



Weekly Report Hokkaido University Name Yurie Yamada

Note: This report must submit to the teaching staff at your university via e-mail and CC CVE office. Not necessary to report on holiday and weekends (Sat & Sun) unless the training was being held.

<p>July 12 (Tue)</p>	<p>No training.</p>
<p>July 13 (Wed)</p>	<p>AM: <u>Endoscopy (Dr. Jatuporn)</u> We saw a 14-year-old miniature poodle with swelling on the left cranial part of the nasal bridge. Dr. Jatuporn conducted a rhinoscopy on the dog, and found that there was a tumor in the left nasal cavity. Adenocarcinoma, lymphosarcoma, or squamous cell cancer (SCC) was suspected and the sample tissue collected from the biopsy was sent to the pathology laboratory to determine the type of cancer.</p> <p>PM: <u>Exotic (Dr Kaset)</u> We first saw a sun parakeet with the symptoms of depression, coughing, pneumonia, and diarrhea. The inside of its mouth and rectum was swabbed with a cotton swab, and the sample was sent for bacterial culture. We then saw a yellow-crested cockatoo with no appetite. The x-ray showed a tube-like object in its proventriculus which most likely extended into its ventriculus as well. Surgical removal was the only option of treatment and the prognosis did not seem good.</p>
<p>July 14 (Thu)</p>	<p>AM: <u>OPD (Dr. Gunn)</u> We first did a follow up examination on an obese beagle with a mass which appeared to be lipoma on its proximal femoral area. We conducted a FNA and only fat droplets were collected suggesting that it was indeed lipoma. The smear of the fluid was sent for cytochemical examination.</p> <p>We then examined a 13-year-old Pomeranian with a symptom of coughing. It had a high-pitched goose honk cough and the cough was induced when the caudal part of cervical trachea was palpated. Whistling sounds in the trachea and heart arrhythmia was detected. The x-ray showed an enlarged heart and a bronchial pattern in the lungs. Chronic bronchitis associated with tracheal stenosis/collapse was suspected. The dog was prescribed Amoxicillin-Clavulonate (13.07 mg/kg, BID) and Fluimucil, and was subcutaneously injected a similar antibiotic (Synulox), Prednisolone, and Vitamin B12.</p> <p>PM: <u>OPD (Dr. Gunn)</u> We first examined a 2-month-old pug with symptoms of anorexia,</p>



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	<p>coughing, and nasal discharge. The cough was induced with palpation of the caudal part of cervical trachea. Abdominal breathing from dyspnea and respiratory stridor was observed. Infectious tracheal bronchitis associated with canine distemper and/or brachycephalic breed specific airway syndrome was suspected. Eye and nasal discharge were tested for CDV using Vet-Smart CDV Ag Test Kit and came out negative. The puppy was treated with a subcutaneous injection of dexamethasone and nebulization using a mixture of saline and mucolytic. It was scheduled to be examined again the following day to see if the treatment was effective.</p> <p>The next patient we examined was a 2-year-old domestic short hair cat with the symptoms of diarrhea and vomiting. The cat had been treated for FLUTD 5 months before and we did a blood test to see if it had post-renal azotemia. Both BUN and creatinine were within the normal reference range and no parasites were found in the fecal smear. No abnormality could be found in the cat, so sucralfate was prescribed and another appointment the following day was scheduled to see if its condition stayed stable. Temporary maldigestion or bacterial food poisoning was suspected.</p>
<p>July 15 (Fri)</p>	<p>AM: <u>OPD (Dr. Gunn)</u></p> <p>We first did a follow-up examination on a 7-year-old mixed breed female dog which first came to the hospital in April with a chief complaint of purulent vaginal discharge. Pyometra was first suspected, but the ultrasound showed a normal-sized uterus and endometritis was thought to be the cause of the discharge. The dog had been scheduled for ovariohysterectomy, but CBC results suggested that it had thrombocytopenia and because it was in the estrus period, the surgery was put off till now. Physical examination, blood tests, and chest x-ray was conducted and no abnormality was found. The dog was diagnosed to be in fine condition to undergo the surgery.</p> <p>The second patient we examined was an 11-year-old golden retriever that came for a health checkup. We found a mass on the right side of the last rib which seemed to be a granulation tissue formed from a past inflammation in the area and a small lipoma in the pelvis area near the tail. Respiratory rate was around 60 and was quite high, but no heart murmur could be detected and pulmonary sound was clear. The x-ray showed an enlarged heart shifted to the right and an increase in opacity of the bronchial wall and peribronchial area. In addition, the caudal pulmonary artery was prominent. The blood tests showed no sign of abnormality. We found Malassezia infection in the inner part of its ears and in the inguinal area. Overall, the general condition of the dog was</p>



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	<p>good, but it was recommended that the dog saw a cardiologist to further examine and treat the condition of its heart and lungs, and to keep the area with the yeast infection clean and dry.</p> <p>We also saw the pug that came to the OPD the day before and its condition hadn't improved. It turned out that the puppy had already been treated with nebulization for 9 days before it came to the university's animal hospital, and it was suggested that it had bronchospasm caused by the long-term use of the nebulization chemical. The frequency of the administration of the antibiotic was increased from BID to TID and another type of antibiotic, Vibravet (Doxycycline, SID), was prescribed.</p> <p>PM: <u>Candle Donation "WAN KHAO PHANSA" (วันเข้าพรรษา)</u></p> <p>We were taken to a temple to take part in the religious event of donating a pair of candles to the monks to mark the beginning of Buddhist Lent or the "rain retreat".</p>
July 16 (Sat)	No training.
July 17 (Sun)	No training.
July 18 (Mon)	No training.
July 19 (Tue) Asalha Bucha	No training.



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<p>July 20 (Wed)</p>	<p>No training.</p>
<p>July 21 (Thu)</p>	<p>AM: <u>Feline medicine (Dr. Jatuporn)</u></p> <p>We first examined a 5-month-old domestic shorthair with feline leukemia. It had mild gingivitis and enlargement of submandibular and popliteal lymph nodes, but overall, its physical condition was good. The cat was treated with subcutaneous injections of Feline Rhinotracheitis, Calici, Panleukopenia, Chlamydia Psittaci Vaccine and Interferon-ω.</p> <p>We then did a follow-up examination on a rare case of a 14-year-old, domestic shorthair cat with transitional cell tumor on the right side of its nose. Mild enlargement of the submandibular lymph nodes were detected and facial deformation on the right side of the face was observed. Although the cat's tumor had only been treated with Piroxicam (NSAID), there was no sign of pain in the tumor area, and its general physical condition was good.</p> <p>We also saw a cat with a swollen nose from a Cryptococcus infection. It was previously treated orally with Itraconazole (antifungal agent), but the condition of the nose wasn't improving, so this time, it was given a subcutaneous injection of Amphotericin B (diluted with saline & Dextrose 5% in 0.9% NaCl) along with the oral treatment of Itraconazole (5 mg/kg).</p> <p>The last case we examined was a 15-year-old domestic shorthair with suspected FIP (feline infectious peritonitis) –non-effusive (dry) form. The general physical condition was poor, and the cat could not get up and was lying on its side throughout the examination. It had muscle tremor and seemed to be in much pain. There was redness in the white of the left eye and discharge from the eye was observed. We tested it for FIP using ImmunoComb (FIPV Antibody Test Kit), but the result came out as negative. The cat was referred to the Neurology Unit for further examination.</p> <p>PM: <u>OPD (Dr. Anchulee)</u></p> <p>We first did a follow-up examination on a 15-year-old Thai Bangkaew with pancreatitis, hepatitis, and blood parasitic blood infection. The dog was first brought to the hospital with symptoms of abdominal discomfort, mild appetite loss, diarrhea and vomiting. 3-5% dehydration, jaundice, elevated liver enzymes, thrombocytopenia, and hypoalbuminemia were</p>



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	<p>detected in the first examination. In the follow-up examination, diarrhea or vomiting had cleared, and decrease in the jaundice level and abdominal discomfort were observed, but edema in the limbs from hypoalbuminemia was visible. The dog's general physical condition was poor and it was lying on its side throughout the examination. The dog was prescribed Fluimucil (acetylcysteine: antioxidant), SAME (S-Adenosyl-L-methionine: liver support), vitamin B₁₂ & E, Doxycycline (antibiotic), Metronidazole (antibiotic/ antiprotozoal), Famotidine (H₂ blocker), Tramadol (opioid) and sucralfate, and received a subcutaneous injection of Ivermectin and intravenous fluids. The patient's prognosis was between poor to fair.</p> <p>We then conducted a follow-up examination on an 11-year-old Labrador Retriever with renal & cystic calculi, chronic cystitis and hematuria. Urine test showed alkaline urine (pH=9), and high levels of protein and blood in the urine. Urine SPG was low (1.010). Because the dog could urinate on its own and no pain or discomfort could be detected, it was prescribed vitamin C and Cephalexin (antibiotic), and no anti-inflammatory drug or steroid.</p> <p>Next, followed up on a one-year-old French Bulldog with gastroenteritis and parasitic blood infection related thrombocytopenia. The last time it was examined, its platelet count had increased to normal and the use of doxycycline (antibiotic/ antiprotozoal) was stopped, but this time, the platelet count had dropped to 4000/μl and it also had anemia. It was thought to have IMHA induced by infection of the blood parasite. It was prescribed Transamin (prevents bleeding), doxycycline and sucralfate, and was scheduled for another appointment the following week.</p> <p>We also examined a 2-year-old Pomeranian with a chief complaint of pain in the hind legs. Right patellar luxation (Grade 3), left patellar luxation (Grade 1) and decrease in weight bearing on the left hip were detected. No muscle atrophy was found. Cryptorchidism of the right testicle was also detected, and the undescended testicle could be palpated in the right groin. X-ray showed a mild hip dysplasia of the left joint – shallow acetabulum & fragile femoral head. Mild dysplasia in the right hip was also detected from the x-ray, but no clinical sign was observed on the right side. GABA (pain reliever) and Antinol (anti-inflammatory) were prescribed, and the dog was referred to the Surgery Unit to consult about castration and surgical correction of the right patellar luxation. Rehabilitation to strengthen the joints was recommended before and after the surgery.</p>
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<p>July 22 (Fri)</p>	<p>AM: <u>OPD (Dr. Nirut)</u></p> <p>We first examined a 5-year-old Pomeranian with symptoms of chronic and progressive head turn and circling to the left. The right arm was extended and no postural reactions on the left side could be detected. Blindness in the left eye and paralysis in the right side of the tongue were detected. CT images showed a sign of hydrocephalus with enlargement of the left caudal ventricle. Cysts in the brain, and malformation of the skull were also detected. The dog was prescribed Dexamethasone (reduces CSF), Furosemide (reduces fluid in the head) and Tolfedine (NSAID, reduces fever).</p> <p>We then examined a 2-year-old Chihuahua which had cluster seizures in April. Neither MRI nor CSF analysis showed any abnormalities and was diagnosed with idiopathic primary epilepsy. The dog was prescribed Phenobarbital (controls seizures), Samarin (liver support), Karsivan (improves cerebral blood flow) and Lac-Oph (relieves eye dryness).</p> <p>The third patient we examined was a follow-up case of a 9-year-old Golden Retriever with status epilepticus. The symptoms showed 2-3 weeks after a surgery on the right ear pinna to remove a basal cell tumor. MRI images showed inflammation/infarction in the right cerebral cortex area. Protein in CSF was 50 mg/dl and mitotic cells were found in the fluid. The dog was treated with Phenobarbital and the seizures stopped. During the follow-up, the dog could walk normally with only a little bit of lameness in the left hind leg. It is possible that the seizures could have been caused by metastasis of the basal cell tumor to the brain, and continued monitoring of the dog's condition is necessary.</p> <p>The fourth patient we examined was a 12-year-old Miniature Schnauzer with intervertebral disk disease (IVDD). The dog was scheduled to undergo a surgery, but blood test revealed low RBC and platelet counts (most likely from bacterial infection), and an increase in liver enzymes. The dog was prescribed Folic, Samarin, SAME, Aktivait (antioxidant, brain function support), Re-B (vitamin B₁, B₆, B₆ supplement) and Doxycycline.</p> <p>The fifth patient we examined was a follow-up case of a 12-year-old poodle with cervical IVDD. It could walk, but twitching and shaking of the legs due to cervical pain were observed. Pregabalin was prescribed to treat the cervical pain.</p> <p>The fifth patient we examined was a 7-year-old mixed breed dog that was hit by a car a week before. Its posterior flexor reflex was reduced and superficial pain was diminished. X-ray showed a fracture line in T10. It could not urinate on its own and urinary incontinence was observed. The</p>
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	<p>urinary bladder was full and urinary catheter was inserted to remove the urine. It was prescribed GABA, Re-B, Amoxicillin-Clavulanate, Prednisolone, Urecholine (stimulates bladder contraction) and Diapam (diazepam).</p> <p>The last case we examined was a 15-year-old domestic shorthair with suspected FIP, which we first examined on 7/21. CSF was collected and was sent for cytological examination and to test for FIP.</p> <p>PM: No training</p>
July 23 (Sat)	No training.
July 24 (Sun)	No training.
July 25 (Mon)	<p>AM: <u>Urology</u></p> <p>We examined two Chihuahuas in the morning. Both were follow-up cases. In the last examination, one had congestive heart failure, pulmonary edema and pneumonitis in the right caudal lung. Dyspnea and cyanosis had been observed. X-ray from last time showed an alveoli pattern in the right caudal lung. Fluoroquinolone (antibiotic), Furosemide (loop diuretic), Pimobendan (inotropic/vasodilator) and an ACE inhibitor had been prescribed, and today the x-ray showed that pulmonary edema and pneumonitis had cleared.</p> <p>The other Chihuahua had chronic kidney disease, and blood profile and blood pressure were checked. Blood pressure was normal, but PCV and RBC counts had decreased, and BUN and Creatinine had increased since the last examination.</p> <p>PM: <u>Radiology</u></p> <p>We learned about how the MRI and LINAC work and watched a Golden Retriever with meningioma go under the LINAC for radiotherapy.</p>



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<p>July 26 (Tue)</p>	<p>AM: <u>Radiology</u></p> <p>We first took a CT scan and an x-ray of a 1.5-year-old Alaskan Malamute which weighed 77kg. It was diagnosed with hip subluxation. We then went to the ultrasound room and first saw a cat which had urinary bladder distention. Lots of calculi/sediment was observed within the urinary bladder. We then examined a Golden Retriever that came for a health check. Urine sediment in the urinary bladder and biliary sludge in the gallbladder were found, but the dog showed no clinical signs and was overall healthy. We then examined a 9-year-old Yorkshire Terrier with cryptorchidism of both testes. We looked for the undescended testes with ultrasound, but could not find them. We also examined a 7-month-old Pomeranian which had symptoms of vomiting after a surgical removal of a foreign body from its esophagus. We injected a contrast agent into its mouth and observed it under fluoroscopy (real-time x-ray). The image showed the swallowed contrast agent leaking back into the esophagus after entering the stomach. It was thought to have a mild dilation of the esophageal sphincter. The last patient we examined was a 10-year-old Shih Tzu. Enlargement of the uterus and calculi in the urinary bladder were found by ultrasound examination.</p> <p>PM: <u>Exotic</u></p> <p>We first saw a rabbit which came for a follow-up examination after a surgery of trimming the spurs on its molars. The rabbit's physical condition was good and there seemed to be no complications after the surgery. We then examined two squirrels which came to have their incisors trimmed. They were anesthetized and the incisors were cut. We also examined a sugar glider which came with complaints of fever, cyanosis and depression. X-ray was taken and the lungs showed an alveolar pattern indicating pneumonia. Lumbar spondylosis was observed, but there was no clinical sign of pain in the back. There also seemed to be fecal impaction in the intestine. Lastly, we watched a hospitalized alligator snapping turtle get its surgical wound on its ventral side of the shell cleaned. Amikacin (antibiotic) was applied to the wound.</p> <p>Comment: I wished the doctors at the Exotic Unit had explained to us more about the patients that came to their unit.</p>
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<p>July 27 (Wed)</p>	<p>AM: <u>Rehabilitation & Endoscopy</u></p> <p>We first saw a patient which came to the rehabilitation unit for a laser therapy of the left hind leg which he had a surgery for cranial cruciate ligament rupture. We then saw another patient that came in for a laser therapy of the left hind leg which he had two surgeries for radius-ulna bone fracture.</p> <p>The endoscopy unit had no patient scheduled for an examination that day, so we watched a cat undergo a surgery to have the wire that had been placed in its lower jaw a month before to fix its mandibular symphyseal fracture removed.</p> <p>PM: <u>Radiology</u></p> <p>We saw a cat which was brought to the radiology unit to check if it was pregnant. No heartbeat of a fetus could be found and the cat was deemed ready to undergo ovariohysterectomy. We then saw a dog which came to have its left eye checked. Increased opacity of the left optic lens (cataract) and muscae volitantes (floaters) in the vitreous humor were observed.</p> <p>Comment: Many of the hospital staff members were out of the hospital and we were passed around from one unit to another and ended up not getting much training on this day...</p>
<p>July 28 (Thu)</p>	<p>AM: <u>Gastroenterology (Dr. Sathidpak)</u></p> <p>We examined patients with suspected Cushing's disease, hepatitis, hepatic lesions, and increased liver enzymes. The doctor explained to us in detail about how Cushing's disease was diagnosed and when she was too busy to explain to us about the patients that came in for an examination, the Thai student helped us read the medical records and understand each of the patients' condition and their treatment plan.</p> <p>PM: <u>OPD (Dr. Anchulee)</u></p> <p>Even though the doctor was busy, she let us read the medical records of each of the patients before they came into the examination room, and gave us time to think about what should be carefully examined and come up with treatment plans after the examination. I was able to examine several patients which I had examined the week before and saw how each of the patients' conditions changed from a week ago.</p> <p>Comment: I had a very fruitful day and was extremely satisfied with this day's training.</p>



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<p>July 29 (Fri)</p>	<p>AM: <u>Ophthalmology (Dr. Aree)</u></p> <p>We learned about the different eye conditions and the tests carried out in evaluating them. There were many technical terms I didn't know and I had a difficult time keeping up with the doctor's explanations, but I was able to learn many new things and was overall satisfied with the training.</p> <p>Comment: The room was extremely cold and I didn't feel well after the training.</p>
<p>July 30 (Sat)</p>	<p>No training.</p>
<p>July 31 (Sun)</p>	<p>No training.</p>
<p>Aug 1 (Mon)</p>	<p>AM: <u>Ophthalmology (Dr. Natthanet)</u></p> <p>We saw many patients with KCS (keratoconjunctivitis sicca) and/or glaucoma. I was able to get a better understanding of each patient's condition than before after learning the technical terms and basic examination procedures last week. I was also able to learn about the many types of antibiotics, anti-inflammations, immunosuppressants, artificial tears, and antiglaucomas used in the treatment of different eye disorders.</p> <p>PM: <u>OPD (Dr. Tossapol)</u></p> <p>We first examined a 1-year-old cat with suspected FIP. The x-ray showed an alveolar pattern in the lungs and when thoracentesis was conducted under anesthesia, a large amount of yellow fluid with slightly high viscosity was collected. A test kit was used to test for FeLV and FIV, and the results came out slightly positive for FeLV.</p> <p>We also examined a 1-year-old terrier with CKD. The dog had anemia, uremia and hypocalcemia, and was depressed. The dog received calcium gluconate intravenous bolus injection and was scheduled for blood transfusion. The dog's prognosis was not good.</p> <p>Comment: It was very helpful that the doctors carefully explained to us</p>



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	<p>about each patient's conditions and how they were treated.</p>
<p>Aug 2 (Tue)</p>	<p>AM: <u>Exotic (Dr. Kaset)</u></p> <p>We saw many different exotic patients, including a goldfish. There was a Thai student at the unit who carefully explained to us about each patient's condition and diagnosis.</p> <p>PM: <u>Dermatology (Dr. Lawan)</u></p> <p>We hadn't learned dermatology yet at our school, so it was quite difficult for me to understand the technical terms and the diagnostic procedures, but at the end of the training, the doctor was kind enough to give us a lecture about the basics of dermatological diseases, how they were diagnosed and the different types of shampoo and medications used in the treatment and I was able to take back home some new knowledge.</p>
<p>Aug 3 (Wed)</p>	<p>AM: <u>Cardiology (Dr. Amornrate)</u></p> <p>The doctor allowed us to listen to heart murmurs of different patients. We also got to examine a cat with FATE (feline aortic thromboembolism) and a miracle dog that has been surviving for three months with a large blood clot in the pulmonary artery. The dog's abdomen was bloated due to large amount of peritoneal fluid accumulated in the abdominal cavity and abdominocentesis was conducted.</p> <p>PM: <u>Exotic (Dr. Kaset)</u></p> <p>We saw a tortoise with a large enterolith stuck in its cloaca and a rabbit with superficial corneal ulceration. We also watched a sugar glider undergo a surgery of getting its teeth with unstable roots removed to treat its severe gingivitis.</p>
<p>Aug 4 (Thu)</p>	<p>AM: <u>OPD (Dr. Gunn)</u></p> <p>We saw a patient recovering from suspected ARF (acute renal failure). The dog was first admitted to the hospital two weeks before with increased liver enzymes, BUN, Creatinine and low PCV. The dog was treated with IV fluids for the first two days and subcutaneous fluids for two days after that. The dog's condition had improved within a week and the blood tests taken on this day showed no abnormalities.</p> <p>We also examined a Labrador-Husky mix with suspected atopy and inflammation of the eyes. The inflammation seemed to be induced by the skin disease and prednisolone was prescribed for the treatment of both its skin and eyes.</p>



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	<p>PM: <u>OPD (Dr. Gunn)</u></p> <p>We examined a poodle with suspected cerebellar ataxia. The dog had been bitten in multiple places of the body by another dog, and it was first admitted to the hospital's emergency unit on 7/26. The dog could not get up on its own the first few days after the attack, but now it can stand on its own. However, it can't eat on its own because of intentional tremor. Vitamin B₁₂ was subcutaneously injected and Gabapentin was prescribed to treat neuropathic pain. It was scheduled to see a neurologist the following day.</p> <p>Comment: Even though we did not examine so many patients, we were given many questions to contemplate and do further research on, and I felt that I had a very fruitful day.</p>
<p>Aug 5 (Fri)</p>	<p>AM: <u>OPD (Dr. Gunn)</u></p> <p>We first did a follow-up examination on a 5-month-old Pomeranian with left-side hemiparesis from a neck trauma. It had been given prednisolone and the paralysis seemed to have improved, but when neurological examination was conducted, weakness especially in the left hind limb was detected.</p> <p>We then examined a follow-up case which we've seen before on July 15th. The crossbreed dog had an enlarged uterus and has been monitored for a long time for any sign pyometra occurring. The owner wished for an ovariohysterectomy, but it had recurrent chronic thrombocytopenia, and the surgery has been put on hold. Blood test was conducted and the dog's platelet count was still low, and the surgery was put off to another time again.</p> <p>We also examined another patient we've seen before on July 14th. The 13-year-old Pomeranian has been suffering from chronic tracheobronchitis with nocturnal coughing and a heart murmur. It was tested for heartworm antigen with a test kit (BioNote), and came out negative. It was prescribed Hydroxyzine HCl (antihistamine) and Terbutaline (bronchodilator).</p> <p>PM: No training</p> <p>Comment: It was a good experience to be able to observe the same patients that we've seen before and see how the previous treatment plans have affected the patients' conditions.</p>



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Aug 6 (Sat)	No training.
Aug 7 (Sun)	No training.
Aug 8 (Mon)	Training in surgery started. I was nervous at first of meeting the new Thai students and also doing training in surgery because it was not a field I was very accustomed to, but the Thai student who was paired up with me was very kind and helpful, and she alleviated some of my anxiety. I wished, however, that the handouts given out during the orientation was written in English, and that they explained to us as well as the Thai students in detail about how the training was going to be run because I was very much confused about what I was supposed to do for half of the day. I also wished that they held the general round discussion in English, so the Japanese students could actively take part in it.
Aug 9 (Tue)	I monitored the anesthesia of the patient which I wrote the SOAP form for. It was the first time I've ever had the responsibility of keeping an eye on a patient's anesthesia and I was very anxious, but fortunately, the surgery was finished without any trouble or complications with the patient. In the evening, the anesthesia team, which I belong to this week, had a meeting to prepare for the presentation the following morning.
Aug 10 (Wed)	My group made a presentation in the morning. The doctors asked us many questions, but I did not know the answer for many of them, and I strongly felt the need to study more. I also wished the questions were asked in English, so that I could actively take part in the Q&A and not have to disturb the Thai student to translate for me.
Aug 11 (Thu)	I observed a surgery of coxofemoral amputation on a cat. I had written the SOAP form for the patient's anesthesia, and I was very happy to have my anesthetic plan approved by the anesthetist. The doctor also allowed me to do the IV catheterization, tracheal intubation, and injection of the pre-anesthetics and anesthetics. It was a very fulfilling day and I noticed that my skills have improved since I first started the training.



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<p>Aug 12 (Fri) The Queen's Birthday</p>	<p>We came to Hua Hin Veterinary Hospital to do training during the weekend. Since it was a holiday and also because there were several bombings in Hua Hin the night before and in the morning, there were very few patients at the hospital, and we were able to spend a relaxed day taking care of the patients in the critical care unit. In the evening, the doctors took us out to a nearby beach and had a very nice dinner after that.</p>
<p>Aug 13 (Sat)</p>	<p>We spent the whole day in the OPD. The doctors were very kind and they took the time to explain to us the history of each patient, the treatment plans, and prognoses. We were able to see a Husky with canine transmissible venereal tumor (CTVT) on its penis. It was a cauliflower-like mass and was bleeding. We observed the stained smear of the mass under the microscope and saw round cells with a large eccentric nucleus and vacuoles in the cytoplasmic matrix. CTVT is very rare in Japan, and it was a valuable experience for us.</p>
<p>Aug 14 (Sun)</p>	<p>This day was the last day of training at Hua Hin Animal Hospital. Dr. Pong took us around the hospital and showed us the surgical room, the CT and MRI machines used at Hua Hin Veterinary Hospital. He also told us about an urethroplasty surgery which uses the buccal mucosa to reconstruct the urethra. He was the first person to introduce the procedure used in human surgery to small animal surgery. We were able to spend a very laid-back, but fulfilling morning before we left for Bang Khen.</p>
<p>Aug 15 (Mon)</p>	<p>I was in the ER team on this day. I was an assistant for a surgery on a young cat with dead fetus inside. Severe jaundice was seen in the uterus and a systemic disease was thought to be the cause of the death of the fetus. After the surgery, the surgeon allowed me to cut open the resected uterus and see the still-born fetus inside. Till then, I had never seen a fetus of any animal before, so I was grateful that I got the chance.</p>
<p>Aug 16 (Tue)</p>	<p>I was in the soft tissue unit for this day. I got to be an assistant for a surgery of regional mastectomy. The 3rd ~ 5th mammary glands were resected and the skin was pulled together to close the surgical wound. The procedure was undoubtedly painful, but the dog recovered well with no sign of being in pain, and I learned how useful analgesics could be if used in the right way and in the right dose. In the evening, my group got together to prepare for a soft tissue case report presentation in the following morning.</p>
<p>Aug 17 (Wed)</p>	<p>I was in the soft tissue unit again on this day. I had a chance to be an assistant for three different surgeries: cystotomy, mamectomy, and partial cystectomy. Dr. Benjang was very kind and she explained to me</p>



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	<p>step by step of what she was doing during each of the surgeries. I was also very grateful that the some of the intern doctors made their case reports in English during this day's general round discussion.</p>
<p>Aug 18 (Thu)</p>	<p>On this day, I was in the ER group again. I got to see a surgery of penile amputation and pre-scrotal urethrostomy. I also got to be an assistant for surgery for excision of prolapsed urethra. We decided to do the ER case report presentation on the prolapsed urethra and we worked till late making the PowerPoint slides and discussing what to talk about. I also learned how to open the presentation in Thai and I practiced it till past midnight.</p>
<p>Aug 19 (Fri)</p>	<p>In the morning, we made a case report presentation on an ER case of urethral prolapse. I was able to start the presentation in Thai without making too big of a mistake, and I was very happy to see that more than half of the audience understood what I'd said. For surgery, I was able to be an assistant for a pyometra case. I was happy to find out that I'd become better at suturing the dermis with subcuticular suture.</p>
<p>Aug 20 (Sat)</p>	<p>No training.</p>
<p>Aug 21 (Sun)</p>	<p>No training.</p>
<p>Aug 22 (Mon)</p>	<p>I became an assistant for a surgery of fixing a distal femur and condyle fracture on a cat. The cat also had a tear in the hard palate which was sutured together for repair. Because orthopedics is a subject we haven't learned yet, it was a bit difficult for me to understand the different instruments and procedures used in the surgery. However, the doctor was kind enough to explain the procedures step by step to me and I managed to keep up with what he was doing.</p>



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Aug 23 (Tue)	I became an assistant for a surgery on a Jack Russel Terrier with diabetes mellitus. The dog received lateral retinacular stabilization on its left hind leg. I had once seen the procedure conducted on a laboratory dog during a surgical training in Japan, and it was interesting to see it actually applied to a patient with cranial cruciate ligament rupture. I had difficulty understanding the technical terms, but the doctor was very kind and pointed everything out to me, so I would understand what he was referring to.
Aug 24 (Wed)	I was an assistant for a surgery on a Pomeranian with left radius and ulna fracture. The fracture was in the distal part of the radius and ulna, and a plate was fixed onto the radius, but the ulna was reduced and left to heal on its own for it was too thin to put a plate on. When I saw the x-ray image taken after the surgery, I was surprised to see how straight the alignment of the bones were put back into, and was very impressed with the surgeon's skill.
Aug 25 (Thu)	I did the assistant for a surgery on a German Shepherd with bilateral hip luxation. The doctor who conducted the surgery was extremely kind and helpful and I was able to get a good understanding of the procedure (FHNE) conducted on the dog. I really enjoyed learning from her and wished I could learn about the other procedures from her as well, but unfortunately, she only had cases scheduled for FHNE on that day.
Aug 26 (Fri)	The last day of training in the surgery unit. I was an assistant for a FHNE procedure conducted on a Podengo. Because I've seen the procedure conducted the day before and understood it quite well, I thought I was able to assist the surgery proactively, without waiting for the surgeon's every order. I really enjoyed working with all the doctors, interns, and the Thai students and I truly appreciate all they've done for me to make my experience in the unit as fruitful and fulfilling as possible.
Aug 27 (Sat)	No training.



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<p>Aug 28 (Sun)</p>	<p>No training.</p>
<p>Aug 29 (Mon)</p>	<p>We went to a duck farm and got to see ducklings at three different growth stages: a few days old, two weeks old and 4 weeks old ducklings. We checked their living environment, their feed, and how high the biosecurity of the farm was. I thought the water provided for the ducklings was a risk factor for the spread of diseases because the ducklings were using the same water for both drinking and swimming, and excrements were seen floating in the water.</p>
<p>Aug 30 (Tue)</p>	<p>We visited a chicken hatchery and did a breakout analysis of 300 unhatched eggs. Most eggs taken out of the incubator before the 18-day incubation period were infertile, and many that did survive until the 18th day had either abnormal position in the egg or deformity of the body. Open skull and upside-down position was very common, and chicks with four legs or two beaks were also seen. We found one egg with a live chick inside, but the chick did not have a good naval and we were told that it had to be thrown away...</p>
<p>Aug 31 (Wed)</p>	<p>We did a necropsy on 28-day-old chicks. It was the first time for us to do a necropsy on any animal and it was quite interesting. However, we were pretty upset when we were called stupid by the teacher in charge for not taking any pictures during the lab to put in our report assignment. I wished he'd warned us beforehand rather than reproach us for our stupidity after the lab was over...</p>
<p>Sept 1 (Thu)</p>	<p>We visited a shrimp farm and a shrimp nursery farm. The owner of the farm was very kind and answered every question we had about shrimp farming. The teachers who took care of us were also very nice and informative, and I really enjoyed learning from them. When we returned to school, we assessed the quality of the postlarvae we obtained at the nursery farm. It was interesting to observe the hepatopancreas under the microscope and actually see the constricted nodules.</p>
<p>Sept 2 (Fri)</p>	<p>We had a lecture about fish health management in the morning. The teacher asked us many questions to help us think and I really enjoyed the lecture. In the afternoon, we did fish anesthesia and surgery. It was the first time anesthetizing a fish, let alone conduct a surgery on a fish, and it was an extremely valuable experience. I was very happy when the fish</p>



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	recovered well from the anesthesia started swimming as if nothing had happened.
Sept 3 (Sat)	No training.
Sept 4 (Sun)	No training.
Sept 5 (Mon)	We visited the crayfish and guppy farm in the morning and checked the water quality. Even though the farm owner was quite busy and didn't really take care of the animals as well as he should, the water quality was quite good with only the DO being lower than the desirable range. In the afternoon, we visited the ornamental fish company. We saw how bettas and other fish were kept and bred before they were sold out to the market. The company owner gave us many bettas to take home, and I was extremely happy to have a beautiful betta in my room.
Sept 6 (Tue)	We were scheduled to go to the pig farm on this day, but because we had visited the buffalo village on Saturday, we were not able to, in fear of transmitting FMD to the pigs. Instead, we were given topics to do research on and make a presentation on Friday. I wished we'd been more careful about getting in contact with other farm animals outside of training, but we learned a great lesson from our mistake. From now on, I will constantly be aware of the cooldown period and the risks of being a carrier of diseases from one animal to another.
Sept 7 (Wed)	We had two lectures on swine farming and industry. The teachers' lectures were well-planned and easy to follow. The teachers answered every question we asked very kindly and I enjoyed how we were able to actively participate in the lecture. I regret not reviewing about swine farming in Japan to see how different it was from Thailand.



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Sept 8 (Thu)	<p>We did a necropsy on 6~7 weeks old piglets in the morning. We collected blood from the jugular vein and then euthanized by injecting pentobarbital and phenytoin through a vein on the ear pinna. The piglet my group examined had marble pattern in the caudal part of the lung and consolidation in the anterior ventral part of the lung. We also found ulceration in the cardia of the stomach, ischemic liver. Our tentative diagnosis from the necropsy was Porcine Respiratory Disease Complex.</p> <p>In the afternoon, we did research on PRDC and then had a short lecture on how to control it. The teacher asked us many questions and encouraged us to think for ourselves about what should be done to control the disease and it was a challenging but truly beneficial lesson.</p>
Sept 9 (Fri)	<p>We each gave a presentation on a topic chosen from the training we received in the past two weeks in the three different units: poultry, aquatic animals, and swine. The presentation gave us an opportunity to look back on as well as deepen our understanding about what we've learned through the training, and it was also a good opportunity to practice making a presentation in English. The questions asked by the teachers were quite challenging to answer, but I was able to find out what I should have done more research on and they helped me deepen my understanding on the topic I presented.</p>
Sept 10 (Sat)	No training.
Sept 11 (Sun)	No training.
Sept 12 (Mon)	<p>We went to a wildlife sanctuary in Kanchanaburi to see the wild elephants, and to follow up on the activity of the bantengs, which were reintroduced into the wild after being raised in captivity to decrease the chance of the baby elephants getting eaten by their predators. We collected data of the bantengs' location and habitat use by monitoring their tracks with the GPS satellite collars fitted onto several of them. We also collected the video clips caught by the camera traps in several locations. We were very lucky to be able to witness several wild elephants during the training,</p>



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	<p>including a herd of more than 10 elephants with a bull elephant included in the group. I absolutely enjoyed the time in the jungle, holding my breath and observing one of the most majestic animals in the world. The experience there has strengthened my hope to work with wildlife in the future.</p>
<p>Sept 13 (Tue)</p>	<p>In the morning we watched a documentary of Dr. Nikorn treating an elephant with a large protrusion in its peripheral area. The elephant had large amounts of calculi in its urinary bladder which was causing cervical prolapse into the perineum. I understood the hardships of being an elephant doctor, but I also understood through Dr. Nikorn's talk, the rewarding feeling the doctor gets after an elephant returns to its normal life after a successful treatment.</p> <p>In the afternoon, we learned how to assess the quality of semen. We learned how to use CASA (semen evaluator) and conducted microscopic observation with Eosin-Nigrosin staining.</p>
<p>Sept 14 (Wed)</p>	<p>In the morning, we got to see a surgery on an elephant with prolapsed mucosal membrane of the vestibule. The elephant was sedated with xylazine and endoscopy of the vestibule was conducted, followed by surgical removal of the prolapsed membrane. To stop bleeding after surgery, pressure bandage. The vestibule was to be lavaged every day following the surgery until the lesion found in the distal part of the vestibule healed.</p> <p>In the afternoon, we went to a private zoo to insert microchips into leopards and tigers that weren't microchipped yet. We sedated the animals using Xylazine and Zoletil/Ketamine, collected blood samples, inserted microchips, and injected Ivermectin. We also got to see and baby leopards and tigers at the end of the day.</p>
<p>Sept 15 (Thu)</p>	<p>We went to Lopburi to learn about the human-monkey conflict there. We first went to see the monkeys living in the mountains and the conflicts between the monkeys and the farmers. We then went into the city and saw the conflicts between the city monkeys and the people in the city. I was very shocked at the number of monkeys in the city and the impact they have on the people's lives. It was literally a city of monkeys and everything, including the economy, moved around the monkeys.</p>



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<p>Sept 16 (Fri)</p>	<p>In the morning, we had a lecture on how to make a clinical diagnosis on an exotic pet. There were so many things we didn't know about exotic animals, including the anatomy and the most common diseases found among them, that it was quite difficult to fully understand the lecture, but I realized that the main concept is similar to dog and cat medicine, especially the part of making the diagnosis.</p> <p>In the afternoon, we went to the raptor's unit and learned about many different species of raptors and saw the patients hospitalized in the unit. We also learned such things as how to hold the bird, where the blood is collected from, and which muscle is used for intramuscular injection.</p>
<p>Sept 17 (Sat)</p>	<p>No training</p>
<p>Sept 18 (Sun)</p>	<p>No training</p>
<p>Sept 19 (Mon)</p>	<p>We came to Nong Pho as part of the training in the bovine unit. We were separated into three groups and each group went to visit large animal farms to do routine checkups or to see a case of which the veterinarian received an emergency call that day. My group first went to see a young horse with a wound on its right metatarsal and a pregnant mare with a deep wound on its right metatarsal and cubital joint. We cleaned the wound and after wound-dressing, we injected an anti-inflammatory drug and antibiotics.</p> <p>We then went to see a case of a calf with anorexia. The calf had a fever and its heart rate and respiratory rate was increased. Coughing was occasionally seen and it seemed to have dyspnea. The tentative diagnosis for the calf was calf pneumonia and NSAID was injected. The prognosis of the calf was not so good.</p> <p>Today, the number of cases were few and some of us had to wait in the hospital for a few hours before we went out to the farms. I was very grateful when the director of the hospital gave me a one-on-one lecture about lameness in cows and the different types of hoof diseases while I waited to go to the farms.</p>



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<p>Sept 20 (Tue)</p>	<p>We visited several farms to do a monthly check on the dairy cows. We conducted rectal palpation to see if the inseminated cows were pregnant or not. It was the first time for me to do a rectal palpation on a cow and at first I was very nervous of even inserting my arm into the rectum of a cow. I was very grateful when our supervising veterinarian guided my hand through the rectum to show me where the uterine horns and ovaries were. However, when I tried to do the rectal palpation by myself, I was not able to find the uterine horns nor the ovaries and I was amazed at how skillful she was.</p> <p>In the late afternoon, we went to a farm to help pull out a calf from a cow with dystocia. The calf was a stillborn and because the membrane surrounding the calf had already dried up, we had difficulty pulling the calf out. With the help of seven people in total, we finally manage to take out the baby from the mother cow. My body ached all over after the training and I understood the hardships of being a large animal doctor.</p>
<p>Sept 21 (Wed)</p>	<p>In the morning we visited a farm with a pregnant cow with anorexia for three months and another farm with a cow with uterine infection. We conducted an ultrasound of the heart on the cow with anorexia and a problem in the atrium was detected. Abortion was induced in the cow to reduce the stress on the body, but the cow was not in a good state and recovery seemed difficult.</p> <p>The cow with uterine infection had diarrhea and a pink-white vaginal discharge. The cow had calved three weeks before and it was diagnosed with endometritis.</p> <p>In the afternoon, we went to see a farm with a cow with mastitis and a 10-day-old calf that had not been able to stand for the past few days. The udder of the cow was swollen and high inflammation was suspected in the area. Milk sample was collected for bacterial culture. The calf that could not stand had a dislocated hip joint and seemed to have a fracture in the hip bone. The owner suspected that the fracture occurred when it got stuck under a metal bar surrounding its enclosure. Anti-inflammatory drug was injected to relieve the pain and inflammation.</p>
<p>Sept 22 (Thu)</p>	<p>In the morning, we visited a few farms to do the monthly checkups on the cows and to evaluate if the cows were either pregnant, near estrus or neither. I was given a chance to do rectal palpation on several cows, but I was not able to find the uterine horns or the ovaries in many of the cows. I realized I need much more practice and training before I could learn to do it by myself.</p> <p>In the afternoon, we went to see a case with mastitis and another with</p>



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	<p>anorexia for several days. Milk sample was collected for bacterial culture from the cow with mastitis and enrofloxacin was injected as a trial treatment based on tentative diagnosis that the mastitis was caused by environmental Streptococcus. The cow with anorexia had a fever, tachycardia, increased heart rate and respiratory rate. The mucus membrane was pale and jaundice could be detected. Blood sample was taken and the PCV of the blood was estimated to be around 7% judging from how thin and diluted it was. The cow was thought to have anaplasmosis, and iron, NSAID, glucose, and antibiotic were injected to treat the condition. The prognosis of the cow was not good.</p>
<p>Sept 23 (Fri)</p>	<p>In the morning, we prepared for our presentation on the relation between bulk milk somatic cell count, bacteria found in bulk milk and mastitis. I was very grateful when some of the staff came to take us for lunch around lunch time.</p> <p>In the afternoon, we did our presentation, and I was very happy to hear from the teacher that we did a good job on our assignment after the presentation.</p>
<p>Sept 24 (Sat)</p>	<p>No training.</p>
<p>Sept 25 (Sun)</p>	<p>No training.</p>
<p>Sept 26 (Mon)</p>	<p>We visited several dairy farms to do a follow up on cases with mastitis, metritis, retained placenta, white line disease, BEF, calf pneumonia, and pneumonia. The teacher who brought us to the farm was very kind and was willing to answer any questions we had. I saw that many of the illnesses were caused by improper diet and poor hygiene of the environment, and realized the importance of educating the farmers of how to properly manage the farm.</p>



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Sept 27 (Tue)	<p>My group stayed at the hospital on this day to wait for cases that might come to receive treatment at the ruminant hospital. In the morning we watched a calf have its infected wound treated. The calf had persistent urachus which was surgically removed and had gone back to its farm a few weeks before, but it came back to receive treatment after the surgical wound got infected. Unfortunately in the afternoon, there were no cases to see because the construction of the large animal hospital happened to be underway at the time, and not so many cases could be admitted to the hospital.</p>
Sept 28 (Wed)	<p>We visited dairy cow farms to follow up on cases with mastitis, and to check the reproductive status of cows that have calved in the previous month. We also saw new cases with metritis, vertebral subluxation, and a rare case with a missing teat canal. We were given the chance to do rectal palpation and to inject medicines in the affected cows.</p>
Sept 29 (Thu)	<p>In the morning, we visited a farm to check its dairy cows' reproductive status and pregnancy. We were given the chance to do rectal palpation on six different cows. However, because we were inexperienced in conducting rectal palpation, we could not even find the ovaries or uterus to identify the reproductive status. The teacher was very kind and patient, and tried to cheer us up when we looked completely defeated after failing to properly conduct the rectal palpation.</p> <p>In the afternoon, we went back to the hospital to conduct laparotomy on a calf with signs of melena and anorexia. We first heard ping sound in the left side of the body, but after rolling, the ping sound had moved to central right position. When we opened its abdomen, we found lots of gas in the rumen and abomasum. We also found trauma and hemorrhage in the cecum, but its cause was unknown.</p>
Sept 30 (Fri)	<p>In the morning, we prepared our presentation scheduled in the afternoon about the different cases we saw in the farm visits. My group chose a case of metritis, but we found out during the presentation that we had not gathered the basic data for examining a dairy cow, such as the amount of milk production and the type of feed it received. I realized that I did not have the basic knowledge of examining a dairy cow and made a note to myself to learn it before I returned to Japan.</p>



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<p>Oct 1 (Sat)</p>	<p>No training.</p>
<p>Oct 2 (Sun)</p>	<p>No training.</p>
<p>Oct 3 (Mon)</p>	<p>In the morning, we had no class, so we discussed what we would want to talk about in our presentation scheduled on the last day of our training.</p> <p>In the afternoon, we had a lecture on FMD prevalence and bovine blood parasite infection in Thailand.</p> <p>The teacher was very knowledgeable and he taught us ways to remember what he'd taught us which was very helpful because I am very bad at memorizing things I learn in class.</p>
<p>Oct 4 (Tue)</p>	<p>In the morning, we had no class, so we further discussed what we wanted to put in our presentation on Friday.</p> <p>In the afternoon, we went to the demonstration farm and looked at how the milk cattle are kept there and tried to figure out the cause of the low fertility in the farm.</p>
<p>Oct 5 (Wed)</p>	<p>In the morning, we discussed what could be the cause of the low fertility rate on the demonstration farm. We tried to analyze the data of the farm and figure out the different factors that could affect the fertility rate. However, we could not come up with an answer from the data we were given, and we decided to compare the changes of monthly milk production and the monthly changes of temperature.</p> <p>In the afternoon, we learned how to collect blood from the jugular vein and the tail vein, how to do epidural, paravertebral, corneal, and auriculopalpebral nerve block, how to insert UB catheter and stomach tube, and how to give IV fluid.</p> <p>We were able to learn and experience many things on this day and we were able to fully enjoy the training.</p>



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Oct 6 (Thu)	<p>In the morning, we went to the demonstration farm and we learned how to conduct rectal palpation and to use ultrasound to check the condition of the ovaries. It was very difficult for me to locate the ovaries by following the uterine horns, but I somehow managed to find both ovaries in one of the cows that I palpated.</p> <p>In the afternoon, we gave a presentation on heat stress and milk production of the dairy cows in the demonstration farm. The time we were given to collect data and to prepare for the presentation was limited, but we did our best and we were grateful that the teacher acknowledged our efforts.</p>
Oct 7 (Fri)	<p>In the morning, we had an oral examination about bovine diseases. This was the first time for me to have an oral examination, and I was very nervous at first, but the teachers were very kind and they helped me give the answers they wanted by rephrasing their questions or giving me small hints.</p> <p>In the afternoon, we gave a presentation on what we learned throughout the whole training at Kasetsart University and we also showed a video filled with all the wonderful memories we made during our stay in Thailand. In the end, each of us received a certificate for finishing all our training.</p> <p>I had an amazing time training at Kasetsart University and I will cherish every moment I spent there. I will miss everyone who took such good care of us and I hope to return what they've done for me someday.</p>
Oct 8 (Sat)	No training.
Oct 9 (Sun)	No training.