VOLUME 112, NUMBER 7

July 2017

UBM

Vetted™

VetEc + VetMed, shaken not stirred

"Is my dog **playing** or **fighting?"**
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your parasite preventives
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Shaving the cat was the easy part

You've got ultrasound questions, we've got answers.
p 20

Continuing education that inspires.

"This was my first year speaking for (and attending) the CVCs and frankly, I'm blown away. Every part of both the Virginia Beach and Kansas City events was well organized, well attended, personal, and simply fun. They didn't seem too big, too small, they were perfect. It was very exciting to see the engagement your team is inspiring in the profession." — Dani McVety, DVM

Register now, or learn more at www.TheCVC.com/p1.

un CVC conventional

Kansas City, Aug. 25-28 | **San Diego**, Dec. 7-10 | **Virginia Beach**, May 17-20, 2018

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UBM

4 ways to count on happiness in the CVC exhibit hall

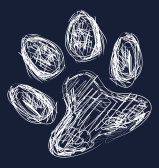
If you (yes, you, oh introverted veterinary professional, you) balk at the idea of walking the aisles of a conference exhibit hall—in the vein of "Eww, I don't want to talk to people!"—think again. Here are four reasons the CVC experience will change all that.

1 You can count on candy

Just look around for the rainbow-filled jar, jam some of that hard candy in your mouth (don't choke) and shrug and nod a lot during the sales pitch.

2 You can count paw prints

Count paw prints on logos on the floor and in booths, in pictures, on shirts and so on. If you're a cat lover and they all seem like dog paws, grouse to your friends or friendly sales rep about how many dog pictures you see instead of cat pictures. What the heck, people?! Cats are HUGE on the internet!



3 You can count your steps

Bust out your smartphone, Fitbit or other device and go to town. Walk up and down the aisles so much the sales reps can ask you about your pets by name.

4 You can count on the exhibitors

There are a lot of companies. Some you'll be super excited about, some you'll be curious about, and some you

won't care about at all. But before figuring out which is which, walk the aisles thoughtfully and let your eye wander and stop at anything that looks interesting. If you ever get bored, ask exhibitors their shoe size, birthday, biggest fear or the name of their favorite kid.

Exhibitors help defray a big chunk of the cost of continuing education at a conference, so be happy you can count on these friendly folks. And find a way to make your exhibit hall experience count for you too. Learn more at **thecvc.com**.

THE GUIDE

July 2017

ENVIRONMENTAL ALLERGIES

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THE PICKS

(what we care about now)

Our dying ocean is not 'entertainment'

Editors' note: This letter to the editor is in reference to a hospital design article that was printed in the April 2017 issue of Vetted.

As an oceanographer and a veterinarian, I was concerned to see the photograph on page 23 featuring what appears to be a saltwater aquarium. As you must know, coral reefs are in distress worldwide, and half are projected to be dead by 2050.

About 90 percent of the fish in saltwater aquaria are wild-caught, and significant numbers never survive to even get to the end user. Hawaii has just passed legislation to phase out aquarium fishing because of the adverse effect of removing herbivores from the reef. If your magazine is going to promote aquaria as "entertainment," please specify that they are for freshwater species that can be aquaculture-raised. Removing reef fish from already endangered habitats should not be for entertainment.

Aloha,
—Diane Shepherd, DVM
Maui, Hawaii

Whi

Mixing paint, paper and fabric, veterinarian Ande Hall highlights what makes animals special.

For artist and veterinarian Dr. Ande Hill Johnson, now Ande Hall, inspiration is found everywhere. From the blooms in her backyard garden, to birds or animals she sees around her Hutchinson, Kansas, home, she's inspired by the visual world around her, striving to create "lively and eclectic contemporary paintings that celebrate life with style, soul and a wink." Her work combines both paint and fabric..

Hall is self-taught and has been painting for five years, making the jump to full-time painting almost a year and a half ago. A lifetime of sewing projects—mostly costumes, but also upholstery, dolls, curtains, and ball gowns—gave Hall a surplus of fabric to work with. While practicing medicine in New Mexico, Hall even sewed her own fenestrated drapes from colorful cotton prints to use while performing low-cost spay-neuters.

"My drapes were so much more fun to look at than the same old hospital blue," she says.

Hall's "Paisley Paws de Deux," was featured on the March 15 cover of the *Journal of the American Veterinary Medical Association*.

"[That painting] is definitely one of my favorites. I like the colors, and I think the piece captures the grace of greyhounds," she says. "I also like the toenails. Both dogs are wearing nail polish, a detail that's only visible on close inspection."

AQUAPIX/SHUTTERSTOCK.COM

PHOTO COURTESY OF DR. ANDE HALL

msical beauty

Hall, above, creates "lively and eclectic contemporary paintings that celebrate life with style, soul and a wink."

The intricate interrelationship of T_4 and free T_4 in diagnosing feline hyperthyroidism

At a recent CVC, Chen Gilor, DVM, PhD, DACVIM, sat down to discuss a few crucial pointers when it comes to diagnosing hyperthyroidism in your feline patients. It's all about the thyroxine (T_4) concentration—are you interpreting it correctly?

Dr. Gilor says the two most common mistakes are:

1. Dismissing the diagnosis of hyperthyroidism in cats that have a normal T_4. It is not unusual for cats with hyperthyroidism to fluctuate in and out of the reference range for T_4. So otherwise if you have a cat that looks like a hyperthyroid cat, a normal T_4 should not be used to rule it out. You probably should just repeat the T_4 later on and most likely it will be abnormal. Another option would be to run a free T_4, and if your T_4 is at the high end of normal and your free T_4 is high in a cat that otherwise looks like a hyperthyroid cat, then that is consistent with a diagnosis of hyperthyroidism.

2. Diagnosing hyperthyroidism in cats by relying too much on free T_4. Your free T_4 is valuable only when the T_4 is at the high end of normal. It is not unusual for cats with other nonthyroidal diseases to have a high free T_4. The specificity of that test is not very high, so do not rely on free T_4 exclusively for making a diagnosis of hyperthyroidism.

Learn more and watch a video by Dr. Gilor at **dvm360.com/T4concentration**.

Best of the updated spay-neuter guidelines

Philip Bushby, DVM, MS, DACVS, is a member of the task force that helped create the updated Association of Shelter Veterinarians' 2016 Veterinary Medical Care Guidelines for Spay-Neuter Programs (find them at **dvm360.com/spayneuterguidelines**). At CVC, we got a chance to talk to him about what he's most excited about in the guidelines. His answer: showing veterinarians and the public in general that high-volume, low-cost spay and neuter clinics are providing high-quality medicine. "The surgeons who work in those clinics are really specialists and they become absolute experts at what they do," Bushby says. Scan the code and watch the video for more.

KOTKOT32/SHUTTERSTOCK.COM

Learn How Dogs "Move" – Inside and Out!

Attend free training on urinary health and combating inflammation!

Saturday, August 26th, 2017, Room #3501 B

8:00 AM – ***Breaking Down the Inflammatory Process*** - Dr. Amy Van Gels

9:10 AM – ***Banishing Chronic Pain*** - Dr. Robin Downing

11:00 AM – ***Helping the Stiff & the Sore: Feline Arthritis*** - Dr. Susan Little

1:30 PM – ***Diagnosis & Surgical Treatment of Elbow, Hip and Stifle Disease in Canines*** - Dr. Amanda Tallant

3:00 PM – ***Inflammation in Periodontal Disease*** - Dr. Heidi Lobprise

5:00 PM – ***The Veterinary Team Approach to Combating Inflammation*** Dr. Ernie Ward

Sunday, August 27, 2017, Room #2209

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

9:30 AM - ***Urinary Tract Infection Treatment and Prevention*** Dr. Gary Oswald

11:00 AM - ***Stuck in the Stone Age: What you need to know*** Dr. Jody Lulich

1:30 PM - ***Chronic Kidney Disease - diagnosis and prevention of progression*** - Dr. Dennis Chew

3:00 PM - ***Urine soiling behavior? Urinary Disease? Making the right call*** Dr. Jeff Nichol

5:00 PM - ***To Pee or Not to Pee, The Sr. Pet Dilemma*** - Dr. Heidi Lobprise

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These courses are also available online at UniversityPRN.com

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"Is my dog playing or fighting?"

Oh, they're just playing … right? It can be tough to discern the difference between dogs having fun and dogs having a fight—especially if one dog is much larger and stronger than the other. This client handout can help clients spot the signs of normal play. It also details causes for concern and what to do when things get aggressive. Scan the code or visit **dvm360.com/playfight** to download a printable copy.

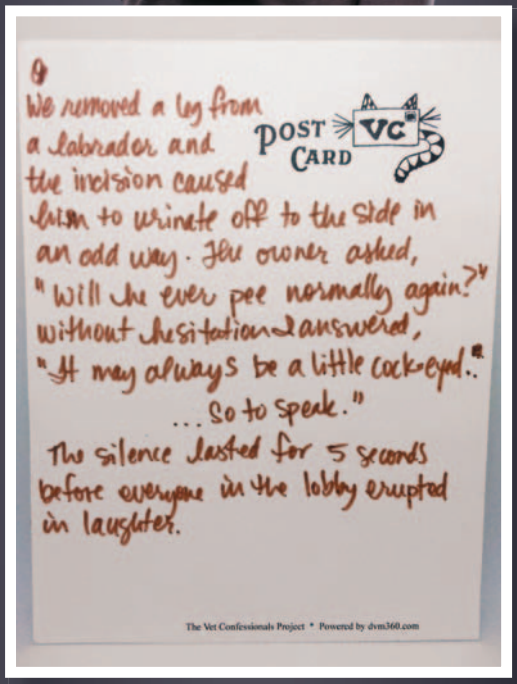

FROM YOUR VETERINARIAN

dvm360

"Is my dog playing … or fighting?"

How to tell the difference between normal play and inappropriate aggression in dogs.

Scan the code to download a copy of this handout for your clients.


We removed a leg from a Labrador and the incision caused him to urinate off to the side in an odd way. The owner asked, "Will he ever pee normally again?" without hesitation I answered, "It may always be a little cock-eyed … so to speak."

POST CARD VC

The silence lasted for 5 seconds before everyone in the lobby erupted in laughter.

The Vet Confessionals Project • Powered by dvm360.com

That "facepalm" moment

"We removed a leg from a Labrador and the incision caused him to urinate off to the side in an odd way. The owner asked, 'Will he ever pee normally again?'

Without hesitation I answered, 'It may always be a little cock-eyed … so to speak.'

The silence lasted for 5 seconds before everyone in the lobby erupted in laughter."

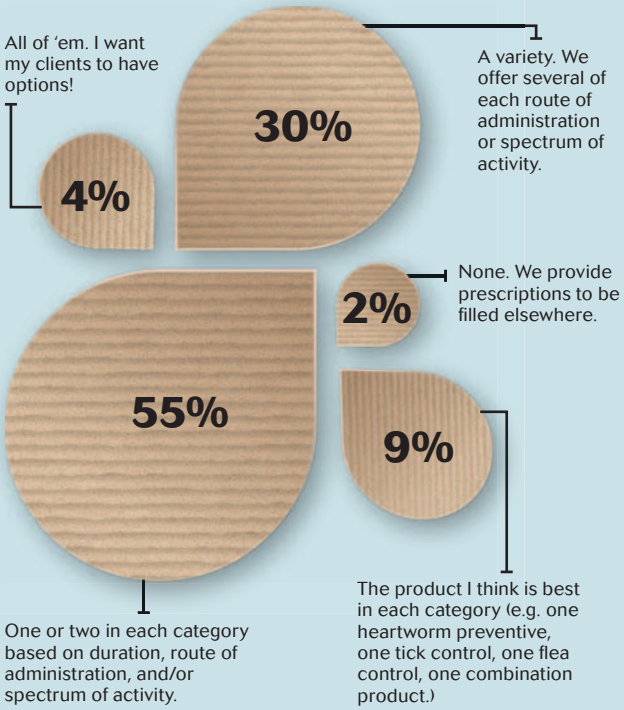
Can't get enough? Read more veterinary confessions at dvm360.com/vetsconfess

MILA ATKOVSKA, CHRIS TEFME/SHUTTERSTOCK.COM

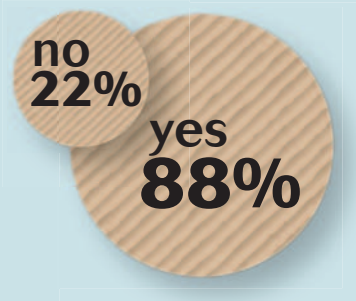
Guarding your parasite preventives

Is it worth the fight to keep parasite preventive sales in your veterinary practice? Respondents to recent dvm360 parasitology surveys weigh in.

When it comes to flea, tick and heartworm prevention products, how many do you carry in your clinic?



Given how easy it is for clients to obtain parasite control outside of the practice, do you believe it's worth it to fight to keep parasite preventive sales in your practice?



Why (or why not)?

"Because we can more effectively track what clients are giving their pets."

"Facts are, small practice simply can't compete with large businesses for cost and variety. Ideally, as the most qualified and credentialed purveyors of veterinary education, we should focus on educating clients so they can make good decisions for their pets and budgets."

"Our guidance optimizes safety, efficacy and compliance. I'm concerned that some OTC products are much less safe."

"We need the margin."

"Convenience, but also because if it's not available at the veterinary practice, it looks like it's not important. There's also a lot of products, and some may not be the best for certain animals, so by having it in clinic it can be better recommended for the patient."

FRAMSOOK/SHUTTERSTOCK.COM

DATA SOURCES: THE DVM360 CLINICAL UPDATES SURVEY ON PARASITOLOGY, FIELDED IN MARCH 2017. THE SURVEY GARNERED 343 RESPONSES WITH A MARGIN OF ERROR OF 5%. FLEA DATA FROM THE DVM360 CLINICAL UPDATES SURVEY ON FLEAS, FIELDED APRIL 2016, WITH 371 RESPONDENTS AND A MARGIN OF ERROR OF 5%.

Full plate?

Sage work-life balance wisdom from Brian Conrad, a flawed but frank veterinary professional.

As a parent, people are always telling me, "It goes by so fast, Brian. Don't miss it." I believe that family comes first, and I've had to really look myself in the mirror a few times to make sure my life reflects that belief.

I take my daughter, Ashlyn, to daycare most mornings, and sometimes when I go in to wake her up, she says, "Snuggle me, Daddy. Snuggle me."

And I'm thinking, "Holy crap! I have an article that's overdue. The hospital's calling because the AC unit isn't working and it's 97 degrees out. I've got a phone conference ... I've got all these conflicting commitments!"

Yet, I'll try to quiet all of these thoughts and ask, "What's really important? This 3-year-old girl wants to cuddle with her daddy. Sorry, commitments."

Time is not on my side

Time management is not my strength. In high school, I was the guy who waited until 2 a.m. the night before the due date to start my project. I deal with stress and deadlines and putting out fires really well, but functioning in procrastination mode wasn't a good method in high school and it hasn't served me well since. I've lost opportunities to advance my career because I kept putting off things until "tomorrow."

As a result, I've use lists and timetables in an attempt to "roadmap" myself. This has helped me carve out time for my family too, though I'll admit that doing so sometimes requires all-nighters to catch up on work.

The golden rule of new commitments

I'm trying to learn that it's OK to say no in order to avoid overcommitting myself. Before saying yes to anything new, I ask myself, "Can I be passionate about this?" If I can, I move forward.

Brian Conrad, CVPM, is a practice manager, a writer, a CVC educator, the president of the Veterinary Hospital Managers Association, a husband and the father of a toddler. And while he would be the first to admit that he isn't always a model of perfect work-life balance behavior (thanks in part to a proclivity for procrastination), we trust him enough to ask him to speak at CVC year after year—his advice is just so good! Catch him at CVC Kansas City this August. Go to **thecvc.com/kc** *to learn more.*

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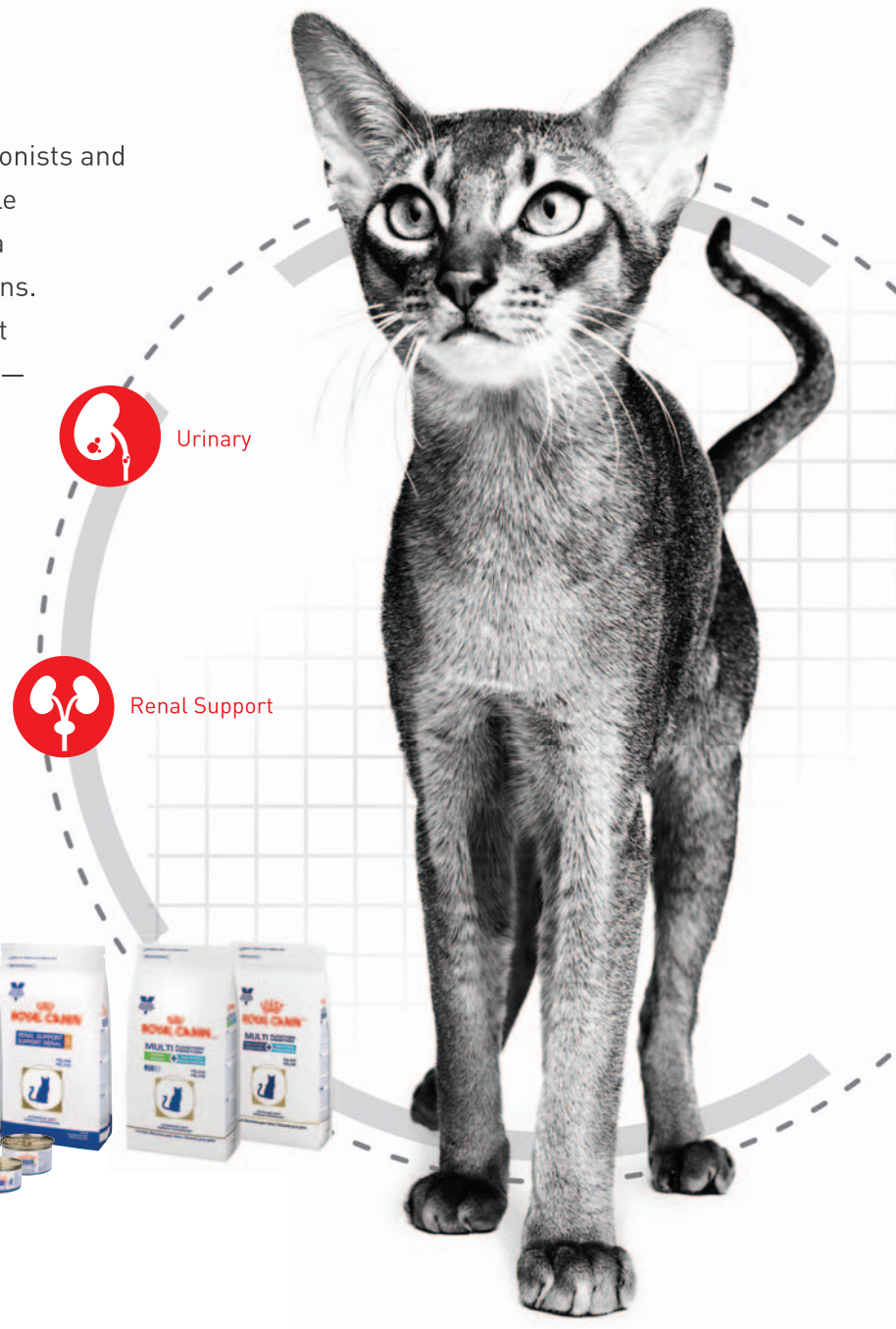

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Featured Formulas:

Don't be a bonehead

Help clients hear your fracture management recommendations

Bone is pretty amazing tissue—constraining and directing the forces of muscle, and adapting under heavy loads. So, can you apply that metaphor to your client communication? Veterinary surgeon Dr. David Dycus explains how poor communication led to one super smelly cat, and he offers tips to get clients to follow your fracture management recommendations.

CAM BARKER/GETTY IMAGES

When David Dycus, DVM, MS, DACVS, CCRP, walked into the exam room for his four-week recheck of a cat with a tibial fracture, he was assaulted by a horrible smell. And he knew it was all his fault. Here's the story.

"This was a cat that came in with a severely comminuted tibial fracture that we opted to fix with an external fixator. And when we arrived at the decision for external fixation, I had had a lengthy in-depth discussion with the owner about care of external fixators, what we expect postoperatively, the daily maintenance, the bandage changes and the things that are involved on the owner's end. And the owner's like, 'Yup, yup, got it … I understand all this.' And I felt pretty confident.

"We get out of surgery, and I was pretty happy with how everything looked. I called the owner and said, 'We got everything put together; it went well.' Then I continued explaining the care involved for the external fixator.

"Our discharge instructions are very straightforward; we have set discharge times, and the pet owners sit down with our discharge team for a normal appointment, where they go over everything again.

"The problem was the cat owner couldn't make the discharge appointment, so she sent her sister. So, we go over everything with her sister. At this point I'm thinking, *OK, the cat owner has heard it from me twice, the sister's heard it. Multiple people have heard how to take care of this.*

"We gave the sister the cleaning solution. I don't know if the sister just wasn't paying attention or what, but when she took the cat back to Mom, she left the discharge instructions and cleaning solution in her car.

Scan the code to hear the case in Dr. Dycus' own words.

The No. 1 veterinary **physical rehabilitation modality**

Debra Canapp, DVM, CCRT, CVA, DACVSMR, co-owner and medical director of Veterinary Orthopedic and Sports Medicine Group in Annapolis Junction, Maryland, didn't hesitate when we asked about her favorite form of physical rehabilitation in pets. Lasers! Which type to get and in which cases to use it? Dr. Canapp has some advice.

Scan the code to watch the video now or visit **dvm360.com/rehabmodality.**

"And then we didn't really hear from the cat owner again until it was time for the four-week recheck. We walk into the exam room to this horrible odor. As I said, 'What is that smell?' I was just thinking, *Oh, crap.*

"So then, we started talking to the cat owner, and basically, she either didn't hear what I said or didn't understand and she never got a copy of the discharge instructions. She knew the cat was supposed to be confined, so she kept the cat confined—in its carrier, for four weeks. She never changed the bandage, never cleaned it, never really looked at it. She said, 'You know, it started stinking a few days ago, but we were almost to the four-week recheck, so I figured we would just wait.'

"We took the bandage off, and the whole area where the incision was had necrosed, there was bone exposure, implants exposed and necrotic tissue around the wound. This was a combination of A) poor owner compliance or B) poor communication for perceived owner compliance."

Next time you're in a similar situation, think about two things:

>> **Pet owners' emotional state.** Did the dog just get hit by a car? Chances are, you're going to need to work harder to get them to understand what the pet needs for aftercare.

>> **Pet owners' husbandry skills.** For example, how willing is the owner to keep the dog confined?

After those two considerations, Dr. Dycus tailors his recommendation to guide the pet owner through the at-home care steps.

One final tip? Dr. Dycus never says, "This is how I'm gonna fix it." He might look at a radiograph and say, this is a great candidate for bone plates and screws, but he gets into surgery and realizes there are fissures he couldn't appreciate on the radiograph. Now he's in a bad position and has to tell the pet owner that the agreed-upon course of treatment won't work. This leads to questioning, confusion and unhappiness for the pet owner.

Instead, Dr. Dycus presents options, allowing for the possibility that some techniques might not be possible once the surgery's started. He assures clients that he is going to work to provide the very best outcome for the pet. This keeps clients trust intact, and, he says, makes them more willing to comply with his team's recommendations later on.

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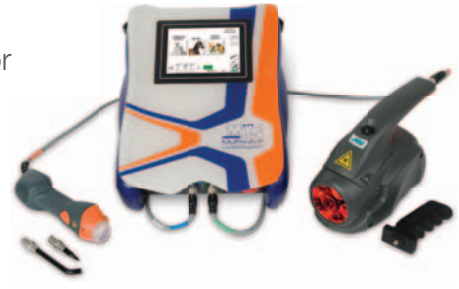

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Buh-bye, IBD

A five-step guide on what to do if a biopsy sample comes up as nonspecific inflammation.

By Sarah J. Wooten, DVM

Calling all chronic enteropathies! Wait, are you calling all your chronic gastrointestinal (GI) cases inflammatory bowel disease, or IBD, without doing a histopath of the small intestine because the owner won't let you biopsy?

STOP IT. CVC educator Craig Ruaux, BVSc (Hons), PhD, MACVSc, DACVIM-SA, says the term "inflammatory bowel disease" is outdated. Even in the cost-conscious world of private practice, there are new, more rational ways to approach your chronic enteropathy patients than, "Let's just pull out the pred and see what happens," that provide a better standard of care and won't break the bank.

Go to **dvm360.com/ixnay** for an overview from Dr. Ruaux on why the term IBD is now considered imprecise, and what other diagnostic tests to consider.

So let's say you explained all the Ps and Qs to perfection and the owner lets you perform a biopsy. If histopathologic examination of the intestinal biopsy samples reveals nonspecific inflammation, Dr. Ruaux rules out lymphosarcoma and lymphatic drainage diseases. Infectious disease, intestinal dysbiosis, food-responsive disease and idiopathic IBD all read as nonspecific inflammation. For nonspecific inflammation patients, Dr. Ruaux takes a five-step approach. (Good news everyone! These steps can still be followed if the client declines biopsy, as long as the client knows you are treating empirically.)

EVA BLANCO/SHUTTERSTOCK.COM

STEP 01

Prescribe fenbendazole at 50 mg/kg for five days to treat for occult giardiasis or other intestinal parasitic infections.

Dr. Ruaux does not use metronidazole to treat giardiasis because he thinks that in order to successfully eliminate giardiasis, you must use doses that are toxic.

STEP 02

Treat any cobalamin or folate deficiencies.

STEP 03

Rule out a food-responsive enteropathy (FRE) by instituting a dietary modification trial.

Dr. Ruaux prefers using a novel protein diet over a hydrolyzed diet. If he can, he will also prescribe a low-fat diet because of fat's ability to cause osmotic diarrhea if it is unabsorbed from the lumen. More than 60% of cats with chronic enteropathy signs show improvement with diet modification, according to Dr. Ruaux, and don't need corticosteroids. Dogs with classical FRE tend to be younger, large-breed dogs and can respond well to diet modification therapy.

Even though he prefers diet trials to last four to six weeks, Dr. Ruaux says that if there is no improvement after two weeks, it is likely the animal will not respond. If the patient isn't responding to a hydrolyzed diet, it is still possible to have an FRE that is reactive to the underlying protein source in the hydrolyzed diet, and a novel protein source must be chosen. At this point, if the owner is tired of the diarrhea, it is appropriate to continue the diet trial and also move to step 4.

STEP 04

Rule out small intestinal bacterial overgrowth (SIBO) or antibiotic-responsive enteropathy with an antibiotic trial. Oh, and it's no longer called SIBO.

Dr. Ruaux says the more appropriate term is "intestinal dysbiosis." The term SIBO implies that the patient's intestine has too many organisms or an overgrowth of pathogenic organisms. But in patients with chronic enteropathy, they tend to have a change in the GI microbiome that is correlated with dysfunction. Time to join the cool kids and change up your terminology.

Dr. Ruaux continues the diet trial and adds in 20 to 25 mg/kg of tylosin twice daily for four to six weeks as well as probiotics and prebiotics. For clients that feed raw food or home-cooked food to their pets, a prebiotic such as fructooligosaccharide powder can be purchased from the health food store and should constitute 1% of the diet, which comes out to 1 g powder/100 g of food fed. For those clients who find this cost-prohibitive, explain that prebiotics are formulated into GI therapeutic diets.

What about metronidazole? Dr. Ruaux only uses metronidazole for patients with stress colitis or sepsis. He prefers that his patients receive tylosin over metronidazole for treatment of chronic enteropathy.

MEET DR. WOOTEN

Dr. Sarah Wooten works in private practice in Greeley, Colorado. A "veterinarian in the trenches," she's passionate about bringing the associate's voice to the table, and she regularly speaks on leadership and practice management. Catch her at CVC Kansas City Aug. 25 -28.

STEP 05

No improvement? Time for corticosteroids.

If you are 21 days into the trial and the pet is not responding, it's time for corticosteroids and a diagnosis of idiopathic IBD. Dr. Ruaux prescribes 1 to 2 mg/kg prednisone (or prednisolone for a cat) per day. Pharmacokinetically, there is no difference between once-a-day and twice-a-day administration. If the patient is a dog that is not responsive and there is evidence of a protein-losing enteropathy, then Dr. Ruaux will add in chlorambucil to increase survival time.[1]

For intestinal dysbiosis, food-responsive enteropathy or true idiopathic IBD, client education is as important as diagnostics and therapy, Dr. Ruaux says. Emphasize to veterinary clients that you are managing the disease, not curing it, and it will take trial and error to both obtain a diagnosis and treat the problem, especially in patients that have more than one condition. Advise clients that the gut is chronically inflamed, and it takes time and testing to figure out the root cause or causes. Many clients have their own GI distress journeys, and I have found that they understand the diagnostics and treatments surprisingly well. Be hands-on with these patients in follow-ups—don't be afraid to schedule multiple rechecks. Most clients will appreciate your effort, and you will get better compliance in pursuing diagnostics and adhering to the diet trial and therapeutic recommendations.

Reference

1. Dandrieux JR, Noble PJ, Scase TJ, et al. Comparison of a chlorambucil-prednisolone combination with an azathioprine-prednisolone combination for treatment of chronic enteropathy with concurrent protein-losing enteropathy in dogs: 27 cases (2007-2010). *J Am Vet Med Assoc* 2013;242(12):1705-1714.

Give diet trials time to talk

Is your veterinary team correctly measuring success when it comes to diet modification trials for chronic enteropathies?

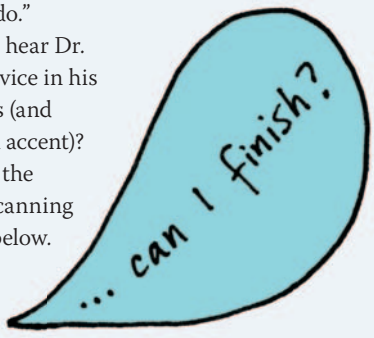
Remember ruling out food-responsive enteropathy by instituting a diet modification trial? (AKA: Step 3, previous page.) Dr. Ruaux says that if there's no improvement after two weeks, it's unlikely the animal will respond.

However, it very much matters when you start *counting* that two weeks, says Dr. Ruaux. "As a point of clarity, it's 14 days from when the pet is on the diet exclusively," he says.

In other words, don't count the time the pet is still in transition. Dr. Ruaux also notes that cats are particularly "strange creatures" when it comes to diet trials.

"Cats with signs of chronic gastrointestinal disease will often show improvement for 24 to 48 hours after a diet change, regardless of what you've done, and then they'll start to deteriorate again," he says. "So if the cat has a normal poop within the first 24 to 48 hours, that doesn't necessarily mean you had a diet-responsive disease of short duration. It's just what cats do."

Want to hear Dr. Ruaux's advice in his own words (and Australian accent)? Check out the audio by scanning the code, below.



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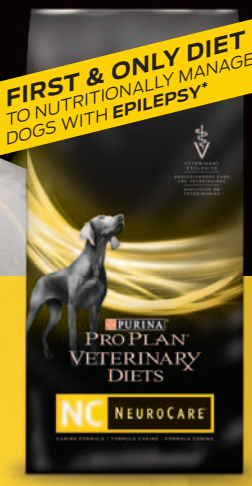

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Law TH, Davies ES, Pan Y, et al. A randomised trial of a medium-chain TAG diet as treatment for dogs with idiopathic epilepsy. *Br J Nutr.* 2015 Nov 14;114(9):1438-47

*as an adjunct to veterinary therapy

Shaving the cat was the easy part

You've got ultrasound questions. We've got answers. Consider these cat-veats to maximize your machine.

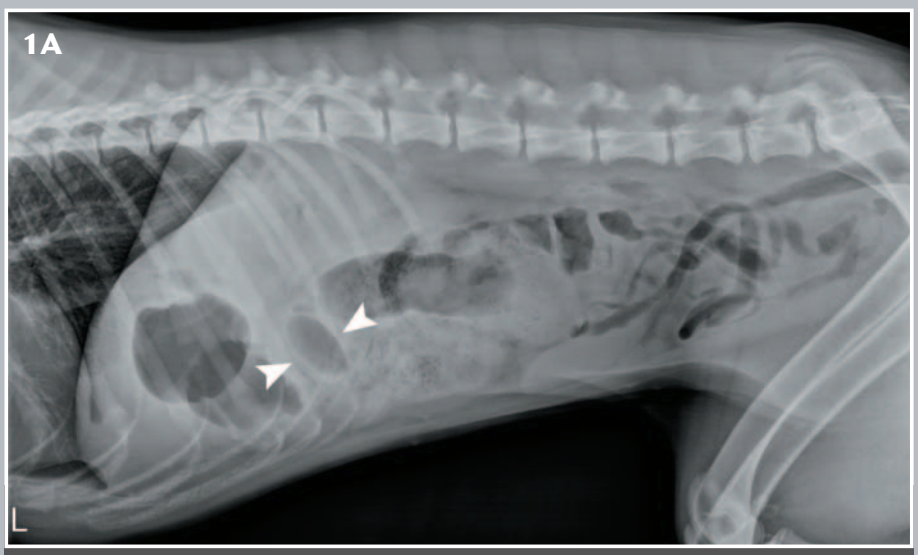
Ready for an ultrasound machine? The key to figuring out its utility in your veterinary practice is all about how you want to use this modality, says Eli Cohen, DVM, DACVR, a clinical assistant professor of radiology at North Carolina State University's College of Veterinary Medicine and co-owner of Dragonfly Imaging. At a recent CVC, we sat down with him for a quick Q&A.

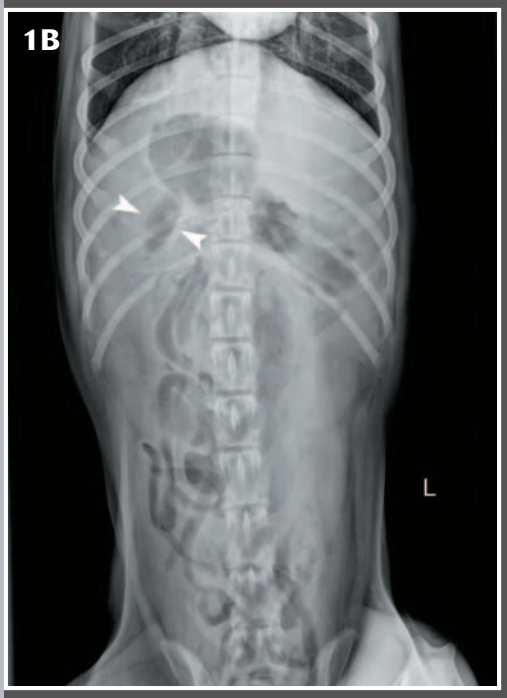
TROPICAL STUDIO/SHUTTERSTOCK.COM

Q For those practices that do not have an ultrasound machine, why should they seriously consider it?

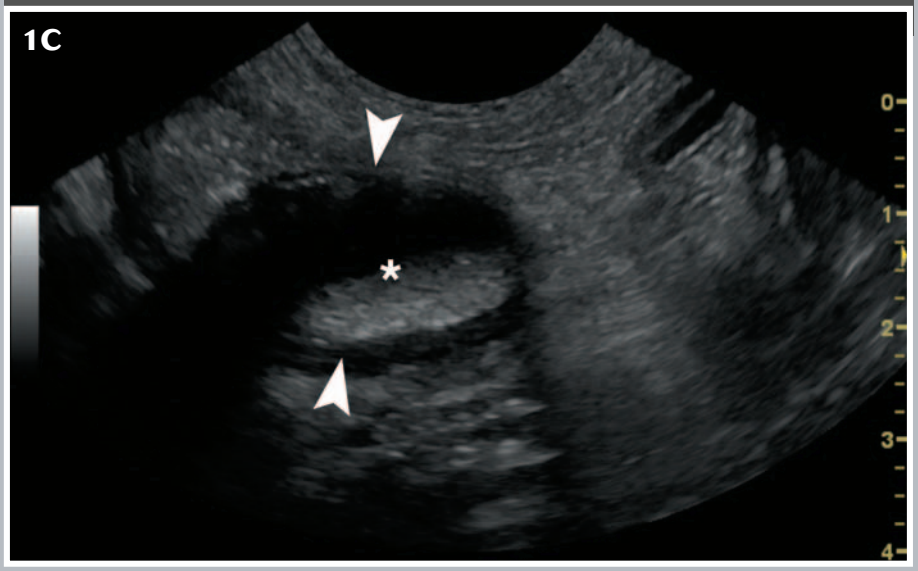
A Ultrasound is a non-invasive modality. It doesn't hurt the patient. There's no radiation. Once you have the machine and probes, it's pretty cheap to use. I think the main thing is considering how you want to use ultrasound in your practice. Are you going to use it for cystocentesis? Are you going to use it for point-of-care ultrasound and FAST (focused assessment with sonography for trauma) scanning? Or do you want to be doing full abdominal and thoracic scans and echos?

From a business standpoint, it really depends if you're getting a $30,000 machine with one or two probes/transducers or a $200,000 high-end machine with multiple probes/transducers as well as what you're going to be using it for and what you're going to charge for those services. For a typical machine with one or two probes/transducers that most general practitioners would use, from both a business standpoint and the standpoint of raising the standard of care in the practice, ultrasound is a great modality to have on hand. It can really expedite the process of sorting out what's going on with your patients (Figures 1A-1C).





Figures 1A-1C: Left lateral (Figure 1A) and ventrodorsal (Figure 1B) abdominal radiographs along with the corresponding ultrasound image (Figure 1C) of a radiolucent jejunal foreign body (arrowheads) causing mechanical ileus in a dog. This foreign body was a plastic squeaker toy. This can be a difficult radiographic diagnosis, because if a foreign body remains gas-filled it can mimic intestinal gas. An internal fluid line (asterisk) is visible on the ultrasound image within the squeaker toy.



ALL FIGURES COURTESY OF DR. ELI COHEN

We lied. Shaving a pet is hard.

Clients may be fonder of Goldie's golden locks than you imagine. Before you shave make sure you educate.

By Ann Johnson, LVT

One of the biggest issues clients have with ultrasound is the new "haircut" their furry friend receives when we perform an ultrasound exam. Shaving them the same as you would an exploratory surgery can come off as quite a shock. So spend time to explain what you're going to do—and why. Don't make it negative by saying something like, "We want to do an ultrasound, but we'll have to shave her belly. Is that all right?"

Do explain and educate clients for them to fully understand and accept their pet needs to be shaved: "To get the best images and to help us make the best diagnosis for Ferdinand, we'll be shaving his belly. This allows us to apply the ultrasound gel and get the most information from this test."

Always remember: Our clients come to us for the right information. Let's explain, educate and guide them to the right decision—and take the fear out of an important diagnostic procedure.

Ann Johnson, LVT, is a veterinary technician at Hayfield Animal Hospital in Alexandria, Virginia.

Need a helping hand(out)? Check out the free client handout "How to prepare for your pet's ultrasound" at **dvm360.com/ultrasoundfaq**.

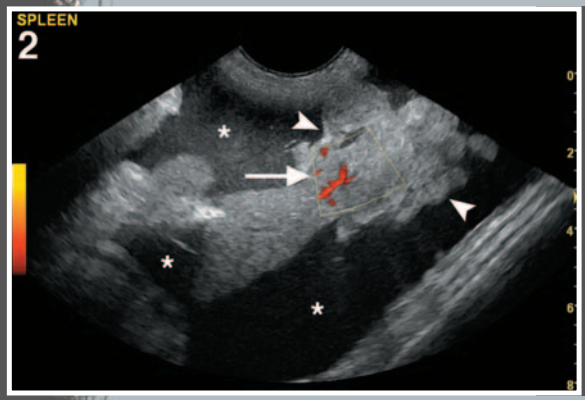


Figure 2: An ultrasound image of a dog's abdomen with a splenic mass and hemoabdomen. An irregular echogenic mass (arrowheads) is present arising from the ventral extremity, or tail, of the spleen. Power Doppler demonstrates a blood vessel crossing from the more normal-appearing splenic parenchyma into the mass (arrow) confirming splenic origin. There is a large volume of echogenic peritoneal effusion (asterisks).

Q There can be a bit of a steep learning curve. How do you make that judgment of whether you're really going to use it? What recommendations do you have for the education afterward to make sure that you're using it?

A What I usually tell the people when I do CE is that it takes 10,000 hours to become an expert in something. All our residents do all day when they're on ultrasound is scan, so they can do 20 high-quality scans in a day. That volume of scanning with immediate feedback really accelerates the learning process. So you have to start by asking what you want to use this for: safer cystocenteses and point-of-care/FAST scanning? Full abdomen scans? Point-of-care and FAST scanning are skills that can be achieved relatively quickly with minimal training, but being able to do high-quality full abdominal scans isn't something that can be tackled with a single day of training. If you want to be doing full abdomen scans, then weekend CE or week-long CE courses are terrific. But if you put that up against 10,000 hours, that's just one component of becoming proficient.

In addition to CE courses, I think it's a really good idea to develop a relationship with a teleradiology company or radiologist who will help you improve your scanning. Once a year, consider having somebody out on site for a couple days—have that be part of the business plan if you're going to buy an ultrasound machine. Immediate feedback on what you're doing is really important for the learning process. You can be scanning the wrong way or not identifying lesions for a long time without knowing it.

Q Do you think there is any role for the veterinary technician to step in for some of the scanning?

A Yes, I do, and I work with a veterinary technician who is a very skilled sonographer. The main difference is knowledge of pathophysiology and when imaging findings should prompt other specific questions related to that patient's illness script. For example, if the liver is small and irregularly marginated, I need to remember to go do a portal velocity and assess for the presence of portal hypertension. At the end of the day, ultrasound is a "real-time" modality that is highly operator-dependent. Once the images are made and sent, whoever is interpreting them is at the mercy of whoever has acquired the images. To that end, it's vital that whatever images or video clips are acquired for interpretation are representative of both normal and abnormal findings for that particular patient (Figure 2).

HELPFUL STUFF

How do we take the confusion out of our surgery day flow?


LAPINA/SHUTTERSTOCK.COM

Q I'm looking for guidance on improving surgery day flow for my team. We're a one-doctor practice that's growing rapidly.

A dvm360/VHMA Practice Manager of the Year Judi Bailey, CVPM, spent years in two different solo-doctor practices, so she's had to think this through in detail. Here's a breakdown of how she did it in two different practices:

Clinic No. 1 surgery time overview	Clinic No. 2 surgery time overview
> Three-hour block, 11:30 a.m. to 2:30 p.m., four days a week > A maximum of four surgeries were scheduled for 30, 40 or 50-plus minutes, depending on the kind of procedure > Thirty minutes was reserved for unexpected complications, necessary phone calls, examining drop-offs and finishing lunches. > Veterinary team members prepped Pet No. 2 as doctor closed on Pet No. 1, then team members finished prep in surgery after Pet No. 1 was finished > Team members rotated for lunch time and through prep team, monitor team and recovery team	> Three-hour block scheduled for different days and times twice a week > Relief/part-time associate saw drop-offs or appointments while primary DVM managed surgeries > Relief doctor availability and practice software showed the best days and times to do this > Number of surgeries, surgery times, 30-minute cushion and patient rotation same as Clinic one.

Find the procedure Judi Bailey developed for the veterinary team and for doctors and more advice at dvm360.com/surgeryschedule.

Always look on the bright side of a diabetes diagnosis

Injecting a dose of reality for veterinary clients with diabetic cats isn't painful—it's positively inspiring!

By Lauren E. Demos, BVMS, HonsBSc, resident ABVP (feline)

Giving injectable medications can be a mental hurdle for people unfamiliar with the tactile and technical components of injectable medications, such as needles and syringes as well as how to draw up the medication and read the dosage—let alone administer said medication. However, with a little practice, many cat owners can find it surprisingly easy to give injections. In fact, after cat owners gain confidence in administering medications in this manner, many actually prefer this to giving oral medications.

The right client training

In our practice, doctors or technical staff sit down with the key members of the household and teach the hands-on aspects of giving medications subcutaneously—this allows our clients to ask questions and get some practice before trying at home.

The right equipment

Using specific insulin syringes and small-gauge needles (27-ga or smaller) can help minimize trauma for the cat and owner alike. Equally important is explaining the different units of insulin that exist and how to ensure we're using the right syringe type for that particular insulin. We check that clients understand where the right doses show up on the needle, so everyone's on the same page.

The right distraction

It helps to give positive reinforcement to cats and offer distractions before, after or even during injections. For many diabetic cats, food does the trick. Deli meat or canned food is often a favorite and can turn medicating into quality time.

The right monitoring

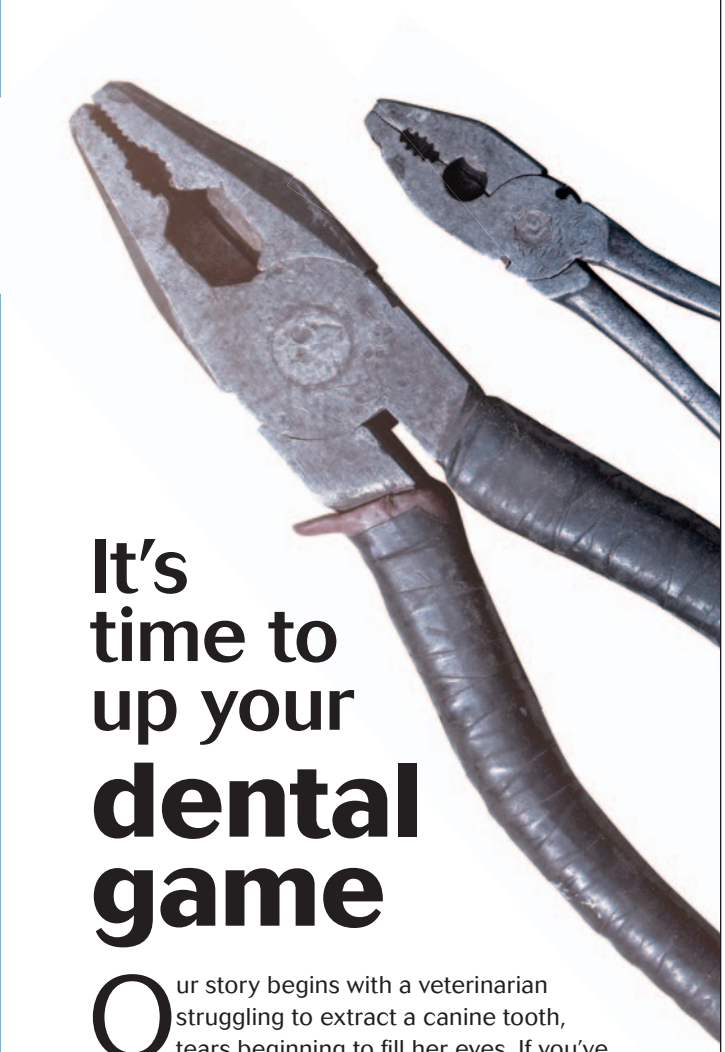
When it comes to testing, there's often a balance between the patient's needs, the cat owner's concerns and the medical data. For instance, if I have a high-stress feline patient, I might forego a day-long test in favor of a shorter time span or use another more cat-friendly approach. Weight, water intake and urine output measured at home can be good indicators in some cats. And our conscientious cat owners can keep track of these variables, which might help minimize some of the more invasive tests we need to do at each veterinary visit.

The right encouragement

It's helpful to share your own stories about medicating cats since you're the expert in the exam room. I like to tell cat owners they'll probably ask me for all future medications to come as injectables once they've grown comfortable with the process—and rarely am I wrong! Oral medications for cats can be a huge battle. Very rarely does that happen with injectable medications—cats tolerate them very well, indeed.

Lauren E. Demos, BVMS, HonsBSc, resident ABVP (feline), is president of the American Association of Feline Practitioners (AAFP). The AAFP improves the health and welfare of cats by supporting high standards of practice, continuing education, and scientific investigation. For more information, visit www.catvets.com.

STANISLAW MIKULSKI, DURANTELALLERA/SHUTTERSTOCK.COM



It's time to up your dental game

Our story begins with a veterinarian struggling to extract a canine tooth, tears beginning to fill her eyes. If you've found yourself in this exact same circumstance, don't despair! Our veterinarian in the trenches, Dr. Sarah Wooten, has been there. And help is here by way of veterinary dentist Dr. Barden Greenfield. Check out the video at **dvm360.com/sharptools** as he walks you through how to get just the right grip on this often frustrating situation. The key: sharp tools and good technique.

Software cheat to a quicker check-out

How many times a day does the receptionist run around looking for the technician or veterinarian to see if all the charges are entered on a client's invoice before checking out?

In our practice management software (Avimark), we enter code 88888, which codes as "invoice complete," saving waiting time for clients and unnecessary work for the receptionist. Other software may have this built in too. It's a big time saver for us.

Dr. Harold Pearce
Leesville Animal Hospital
Raleigh, North Carolina

While the pet's away, the kids can play

Make sure clients' fur babies and human babies are both getting the best experience out of your veterinary clinic by installing a children's play area.

You and your veterinary staff already have your hands full with animals in need of treatment and attention. Too bad your clients' kids aren't really going to care about that once they get bored in the reception area. Play areas are an easy fix and take as much effort as you want to put into them. It's also a great way to show your veterinary clients that you're not just there to take care of their pets, but them (and their kids!) as well.

Keep reading for some examples to bring you inspiration for your next remodel or design project. Your clients—and veterinary team—will thank you!

Winslow Animal Hospital in Sicklerville, New Jersey, has a colorful kids' activity corner, complete with coloring books, puzzles and a lifelike pooch to pet or practice kid-style veterinary medicine. (Photo Courtesy Winslow Animal Hospital)

The children's play room in Frey Pet Hospital in Cedar Rapids, Iowa, offers children entertainment in the form of toys, games and a flat-screen TV. Parents can keep an eye on their children without being in the room thanks to a camera that feeds footage from the room into the reception area. (Photo courtesy John Read, Read Photography)

Located just outside of the cat play room, the kid's area at Flint River Animal Hospital and Bed 'N Biscuit in Huntsville, Alabama, allows children to watch boarding and adoptable cats play while they themselves play. (Photo courtesy Suzy McGehee)

Small size isn't a problem for Town Center Animal Clinic in Suwanee, Georgia, which has a small area for children that perfectly matches the unique style and color scheme of the clinic. With toys, puzzles, and a "dog house" to claim as their own, pet owners can rest easy knowing that their children have entertainment while they wait for their pet. (Photo courtesy Dallas Gillespie)

PIO3/SHUTTERSTOCK.COM

All creatures great and hairless

In the not-so-wilds of your exam room, the often-seen human child isn't a creature to fear.

By Andrew Rollo, DVM

When you walk into the exam room, you're obviously there for the pet in front of you. But what about the small child sitting in the corner? My take: They're just as important of family members as the cat they've brought in.

I don't think veterinarians need to go as far as dentists and pediatricians, with their video game consoles and cartoons and huge stuffed bears in the exam rooms. But what about just keeping some unused coloring books and crayons handy? It's also easy to note kids in the medical record so after a visit or two you can talk to them by name.

Another approach: Speak to a child from her point of view. Don't engage in baby talk, but jettison the medical jargon and use understandable terms. A stethoscope is an object used to listen to the heart. And for a pet with profuse vomiting, a child just wants to know if it's going to hurt. Ask the child if her pet likes peanut butter or playing with a ball. Let her know that information is very useful to help the veterinary team make her dog comfortable while being admitted for tests.

Be descriptive, but tell the truth—even small children can tell when they're being taken for a ride. When describing something, use all the senses. Children relate to explanations better when something smells like or feels like an object or experience they're familiar with.

I know, during a busy day, it can be easy to ignore the little one in the corner of the room. But a little extra time and effort can go a long way in cementing the bond with them, their parents and the pets they love.

Dr. Andrew Rollo is a Veterinary Economics *Editorial Advisory Board member and an associate at Madison Veterinary Hospital in Michigan.*

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- >> bilirubin, in cases of liver failure
- >> myoglobin, in trauma cases
- >> activated complement, in patients with autoimmune disease
- >> lipophilic drugs, in the case of accidental intoxication.

See more blood supplies at **dvm360.com/bloodsupplies**.

What's inside those cartridges? Beads, my friend. Lots and lots of beads.

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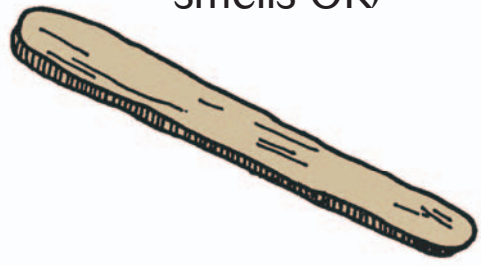
Seven almonds,

yogurt (probably expired; can't find the date, smells OK)



... eaten with a tongue depressor,

and seasoned with plenty of hair from the clinic cat.

The Pizza Principle

Nobody has time for lunch in the veterinary clinic. But what can pizza teach you about appreciating your practice managers and owners? Think about this scenario: One busy day, the hospital manager decides to buy pizza for the whole team. They're pumped. A month later, on another impossible day, the manager buys pizza again—only this time, there's some muttering: "Really? Pepperoni again? Three of us are vegetarians!" and "This crust is nasty. Gino's is so much better." The manager's left worrying her surprise pizza isn't good enough and whether she can possibly please everyone. Moral of the story? Appreciate the benefits your owners and managers give you on a day-to-day basis. All the little things—remember them, think kindly of them and don't take them for granted. *—By Kristine Suszczynski*

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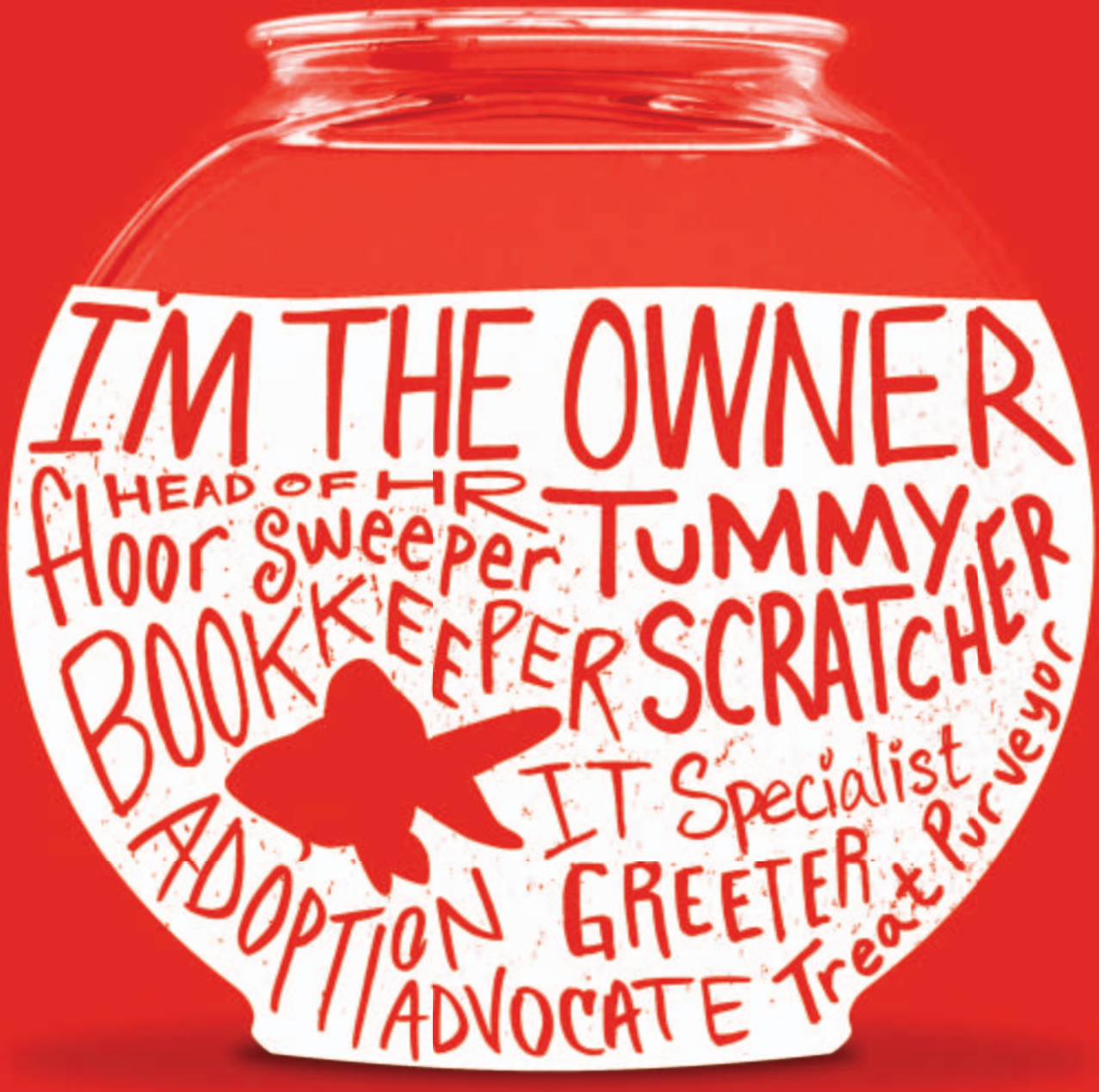

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