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CVC Educator Sarah Wooten, DVM
Sheep Draw Animal Hospital

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Vetted (USPS 535170, ISSN print: 2469-3987 Online: 2469-3995) is published monthly by UBM Americas, Veterinary, 131 West First St., Duluth, MN 55802-2065. One year subscription rates: \$60 in the United States and Possessions; \$72 in Canada and Mexico; \$97 in all other countries. Single issue orders: \$18 in the United States and Possessions; \$22 in Canada and Mexico; \$24 in all other countries. Periodicals postage paid at Duluth, MN 55806 and additional mailing offices. POSTMASTER: Please send address changes to Vetted, P.O. Box 6087, Duluth, MN 55806-6087. Canadian GST Number: R-124213133RT001. Publications Mail Agreement Number: 40612608. Return undeliverable Canadian addresses to: IMEX Global Solutions, P.O. Box 25542, London, ON N6C 6B2, Canada. Printed in the U.S.A. © 2017 UBM. All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical including by photocopy, recording, or information storage and retrieval without permission in writing from the publisher. Authorization to photocopy items for internal/educational or personal use, or the internal/educational or personal use of specific clients is granted by UBM for libraries and other users registered with the Copyright Clearance Center, 222 Rosewood Dr., Danvers, MA 01923, 978-750-8400 fax 978-646-8700 or visit <http://www.copyright.com> online. For uses beyond those listed above, please direct your written request to Permission Dept. fax 440-756-5255 or email: mcannon@advanstar.com. UBM Life Sciences provides certain customer contact data (such as customers' names, addresses, phone numbers, and e-mail addresses) to third parties who wish to promote relevant products, services, and other opportunities which may be of interest to you. If you do not want UBM Life Sciences to make your contact information available to third parties for marketing purposes, simply call toll-free (866) 529-2922 between the hours of 7:30 a.m. and 5 p.m. CST and a customer service representative will assist you in removing your name from UBM Life Sciences' lists. Outside the United States, please call (218) 740-6477. Vetted does not verify any claims or other information appearing in any of the advertisements contained in the publication, and cannot take responsibility for any losses or other damages incurred by readers in reliance on such content. Publisher assumes no responsibility for unsolicited manuscripts, photographs, art, and other material. Unsolicited material will not be returned. Address correspondence to Vetted, 8033 Flint, Lenexa, KS 66214; (913) 871-3800; e-mail dvm360@advanstar.com. To subscribe, call toll-free 888-527-7008. Outside the U.S. call 218-740-6477.



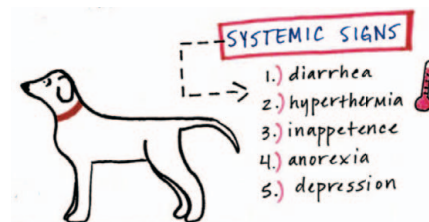
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CVC sneak peek

Check out these CVC doodles for a sneak peek of speakers and topics you can catch at a CVC near you.

Hypertrophic

osteodystrophy is just one of many developmental orthopedic diseases that David Dycus, DVM, MS, DACVS, CCRP, will cover in his CVC session "It's a puppy, what could go wrong?"



Toxic teams—

A crash course in the antidote

In a recent dvm360 survey, 92 percent of respondents said they've worked on a toxic team, and 66 percent said their toxic team affected patient care. Explore the data and solutions at CVC with Oriana Scislowicz, BS, LVT.

End-of-life care

"The art of euthanasia and the science of death" offers tips to not only assist death, but also to do good and profound work with the process as well, with Lap of Love Hospice and Euthanasia cofounder Dani McVety, DVM.



Needs care, no \$\$:

What to say when clients can't pay

"We're moving toward more awareness about depression and suicide, and how clients who can't pay affect mental health and team turnover," says CVC speaker Dani Russ, LVT, BS, BA, AS. Join her to open the dialogue for solutions at CVC.

Check out these doodles and other great visual notes from future and past CVC sessions at dvm360.com/cvcdoodles.

CVC Virginia Beach: May 18-21

CVC Kansas City: August 25-28

CVC San Diego: December 7-10

To learn more about CVC or to register, visit thecvc.com.

THE PICKS

(what we care about now)

Squirt a little 'magic' in that hissing cat's mouth

Veterinary anesthesia and analgesia expert Tasha McNerney describes how to deliver kitty magic to particularly peevish cats.

Kitty magic, a cocktail of dexmedetomidine, ketamine and butorphanol, is something that people are using in practice a lot. But I think it's important to note that kitty magic sometimes gets a bad rap," says CVC educator Tasha McNerney, BS, CVT, CVPP, VTS (anesthesia and analgesia). "While it's certainly not as nuanced as titrating a specific IV anesthesia, for fractious cats or for cats that are scared out of their minds, the drug combination in kitty magic can provide good analgesia."

According to a 2016 paper from Cornell University (available on the university's website), the drug cocktail may be made with equal volume dexmedetomidine (0.5 mg/ml), ketamine (100 mg/ml) and butorphanol (10 mg/ml). (McNerney uses buprenorphine instead of butorphanol, but she says either one works.) The recommended dosage is 0.035 ml/kg for ill patients and 0.065 ml/kg for healthy patients, and the mixture should take effect within five to 10 minutes, the paper says. Kitty magic can be stored at room temperature for up to two months.

"Kitty magic can be given via intramuscular injection when the cat is calm enough," McNerney says. But that doesn't work for particularly anxious or agitated felines, so McNerney offers another option: "Because all of these drugs are well absorbed transmucosally, we give these cats a double dose by attaching a catheter to the end of a syringe and squirting the drugs into their hissing mouths. They are usually subdued within 20 minutes."

SPEAKING OF PAIN ...

Dr. Andy Roark and Tasha McNerney talk about the pain veterinarians inadvertently cause technicians at their dvm360 Full Circle session "Top traps that vets set for techs" at CVC Kansas City, August 25 to 28. Visit thecvc.com/kc to learn more.



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Check your gender bias

The veterinary profession is more and more female-dominated, so do you think you see men and women as equals in scientific and leadership skills? CVC presenter Karen Bradley, DVM, past president of the Women's Veterinary Leadership Development Initiative (WVLDI), recommends putting yourself to the test—self-test that is—by participating in Harvard University's Project Implicit. Hear more about it and how Dr. Bradley says you can take what you learn about yourself and apply it to everyday practice at dvm360.com/genderbias.

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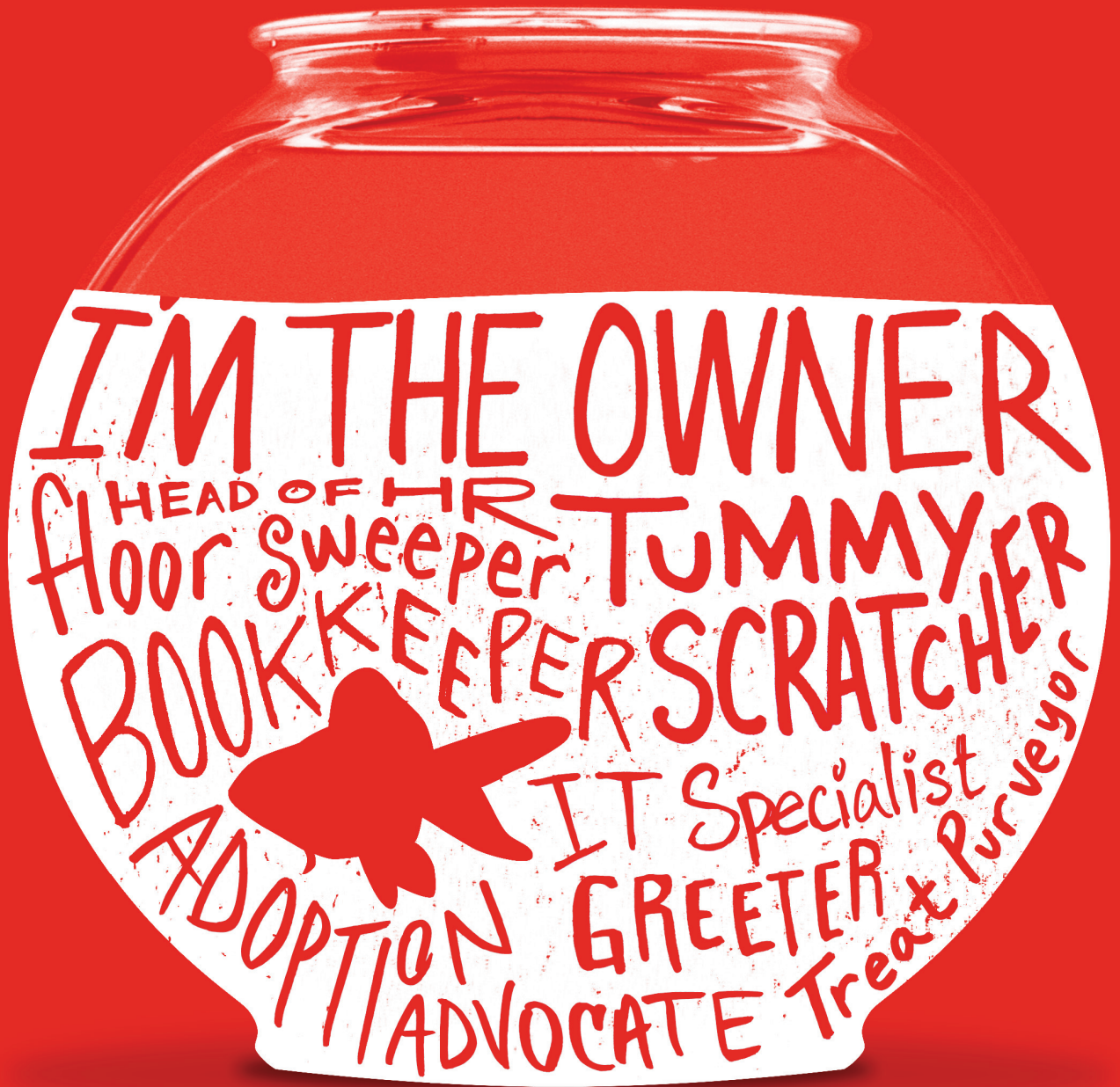
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The client can't pay. Your technician's in financial hot water. And everyone's looking for a discount. When do you push back at the chronic takers and the emotional drainers? CVC educators Drs. Sarah Wooten and Kimberly Pope-Robinson offer humor and perspective to help you stop owning every team and client problem personally at dvm360.com/circusmonkeys (use the QR code to watch now). Then catch Drs. Wooten and Pope-Robinson talking about gender equality and emotional well-being live at CVC Kansas City, August 25-28. Visit thecvc.com/KC to learn more.





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Busting out the big question:

Is corporate medicine better or worse for pets?



The dvm360.com editors analyzed data, mined our shared market knowledge and had many long (like really, really LONG) meetings about how we'd address the issue of corporate medicine, especially in light of recent events, like the Mars-VCA merger.

In the end, we decided it was best to ask our “brain trust” for their real-life experiences and perspectives. We created a panel made up of regular contributors, new faces and industry veterans, who together create a spectrum of voices that represent the many angles of this issue. Three elements kept rising to the top of our minds: corporate-mandated medical protocols, patient care and client satisfaction. So we asked our panel to discuss it all—here are their opinions. (P.S. Got beef with any of this? Tell us. Email vetted@ubm.com.)

dvm360
leadership
CHALLENGE
Go Your Own Way

Overall, in my experience at corporate practice, *patient care suffered*.

—Kat Hodes, DVM

Being part of a corporate practice has advantages. One is *lower overhead and greater purchasing power*, providing that practice a higher profit margin. This allows the practice to purchase additional medications to stock for the clients, new diagnostic tools, cheaper in-house blood work, in-house ultrasound machines, or new CT or MRI for specialty hospitals. These savings allow for better medical care.

—Garret Pachtinger, VMD, DACVECC

Private practices interested in successfully competing against corporations should stop dismissing the medicine and client service that corporations provide as inferior. *Corporations don't recruit their employees from some "evil vet professional" pool*. The people working in corporate veterinary practices possess the same compassion, integrity and concerns for patient and client well-being as those that work in private practice.

—Bash Halow, LVT, CVPM

We asked:

Do you think patient care suffers or is improved in corporate practice?

Patient care improves. I don't think there's room for it to suffer.

You can't really be a big player, [with] five, 10, 20 hospitals or more, without being pretty careful about the level of care you provide. You could argue that quality of care suffers if the staff morale suffers [after a corporation buys a private practice]. If you don't have the same positive vibe as before, that's a possibility.

—Jeff Rothstein, DVM, MBA

**We asked:
In practices with mandated medical protocols (speaking directly about corporate practices that do this)—what is the effect on patient care practices?**

I know some in independent practice have an idea of corporate practice as "cookbook" medicine, and I guess that's OK as long as the cookbook is complete and the patient's needs are applicable. As long as professional judgment is guided by evidence and the scientific method, it ought to be employed on a daily basis. Short of this, *judgment can be a tricky thing*, depending on who's employing it.

—Ryan Gates, DVM

The expectations at Banfield are intended to help the doctor ensure the pet's safety in providing gold-standard care. *I had a devastating experience during my time in independent practice.* The pet stopped breathing during surgery, but because the necessary precautions weren't in place before anesthesia, we weren't able to revive that pet. If anything, standards of care in this case could have helped us avoid the lapse in judgment and state of panic that ensued—and ultimately could have prevented this particular pet's death. From my perspective, expectations and guidelines in any type of practice help doctors exercise sound judgment when compromised.

—Kimberly-Ann Therrien, DVM, vice-president of veterinary quality at Banfield Pet Hospital

If the protocols are essentially checklists designed to help a veterinarian with their history-taking and consistently perform a thorough physical examination, then I think *such practices are necessary*. If such protocols are designed to require a veterinarian to make certain diagnostic or therapeutic choices on algorithms not backed by evidence-based criteria, then such practices could—and likely do—contribute to poor patient care (excessive, unnecessary, expensive and potentially harmful) while minimizing the training and experience of the clinician.

—Dave Bruyette, DVM, DACVIM

MEET OUR PANEL



Bash Halow, CVPM, LVT



Greg Nutt, DVM



Elizabeth Noyes, DVM, PhD*



Jessica Goodman Lee, CVPM*



Dave Bruyette, DVM, DACVIM



Garrett Pachtinger, VMD, DACVECC



Kimberly-Ann Therrien, DVM



Ryan Gates, DVM



Kat Hodes, DVM



Jeff Rothstein, DVM, MBA



Sarah Wooten, DVM*



Oriana Scislowicz, BS, LVT*

*These individuals aren't quoted in this article, but did contribute to other articles in this package. Go to dvm360.com/goyourownway for more.



firstline.



dvm360 dives deep into the top 12 things corporations look for in a practice and how many practices are corporate-owned. We offer a guide to practice ownership options and survey results on corporate practice opinions. Then we ask, should you fear the corporate boogeyman? And who will buy rural and remote practices?

As the leadership of veterinary medicine changes, so do the people who are choosing to own practices. For veterinary teams, this means a broader variety of potential types of practices to work in, including corporately owned practices. It's also opened up avenues for team members to own. *Firstline* offers a closer look at what this changing landscape means for the veterinary team.

We asked:
Do you think clients have a different overall experience in corporate practice vs. independent practice? Is it better or worse, and why?

Having previously worked at a large corporate practice and now seeing former clients and patients of theirs in my role in independent practice, I think *the client experience is OK, but not great*. And the doctor turnover there is probably the worst part for client experience—they never can count on seeing the same doctor.

—Dr. Hodes

I do think that *veterinarian-client time can be limited* [in corporate practice], especially in the cluster scheduling model. It's hard to focus in an exam room when you know you have three more rooms that are waiting for you.

—Sarah Wooten, DVM

As an independent practice owner, *I never see the clients who are thrilled with the corporate experience*. I've seen the client who has, through a "plan," purchased tests, treatments and vaccines that the patient doesn't need. I've seen the potential client who wants a second opinion but doesn't want to pay for it because they've already paid for a health plan elsewhere. And I've seen the client who just wants the personal feel of a small, community-oriented healthcare team.

—Dr. Gates

If you compare well-run, up-to-date practices, both independent and corporate, I think *most clients feel more of a connection* to the independent practice—those who have skin in the game and are committed to the community.

—Greg Nutt, DVM

Your turn...

Disagree with the opinions presented here? We want to know! You can always email us. And find more coverage on the increasingly corporate face of veterinary medicine (PLUS exclusive online articles) at dvm360.com/goyourownway.



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¹ Straubinger RK, Chang YF, Jacobson RH, Appel MJ. Sera from OspA-vaccinated dogs, but not those from tick-infected dogs, inhibit *in vitro* growth of *Borrelia burgdorferi*. *J Clin Microbiol*. 1995;33(10):2745-2751.

² Rice Conlon JA, Mather TN, Tanner P, Gallo G, Jacobson RH. Efficacy of a nonadjuvanted, outer surface protein A, recombinant vaccine in dogs after challenge by ticks naturally infected with *Borrelia burgdorferi*. *Vet Ther*. 2000;1(2):96-107.

³ Probert WS, Crawford M, Cadiz RB, LeFebvre RB. Immunization with outer surface protein (Osp) A, but not OspC, provides cross-protection of mice challenged with North American isolates of *Borrelia burgdorferi*. *J Infect Dis*. 1997;175(2):400-405.

Is your demodicosis knowledge a bit (c)rusty ?



You 'mite' as well read up, because veterinary dermatologist Dr. Allison Kirby says a lot has changed in the past six years.

By Sarah J. Wooten, DVM



How much has changed in the treatment of demodicosis since *Veterinary Dermatology* published clinical practice guidelines in 2011?¹ According to CVC educator Allison Kirby, DVM, DACVD, a lot.

Demodex species details

Demodex species, a follicular mite, is considered normal microfauna in dogs. A T lymphocyte defect specific for *Demodex* species mites in the skin's immune system is what allows the mites to proliferate in the hair follicles and cause those signs of disease we all know so well.

Juvenile onset of demodicosis usually develops when the puppy is between 3 and 18 months of age. Genetics may play a role in these cases as certain breeds appear to be predisposed. Any kind of stress, such as malnutrition, anesthesia and estrus, can cause juvenile-onset cases to worsen. And any other concurrent endoparasitism will make it more difficult for juvenile-onset puppies to clear the mites on their own.

Dr. Kirby typically classifies adult-onset demodicosis as occurring in dogs that are 4 years and older. In these cases,

she looks for underlying causes for immunosuppression, particularly Cushing's disease, hypothyroidism, diabetes, chemotherapy or any type of neoplasia. Adult-onset demodicosis has also been seen in dogs treated with corticosteroids, oclacitinib (Apoquel—Zoetis) and cyclosporine (Atopica—Elanco).

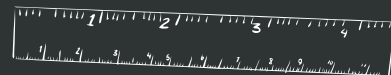
Even though you won't find an underlying cause in half of the adult cases you see, Dr. Kirby says it's still a good idea to screen for a cause of immunosuppression in an older dog presenting with diffuse or generalized demodicosis that isn't receiving any medications that can predispose them to the condition (e.g. corticosteroids).

Mite morphology

There are three types of *Demodex* mite: *Demodex canis*, *Demodex cornei* short-bodied mite (which some people think is just a variant of *D. canis*) and *Demodex injai*, which is a long-bodied mite that tends to be dorsally distributed, says Dr. Kirby. Current research suggests that all three may be different strains of the same species, and beyond academic interest, the mites are all treated the same way.

Fun fact

Because *Demodex* species is transmitted from mother to pup through nursing, puppies born by cesarean section that do not nurse will not get the mite.



Localized vs. generalized

According to Dr. Kirby, when a patient has only a few (less than six) areas of alopecia and scaling and when mites have been discovered via skin scraping, it's called localized demodicosis. But when a patient has many localized lesions or either an entire body region or two or more feet that are involved, it's considered to be generalized.



Client-friendly scrapes

You can use scalpel blades for the skin scrapes, but if you want to be more client-friendly, try a scraper spatula. They are cheap and may be more palatable to squeamish clients.

GET UP TO SCRATCH

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A mite-y client handout

Educate pet owners about this nasty condition with the free client handout at dvm360.com/mange.

Now that you've scratched the surface ...

Go a little bit deeper with Dr. Paul Bloom's CVC session "What's new about demodicosis in dogs" on Saturday, August 26, in Kansas City. Visit thecvc.com/KC to learn more or to register now.



The mark of the mite

The clinical signs of demodicosis are varied. See lesions causing hair loss, erythema, crusting and swelling on the face and paws of puppies? Scrape! See some of the more severe clinical signs, such as draining tracts, furunculosis, ulcerations or severe pyoderma? Scrape! See black-heads on the paws? Scrape! Follicular casting? Scrape! Itchiness? Scrape! Dorsally distributed greasiness on a Westie or other terrier? Scrape! (*Demodex injai* causes greasiness. Who knew?)

Diagnosing demodicosis

Skin scraping is still the easiest, quickest and cheapest diagnostic test available. Scrape three to five 1-cm sites in different locations, and always include the face and the feet, even if you don't see any lesions. Perfectly normal-looking skin can be harboring mites. Avoid scraping ulcerated areas. Aim for crusted, papular or pustular areas instead and scrape until you get some capillary ooze (hopefully a sign you've gone deep enough). Dr. Kirby also recommends squeezing the skin to help increase your yield and trimming long-haired dogs in the areas you want to scrape.

To save time, Dr. Kirby puts all scrapes from all locations on the same slide. If *Demodex* species mites show up on the slide, she can go back and separate the locations, if necessary. For animals with lesions around the eyes and those that are particularly fractious or wiggly, Dr. Kirby offers two alternatives: trichograms and tape preps. When performing the former, she plucks at least 20 hairs from a location, grasping the hairs by their roots to avoid breakage. For tape preps, Kirby has found success with acetate tape and performs 10 strippings per area. She mixes the sample with mineral oil and uses 4x or 10x magnification to best visualize

mites. Dr. Kirby recommends lowering and partially closing the microscope's condenser to lower the contrast and better see organisms.

When looking at the slides, Dr. Kirby records the numbers of mites, the life stages present (e.g. eggs, larvae, nymphs, adults) and whether they are dead or alive. (Hint: If the legs on the little "cigars" are wiggling, they're alive.)

While skin scrapes, trichograms and tape preps are diagnostic on many dogs, some breeds can present more of a diagnostic challenge, Dr. Kirby says. *Demodex* species can be hard to find on Old English sheepdogs, and shar-peis with pododermatitis can have notoriously thick, scarred skin that refuses to give up a single mite. For these animals, and for animals in which treatment fails, Dr. Kirby recommends performing skin biopsies. Give the laboratory a leg up by writing "negative serial skin scrapes" in the history.

Now that you've ID'd demodicosis, what's the best treatment? There are new developments in this area as well, including a whole new set of drugs shown to be effective—the isoxazolines. Get all the details on how to help patients at dvm360.com/treatdemodicosis.



CVC educator Dr. Sarah Wooten, a member of the American Society of Veterinary Journalists, divides her professional time between private practice at Sheep Draw Veterinary Hospital in Greeley, Colorado, and writing articles and filming video content for various media outlets. In addition to her adventures in veterinary medicine, she also owns a tea tavern.

Reference

1. Mueller RS, Bensignor E, Ferrer L, et al. Treatment of demodicosis in dogs: 2011 clinical practice guidelines. *Vet Dermatol* 2012;23:86-96.



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Is the physical exam toast?

In our 24/7 world of technologies fighting for your attention, here's one colleague's thoughts on slowing down to take in the unparalleled perspective this hands-on art provides for your veterinary patients.



Preventive care plans: Client communication scenario protocols

Client communication is the key to ensuring that your clients are informed and engaged. It's also the key to ensuring that your clients are satisfied with the care they receive. This is why it's so important to have a clear and concise communication protocol in place. This protocol should be used to ensure that your clients are informed and engaged at every step of the process. This protocol should be used to ensure that your clients are informed and engaged at every step of the process.

- For an example, communication flow charts should be used for the following scenarios:**
- 1. When a client calls to schedule an appointment
 - 2. When a client calls to inquire about a service
 - 3. When a client calls to inquire about a product
 - 4. When a client calls to inquire about a procedure
 - 5. When a client calls to inquire about a medication
 - 6. When a client calls to inquire about a vaccine

Go with the flow

When giving clients information on the preventive care plans you offer—and their many benefits—it's crucial to cover all the necessary details. This sample flow chart will help you create phone protocols for any client communication situation. Get it at dvm360.com/preventiveflow.

Editors' note:

In 2008, Dr. Robbins wrote an article for Veterinary Medicine on the dying art of the physical examination in veterinary practice—new technology making the actual contact time with the patient cursory at best, its de-emphasis in veterinary school, and more. It's been nine years, and technology continues to diminish the importance of the physical exam compared with other forms of testing, let alone general assessment during a wellness exam. We thought it was time to revisit this vital touchpoint and asked Dr. Robbins for his continued thoughts.

As veterinary medicine continues to evolve, we are faced today with technologic advances that not only challenge the traditional ways we diagnose disease but also how we interact with our patients. In an era of rapid technologic growth, it is easy for clinicians to become more reliant on laboratory tests and advanced diagnostic modalities that are widely available and promise greater insight into disease processes.

However, with the overreliance on technology comes the possibility of devaluing the physical exam. An example of this is in the area of telemedicine. Although telemedicine affords the clinician the opportunity of remote consultation, it has the potential for eliminating the performance of a physical exam altogether. By neglecting the physical exam completely in the diagnostic workup of a patient, clinicians risk misdiagnosing and mismanaging cases.

Although new technologies allow veterinarians to explore parts of the body that they can't examine any other way—they don't give the whole picture. Technology can't feel where an abdomen is tender or discern clues about how a patient feels from the look on its face. Technology should be viewed as an extension of the physical exam rather than a replacement.

We still must remember that beyond its historical and ritualistic significance, the physical exam is still a diagnostic modality that requires only the hands, eyes, ears and mind of a veterinarian. It allows us the opportunity of seeing patients and helps to develop and strengthen the veterinarian-client-patient bond. The physical exam can help to guide patient therapy and be vital for assessing prognosis. It is also a vehicle for teaching clinical reasoning and bedside manner. It gives students the opportunity to not only practice their practical skills but also to interpret them and make clinical decisions.

As a profession we must not abandon the physical exam for the sake of technology. Instead we need to embrace both of them and remember that practicing veterinary medicine starts at the bedside with observing, examining and connecting with our patients.



Dr. David Robbins is a small animal practitioner with more than 30 years of experience in the veterinary field. He is the medical director of VCA West Bernardo Animal Hospital in San Diego, California.



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References: 1. Data on file, Study Report No. C863R-US-12-018, Zoetis LLC. 2. Gonzales AJ, Humphrey WR, Messamore JE, et al. Interleukin-31: its role in canine pruritus and naturally occurring canine atopic dermatitis. *Vet Dermatol.* 2013;24(1):48-53. doi:10.1111/j.1365-3164.2012.01098.x. 3. Data on file, Study Report No. C362N-US-13-042, Zoetis LLC. 4. Data on file, Study Report No. C961R-US-13-051, Zoetis LLC.

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HELPFUL STUFF

Fight fleas with this peanut allergy analogy (yes, really)

Real talk: There are more than 2,000 species and subspecies of fleas, and dogs and cats can be the transient host for any of these species. Alas, we know you have clients who refuse to believe that fleas are a real problem for their pets.

Here's where the genius of Allison Kirby, DVM, DACVD, of Animal Dermatology Clinic in Marina Del Rey, California, comes in: The next time you're speaking with a client who doesn't "believe" that fleas can affect their pet, use a peanut allergy to help them grasp the concept.

If a person is allergic to peanuts, one peanut may touch their food and they will have a reaction. That person may have never even needed

to see the peanut to know what happened. Which, really, when you think about it, is just like fleas. You don't need to see them to know they're there. Remind clients that just like with peanuts, we can't create an invisible force field that kills every flea before it jumps onto the pet.



Hot tip!

Be sure to ask for a thorough dermatologic history of the pet. Repeat the history back to the client and wait for the client to validate that you have the story straight.

Download a free dermatology history form at dvm360.com/dermhists.



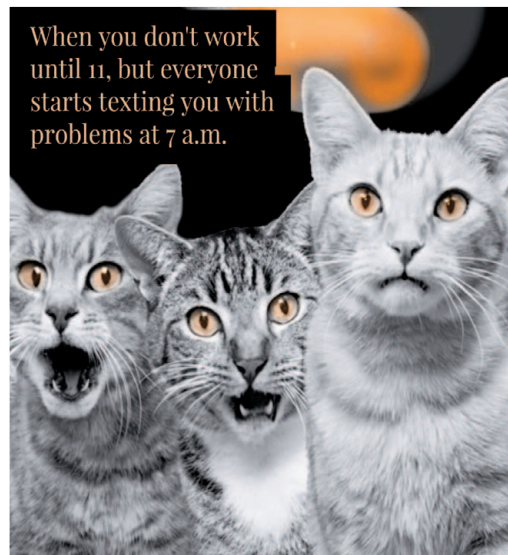
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The study's dogs had five consecutive days of music piped into the kennels for six hours a day. Each day a different genre of music (soft rock, Motown, reggae, pop or classical) was played, and the genres were randomized for different dog groups.

During periods where music was played, dogs spent more time lying down and had significant changes in heart rate, indicating lower stress levels. Interestingly, statistically significant differences between genres was minor—soft rock and reggae appeared to have the most positive effect on behavior, while Motown had the least.

Go to dvm360.com/pipe for more info about this study from Lara Bartl, DVM, DABVP.



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¹Pereira GG, Fragoso S, Pires E. Effect of dietary intake of L-tryptophan supplementation on multi-housed cats presenting stress related behaviours, in *Proceedings BSAVA* 2010.

²Beata C, Beaumont-Graff E, Coll V, et al. Effect of alpha-caseozepine (Zylkene) on anxiety in cats. *J Vet Behav*. 2007;2(2):40-46.

³Kruger JM, Lulich JP, MacLeay J, et al. Comparisons of foods with differing nutritional profiles for long-term management of acute nonobstructive idiopathic cystitis in cats. *J Am Vet Med Assoc*. 2015;247(5):508-517.

⁴Lulich JP, Kruger JM, MacLeay JM, et al. Efficacy of two commercially available, low-magnesium, urine-acidifying dry foods for the dissolution of struvite uroliths in cats. *J Am Vet Med Assoc* 2013;243(8):1147-1153. Average 27 days *in vivo* study in urolith forming cats.

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Hospital design

How to live the dental suite life

Thinking of adding a separate dental area? Consider these tips. *By Heather E. Lewis, AIA*

Focus on location, location, location. Dental procedures can get pretty messy. And because pets usually have more anaerobic bacteria in their mouths than people do, we can assume the gunk coming out isn't clean. With this in mind, keep dental suites away from surgery or induction areas. If your practice performs a lot of dental procedures, it's best to put the dental suite in a separate alcove or room.

Exhaust your suite. Install a switch-operated exhaust fan with a timer over the dental exam table. The fan should be able to handle 250 to 300 cubic feet per minute, and you can set the timer so that it only runs for the duration of the dental procedure. If an exhaust fan isn't an option, lay out the room's airflow so that the air return vent is over the table and the air supply vent is somewhere else in the treatment space.



The dental suite at Boulevard Veterinary in Chicago, Illinois, is housed in a separate room. (Photo courtesy of Aaron Gang, Aaron Gang Photography)

Get a two for one. Once dentistry has its own space, you can add a table or two. If you place a radiography machine between two tables and position it properly, it can serve both spots.

Don't pass on glass. Outfit the dental suite with glass so doctors and the team can see out to the treatment space. Bonus: You can use the dental suite as a backup treatment area for dirty procedures (e.g., wound treatments) when it isn't being utilized for dental procedures.



Heather Lewis, AIA, NCARB, is a partner at Animal Arts, an architecture firm in Boulder, Colorado.

The dental suite at Pet Wellness Center in Effingham, Illinois, has two tables with a dental radiography machine in the middle. (Photo courtesy of Nathan Loker, Loker Photography)



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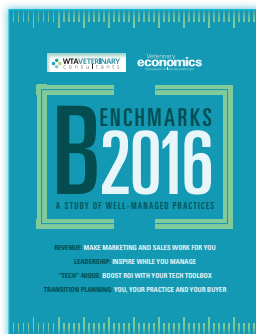


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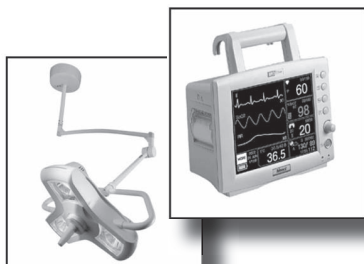
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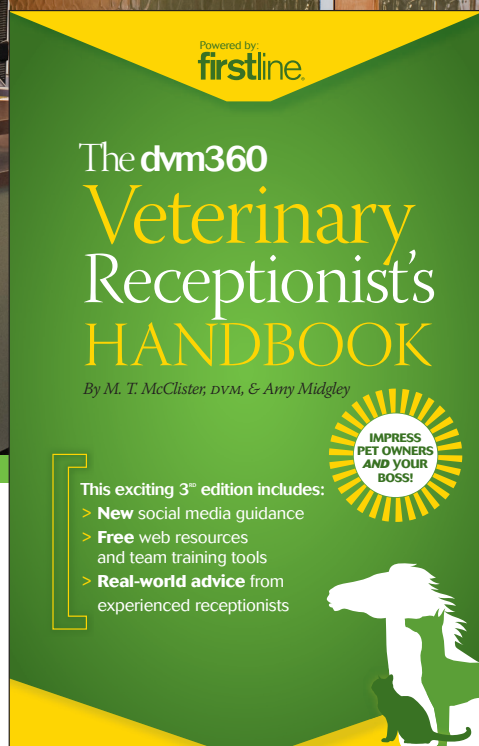


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Seeing the negative,—what's wrong—is often easier for us than seeing the positive. Lamenting and worry about the choices we made and the costs of those choices always overwhelm our awareness of the positive benefits of those choices.

We chose to highlight a few submissions to the Vet Confessionals Project that had to do with corporate medicine, practice ownership and ... you guessed it: money. These are tough topics, but don't get lost in your emotions and worries about how the world of veterinary medicine is changing. Realize you're not alone in those worries and then educate yourself about where you fit in ... and then *go your own way*.

(And find more confessions at dvm360.com/vetsconfess.)

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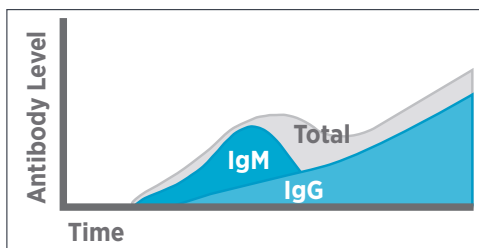
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Adapted from: Tizard IR. *Veterinary Immunology—An Introduction*. 5th ed. Philadelphia: W B Saunders Co; 1996: fig 135, and Greene C. "Leptospirosis." *Infectious Diseases of the Dog and Cat*. 4th ed. St. Louis: Elsevier; 2012: 431-447.

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