).

Reoccupied in 1940, Versailles was liberated on August 24, 1944 (under the watch of Saint Louis) by the 2nd armored division of the General Leclerc.

MODERN VERSAILLES

The city developed according to the plan designed by Louis XIV, who, in the 18th Century inspired the layout of the city of Washington.

Versailles is the Prefecture of the department of the Yvelines and has close to 90,000 inhabitants. Regional administration sits there: the Prefecture and the general counsel. Versailles also has one of 30 French universities with approximately 14,000 students. This is also a garrison city, which inherited role of the monarchy. Several military organizations are located in Versailles, including the 5th regiment of military engineers, the national French police force (that includes, among others, the GIGN), and the central location for the equipment of the land army...

In terms of economics - tourism, administration, and the army constitute the principal sectors of activity in Versailles: for example, Nexter (for armament, assault tanks, rifles), Citroën Sport (rally cars and the champion of world rallies led Sébastien Loeb in the last years).

There are city congresses and theater (every year in June, the 'month of Molière' the streets are animated with theatrical renditions). The theater Montansier, constructed in 1780, was the 1st French theater. It is a city of commerce with, in particular, its renowned markets.

2008 ACVO Annual Conference October 15-18, 2008 Boston, MA, USA Westin Copley Place



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Capture a glimpse of America's past while you explore the historic streets of Boston.

Meeting Contact Information & Conference Registration

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**INVITATION FOR SERVICE DOGS
FREE EYE EXAM & PET WELLNESS REPORT
AMERICAN COLLEGE OF VETERINARY
OPHTHALMOLOGISTS
WEEK OF MAY 12, 2008**

The ACVO would like to invite primary care veterinarians' clients who work with or own Service Dogs to attend the ACVO's National Service Dog Eye Exam Day, May 12th, 2008.

For absolutely no fee, guide dogs, handicapped assistance dogs, detection dogs, and search and rescue dogs may participate. Your clients' Service Dogs will receive a free complete eye exam to screen for ocular health at one of 180 board certified veterinary ophthalmologists in the US and some areas in Canada.

In addition to the eye exam they will receive a Pet Wellness Report (preventative health diagnosis) and blood panel through you, their primary care veterinarian, sponsored by Pet Health Systems.

Our mission for this program encompasses three areas:

- 1) to provide sight-saving screening exams to 5,000-10,000 working Service Dogs and give back to the community,
- 2) to promote the relationship between primary care veterinarians and veterinary specialists in the eyes of the public and to strengthen this cross-referral process between these providers,
- 3) to increase public awareness of the purpose of veterinary ophthalmologists and veterinary specialists in general.

It would benefit Service Dogs if their primary care veterinarians invited their clients to register at www.ACVOeyeexam.org after April 1st.

They will be directed to complete the general information on the form which will be supplied to their veterinary ophthalmologist, then contact the participating clinic nearest them to schedule an appointment.

Most clinics will be participating on May 12th, others may have additional days designated for the program.

Veterinarians and their clients may learn more by visiting www.ACVOeyeexam.org.

We look forward to serving the Service Dog community, to repay these animals for their dedication.

Thank you for your assistance.
Sincerely,

Stacey Daniel
ACVO Executive Director

Memo

April 27-May 1, 2008

ARVO Annual Meeting - Eyes on Innovation
Fort Lauderdale FL, USA
www.arvo.org

May 2-3, 2008

Southeast Veterinary Ophthalmologists Society
(SEVOS) Sarasota FL, USA

May 14-18, 2008

ECVO/ESVO Annual Meeting
Versailles FRANCE

June 2-20, 2008

ACVO Basic Science Course
University of Wisconsin, Madison WI, USA
www.vetmed.wisc.edu/ce/ophtho/index.php

June 16-20, 2008

European School for Advanced Veterinary
Studies Ophthalmic Surgery Course
Toulouse FRANCE
www.esavs.net

September 13, 2008

North East Veterinary Ophthalmic Society
(NEVOS) Animal Medical Center, New York NY,
USA

October 15-18, 2008

ACVO Annual Conference Westin Copley Place,
Boston MA, USA

October 20-31, 2008

European School for Advanced Veterinary
Studies, Ophthalmology I, Luxembourg,
LUXEMBOURG



WSAVA/ISVO/CLOVE/CBOV Joint Meeting

9-10 July 2009

Sao Paulo, Brazil

We are waiting for you in Brazil next year. Don't forget to book it in your schedule. Peter Bedford, Kristina Narfström, David Maggs and Alejandro Bayón were invited and are coming to Brazil to give us lectures. The topics are: "Eye and Vision in the Vertebrates" (P. Bedford); "Inherited Retinal Diseases" (K. Narfström); "Herpes Virus" (D. Maggs) and "Eye and Vision in the Exotic Animals" (A. Bayón). Moreover, time to Free Communications and Societies meetings will be offered. The WSAVA congress will be held from 08 to 11/09/2009. The

WSAVA/ISVO/CLOVE/CBOV will be held in this period, in just two days, probably from 09 to 10 inside the WSAVA congress (a joint meeting).

Jose Laus

**WSAVA/ISVO/CLOVE/CBOV 2009
Preliminary Program**

First Day

In the Morning

**Magrane Memorial Lecture -
"EYE AND VISION IN THE VERTEBRATES"**
(2 hours)

Speaker: Peter Bedford (UK)

Moderators: José Luiz Laus (Brazil)

Robert Munger (USA)

Coffee break (30')

**WSAVA Lecture -
"HERPES VIRUS"** (2 hours)

Speaker: David Maggs (USA)

Moderator: Maurice Roze (France)

In the Afternoon

Free Communications (4 hours)

Moderators:

Paula Galera (Brazil)

João Pigatto (Brazil)

Second Day

In the Morning

**CLOVE Lecture -
"EXOTIC ANIMALS"** (2 hours)

Speaker: Alejandro Bayón (Spain)

Moderators: Pablo Sande (Mexico)

Orestes Leites (Uruguay)

Coffee break (30')

**CBOV Lecture -
"INHERITED RETINAL DISEASES"** (2 hours)

Speaker: Kristina Narfström (USA)

Moderator: Paulo Barros (Brazil)

In the Afternoon

Societies Meetings

ISVO Board Meeting (1hour) - from 15h to 16h

CLOVE Board Meeting (1hour) - from 16h to 17h

CBOV Board Meeting (1hour) - from 17h to 18h

From the Congresses

**From the 2007 ACVO Conference
Kona, Hawaii – October 22-27, 2007
Hilton Waikoloa Village®**

To let our readers have a taste of the Scientific Content of the meeting, a few selected abstracts from the Proceedings Notes have been included in this issue of The Globe.

**EFFECTS ON TEAR FILM DYNAMICS OF
EXPERIMENTAL FELINE HERPESVIRUS
INFECTION**

(CC Lim,1 CM Reilly,1 SM Thomasy,2 DJ Maggs3)

1Veterinary Medical Teaching Hospital,

University of California - Davis; 2KL Maddy

Equine Analytical Chemistry Laboratory;

2Department of Surgical and Radiological

Sciences, University of California - Davis

Purpose: To determine the effect of primary feline herpesvirus (FHV-1) infection on tear film break up time (TFBUT) and Schirmer tear test (STT) values, and to determine the relationship between these parameters and conjunctival goblet cell density (GCD), histological inflammation, and clinical disease severity.

Methods: Six specific pathogen free cats, without current or previous ophthalmic disease, were included in this study. Baseline values were obtained for GCD, TFBUT, STT, total disease score, and clinical and histological evidence of conjunctivitis. These parameters were reassessed at multiple time points for 29 days following inoculation with 3.2×10^7 plaque-forming units of FHV-1.

Results: During the first week following viral inoculation, TFBUT and GCD decreased dramatically, while total disease score, and clinical and histological evidence of conjunctivitis increased in all cats. Total and conjunctival disease scores as well as histological evidence of conjunctivitis began to normalize after the first week; however, TFBUT and GCD continued to decline until 15 and 21 days post-inoculation, respectively, and remained abnormal for the duration of the study. Schirmer tear test values remained elevated for 29 days following inoculation with FHV-1.

Conclusions: Experimental primary FHV-1 infection induces qualitative tear film abnormalities, as measured by TFBUT and GCD. Tear film break up time appears to provide a reasonable clinical estimate of GCD. The tear film remains unstable long after clinical improvement, suggesting that mucinomimetic therapy should continue after apparent clinical recovery, until



TFBUTs have stabilized within normal limits.
Grant support: Center for Companion Animal Health. **None.**

TREATMENT OF FELINE EOSINOPHILIC- PROLIFERATIVE KERATITIS WITH TOPICAL CYCLOSPORINE: 30 CASES

(AK Spiess,¹ JS Sapienza,¹ A Mayordomo,²)
1 Long Island Veterinary Specialist, NY;
2 Valencia, Spain

Purpose. Eosinophilic keratitis is a chronic keratopathy caused by an immune mediated response to an antigenic stimulus. Clinical diagnosis is confirmed by evidence of eosinophils and/ or mast cells upon corneal cytology. The purpose of this study is to demonstrate the efficacy of topical cyclosporine in eosinophilic keratitis.

Methods. Thirty cats were treated with topical cyclosporine (1.5%) between 1997 and 2006. A full ophthalmologic examination with fluorescein, Schirmer tear test, slit lamp biomicroscopy, applanation tonometry, and indirect ophthalmoscopy was completed in all animals. Eosinophilic keratitis was diagnosed by clinical appearance and evidence of eosinophils and/ or mast cells granulocytes in corneal cytology. The corneas were treated with topical cyclosporine (1.5%) twice (3/ 33) and three times (27/ 33) daily. The minimum period for follow-up was three months.

Results. The age of the patients ranged from 1.6 to 13.3 years with a median age of 5.9 years. Twenty were neutered males and 10 were spayed females. The presented breeds were 26 DSH (86.6%), two DLH, one Siamese and one Maine Coon. The lesions presented in the right eye in 17 cats, eight in the left eye, and five were bilateral. Cytology revealed the presence of eosinophils in all corneal scrapings. Mast cells were seen in 21 eyes (70%), neutrophils in ten (33.3%), lymphocytes in five (16.6%) plasma cells and macrophages in one eye. Marked improvement in the treated eyes was seen in 25 (83.3%) and mild improvement in two (6%) cats. Three (10%) animals did not respond to the treatment with topical cyclosporine. Side effects were noted in two cats. These animals developed blepharitis which was successfully treated with topical corticosteroids in one case and with commercially available cyclosporine 0.2% (Optimune, Schering-Plough Animal Health Corp., Summit, NJ) in the other cat.

Conclusions. Based on our findings topical cyclosporine (1.5%) is an effective treatment of

eosinophilic- proliferative keratitis. All cases with poor response to treatment were associated with poor owner compliance. Chronic, often lifelong therapy with medications is thus recommended.

INFLUENCE OF LENS DESIGN AND MATERIAL ON CAPSULAR OPACIFICATION AND REFRACTIVE STATUS AFTER PHACOEMULSIFICATION CATARACT REMOVAL AND REPLACEMENT INTRAOCCULAR LENS IMPLANTATION IN DOGS

(BW Gift¹, RV English¹, B Nadelstein¹, A Weigt¹,
BC Gilger²) Animal Eye Care, Cary, NC¹;
Department of Clinical Sciences, North Carolina
State University²

Purpose. To evaluate the effect of three types of lens design and biomaterial on resultant posterior capsular opacification and refractive correction.

Methods. Sixty client-owned dogs undergoing bilateral phacoemulsification for mature or diabetic cataracts were prospectively included in the study. One randomly selected eye received a 41 D polymethyl-methacrylate (PMMA) intraocular replacement lens (IOL) and the contralateral eye received either a 41 D hydrophilic acrylic IOL (n=35) or a 40 D hydrophobic acrylic IOL (n=25). At the (mean = 82 day) follow up exam, posterior capsular opacification (PCO) was graded using direct slit lamp observation and by evaluation of digital exterior and retroillumination images of the lenses. The images were cropped to reveal the center 6 mm of the lens and capsule eliminating the ability to determine the type of lens and graded by four observers. Streak retinoscopy was used to measure refractive status. B-mode ultrasonography was used to calculate center of the IOL to retinal surface distance to measure relative lens position between the different lens types. These results were analyzed both within a patient (PMMAAcrylic) and across groups. Statistical analyses were performed via one-way ANOVA with Tukey-Kramer test for multiple comparisons and with the student's t-test (PMMA-Acrylic). P-values < 0.05 were considered significant.

Results. The PCO score by direct biomicroscopic evaluation was significantly lower for the hydrophilic acrylic lens (mean 0.542) when compared to the PMMA (mean 0.85), however no significant difference was noted when either of these lenses were compared with the hydrophobic acrylic lens (mean 0.64). Grading of digital images showed that the PMMA IOL had significantly

greater PCO than the hydrophobic acrylic lens. Streak retinoscopy showed that the PMMA IOL was significantly closer to emmetropia (mean of +0.44 D) when compared to either the hydrophilic acrylic (mean of +0.96 D) or the hydrophobic acrylic (mean of +1.2 D). The distance from the center of the lens to the retina was significantly less for the hydrophilic acrylic lens (mean 0.36 mm closer to the retina) and significantly greater for the hydrophobic lenses (mean 0.60 mm further from the retina) when compared to the PMMA lenses.

Conclusion. Acrylic lenses have the potential to provide clear visual axis but both lenses tested resulted in greater persistent hyperopia than the PMMA lens evaluated. **None.**

THE EFFECTS OF MEDETOMIDINE HYDROCHLORIDE ON THE

ELECTRORETINOGRAM OF NORMAL DOGS
(JC Norman, 1 PM Barrett, 1 and K Narfström, 2)
Eye Care for Animals, Scottsdale, AZ; 1
Department of Veterinary Medicine and Surgery,
College of Veterinary Medicine, University of
Missouri-Columbia, MO. 2

Purpose. To determine the effects of a standardized intravenous dose of an alpha-2 agonist (Domitor®, Orion, Finland) on the electroretinogram (ERG) response in normal dogs.

Methods. Twenty-five normal dogs were used to collect ERG responses including a- and b-wave implicit times (IT) and amplitudes (amp) before and after administration of medetomidine. Dogs were dark adapted for 20 minutes and ERGs were obtained using the HMsERG (RetVetCorp Inc., Columbia, MO). The QuickRetCheck protocol (Narfström) was employed to provide the following flash intensities: 10 mcd.s/m², 3 cd.s/m², and 10 cd.s/m². ERGs were repeated after 375 µg/m² of medetomidine intravenously. Statistical analysis of the difference between the responses before and after medetomidine at all flash intensities was performed using a mixed effects model for ANOVA.

Results. The p-value for the effect of medetomidine on each of the four ERG responses was <0.01. The estimates of the effect of medetomidine were (+)1.35 ms, (-)23 µV, (+)3.16 ms, and (-)47 µV for the a-wave IT, a-wave amp, b-wave IT, and the b-wave amp, respectively.

Conclusions. Medetomidine significantly prolongs the implicit time and lowers the amplitude response of both the a- and b- waves in normal dogs at all flash intensities examined. Clinical implications may not be dramatic enough to preclude its use. **None.**

OCULAR LESIONS ASSOCIATED WITH SYSTEMIC HYPERTENSION IN DOGS (RL Mathes, UM Dietrich, SA Brown). College of Veterinary Medicine, The University of Georgia.

Purpose. To characterize ocular findings and underlying diseases associated with systemic hypertension in dogs.

Materials and Methods. 111 medical records from dogs with systemic arterial hypertension (systolic blood pressure readings taken with a Doppler device were equal to or higher than 180 mmHg) diagnosed and treated at the University of Georgia Veterinary Teaching Hospital from 1990-2007 were reviewed.

Results. 39 dogs of various breeds with no statistical breed or sex predilection were included in the study population. In those dogs, a complete ophthalmic examination including tonometry, slitlamp biomicroscopy, and indirect ophthalmoscopy was performed at the time of or within two months of the diagnosis of hypertension. 79% of the dogs (31/39) were over eight years of age. 74% (29/39) showed ocular changes consistent with hypertensive retinopathy. Ocular findings included: tortuous vessels, focal intra-retinal or diffuse hemorrhages, hyphema or vitreal hemorrhages, bullous or complete retinal detachments. Bilateral lesions were found in 18 dogs and unilateral lesions in 6 dogs. Classification was not possible in 5 dogs. The most common underlying diseases in dogs with ocular lesions and hypertension were: renal failure (10/29), hyperadrenocorticism (7/29), renal failure with hyperadrenocorticism (3/29). Other diseases associated with hypertension included: pheochromocytoma, diabetes mellitus and mitral regurgitation. No underlying disease was found in 1 dog.

Conclusions and clinical relevance. Ocular lesions in dogs with hypertension are probably more common than previously suspected. All dogs diagnosed with systemic hypertension should receive an ocular examination. Renal failure and hyperadrenocorticism are commonly associated with systemic hypertension in dogs. **None.**



News in Short

From : Bruce Robertson, ISVO Board member representing Australia and New Zealand

On behalf of : Ophthalmology Chapter, Australian College of Veterinary Scientists.

The profile of veterinary ophthalmology in Australia and New Zealand continues to rise, with increasing numbers of veterinarians in practice taking advantage of the available referral services. Eighteen veterinarians have completed recognised training programs and achieved Board registration as specialists in Ophthalmology in Australia or New Zealand, in addition a further handful of individuals offer consultancy services or serve in recognised training programs.

All post-graduate training in specialist disciplines in this part of the World is regulated by the **Australian College of Veterinary Scientists**; an organisation of at least 20 years standing that operates quite independently of the Australian Veterinary Association, New Zealand Veterinary Association and the various state veterinary registration boards. In addition to providing an effective framework for all post-graduate training in a wide range of disciplines, the ACVSc offers a Membership level examination (available to qualifying vets five years after graduation) and also Fellowship level examinations in those disciplines where specialist registration is offered by the nine member boards of the Australasian Veterinary Boards Council. **ACVSc Fellowship** is the principal route to registration as a veterinary specialist, and the training criteria and examination syllabus (set out in the ACVSc Blue Book) has been set for each specialist discipline, aiming to meet the standards prescribed by the equivalent North American and European Boards.

The ACVSc Ophthalmology Chapter has taken on an increasingly important role within the College, participating in the annual ACVSc Science Week by providing a program stream with interesting updates in clinical ophthalmology and eye pathology. Dr Robin Stanley serves on the ACVSc Examination Committee and has recently been appointed as Chief Examiner for the College. The Chapter is regularly consulted on planned changes to training and examination standards, and its principal initiative in recent years has been

the design and introduction of the Australian Canine Eye Scheme, administered by the AVA and endorsed by the Australian National Kennel Council as the official canine eye certification scheme. In spite of the tyrannies of distance, our growing 'critical mass' will hopefully allow those of us who earn our income strictly from specialty eye practice to play an increasing role in world of veterinary ophthalmology, and we welcome the decision of the ISVO to continue to support the role of 'The Globe' as an international forum for veterinary ophthalmologists from all countries.

Bruce Robertson
ISVO Board member



Introducing 'ACES' - the Australian Canine Eye Scheme

Those who prefer to use familiar acronyms will no doubt become used to the term 'ACES' in the same way they or their clients refer to a CERF, BVA-KC-ISDA or ECVO Certificate, especially for any stud animals exported from Australia or New Zealand. To give it its full title, the **AVA-ANKC Australian Canine Eye Scheme** has now been in operation for a year, and having surmounted the inevitable introductory concerns from a few breed clubs, we look forward to growing acceptance as a reliable certification scheme conducted to internationally verifiable standards.

Of course certificates for canine inherited diseases have been available in the past, but only as individual practice certificates issued by veterinarians with a developed interest in eyes, not necessarily fully qualified, registered eye specialists. We were aware of the shortcomings of this, given the established reputations of the BVA and CERF eye certificates that our breeders have relied on for many years in selecting valuable imported breeding stock from overseas. Our widely scattered dog population and the distance between capital cities meant that it was not possible to set up a truly national certification system with all the necessary checks and balances, until we had adequate numbers of qualified specialists covering all the mainland states, at least.

Better late than never, we like to think we have 'done our homework' and looked critically at the features of the different northern hemisphere eye

schemes, and tried to select the best features of each in coming up with a scheme design that will work in a region with nine separate sovereign states or legislatures, a loose association of nine Kennel Controls and hundreds of breed clubs. Day-to-day operation of the eye scheme is in the hands of the registered eye specialists, members of the ACVSc Ophthalmology Chapter appointed by the Australian Veterinary Association to the official ACES Panel for a period of three years. **AVA National** has had a strong hand in setting the Rules and operating procedures before agreeing to administer the Scheme, issue the serial numbered exam forms in triplicate and manage the recording of results in a basic breed-by-breed database. AVA is also responsible for ensuring that eye testing is carried out to prescribed standards in regard to equipment and facilities available, and that report details are written up in a consistent fashion. As part of its commitment to the **Australian National Kennel Council** which has formally endorsed ACES as the official Australian scheme (subject to a long list of pre-conditions that are subject to annual review), AVA will apply independent Quality Assurance practices to the operation of the eye scheme, as the best guarantee we can offer to overseas Kennel Clubs and national eye certification systems.

Because most of our registered breeds are based on long established British or European breeding stock, we had adopted the standard Assessment Criteria used by the BVA-KC-ISDA Eye Scheme and the design of our exam forms is also basically the same as for the UK Scheme. The form records all abnormalities whether known to be inherited in that breed or not, but only reports those defects with a well established inheritance etiology as **Schedule 1** conditions - meaning that the breed societies need to be aware of that, whether or not the result is released. We also maintain a **Schedule 2** list (similar to the BVA Schedule 3) of conditions under surveillance that may become significant. Decisions on what qualifies for Schedule 1 or Schedule 2 are in the hands of a three-member Eye Scheme Standing Committee (ESSC) which reports to the ACES Chief Panellist with any changes recommended, based on trends apparent in reports coming through or information derived from overseas sources, as well as any growing concerns expressed by local breed clubs. At this stage, adnexal conditions are recorded only diagrammatically; they are not eligible for placement on either Schedule 1 or 2.

We should express our gratitude to the Chief Panellist of the BVA-KC-ISDA Eye Scheme Dr Stuart Ellis, who has provided a great deal of help and support during the establishment stages of ACES, travelling out to our Chapter Meeting in July 2006 to assist with the basic training and self-assessment mechanisms for the founding ACES Panel.

Unlike the CERF or ECVO schemes, ACES is not tied to any long-established format for data recording, and we are looking seriously at how best to assemble useful information on the known congenital or inherited eye defects breed by breed, in a way that will not only permit sibling comparisons as part of pedigree analysis, but will also be able to incorporate relevant information from approved genetic testing laboratories. The ANKC is keen to establish a comprehensive data recording system for inherited diseases in all registered breeds, and we are presently trying to reconcile that with what we as ophthalmologists and our breeder clients require in a system of comparison, between generations and also internationally.

The newly available genetic tests for known inherited eye conditions will greatly assist the monitoring and control of vision-threatening eye diseases. As Australia and New Zealand continue to be dependant on a healthy international exchange of canine genetic material to maintain the high standards breeders have set in so many popular breeds, we recognise the importance of greater international cooperation not only in the quality assurance of eye testing procedures, but also in providing for the easy interchange of breed data.

The ISVO is in a useful position to exert influence along those lines, and in our view could be ideally placed to try to bridge the gaps in understanding between major countries, towards the desirable end-goal of an international eye certificate and standardised methods of data analysis.

Bruce Robertson
ACES Chief Panellist



Change of Editor of the Veterinary Ophthalmology Journal

Dr. Gelatt retired as the Editor of the Veterinary Ophthalmology Journal after 10 years of service, December 31, 2007. He has been able to favour the continuous growth of the journal that currently is in its third year of providing six issues to its 1,600+ online and hard copy subscribers annually.

Dr. David Wilkie replaced Dr. Gelatt as Editor of the journal of Veterinary Ophthalmology, January 1, 2008. Dr. Wilkie was appointed as Associate Editor in 2007 and has directed special projects for the journal.

We thank Dr. Wilkie for the contribution he has already given to the progress of Veterinary Ophthalmology and wish him a successful work.



Note from the ISVO Treasurer

Since the Globe is being sent out by email now and that process is being handled by RetVet Corp. here in the U.S., the only on-going expenses the ISVO has now are associated with our meeting every other year.

The expense of printing the Globe and sending out by surface mail was nearly \$1000 per issue, so without that expense, and because we have about \$40,000 U.S. in savings, we have suspended the \$20 U.S. biannual membership fee. All who are members will continue to be members and won't receive dues notices until such time as we need more income.

We continue to encourage new membership. If you wish to join for a \$20 membership fee, you can email me at jandlh@comcast.net for an application. Membership can be paid for by VISA or Mastercard credit cards, U. S. check (drawn on U.S. bank) or by sending a \$20 bill in U.S. currency.

Lloyd C. Helper, Treasurer ISVO

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Useful Addresses

American College of Veterinary Ophthalmologists (ACVO): www.acvo.org

American Society of Veterinary Ophthalmology (ASVO): www.asvo.org

European College of Veterinary Ophthalmologists (ECVO): www.ecvo.org

European Society of Veterinary Ophthalmology (ESVO): www.esvo.org

Japanese College of Veterinary Ophthalmologists (JCVO): www.jscvo.jp

British Association of Veterinary Ophthalmologists (BrAVO): www.bravo.org.uk

European School for Advanced Veterinary Studies: www.esavs.net

Continuing Education Courses in the United Kingdom: www.bsava.com

International Veterinary Information Service (IVIS): www.ivis.org

LatinoAmerican College of Veterinary Ophthalmologists: www.clov.org

Nice home page in German: www.augentierarzt.at



ISVO will continue to e.mail TheGlobe for free twice - three times a year. If you don't want to receive it, if you like to change e.mail address or add more addresses, please e.mail a note to info@retvetcorp.com

