

# vetted™

VetEc + VetMed, shaken not stirred



## Nothing to see here

Nope, definitely not *fleas* **p 5**

## Your wellness plans **memewell**

**p 6**

## OPEN UP AND SAY **'OH NO'**

**p 14**

## A mouthful of excuses

Why you're not seeing  
cats for dental exams

**p 18**

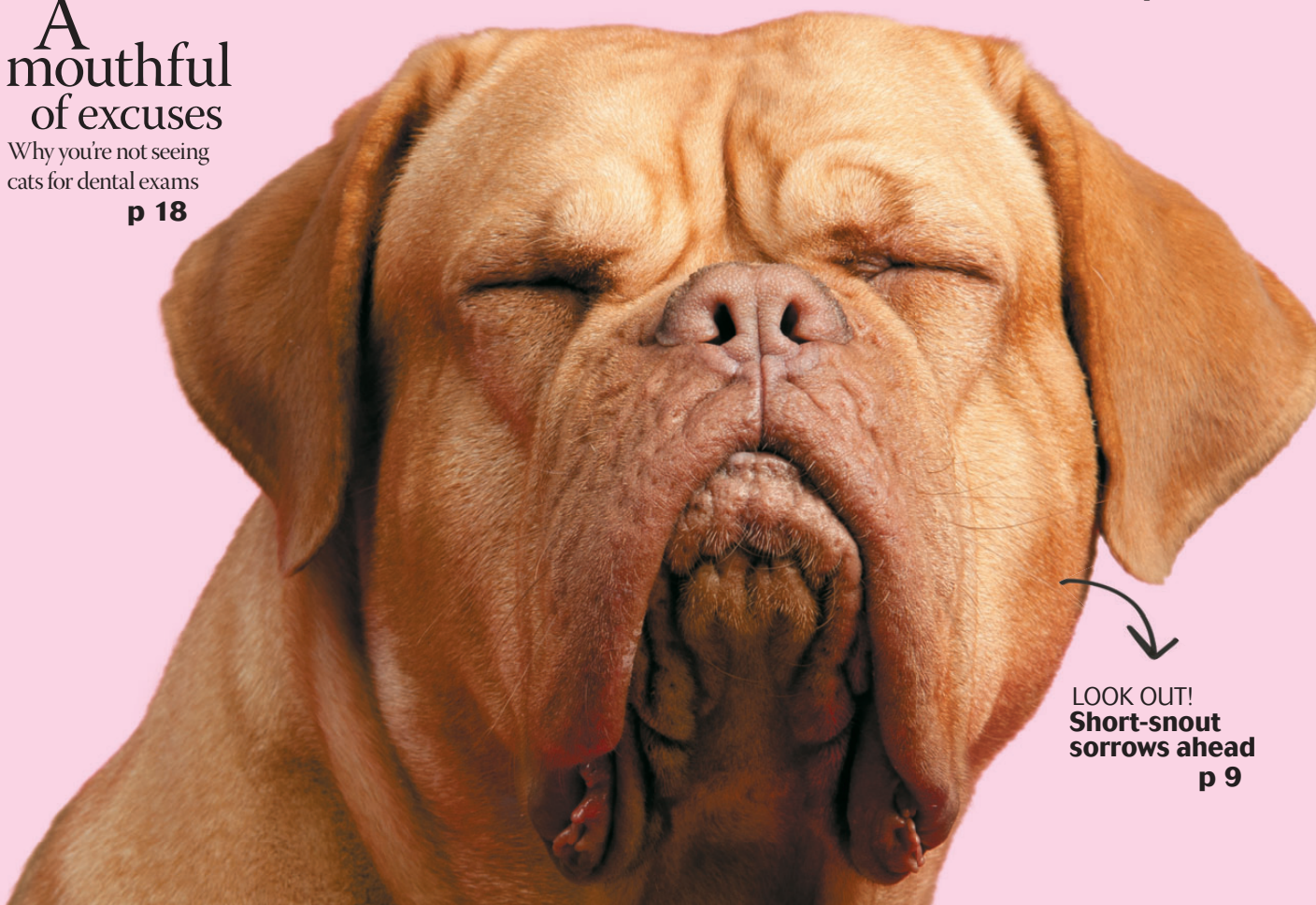
"Being a vet is easy!"  
FACEPALM.

**p 32**

## The angry **conij**

Tips to get to the root of  
the madness and calm those irritated eyes.

**p 10**



LOOK OUT!  
**Short-snout  
sorrows ahead**  
**p 9**

# "PUDDLES" THE CAVE DOG VETERINARIAN SAYS: **BE AS SMART AS ME WHEN IT COMES TO PEE!**



## **JOIN OUR LIVE TRAINING SESSIONS AT THE CVC VIRGINIA BEACH SYMPOSIA.**

### **Friday, May 19, 2017, Room 3DE**

**8:00 AM - Update on Diagnosis and Treatment of USMI**  
Dr. Julie K. Byron

**9:10 AM: - Updates on Diagnosis, Staging, and Treatment  
of CKD in Dogs and Cats - Dr. Dennis Chew**

**11:00 AM - Urinary Tract Infection Treatment and Prevention**  
Dr. Gary Oswald

### **Saturday, May 20, 2017, Room 3DE**

**1:45 PM - Stuck in the Stone Age: What you need to know**  
Dr. Jody Lulich

**3:15 PM - To Pee or Not to Pee, The Sr. Pet Dilemma**  
Dr. Heidi Lobprise

**5:00 PM - Urine soiling behavior? Urinary Disease?  
Making the right call - Dr. Jeff Nichol**

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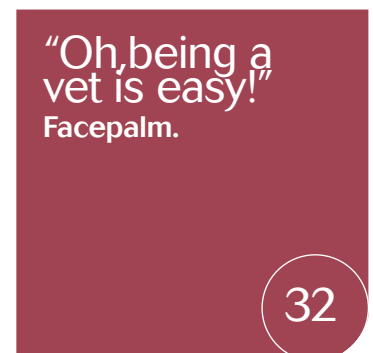
# THE GUIDE

April 2017



- +
- 20
- > Front desk vs. back office
  - > New podcast
  - > Feline toxicosis

21 Can this dog's teeth be saved?







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#### Content

Editor/News Channel Director | **Kristi Reimer**  
kristi.reimer@ubm.com  
Editor/Team Channel Director | **Portia Stewart**  
portia.stewart@ubm.com  
Editor/Business Channel Director | **Brendan Howard**  
913-871-3823 | brendan.howard@ubm.com  
Editor/Medicine Channel Director | **Mindy Valcarcel**  
mindy.valcarcel@ubm.com  
Content Marketing Director | **Adrienne Wagner**  
Senior Content Specialist | **Jennifer Gaumnitz**  
Associate Content Specialists | **Katie James, Sarah Dowdy**  
Assistant Content Specialist | **Hannah Wagle**  
Technical Editor | **Jennifer Vossman, RVT, CMP**  
Digital Content Director | **Jessica Zemler**  
Digital Design Director | **Ryan Kramer**  
Multimedia Producer | **Troy Van Horn**

#### Sales

Sales Director | **David Doherty**  
913-871-3870 | david.doherty@ubm.com  
Account Manager | **Angie Homann**  
913-871-3917 | angie.homann@ubm.com  
Account Manager | **Angela Paulovcin**  
440-891-2629 | angela.paulovcin@ubm.com  
Account Manager | **Terry Reilly**  
913-871-3871 | terry.reilly@ubm.com  
Account Manager | **Heather Townsend**  
913-871-3874 | heather.townsend@ubm.com  
Digital Data Analyst | **Jenny Shaffstall**  
913-871-3854 | jenny.shaffstall@ubm.com  
Sales Coordinator | **Anne Belcher**  
913-871-3876 | anne.belcher@ubm.com  
Books/Resource Guide Sales | **Maureen Cannon**  
440-891-2742 | maureen.cannon@ubm.com

#### Marketing

Marketing Director | **Brenda Andresen**  
brenda.andresen@ubm.com  
Marketing Designer | **Andrew Brown**

#### UBM Americas, Veterinary

Vice President & Managing Director | **Christie McFall**  
913-871-3810 | christie.mcfall@ubm.com  
Vice President, Digital Product Management | **Mark Eisler**  
Group Content Director | **Marnette Falley**  
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<sup>1</sup>Clinical trial on ULTAMINO® canine, 2011. Royal Canin data on file.  
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# THE PICKS

(what we care about now)



## Cats like to look down on you

By Mikkel Becker, CBCC-KA, CPDT-KA, CDBC, CTC, KPA Graduate, BA Communications

Animals often are more vulnerable when they're down low. So it makes sense that certain dogs and many cats feel more secure and calm when you give them the higher ground.

For cats, try climbing areas in the exam room or non-slip surfaces securely attached to the exam table to create go-to hangout places outside of the crate.

For dogs, think living room sofa. Pooches are often calmer and less likely to pace when you let them up on a chair space, as many likely enjoy their family furniture at home as well.

Many pets relish the invitation to move to these desired places. It's a reward, and they're often more comfortable and less antsy once there. Just remember to use this tip on a case-by-case basis. Some pups are more likely to become defensive in such a position, like on a lap.

In my experience, the veterinary team can use an invitation to go onto the furniture for the exam and some procedures. Allowing a pet on the lap for attention and petting is familiar and positive and lets you perform elements of the exam in a relaxed position for pets.

**Furniture of the future:** Veterinary architect Heather Lewis, AIA, NCARB, is designing mobile ottomans for veterinarians who want to "get down on the floor" while examining their patients. Hear more about it in her podcast interview at [dvm360.com/podcasts](https://dvm360.com/podcasts).



# Noth

So clients *think*. As you know, about **95 percent** of fleas in the house aren't on the pet. Teach pet owners the importance of managing the home environment with this free client tool. Bonus: We've added a poster version you can post in your exam rooms to trigger pet owners to ask about parasite prevention. (You're welcome.)



Scan the code to download the handout and/or poster. Or go to [dvm360.com/wherethefleaslive](https://dvm360.com/wherethefleaslive).



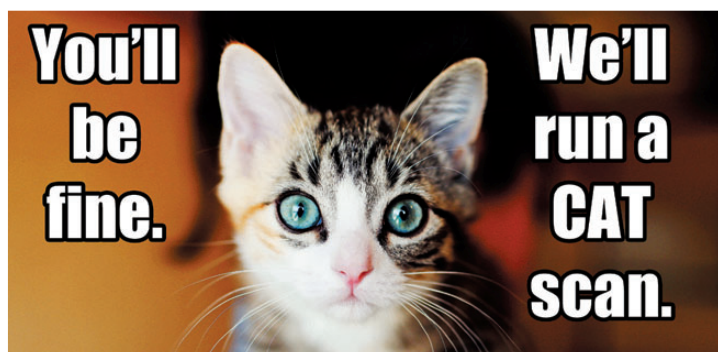


ing to see here ...





## THE PICKS



## Your wellness plans meme well ...

**But are they successful? Or wait, do you even have one? Does it all seem like too much work? Time to have that awkward discussion at your practice.**

Our clients love their pets, but love may not be enough. To ensure their pets live long and prosper, pet owners must commit to regular healthcare. Offering preventive healthcare plans help, but how many practices have taken the plunge? The Veterinary Hospital Managers Association (VHMA) asked its members in a recent survey, and 261 respondents weighed-in.

A mere **20%** reported they offer pay-by-the-month preventive care plans. And many of these respondents say they've offered these plans for two years or less.

So why so few? **32%** reported they don't know how to implement a plan and **24%** said they don't have the resources to offer a plan.

Although respondents believe that preventive plans offer budgeting convenience, encourage more patient visits and improve the health of pets, they also believe that clients don't understand the concept of preventive care and confused the plans with health insurance. The plans have been slow to catch on, with respondents reporting that between 1 and 5 percent of their clients have signed up for the plans.

As a concept, preventive care plans make sense—a prescribed schedule for treatment, manageable monthly payments and healthier pets. But between concept and acceptance, a wide gulf exists that interferes with practices' ability and willingness to offer these plans and clients' willingness to buy into the plans.

Ready to get serious about wellness plans? Check out the team discussion guide at [dvm360.com/wellnesstalk](http://dvm360.com/wellnesstalk) to plan your successful program.

## Watch your language

... when it comes to parasite preventive conversations with clients. The goal is to make sure they are using year-round parasite prevention. But what if your word choice is making them refuse?

We loved this quick tip from Bash Halow, LVT, CVPM, at a recent CVC session he gave on the importance of continuing to sell parasite prevention in your clinic.

His advice? Think about the way you're asking clients about their parasite prevention. Don't just blurt, "Do you need any more flea product?" Because—think back to the last time you asked it that way—it's almost always answered with a "no." The client shakes you off.

Instead, get specific. Say, "How many doses of \_\_\_\_\_ do you have left at home?" This starts the discussion that segues into the necessity of year-round prevention. Go to [dvm360.com/language](http://dvm360.com/language) for more killer tips.

## Itching for more?

We've got you covered. Join us for all-new parasitology sessions at CVC throughout 2017—starting in Virginia Beach, May 18-21. Go to [thecvc.com](http://thecvc.com) for more information and to register.





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Learn more at [SIMBADOL.com](http://SIMBADOL.com)

\*Administered subcutaneously for up to 3 days.

**IMPORTANT SAFETY INFORMATION:** Due to serious human safety and abuse concerns, including physical or psychological dependence, life-threatening respiratory depression and additive CNS depressant effects, read the full prescribing information before using this drug, including the complete Boxed Warning. Not for use in humans. Hospital staff should be trained in the handling of potent opioids and should avoid accidental exposure. SIMBADOL has not been evaluated in breeding, pregnant, or lactating cats, in cats younger than 4 months of age or moribund cats. Do not use in cats with known hypersensitivity to buprenorphine hydrochloride or any of the components of SIMBADOL, or known intolerance to opioids. Use with caution in cats with impaired hepatic function. Adverse reactions may include hyperthermia, tachycardia, hypotension, hypertension, hypothermia, anorexia, and hyperactivity. For more safety information, see the Brief Summary of full Prescribing Information on the following page.

**Brief Summary of Prescribing Information** See package insert for full Prescribing Information.

For Use in Cats Only



For subcutaneous use in cats  
Opioid Analgesic

**CAUTION:**

Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

**HUMAN SAFETY WARNING**

**Abuse Potential**

**SIMBADOL contains buprenorphine (1.8 mg/mL), an opioid agonist and Schedule III controlled substance with an abuse potential similar to other Schedule III opioids. Buprenorphine has certain opioid properties that in humans may lead to dependence of the morphine type. Abuse of**

**buprenorphine may lead to physical dependence or psychological dependence. The risk of abuse by humans should be considered when storing, administering, and disposing of SIMBADOL. Persons at increased risk for opioid abuse include those with a personal or family history of substance abuse (including drug or alcohol abuse or addiction) or mental illness (suicidal depression).**

**Life-Threatening Respiratory Depression**

**Respiratory depression, including fatal cases, may occur with abuse of SIMBADOL.**

**Additive CNS Depressant Effects**

**SIMBADOL has additive CNS depressant effects when used with alcohol, other opioids, or illicit drugs that cause central nervous system depression.**

**Accidental Exposure**

**Because of the potential for adverse reactions associated with accidental injection, SIMBADOL should only be administered by veterinarians or veterinary technicians who are trained in the handling of potent opioids.**

**See Human Safety for detailed information.**

**INDICATION:**

SIMBADOL is indicated for the control of postoperative pain associated with surgical procedures in cats.

**CONTRAINDICATIONS:**

SIMBADOL is contraindicated in cats with known hypersensitivity to buprenorphine hydrochloride or any of the components of SIMBADOL, or known intolerance to opioids.

**WARNINGS:**

For subcutaneous (SQ) injectable use in cats.

**Human Safety:**

**Not for use in humans. Keep out of reach of children.**

**Adult Human User Safety while handling SIMBADOL in the hospital:**

Mucous membrane or eye contact during administration:

Direct contact of SIMBADOL with the eyes, oral or other mucous membranes could result in absorption of buprenorphine and the potential for adverse reactions. If accidental eye, oral or other mucous membrane contact is made during administration, flush the area with water and contact a physician.

Skin contact during administration:

If human skin is accidentally exposed to SIMBADOL, wash the exposed areas with soap and water and contact a physician. Accidental exposure could result in absorption of buprenorphine and the potential for adverse reactions.

**Drug Abuse, Addiction, and Diversion of Opioids:**

Controlled Substance:

SIMBADOL contains buprenorphine, a mu opioid partial agonist and Schedule III controlled substance with an abuse potential similar to other Schedule III opioids. SIMBADOL can be abused and is subject to misuse, abuse, addiction, and criminal diversion. SIMBADOL should be handled appropriately to minimize the risk of diversion, including restriction of access, the use of accounting procedures, and proper disposal methods, as appropriate to the clinical setting and as required by law.

Abuse:

Abuse of SIMBADOL poses a hazard of overdose and death. This risk is increased with concurrent abuse of alcohol and other substances including other opioids and benzodiazepines. Buprenorphine has been diverted for non-medical use into illicit channels of distribution. All people handling opioids require careful monitoring for signs of abuse. Drug abuse is the intentional non-therapeutic use of a prescription drug for its rewarding psychological or physiological effects. Abuse of opioids can occur in the absence of true addiction.

Storage and Discard:

SIMBADOL is a Class III opioid. Store in a locked, substantially constructed cabinet according to DEA and local controlled substance guidelines. Discard broached vials after 28 days. Any unused or expired vials must be destroyed by a DEA registered reverse distributor; for further information, contact your local DEA field office or call Zoetis Inc. at 1-888-963-8471.

Information for physician:

SIMBADOL injectable solution is a mu opioid partial agonist (1.8 mg buprenorphine/mL). In the case of an emergency, provide the physician with the package insert. Naloxone may not be effective in reversing respiratory depression produced by buprenorphine. The onset of naloxone effect may be delayed by 30 minutes or more. Doxapram hydrochloride has also been used as a respiratory stimulant.

**PRECAUTIONS:**

Hyperactivity (opioid excitation) has been observed up to 8 hours after anesthetic recovery (see ADVERSE REACTIONS).

Safety has not been evaluated in moribund cats (i.e., those not expected to live more than 24 hours with or without surgery). Use in such cases should be based on the risk-benefit assessment of the veterinarian.

Use with caution in cats with impaired hepatic function.

The use of SIMBADOL has not been evaluated in breeding, pregnant, or lactating cats, or in cats younger than 4 months of age.

**ADVERSE REACTIONS:**

In two controlled field studies, a total of 450 male and female cats 4 months to 16 years old, weighing between 2.6 – 20.0 lb were included in the field safety analysis. In one study, cats underwent a soft tissue surgical procedure (soft tissue). In the other study, cats underwent onychectomy, onychectomy and castration, or onychectomy and ovariohysterectomy (orthopedic). The following tables (one table for each study) show the number of cats exhibiting each observation.

**Adverse Reactions in the Soft Tissue Field Study**

Adverse Reaction <sup>a</sup>	SIMBADOL (N = 109)		Control (N = 112)	
	During Surgery <sup>b</sup>	After Surgery	During Surgery <sup>b</sup>	After Surgery
Hypotension <sup>c</sup>	39 (35.8%)	29 (26.6%)	33 (29.5%)	24 (21.4%)
Tachycardia <sup>d</sup>	26 (23.9%)	29 (26.6%)	15 (13.4%)	20 (17.9%)
Hypothermia ( $\leq 98.0^{\circ}\text{F}$ )	30 (27.5%)	1 (0.9%)	31 (27.7%)	0
Hyperthermia ( $\geq 103.0^{\circ}\text{F}$ )	0	40 (36.7%)	0	19 (17.0%)
Hypertension <sup>e</sup>	7 (6.4%)	20 (18.3%)	9 (8.0%)	6 (5.4%)
Anorexia	0	18 (16.5%)	0	15 (13.4%)
Hyperactivity	0	10 (9.2%)	0	4 (3.6%)
Reduced Oxygen Saturation of Hemoglobin (pulse oximetry $\leq 90\%$ )	5 (4.6%)	1 (0.9%)	8 (7.1%)	0
Bradycardia ( $\leq 90$ beats/min)	2 (1.8%)	1 (0.9%)	1 (0.9%)	0
Tachypnea ( $\geq 72$ breaths/min)	0	3 (2.8%)	0	2 (1.8%)
Arrhythmia	1 (0.9%)	0	1 (0.9%)	0
Hyperesthesia	0	1 (0.9%)	0	0
Blindness	0	1 (0.9%)	0	0
Apnea/Death	0	1 (0.9%)	0	0

a. Cats may have experienced more than one type or occurrence of an adverse reaction. Cats experiencing the same reaction both during and after surgery are presented in both time periods.

b. During surgery is the time from the administration of the anesthetic induction agent until discontinuation of the gas anesthetic.

c. Hypotension is defined as a mean blood pressure of  $\leq 60$  mmHg during surgery and  $\leq 90$  mmHg after surgery.

d. Tachycardia is defined as a heart rate  $\geq 180$  beats per minute during surgery and  $\geq 200$  beats per minute after surgery.

e. Hypertension is defined as a mean blood pressure of  $\geq 120$  mmHg during surgery and  $\geq 160$  mmHg after surgery.

**Adverse Reactions in the Orthopedic Field Study**

Adverse Reaction <sup>a</sup>	SIMBADOL (N = 115)		Control (N = 114)	
	During Surgery <sup>b</sup>	After Surgery	During Surgery <sup>b</sup>	After Surgery
Tachycardia <sup>c</sup>	29 (25.2%)	44 (38.3%)	15 (13.2%)	24 (21.1%)
Hypotension <sup>d</sup>	29 (25.2%)	22 (19.1%)	27 (23.7%)	16 (14.0%)
Hyperthermia ( $\geq 103.0^{\circ}\text{F}$ )	1 (0.9%)	51 (44.3%)	0	14 (12.3%)
Anorexia	0	22 (19.1%)	0	20 (17.5%)
Hypertension <sup>e</sup>	3 (2.6%)	20 (17.4%)	8 (7.0%)	12 (10.5%)
Hypothermia ( $\leq 98.0^{\circ}\text{F}$ )	8 (7.0%)	0	16 (14.0%)	0
Hyperactivity	0	16 (13.9%)	0	7 (6.1%)
Bradycardia ( $\leq 90$ beats/min)	3 (2.6%)	0	3 (2.6%)	1 (0.9%)
Tachypnea ( $\geq 72$ breaths/min)	0	2 (1.8%)	1 (0.9%)	4 (3.5%)
Reduced Oxygen Saturation of Hemoglobin (pulse oximetry $\leq 90\%$ )	3 (2.6%)	0	3 (2.6%)	0
Arrhythmia	0	1 (0.9%)	1 (0.9%)	0
Blindness	0	1 (0.9%)	0	1 (0.9%)
Ataxia	0	1 (0.9%)	0	0
Apnea/Death	1 (0.9%)	0	0	0

a. Cats may have experienced more than one type or occurrence of an adverse reaction. Cats experiencing the same reaction both during and after surgery are presented in both time periods.

b. During surgery is the time from the administration of the anesthetic induction agent until discontinuation of the gas anesthetic.

c. Tachycardia is defined as a heart rate  $\geq 180$  beats per minute during surgery and  $\geq 200$  beats per minute after surgery.

d. Hypotension is defined as a mean blood pressure of  $\leq 60$  mmHg during surgery and  $\leq 90$  mmHg after surgery.

e. Hypertension is defined as a mean blood pressure of  $\geq 120$  mmHg during surgery and  $\geq 160$  mmHg after surgery.

The two cats with apnea in the SIMBADOL<sup>TM</sup> (buprenorphine injection) group died from the adverse reaction. The cat in the soft tissue study underwent a necropsy and a specific cause of death was not found, although other remarkable findings included metastatic neoplasia affecting multiple systems. The cat in the orthopedic study experienced apnea during endotracheal intubation. The cat was healthy and a specific cause of death was not found.

Two cats in the SIMBADOL group and one cat in the placebo control group were reported with presumptive post-anesthetic cortical blindness. Both cats in the SIMBADOL group received blood pressure intervention during surgery for low blood pressure. All cats regained vision within 7 to 84 days after surgery; however, one cat in the SIMBADOL group continued to have some visual and balance deficits.

One cat in the SIMBADOL group in the soft tissue study was euthanized after completion of the study due to pulmonary complications. The complications were considered likely related to the severity of the cat's injuries prior to surgery.

To report suspected adverse events, for technical assistance, or to obtain a copy of the MSDS, contact Zoetis Inc. at 1-888-963-8471.

For additional information about adverse drug experience reporting for animal drugs, contact the FDA at 1-888-FDA-VETS or online at <http://www.fda.gov/AnimalVeterinary/SafetyHealth>.

**STORAGE INFORMATION:**

Store at temperatures up to  $25^{\circ}\text{C}$  ( $77^{\circ}\text{F}$ ). Protect from light and excessive heat (above  $40^{\circ}\text{C}$  or  $104^{\circ}\text{F}$ ). Use within 28 days of first puncture.

**HOW SUPPLIED:**

SIMBADOL (buprenorphine injection) is supplied in a carton containing one 10 mL amber glass vial. Each multidose vial contains 1.8 mg/mL of buprenorphine.

NADA 141-434, Approved by FDA

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# Barely breathing

The news keeps getting worse for short-nosed breeds.

A study of 1.27 million dogs over a nine-year period shows that brachycephalic dogs experience more health problems than other breeds, even conditions seemingly unrelated to airway anatomy, according to a white paper from Nationwide's pet health insurance group.

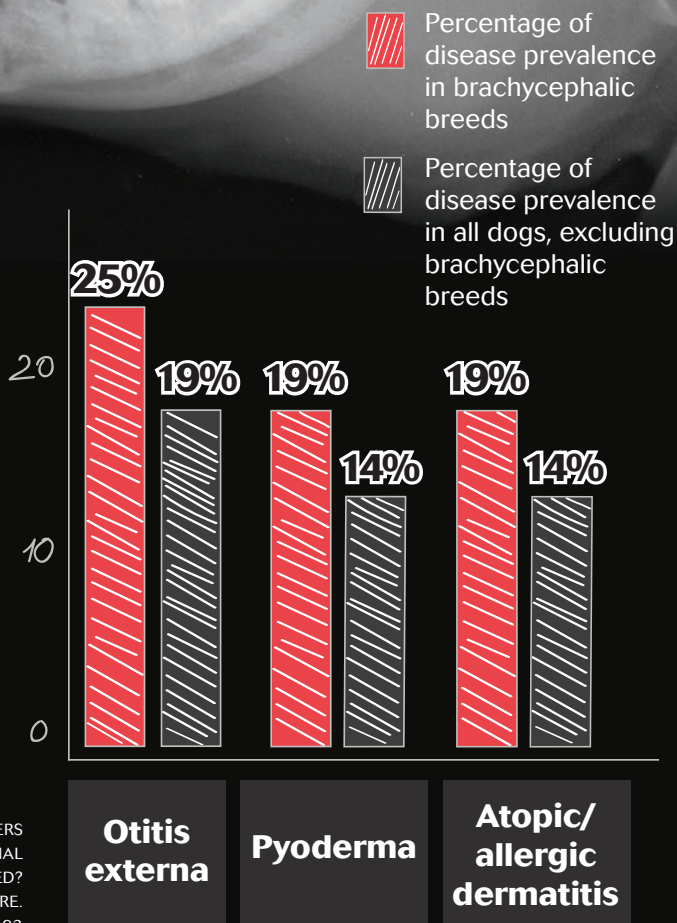
A main area of concern were skin conditions, even beyond the fungal issues often found in the deep skin folds of some short-nosed dogs.

>>> This radiograph shows the typical short snout of the brachycephalic breeds.

Nearly **60%** of brachycephalic breed owners recognized the clinical signs of brachycephalic obstructive airway syndrome (BOAS) in their dogs, but dismissed these respiratory difficulties as "normal for the breed."\* Are these conditions next?

Find more data from the Nationwide study at [dvm360.com/brachy](http://dvm360.com/brachy).

\*PACKER RMA, HENDRICKS A, BURN CC. DO DOG OWNERS PERCEIVE THE CLINICAL SIGNS RELATED TO CONFORMATIONAL INHERITED DISORDERS AS 'NORMAL' FOR THE BREED? A POTENTIAL CONSTRAINT TO IMPROVING CANINE WELFARE. *ANIM WELF* 2012;21(SUPPL 1):81-93



# The angry conj

How do you calm down those red eyes? Conjunctivitis has a number of causes but generally presents with the same set of clinical signs. Amy Hunkeler, DVM, DACVO, MBA, a specialist with Eye Care for Animals and recent CVC speaker, helps you get to the root of the madness and soothe your patients' irritation.

By Sarah Wooten, DVM



Dr. Amy Hunkeler practices veterinary ophthalmology at Eye Care for Animals in Overland Park, Kansas, and speaks on the clinical program at the CVC conferences. Dr. Sarah Wooten is an associate at Sheep's Draw Animal Hospital in Greeley, Colorado, and also presents at CVC on communication and life balance topics.

**W**hen you're presented with an erythematous conjunctiva, there's likely one of three things going on: an infectious cause, a noninfectious cause or mechanical irritation.

First, a quick review of the anatomy and function of the conjunctival tissues. The "conj," as Dr. Hunkeler calls it, facilitates ocular movement and protects the eye. It houses goblet cells that produce mucin for tears and provide immune function by attracting immunoglobulins. Palpebral conj is tightly adhered to the upper and lower lid; otherwise conjunctival tissue is loose to allow for swelling and movement. The conj folds over on itself in three areas

known as the fornix.

## Feeling out the conj

When it comes to diagnostics, after the physical exam, Dr. Hunkeler is a fan of conjunctival cytology, quantitative and qualitative tear tests, fine-needle aspiration or biopsy of discrete masses, and fluorescein stain.

## Noninfectious causes: It's not you, it's me

Keratoconjunctivitis sicca (KCS), or dry eye, is the number-one noninfectious conjunctival inflammatory condition. It's thought to be an immune-mediated condition, and it frustrates general practitioners and specialists alike, Dr. Hunkeler says. The lacrimal

gland is responsible for 60% of tear production, and nictitans provide the other 40%. Meibomian glands secrete meibum, and goblet cells within the conj produce mucin; together, these substances help prevent evaporation of the tear film.

In early disease, Schirmer tear tests measure 10 to 12 mm/min. Clinical signs result from increased friction, with the patient displaying a "miffed conj" and mucoid discharge, Dr. Hunkeler says. These patients will often have an opportunistic bacterial overgrowth, and if the condition is left untreated, corneal inflammation and discomfort will result.

In chronic KCS cases, tear evaporation results in a hyperosmolar

Dr. Amy Hunkeler says she's often asked how to tell the difference between episcleritis and conjunctivitis. Sure, most of us learned in veterinary

school to assess the size and shape of the blood vessels: skinny and wavy for conjunctival vessels, straight and thicker for scleral. Well, Dr. Hunkeler has an additional tip: Apply a drop of phenylephrine to the eye. The

conjunctival vessels will blanch immediately. Scleral vessels will eventually blanch, but it takes much longer.

## Helpful tip



and hypertonic tear film, further angering the conj and the cornea, Dr. Hunkeler says. Chronic inflammation leads to thick mucoid discharge, corneal neovascularization, corneal thickening, corneal melanosis, pain and vision loss.

Medical treatment consists of lubrication and tear stimulants. Cyclosporine and tacrolimus work equally well in dogs that still have some tear-producing function, Dr. Hunkeler says; however, client education is paramount, she cautions. These drugs have a long onset of action, so it can take several months to see an increase in tear production, and the patient must receive treatment continually. Even taking a weekend off from medication can cause a setback.

If patients are not controlled on 0.2% cyclosporine, Dr. Hunkeler increases the concentration. She's been able to control refractory KCS patients on 1% cyclosporine oil or aqueous formulation. A new drug, pimicrolimus, may be in clinical trials soon, she says.

Lubrication is equally important in KCS patients. If the client is willing, Dr. Hunkeler recommends topical application of a lubricant four to six times a day. The most important applications are right before the pet is left alone for a length of time (such as the client

going to work) and right before bed. Dr. Hunkeler also advises using a lubricant that contains hyaluron, which she says benefits the aqueous component of tears and the goblet cells.

Client compliance and a long-term partnership between client and veterinarian are absolutely required for successful management of KCS, Dr. Hunkeler says. Get inside your client's head to determine what's reasonable and most convenient for the client. And keep in mind that nobody wants pets with constantly goopy eyes! While ointments have traditionally

been recommended over aqueous preparations, Dr. Hunkeler usually dispenses aqueous solutions because the no-mess factor increases client adherence in the long term.

Microscopic surgery is available for KCS and is fairly successful and beneficial, Dr. Hunkeler says. The procedure involves transposition of the salivary duct opening from the mouth to the conjunctival fornix. Complications include overproduction of tears and mineral deposits.

Go to **dvm360.com/angryconj** for more on infectious causes and mechanical irritation.





## Conjunctivitis communication

Eye issues can be frustrating to clients when it seems like their pets aren't making any progress, which can lead to a lack of compliance with your treatment recommendations. Dr. Hunkeler offered these tips for helping clients and patients get through conjunctivitis issues in a recent CVC session.

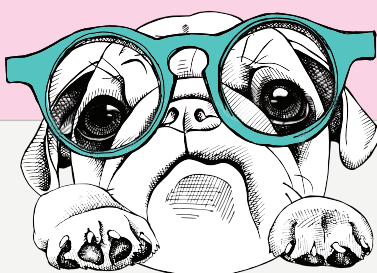
She recommends an aqueous solution for tear stimulants over an oil-based solution. This formulation provides tidier administration for clients and encourages better compliance with administration, she says. Listen to her full recommendation by scanning the code.



Administration of tear stimulant is ideally the last thing clients do before they go to bed and again before they go to work, but the lacrimomimetic would ideally be applied as many times as a client is willing and able to do so, Dr. Hunkeler says. This isn't always doable with the client's schedule. For the best outcome, communication is key. Set clients up for success by talking through their schedule and seeing when they can administer the medication to their pets. Since dry eye can be frustrating when it seems like the pet isn't making any progress, Dr. Hunkeler notes that the veterinarian needs to be the "cheerleader" to help the owner stay compliant.

## "My dog has eye oogies. Do I really need to come in??"

How do pet owners know if that ocular discharge in a pet could be a flaming hot emergency, a serious issue to tackle soon, or something to deal with as a chronic condition over time? Of course, they need to come into your veterinary practice, but you can educate them about some causes of ocular discharge and what might constitute an emergency with this printable PDF, with advice from practice owner and frequent dvm360.com contributor Kathryn Primm, DVM. To download the handout, head over to [dvm360.com/eyeanxiety](http://dvm360.com/eyeanxiety).



FROM YOUR VETERINARIAN

**Got eye anxiety?**  
*We can help*

"Eye oogies" and "stuff dripping from eyes" have a name: ocular discharge. Here's information about what could be causing it and whether you need an urgent visit to your veterinarian.

**Injuries**  
Ocular discharge is more likely from an injury if it occurs in one eye at a time and often shows obvious signs of trauma to the lid or surrounding eye tissue. If the injury or ulcer (an open sore) is actually on the eyeball, you might not notice any change in the eyelids, but the pet will likely have drainage from the affected eye.  
Animals can get foreign bodies in their eyes as well. Pieces of leaves, mulch or plant matter can become lodged in the conjunctiva (pink tissue around the eye).  
Pets with ocular injury or foreign bodies will seem in pain—rubbing their eyes, squinting or resisting when you try to get a look at it. If this is occurring in your pet, take it to your veterinarian right away.

**Infections**  
Ocular discharge from both eyes can result from infectious and noninfectious causes. Eye infections can be caused by many things—viruses, bacteria and sometimes other pathogens. They can even be caused by more than one thing at a time. The presence of microorganisms will cause inflammation, which increases those ocular secretions. These can be especially thick and green-yellow and can even mat the eyes closed. If only one eye is affected, the infection will usually spread to the other eye.  
Make an appointment to see your veterinarian soon.

**Allergies**  
Sometimes allergic disease or other irritants can cause a less severe ocular discharge. In these patients, the discharge has typically been going on for a while, the liquid is clear, and the pet doesn't seem to be in pain (maybe only itchy). These patients may rub their eyes, but they don't typically squint or act sensitive to bright light.  
Seasonal allergic conjunctivitis isn't curable and can only be managed, but current treatments have good success. This isn't an emergency, but a visit to your veterinarian can start the process of helping out your uncomfortably itchy pet deal with this annoying problem.

**Blockages**  
Some disorders affecting tear production can cause ocular discharge when the tear duct is clogged and drainage causes spillover onto the face. Although changes in tear production and clogged ducts are not emergencies, you certainly want to get to the bottom of the issue and treat the underlying cause. In some cases, the tear duct can be flushed under anesthesia and restored to function, so be sure to tell your veterinarian.

**Breed conditions**  
Certain cat and dog breeds have face shapes that can lead them to chronic ocular discharge (any pet with a "smushed" face, like Persian cats or English bulldogs). There's often not a lot to be done to permanently address the issue, but certainly the consequences of the chronic tearing must be dealt with. These pets will be more persistently affected and unless there's something additionally wrong, shouldn't be in pain.  
If your pet develops ocular discharge—or it has been ongoing but uninvestigated—make an appointment with your veterinarian. In most cases, the discharge can be treated or managed to make for a happier, healthier pet.

Source: Kathryn Primm, DVM

### EYES ON THE PRIZE

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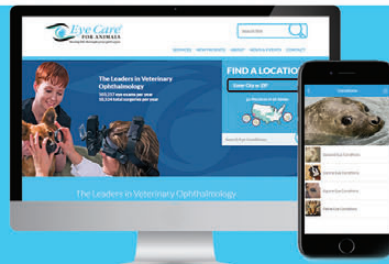


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# Open up and say “...oh no!”

**A big bonus of a thorough veterinary oral examination: You can spot oral tumors as well. The downside: You may spot an oral tumor. Here's guidance on these malicious invaders in your patients.**

*By Mindy Valcarcel, Medicine Channel Director*

**O**ral tumors—not a happy sight at all. But catching them early can save lives. At a recent CVC, veterinary dentist Dr. Heidi Lobprise told us the most common ones in dogs and cats.

- > **Benign oral tumors**—focal fibrous hyperplasia or peripheral odontogenic fibroma (formerly known as epulis) and canine acanthomatous ameloblastoma (formerly known as acanthomatous epulis), which is pretty aggressive
- > **Most common malignant oral tumors in dogs**—malignant melanoma, fibrosarcoma and squamous cell carcinoma
- > **Most common malignant oral tumors in cats**—gingival, sublingual and tonsillar squamous cell carcinoma.

Since you typically do a thorough dental examination at least once a year (let's hope!), enlist your clients in keeping watch as well—peeking into their pets' mouths and looking for odd growths. “It's really important to get the owners aware of oral tumors and for us to do a good exam to make sure we can catch them,” says Dr. Lobprise. “Because the earlier we can catch oral

tumors, the better the chance of us having a good result.” Check out [dvm360.com/openwide](http://dvm360.com/openwide) for the video.

One of the treatment options for oral tumors is, of course, chemotherapy. So while we're on the subject of client education and oncology, we've got two handouts on chemo in pets for any type of cancer (oral or otherwise) from veterinary oncologist Dr. Sue Ettinger. First, a chemotherapy FAQ handout (right).

We also have a handout on home care for patients receiving chemo—available at [dvm360.com/homechemo](http://dvm360.com/homechemo)—that will immediately allay clients' fears in that 80% of pets of have no side effects from chemotherapy. The handout goes on to give pointers for what clients can do if their pets fall into the 15% to 20% that do have side effects and when to contact you with concerns.

Dr. Ettinger also covers how owners can best care for their pets—and protect themselves—after chemotherapy has been delivered. For example, a small amount of chemotherapeutic drugs and their metabolites are excreted in urine and feces. So wearing gloves is imperative for handling feces or urine for at least 72 hours after treatment.





## Mouth to mouth: Talk to clients about chemo

"Will Rex lose all  
of his fur?"

"This side effect is usually  
mild in dogs but can show up  
unexpectedly. It's not nearly as  
common as it is in people receiving  
chemotherapy because dogs'  
hair does not grow continuously  
throughout their lives."

Download Dr. Sue Ettinger's handout on  
chemotherapy FAQs at [dvm360.com/chemoFAQ](http://dvm360.com/chemoFAQ)  
to give clients the whole story.

# Choose your own payment adventure

Whether a veterinary client is hearing a cancer diagnosis, managing a chronic condition such as allergies or visiting you for the very first time, here's how to nail best practices to show off your financial savvy when it comes to payments and, maybe, encourage folks to look into pet insurance down the line.

## CONSIDER THESE THREE EXAMPLES AND PATHS TO PAYMENT



A new kitten named REX

"We want to help you plan for a long and healthy life with Rex. To help you plan and pay for Rex's care, I'd like to talk to you about payment options, including the pet insurance and wellness plans we recommend. Have you heard of these programs before?"

### Why does this work?

This open-ended question creates a dialogue and gives you the chance to share a little bit of information.

### Two key points to make before the client moves on in the conversation:

- Planning ahead and purchasing pet insurance and wellness plans now will keep the pet on the path to a lifetime of care—and save the pet owner from needing to make difficult choices later or face pre-existing conditions that may not be covered by some pet insurance providers.
- All wellness plans and pet insurance programs are different, so be specific with the pet owner about what's covered—and what's not. Educated clients will be more satisfied with these services later.



WINSTON, a 3-year-old dog with allergies

"I know it's been frustrating to learn that Winston is suffering from allergies, and cost can be an issue with ongoing care. As we continue to manage his condition, I'd like to talk about payment options, such as pet insurance, wellness plans and third-party payment options. I'd like to briefly explain the options and we can discuss which one best meets your needs."

### Key points to discuss:

- While some pet insurance options may not cover pre-existing conditions, pet insurance can still be a good option to offer security so pet owners can offer the highest-quality care as they continue to meet all of the pet's healthcare needs.
- Wellness plans also offer the ability to budget for some of the pet's healthcare needs.
- Third-party payment plans will help address immediate issues when the pet needs treatment and the client is struggling with the out-of-pocket expenses.
- Don't forget to ask, "What are your primary financial concerns today?"



SASHA, a 10-year-old golden retriever with cancer

**Warning:** Make sure you've already addressed all of the client's concerns and questions about the diagnosis before you broach the topic of payment.

"Now that we've discussed Sasha's diagnosis, I'm guessing you have some questions about how to pay for treatment."

### Key points to discuss:

- Cash and credit are always options. Another option is a third-party payment plan. Explain that it's much like a credit card, offering a line of credit, but it's specifically for the pet's care.
- Ask clients if they are familiar with these types of plans. They may have encountered similar services when paying for their own healthcare, including dental expenses.
- Ask what questions they have about third-party payment plans.

### ONCOLOGY SOLUTIONS

Cancer treatment solutions are where some of the most cutting-edge work is in progress (because who doesn't want to find the cure for cancer?). Check out a few of these options at [dvm360.com/oncology](http://dvm360.com/oncology).





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# A mouthful of excuses

Many cat owners aren't down with dental care. Here are three top reasons they say "No"—and what you can do about it.

**K**aren Felsted, DVM, CPA, MS, CVPM, and owner of PantheraT Consulting in Dallas, Texas, has practiced veterinary medicine, owned veterinary clinics, consulted in veterinary practices and spearheaded efforts to create and manage data to help hospitals for decades. So she knows some of your pain when it comes to talking up the importance of dentistry.

"Dentistry hasn't grown that much in the past 20 years for all the talking we've done at meetings and in magazines," she says.

*Harsh.* And the reasons, she thinks, are simple but powerful. But we could not resist trying to point you to resources to help tackle these three common cat-owner concerns that hold them back from agreeing to needed feline dental work.

## 1 Cat owners are reluctant to bring their cats in for anything.

Many cat owners hate bringing their cats to the veterinarian, because cats hate coming. First step? Cultivate a generation of cats who don't hate the carrier—or don't hate it as much as they could.

## 2 Anesthesia is scary.

Pet owners don't know how safe anesthesia can be and how infrequent complications are. First, be honest: Is anesthesia at your practice as safe as it could be? Second, have your team bat down myths about anesthesia—they just need to be armed for the conversation.

## 3 Cat owners can be more sensitive to cost than dog owners.

This isn't untrue. However, the first step is convincing clients that cats need the care.

Go to [dvm360.com/catdental](https://dvm360.com/catdental) (or scan the code) for resources to help you ...

- > Make carriers a happier experience.
- > Refresh your anesthesia protocols and arm the team to talk it up.
- > Get past clients' biases against spending money on cats.
- > Create a plan to make every month Pet Dental Health Month at your practice.
- > Get better at responding thoughtfully when a client snaps "No" or "That's so much!"



Scan for brilliance.



# THREE REASONS WHY VETERINARIANS SAY **NO TO DENTAL PROCEDURES**

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# HELPFUL STUFF



## Front desk vs. back office: Heal the rift in your team

If your veterinary practice is divided into cliques based on the area of the building in which team members work, CVC educator Bash Halow, LVT, CVPM, has a question: Who is benefiting from the unrest? He adds, "It's hard to figure out reasons why it's OK to be mean, nasty and unprofessional to each other." In the video at [dvm360.com/healrift](http://dvm360.com/healrift) he explains how he brings such turmoil out into the open and how to eradicate the bad vibes. (Hint: It takes communication and a commitment to stand up for principles.)

Hey! Bash will talk about how to create better expectations for interpersonal behavior in practice at CVC Virginia Beach, May 18 to 21. Visit [thecvc.com/vb](http://thecvc.com/vb) to learn more.



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## Acetaminophen toxicosis in cats: a CVC doodle

Expert and CVC speaker Ralph Harvey, DVM, MS, DACVA, covered many things in his recent CVC session on preventing and managing clinical pain. Missed the session? Among the advice in his talk was his useful checklist for handling acetaminophen toxicosis from household drugs such as Tylenol in cats, which we've turned into a handy-dandy doodle for your viewing pleasure at [dvm360.com/Harveydoodle](http://dvm360.com/Harveydoodle). Looking for more great toxicology tips?

Tina Wismer, DVM, DABVT, DABT, of the ASPCA Animal Poison Control Center, will talk about the toxicology of human medications at CVC Virginia Beach. Visit [thecvc.com/vb](http://thecvc.com/vb).





## Can this dog's teeth be saved? Test your skills at assessing troubled teeth with this quiz

By Jan Bellows, DVM, DAVDC, DABVP, FAVD

One of your veterinary clients has brought in Rylee for her annual check-up. She is a 3-year-old female German shorthaired pointer. You flip her lip, take a gander and see her teeth as pictured below.



### What do you think is going on?

- a. The discoloration of Rylee's teeth indicates that the imaged teeth suffer from pulpitis, are likely becoming nonvital, and extraction or root canal therapy is indicated.
- b. Severe gingival recession is present, necessitating surgical repositioning of the gums to save the teeth.
- c. A thorough dental scaling and polishing can likely make Rylee's teeth and gums as good as new.

**(See the next page for the answer.)**

## Psst! Over here.

You don't want to miss our podcast, Your Veterinary Voice Episode 10: featuring Jenifer Chatfield, DVM, DACZM. Dr. Chatfield is willing to talk about controversial topics like the issue of feral or "free-roaming" cats, something that riles people up on the internet—although she has to be diplomatic and careful sometimes with what she says to pet owners and even other veterinarians. Listen to the podcast to find out why at [dvm360.com/podcasts](http://dvm360.com/podcasts).



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## Dental image quiz: answers

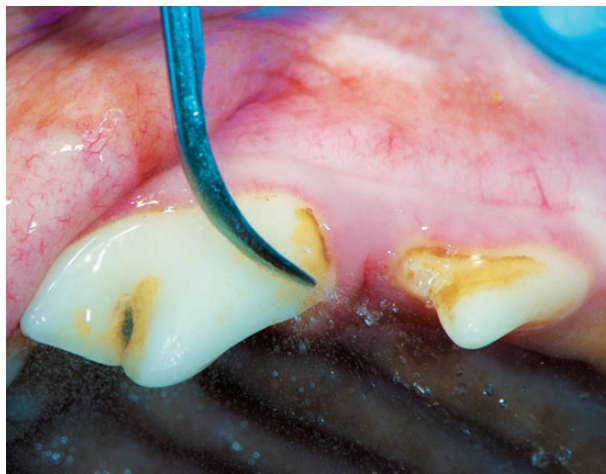
### If you answered “c,” you’re correct!

Despite the discoloration, Rylee has the first—and easiest to fix and prevent—stage of periodontal disease: gingivitis. Specifically, she has marginal gingivitis secondary to plaque-covered calculus.

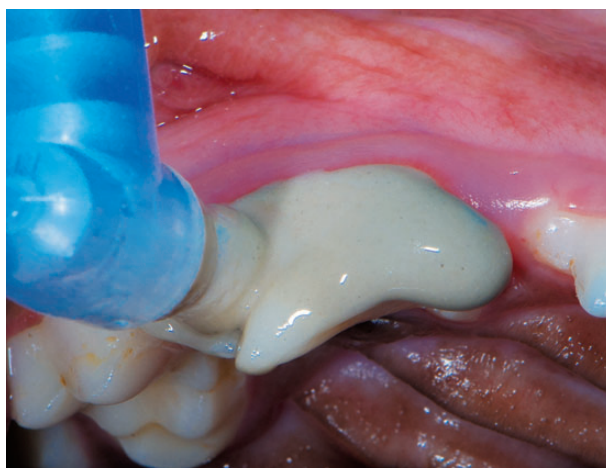
Periodontal disease starts with plaque. Daily plaque biofilm accumulates on the teeth, especially over the maxillary cheek teeth, which are bathed with saliva. If the biofilm is left undisturbed, minerals in saliva convert the plaque to rough calculus, attracting more plaque, which inflames the gingiva in many dogs and cats.

Once plaque, calculus and gingivitis are apparent, dental scaling, irrigation and polishing are indicated for treatment. Application of dental sealants and home care, including the daily use of Veterinary Oral Health Council-accepted products (see [dvm360.com/VOHC](http://dvm360.com/VOHC) for a chart of accepted chews), help to reverse the gingival inflammation.

In this case, ultrasonic scaling was used to remove the plaque and calculus. For more on identifying periodontal disease, visit [dvm360.com/periodontal](http://dvm360.com/periodontal).



The teeth were polished with pumice.



One week later, the gingivitis was on the way to complete resolution.



A discussion with the client about embracing home oral care, including daily plaque control, will help prevent further gingival problems from arising in Rylee.



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# Hospital design

## That's entertainment!

For many, waiting rooms can feel like one of Dante's circles of Hell. But with a few minor adjustments, you can help clients stay blithe and busy while they sit.

### 1. Separate the men from the boys (i.e., create a separate space for kids)

Trying to keep a pet and a child satisfied at the same time can seem like an attempt to scale Everest in flip flops. Lighten clients' loads by converting a corner of your waiting room into a play area with books and stuffed animals.

### 2. Chalk up bonus points with kids

Take a cue from BelaCoop Animal Hospital of North Park in Gibsonsia, Pennsylvania, and add a chalkboard to your kiddie area. Bonus: Chalk is less destructive to walls than crayons.



### 3. Make mini vets

Follow Andover Animal Hospital's lead and stock your play area with child-sized lab coats to capitalize on a love of make believe—and to perhaps inspire a future veterinarian.

Andover Animal Hospital, Newton, New Jersey

### 4. Encourage educational screen time

Ever notice how time flies when you're watching television? Use that phenomenon to your advantage in the clinic. Choosing a channel everyone likes can range from unbearable to impossible, so consider using a service like PetCARE TV to keep clients "edutained" with custom veterinary programming.



**Get the help you need to design your dream hospital**

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Learn more about the Hospital Design

Conference this August at [thevcv.com/HD](http://thevcv.com/HD).

### 5. The age of aquarium

For engaging entertainment, you can't beat Mother Nature. Case in point: This vibrant aquarium from Veterinary Associates of Cape Cod below.



Veterinary Associates of Cape Cod, South Yarmouth, Massachusetts

### 6. Be a showoff

Do you have any veterinary memorabilia, such as old medicine bottles, medical instruments or books? Put them to good use on display. You can buy a cabinet or create a built-in case like Hunterdon Hills Animal Hospital below.



Hunterdon Hills Animal Hospital, Whitehouse Station, New Jersey





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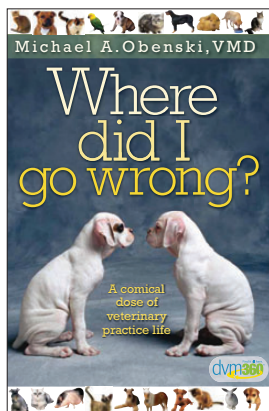


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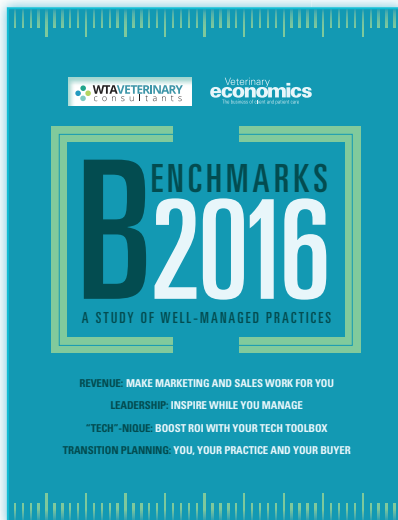
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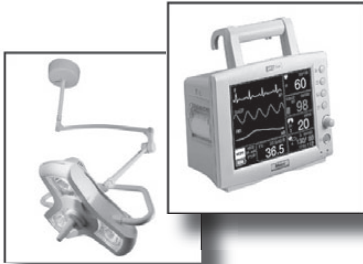
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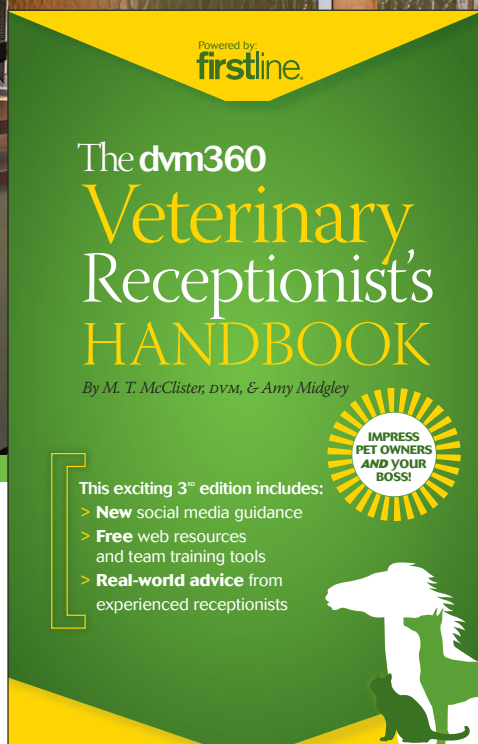


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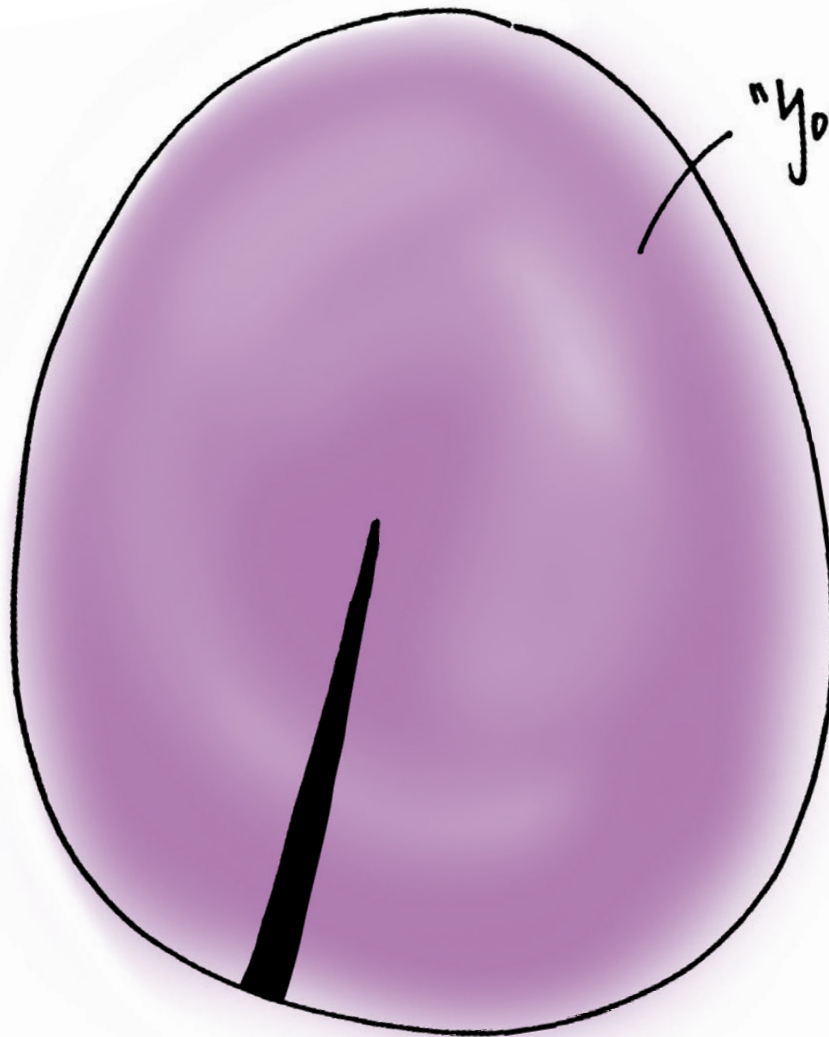
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