

## A word from USDA and OLAW

In response to the questions posed in this scenario, the United States Department of Agriculture, Animal and Plant Health Inspection Service, Animal Care (USDA, APHIS, AC) and the Office of Laboratory Animal Welfare (OLAW) offer the following guidance:

The Animal Welfare Act regulations, among other things, require that each facility establish and maintain a program of adequate veterinary care which includes appropriate methods to prevent, control, diagnose and treat diseases and injuries, along with daily observation of all animals to assess their health and well-being<sup>1</sup>. All of these requirements are met when a veterinarian that is adequately involved in the animal health program makes a diagnosis and implements treatment instructions. Reporting outcomes of veterinary interventions to the IACUC is not required; however, it is a good practice to keep the IACUC informed so as to identify and address broader programmatic problems when a pattern becomes evident.

The *Guide for the Care and Use of Laboratory Animals* espouses regular communication between the veterinarian and the IACUC as necessary for an effective animal care and use program, and IACUCs must be informed of animal welfare issues<sup>1-3</sup>. The information provided in the scenario suggests that the veterinarian promptly attended to the animal's clinical needs, but the outcome affected the continued usefulness of the animal in the ongoing PHS-funded research. For this reason, the veterinarian should inform the IACUC. Research facilities are expected to have records documenting that medical problems are being addressed and animals are receiving proper veterinary care<sup>2</sup>.

1. Animal Welfare Act regulations. 9 CFR. Chapter I, Subchapter A, Part 2, Subpart C, Section 2.33(b).
2. Institute for Laboratory Animal Research. *Guide for the Care and Use of Laboratory Animals* 8th edn. (National Academies Press, Washington, DC, 2011).
3. Public Health Service. *Policy on Humane Care and Use of Laboratory Animals* (US Department of Health and Human Services, Washington, DC, 1986; revised 2015).

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his physical exam and radiographs, so he acted with reasonable judgment. In hindsight, the malocclusion should have been caught before the surgery, but this would still have required full anesthesia.

The PHS *Policy on Humane Care and Use of Laboratory Animals* and the *Guide for the Care and Use of Laboratory Animals* require that animal welfare concerns be submitted to the IACUC for investigation<sup>2,3</sup>. Although a proper diagnosis was made and the rabbit fully recovered from the surgery, in the spirit of transparency, the attending veterinarian should make a report to the IACUC, regardless of the funding support, especially since this might require additional animals to be added to the protocol. This does not fall within OLAW's expectation that incidents of noncompliance be reported.

In reviewing the medical records, the USDA should expect adequate veterinary care and adherence to the standards of practice, including a work-up, pain support, anesthetics, postoperative analgesia, monitoring and record keeping<sup>3</sup>. If veterinary medical officers observe inconsistencies in meeting these expectations, then they can use this as a teaching moment, or if serious deviations are identified, issue a citation.

1. American College of Laboratory Animal Medicine. *Adequate Veterinary Care* (American College of Laboratory Animal Medicine, 1996). [http://grants.nih.gov/grants/olaw/ACLAM\\_Adequate\\_Vet\\_Care.pdf](http://grants.nih.gov/grants/olaw/ACLAM_Adequate_Vet_Care.pdf)
2. Institute for Laboratory Animal Research. *Guide for the Care and Use of Laboratory Animals* 8th edn. (National Academies Press, Washington, DC, 2011)
3. Public Health Service. *Policy on Humane Care and Use of Laboratory Animals* (US Department of Health and Human Services, Washington, DC, 1986; amended 2002).
4. Animal Welfare Act regulations. 9 CFR. Chapter I, Subchapter A, Part 2, Subpart C.
5. Meredith A. Rabbit Dentistry. *EJCAP*. **17**, 55-62 (2007).
6. Leary, S.J., Manning, P.J. & Anderson, L.C. Experimental and naturally-occurring gastric foreign bodies in laboratory rabbits. *Lab Anim Sci*. **34**, 58-61 (1986).

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teeth and the buccal surface of the maxillary cheek teeth<sup>5</sup>. Spurs or spikes, even as small as 0.1 mm, are always significant and indicate a relatively advanced stage of disease, and they can cause great discomfort and pain. However, clinical signs of dental disease are often non-specific, including poor appetite and scant feces, and overlap with other common gastrointestinal diseases such as trichobezoars.

Trichobezoars can be difficult to diagnose and often present subclinically. Problems are not typically evident until the pylorus is blocked<sup>6</sup>. If a trichobezoar is suspected, surgery should be carried out soon so that the rabbit is a good anesthetic candidate and

the stomach wall is not yet friable. In this regard, Dr. Gordon's justification for exploratory surgery was correct. Exploratory laparotomies are often considered the gold standard for assessing gastrointestinal disease and should be a key diagnostic tool in all veterinary arsenals.

Dr. Gordon was expected to discuss the situation with the principal investigator to determine a course of action consistent with experimental goals<sup>1</sup>. It is not clear from this case report what was discussed and if the clinical disease and anesthesia had already affected the study's data integrity, or if surgery might have played a role. Dr. Gordon had evidence of an intestinal blockage from