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Give a dog

a bath

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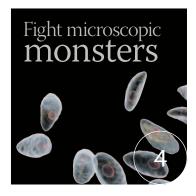
aggression), adrenal disorders, thyroid problems, cat owner compliance tips and more. With more than 30 sessions to choose from, there's a lecture given by an expert speaker on any topic that causes you pain, sparks your interest or ignites your passion.





THE GUIDE

August 2017





The scoop on pica

products for aging pets





















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THE PICKS

(what we care about now

Fight microscopic MONSTETS

These minuscule beasties can wreak havoc across animal species (and your clients, too). Here are tips to stop 'em.

oxoplasma and Neospora species are transmitted in a variety of ways and can affect a wide range of victims, from livestock to pets to your very clients. CVC educator Richard Gerhold, DVM, MS, PhD, has advice on combating the spread of these species.

"Some of the things that people can do to help limit that disease—whether it be *Toxoplasma*, which is a human disease, or *Neospora*, which is not a human disease, but can affect livestock and cause abortion in livestock— is to do a couple things. You can try and make areas unattractive for wild animals to come into by not leaving pet food out and by not leaving compost piles uncovered—that can be an easy food source for them.

"Another really simple but absolutely humongous thing that veterinarians can do to limit *Toxoplasma* is encourage owners to keep their cats indoors. That's very simple and it does a couple things, actually. For one, it protects the cats.

There are some really horrible parasites that cats get—*Cytauxzoon* is one them that's like the feline malaria, very deadly. It also prevents them from shedding *Toxoplasma* into the environment."

Want more tips? Watch the video at dvm360.com/microscopicmonsters.



When the cat won't eat

n her presentation "Feeding the Finicky Feline," given during the 2016 American College of Veterinary Internal Medicine (ACVIM) Forum, Jessica Quimby, DVM, PhD, DACVIM, discussed the importance of nutrition in managing feline patients, including some of the obstacles veterinarians face in encouraging cats to eat and strategies to overcome some of these hurdles.

In addition to managing any underlying medical issues, clinicians need to consider other factors in patients with decreased or absent appetite. Cats are uniquely sensitive to their environment, Dr. Quimby noted. Social interactions with other cats, the location of the food and water dishes, and changes in the consistency of the food can all lead to changes in appetite. Elderly cats may

benefit from having their food warmed to overcome their decreased sense of smell. Ill cats, on the other hand, may do better with chilled food that has less odor and may be less likely to induce nausea.

Medications for pain, nausea and appetite stimulation may also be considered for inappetent felines. Mirtazapine is a commonly used appetite stimulant, and Dr. Quimby notes that a daily low dose has been shown to be effective in cats with chronic renal disease.

In an effort to decrease the risk of creating a food aversion issue, Dr. Quimby warns that cats that are nauseated, gagging or turning away from food should not be forced to eat. A new diet should also not be started while the patient is in the hospital or while they are still ill.

Don't miss feline nutrition sessions at CVC! Check out the feline medicine CE available at thecvc.com/ felinemedicine.

Brief Summary: Before using please consult the product onsert, a summary of which follows.

ANADA 200-595, Approved by FDA

Carprieve® (carprofen) Chewable Tablets

Non-steroidal anti-inflammatory drug

For oral use in dogs only

CAUTION: Federal law restricts this drug to use by or on the order of a

INDICATIONS: Carprieve is indicated for the relief of pain and inflammation associated with osteoarthritis and for the control of postoperative pain associated with soft tissue and orthopedic surgeries in dogs.

CONTRAINDICATIONS: Carprieve should not be used in dogs exhibiting previous hypersensitivity to carprofen

WARNINGS: Keep out of reach of children. Not for human use. Consult a physician in cases of accidental ingestion by humans. For use in dogs only. Do not use in cats.

All dogs should undergo a thorough history and physical examination before initiation of NSAID therapy. Appropriate laboratory tests to establish hematological and serum biochemical baseline data prior to, and periodically during, administration of any NSAID should be considered. Owners should be advised to observe for signs of potential drug toxicity.

PRECAUTIONS: As a class, cyclooxygenase inhibitory NSAIDs may be associated with gastrointestinal, renal, and hepatic toxicity. The most frequently reported effects have been gastrointestinal signs. Events involving suspected renal, hematologic, neurologic, dermatologic, and hepatic effects have also been reported. Patients at greatest risk for renal toxicity are those that are dehydrated, on

radients at greatest risk for renar toxicity are intoxic material enjoyrated, on concomitant diuretic therapy, or those with renal, cardiovascular, and/or hepatic dysfunction. Concurrent administration of potentially nephrotoxic drugs should be approached earlietously, with appropriate monitoring. Concomitant use of carprofen with other anti-inflammatory drugs, such as other NSAIDs or corticosteroids, should be aposided because of the potential increase of adverse reactions, including gastrointestinal ulcerations and/or perforations.

Carprieve is not recommended for use in dogs with bleeding disorders (e.g., Von Willebrand's disease), as safety has not been established in dogs with these disorders. The safe use of Carprieve in animals less than 6 weeks of age, pregnant dogs, dogs used for breeding purposes, or in lactating bitches has not been established.

Due to the liver flavoring contained in Carprieve chewable tablets, store out of the reach of doos and in a secured area

INFORMATION FOR DOG OWNERS:

Carprieve, like other drugs of its class, is not free from adverse reactions. Owners should be advised of the potential for adverse reactions and be informed of the clinical signs associated with drug intolerance. Adverse reactions may include decreased appetite, vomiting, diarrhea, dark or tarry stools, increased water consumption, increased urination, pale gums due to anemia, yellowing of gums, skin or white of the eye due to jaundice, lethargy, incoordination, seizure, or behavioral changes. Serious adverse reactions associated with this drug class can occur without warning and in rare situations result in death (see Adverse Reactions). Owners should be advised situations read in death gase Advised to discontinue Carprieve therapy and contact their veterinarian immediately if signs of intolerance are observed.

ADVERSE REACTIONS: During investigational studies for the caplet formulation with Notes a RACTIONS. During investigation as studies for the capite to intuitation with twice daily administration of 1 mg/lb, no clinically significant adverse reactions were reported. Some clinical signs were observed during field studies (n=297) which were similar for carprofen caplet—and placebot—retaeted dogs. Incidences of the following were observed in both groups: vomiting (4%), diarrhea (4%), changes in appetite (3%), letharyof (1.4%), behavioral changes (1%), and constipation (0.3%). The product vehicle served as control. There were no serious adverse events reported during clinical field studies with one of abit administration of 2 mg/lb. The following extensions of the control o studies with once daily administration of 2 mg/lb. The following categories of abnormal health observations were reported. The product vehicle served as control.

Percentage of Dogs with Abnormal Health Observations Reported in Clinical Field Study

| | (2 mg/lb once daily) | | |
|---------------------|----------------------|--------------------|--|
| Observation | Carprofen (n=129) | Placebo (n=132) | |
| Inappetence | 1.6 | 1.5 | |
| Vomiting | 3.1 | 3.8 | |
| Diarrhea/Soft stool | 3.1 | 4.5 | |
| Behavior change | 0.8 | 0.8 | |
| Dermatitis | 0.8 | 0.8 | |
| PU/PD | 0.8 | | |
| SAP increase | 7.8 | 8.3 | |
| ALT increase | 5.4 | 4.5 | |
| AST increase | 2.3 | 0.8 | |
| BUN increase | 3.1 | 1.5 | |
| Bilirubinuria | 16.3 | 12.1 | |
| Ketonuria | 14.7 | 9.1 | |

Clinical pathology parameters listed represent reports of increases from pre-treatment values; medical judgment is necessary to determine clinical relevance. During investigational studies of surgical pain for the caplet formulation, no clinically significant adverse reactions were reported. The product vehicle served as control.

Percentage of Dogs with Abnormal Health Observations Reported in Surgical Pain Field Studies with Caplets (2 mg/lb once daily)

| Observation* | Carprofen (n=148) | Placebo (n=149) |
|--------------------------|----------------------|--------------------|
| Vomiting | 10.1 | 13.4 |
| Diarrhea/Soft stool | 6.1 | 6.0 |
| Ocular disease | 2.7 | 0 |
| Inappetence | 1.4 | 0 |
| Dermatitis/Skin lesion | 2.0 | 1.3 |
| Dysrhythmia | 0.7 | 0 |
| Apnea | 1.4 | 0 |
| Oral/Periodontal disease | 1.4 | 0 |
| Pyrexia | 0.7 | 1.3 |
| Urinary tract disease | 1.4 | 1.3 |
| Wound drainage | 1.4 | 0 |

* A single dog may have experienced more than one occurrence of an event.

During investigational studies for the chewable tablet formulation, gastrointestinal signs were observed in some dogs. These signs included vomiting and soft stools. Post-Approval Experience:

Although not all adverse reactions are reported, the following adverse reactions are based on voluntary post-approval adverse drug

AR/SHUTTERST

experience reporting. The categories of adverse reactions are listed in decreasing order of frequency by body system

Gastrointestinal: Vomiting, diarrhea, constipation, inappetence, melena, hematemesis, gastrointestinal ulceration, gastrointestinal bleeding pancreatitis.

Hepatic: Inappetence, vomiting, jaundice, acute hepatic toxicity, hepatic enzyme elevation, abnormal liver function test(s), hyperbilirubinemia, bilirubinuria, hypoalbuminemia, Approximately one-fourth of hepatic reports were in Labrador Retrievers.

Neurologic: Ataxia, paresis, paralysis, seizures, vestibular signs,

disorientation. Urinary: Hematuria, polyuria, polydipsia, urinary incontinence, urinary tract infection, azotemia, acute renal failure, tubular abnormalities including acute tubular necrosis, renal tubular acidosis, glucosuria. Behavioral: Sedation, lethargy, hyperactivity, restlessness, aggressiveness.

Hematologic: Immune-mediated hemolytic anemia, immune-mediated thrombocytopenia, blood loss anemia, epistaxis

Dermatologic: Pruritus, increased shedding, alopecia, pyotraumatic moist dermatitis (hot spots), necrotizing panniculitis/vasculitis, ventral

Immunologic or hypersensitivity: Facial swelling, hives, erythema.

In rare situations, death has been associated with some of the adverse reactions listed above.

To report a suspected adverse reaction call 1-866-591-5777.

DOSAGE AND ADMINISTRATION: Always provide Client Information Sheet with prescription. Carefully consider the potential benefits and risk of Carprieve and other treatment options before deciding to use Carprieve. Use the lowest effective dose for the shortest duration consistent with individual response. The recommended dosage for oral administration to dogs is 2 mg/lb of body weight daily. The total daily dose may be administered as 2 mg/lb of body weight once daily or divided and administered as 1 mg/lb twice daily. For the control of postoperative pain, administer approximately 2 hours before the

procedure.
See product insert for complete dosing and administration information.

STORAGE: Store 25 mg and 75 mg Carprieve chewable tablets at 59-86°F (15-30°C). Store 100 mg Carprieve chewable tablets at controlled room temperature, 68-77°F (20-25°C). Use half-tablet within 30

HOW SUPPLIED: Carprieve chewable tablets are scored, and contain 25 mg, 75 mg, or 100 mg of carprofen per tablet. Each tablet size is packaged in bottles containing 30, 60, or 180 tablets.

Made in the UK.

Manufactured by: Norbrook Laboratories Limited, Newry, BT35 6PU Co. Down, Northern Ireland

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101 March 2017

products for older pets

These items help aging patients—whether they're just slowing down or nearing the end—to live more comfortable, pain-free lives. How many do you already use or recommend? By Mary Gardner, DVM

SLIDING IS ONLY FUN WHEN YOU'RE A KID

Most homes have a tile or wood floor that's like an ice rink to pets, especially older dogs who are struggling with mobility. Any yoga mat works great for traction around the house. Yoga mats are light and easy to move, and you can cut them to fit





A HELPING HAND

The Help 'Em Up Harness is my favorite harness for dogs with mobility issues. They have "girl" and "boy" versions with a handle in the front that supports the dog's chest.

DO YOU ADEQUATELY ADEQUAN?

I love Adequan (Elanco) injections as far as drugs go, especially as part of a multimodal

include an NSAID, pain control and amantadine.



RELAAAAAAX, MAN ...

Here's a product you might not expect from me in this discussion-Adaptil. A lot of these bigger dogs with mobility issues also have a bit of anxiety, whether it's from pain, lack of mobility or cognition issues. Adaptil (Ceva) spray can really help lower some stress.



When it comes to pet owner recommendations for making life easier on older dogs, I think it's important to start with manageable items that owners will actually try. We can scare off pet owners if we throw the book at them with diagnostics and long drug lists. I start with yoga mats and Adaptil as first steps that lead them to continue to try more.

Find more info at dvm360.com/oldpetproducts



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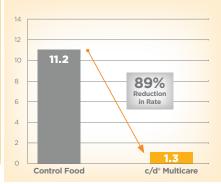


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"Kruger JM, Lulich JP, MacLeay J, et al. Comparison of foods with differing nutritional profiles for long-term management of acute nonobstructive idiopathic cystitis in cats. J Am Vet Med Assoc 2015;747(5):508-517.

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The scoop on pica

Curbing puppies' appetites for nonfood (and, well, poop). By John Ciribassi, DVM, DACVB

What is the best way to help prevent puppies prone to pica (and in which gastrointestinal problems or parasites have been ruled out) from eating things they shouldn't? Even vigilant owners can't catch every instance. Is there a way to train the puppies now to stop these indiscretions so that it's not a lifelong problem, possibly necessitating multiple surgeries to remove foreign bodies?

Pica refers to the persistent ingestion of nonfood items and is related to coprophagia, the eating of fecal material. The causes of these conditions are not well understood. It seems to be seen more often in overly active puppies seeking stimulation from their environments. It's best to think of pica and coprophagia as habits. For habits to diminish, they need to be reduced or eliminated for an extended period.

To manage both pica and coprophagia, owners need to:

- **1. Deny the puppy** access to the nonfood items. Owners should remove items the dog is prone to ingest from its environment, if possible. This could involve picking up toys around the home or immediately removing fecal matter from the puppy's pen or from the yard. It could also mean avoiding taking the dog to areas containing sticks, rocks, etc.
- **2. Redirect the puppy** away from ingestion attempts. When taking the dog into a susceptible area (e.g. on walks, in the yard or pen to eliminate), owners should keep the dog from ingesting nonfood items. This can be accomplished by keeping the dog on a leash and by using a basket muzzle (if necessary).
- **3. Provide the puppy** with plenty of appropriate food sources. When outside the home, have the owner try rewarding the puppy with a small, highly palatable treat for "checking in" when its name is called. The idea is to make focusing on the owner pay off more than searching the environment for items to ingest.

At home, puppies should be given toys filled with peanut butter or a rawhide (or a similar alternative) to reduce their desire to hunt for other items. It's important that the item is provided before the dog begins seeking out nonfood items. Providing a high-fiber diet can also help in that it can increase bulk and reduce some of the need to ingest foreign materials.

and other clinical concerns from veterinarians and veterinary technicians. Just send us an email at **vm@ubm.com** with the subject line "Just Ask the Expert."

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Surgery team, assemble! It's time for veterinarians to let their Super Techs reveal the heroes they were born to be.

By Hannah Wagle, Assistant Content Specialist

VC superheroes Andrew Claude, DVM, DACVAA, and Jennifer Wardlaw, DVM, MS, DACVS, know that with great surgery comes great responsibility. It takes a team skilled team to make the process as seamless as possible, from calculating drugs to communicating with the owner before and after the operation. Time to let your technicians don those hero capes. Let's get started! (Radioactive spiders optional.)

"I think of technicians as the mitochondria of the practice," Dr. Claude says. "They're behind the scenes doing a lot of the work for the veterinarians. For one thing, they help free up time for the practitioner. If you're a veterinarian and you're doing 90 percent of the work, you're

doing way too much, in terms of day-to-day practice. A lot of the things you're

doing your technician can do—specifically anesthesia, patient nursing care, patient assessment and client education."

A pro-tip from Dr. Wardlaw:

For cats, put a little red rubber catheter down the endotracheal tube, because the red rubber catheter will go between the arytenoids, like a stylet, and then the endotracheal tube will slide between the arytenoids. And for endotracheal tubes, Dr. Wardlaw says your inclination might be to go smaller and smaller to get it in, but obviously for the airway it's better to go big or go home.



So are you ready to train your techs for surgical greatness? Consider these three areas of skill:

Endotracheal tubes Dr. Claude fields a lot of questions from concerned technicians who struggle with this skill.

"Patient positioning is extremely important during intubation," Dr. Claude says. "You need to be able to visualize the larynx, and you can't visualize the larynx if the patient is flopping around on its side. I usually recommend having the patient on its side, especially large dogs, or in ventral recumbency, so you're looking down into the mouth."

It's important that the patient is fully anesthetized and there's good muscle relaxation. "I'd say probably the No. 1 problem with intubation is that the patient is not well-premedicated," Dr. Claude says. "Premedication is where we get the muscle relaxation—it's not just the induction. So make sure your patients are well-premedicated and fully induced, and then try to intubate."

Another common question: How do you know it's a successful intubation?

- > Visualizing the tube in the glottis, Dr. Claude says, which is easier with larger dogs compared with cats.
- > Seeing condensation on the inside of the tube when the animal exhales.
- > Listening on both sides of the chest for lung sounds when you squeeze the bag.
- > Hearing air sounds at the end of the endotracheal tube. "This is actually how we do it with rabbits," Dr. Claude says. "You listen for

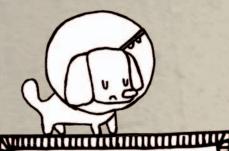
Manage of the Control Some tech(nical) tips:

- > Use the laryngoscope to visualize the larynx. "Often times people give up or intubate less because they're having trouble getting the tube into the hole," says Dr. Claude. "Use the laryngoscope. They're reusable, you just need to wipe them with alcohol-it takes seconds."
- > For cats, spray the larynx with a topical anesthetic. "Cats have extremely high laryngeal sensitivity, so they have a high incidence of laryngeal closure and laryngospasm," Dr. Claude says. "So spraying them with topical anesthetic is absolutely essential. It makes it easier to intubate the cat and you decrease the chance of laryngeal trauma."

little puffy noises at the end of the endotracheal tube."

Samuel Demonstration of the Control of the Control

- > Looking for reservoir bag movement that corresponds to the breathing pattern.
- > Feeling the trachea. "What I tell our students when they're learning how to intubate is to grab that trachea like you're going to kill that animal. Feel that endotracheal tube go into the trachea," says Dr. Claude.
- > Using capnography. "The most accurate way is capnography. This is a security blanket in my mind, knowing that we're intubating," Dr. Claude says. "For the most part you're not going to get a capnogram, or an indication of carbon dioxide coming out of exhaled air, if the patient's not intubated."



E-collar alternatives: Are they hot or not?

Elizabethan collars are so four centuries ago. Is it time to step into the present with these new takes on the old solution to post-treatment patients biting or scratching themselves?

You've seen the downfall of countless Elizabethan collars, some within the first 10 minutes of putting a patient into one. They crack, they scare patients, they're just not comfortable—and yet they're the only option for a pet who needs to keep paws off a wound, surgical site or hot spot.

Or are they?

We've found three alternatives to the old-school Elizabethan collar and asked for the opinions of CVC educators and experts Drs. Wardlaw and Claude. Check them out at dvm360.com/altecollar.

2 Managing pain (in the pet and the client's pocketbook)

Manual Ma

"With practice, technicians can become very good at local regional techniques. Imagine that you have an anesthesia technician," Dr. Claude says. "Not only has that person anesthetized the patient and got it ready for surgery, but she's also doing a sciatic femoral nerve block, because you're going to cut a knee. So all you have to do is scrub in, do your surgery and scrub out. That patient's taken

care of. Is that going to free up your time? To me, that's not only good for your professionalism, it's good for your practice."

Some examples of blocks your technicians can learn to perform: dental blocks, bracheoplexis, forepaw, lumbosacral epidurals, caudal epidurals, sciatic femoral blocks and rear paw blocks. "Pretty much any place there's a nerve, they can block using local regionals, including the eyeballs," Dr. Claude says.

Technicians can help perform pain assessments, including using pain scales, grimace scales and more. Remember, your technicians want to learn more and do more, Dr. Claude says.

Surgical nursing tasks include TLC for wounds and incisions as well as fearlessly defending the patient's well-being. When your technicians tackle these heroic efforts, they should arm themselves with balls, hoists and slings to achieve better compliance when they care for large or stubborn patients.

Technicians also perform critical nursing roles, including getting those drunk dogs up and about after surgery, grooming them, petting them and communicating with the pet owners after the surgery, Dr. Wardlaw says.

Your surgical nurses are also wellarmed to ease clients' financial distress by discussing estimates and deposits. After all, they often can easily answer most of these clients' questions and save you time in the exam room.

"Don't talk about the money at the front desk," Dr. Wardlaw says. "Have your technicians talk with pet owners in the exam room—that's when the owners are honest." When pet owners are emotionally upset, they may be more honest with technicians—for example, they might explain they can't afford to pay.

Also arm your technicians with estimates that give a 10 percent to 30 percent variance, and encourage them to explain that the price will depend on the pet's situation, such as how much pain medication the pet needs and how long it needs to be hospitalized, Dr. Wardlaw says.

Obese pets Obesity is a weighty topic. Your technicians can remind clients that fighting obesity is critical for medical issues to help the pet live longer, reduce its risks of certain kinds of cancer and reduce the chances or severity of certain orthopedic conditions. As super-surgery techs, they can also harness their powers for good when it comes to postoperative weight loss. For example, they can take charge of check-ins and weigh-ins for progress, use follow-up calls and give clients suggestions for diet and treat changes.

Along with weight loss, technicians can transform into general health care advocates at check-ins and check-outs. This builds clinic loyalty and gives the front office team members a chance to chime in.

Hear that? There's a cat in need of a bladder expression. Time to let your techs don their capes so they can be the technicians your clinic needs.

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Quality

eadership CHALLENGE Pet Pain and Death

ain and death. They often go hand in hand. But for Dani McVety, DVM, and her fellow veterinarians in the Lap of Love hospice and in-home euthanasia network, the goal is to minimize pain—and the anxiety that often accompanies it—as much as possible before the end.

"We as veterinarians are comfortable with the concept of quality of life," she told her audience at a recent CVC. "But I want to provide a good quality of death as well. That means no panicky trips to the ER in the middle of the night. I'd rather have the family out on the dock with the pet at sunset, everyone saying a prayer before I push the plunger. Whatever it takes to give that family and that pet a peaceful experience."

A major part of creating that peaceful experience is educating and preparing clients for what to expect as their pet reaches end of life, along with helping them know when euthanasia is an appropriate choice. Here are the top four conditions Lap of Love veterinarians see in association with euthanasia (based on data collected by the company) and how Dr. McVety handles each one with clients.

1. Old age

Obviously old age isn't a disease, "but it sure is a killer," Dr. McVety says. It's the No. 1 reason Lap of Love clients call to request euthanasia, and what it really means is that the pet's medical condition is undiagnosed. That means anything can happen, so client and doctor alike should brace for the unexpected. Problems with cognition, along with stroke, seizures and organ failure, are all possibilities.

2. Osteoarthritis and mobility issues

This painful disease is the second-most-common reason Dr. McVety receives calls requesting consultation on euthanasia for pets. The pain increases with progression, and clients should be instructed to watch for signs of intensifying discomfort. "Sundowner's syndrome"—awakeness or awareness in the middle of the night, accompanied by panting, pacing, whining and crying—is very common with osteoarthritis (as well as a number of other end-of-life conditions).

While the pet should be on an osteoarthritis treatment protocol, clients may also need rescue drugs to get the pet through a pain crisis before the euthanasia takes place. Dr. McVety says she leaves rescue medications with clients if they're not ready to euthanize yet or if they're trying to make a deadline, such as getting through Christmas or waiting for Mom or Dad to get home to say goodbye.

Along with gabapentin, Dr. McVety uses tramadol for osteoarthritis patients as a rescue drug. "We've learned that tramadol



is not necessarily fantastic for pain, but I'll tell you how I use it," she says. "Tramadol is like a glass of wine—sometimes we need one glass of wine to get through the night; sometimes we need three or four. Of course, if we're using three or four doses multiple nights in a row, we have a quality-of-life issue and we need to have a conversation about that."

As far as knowing the right time to euthanize, "we have the curse and the luxury of time," Dr. McVety says. With osteoarthritis patients there is major variation in *when* a client and veterinarian can make the decision and have it be appropriate and ethical. Sometimes animals will eat through pain and wag their tail right up to the end, so cessation of these activities is not always a reliable indicator, Dr. McVety says. Tell clients this, and let them know it's still OK to say goodbye if pain and anxiety are detracting from the patient's life.

3. Renal failure

With chronic kidney disease, pain is variable depending on the patient: It can range from uncomfortable to very painful. Again, it's best to educate clients on signs of pain and watch for progression in their pets. Rescue drugs can include buprenorphine, tramadol, fluids, anti-emetics and appetite stimulants.

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When is it right to euthanize a kidney disease patient? Again, we have the "curse and the luxury of time," Dr. McVety says. The goal for a high quality of death is to make it a peaceful experience and avoid a crisis that leads to an ER trip.

4. Heart failure

As with chronic kidney disease, pain associated with congestive heart failure (CHF) can range from uncomfortable to sufferable, Dr. McVety says. The main thing she tells her clients to watch for is change, particularly changes in eating. "If a CHF patient comes in and is still eating, we can usually mitigate," says Dr. McVety, who worked in emergency practice before founding Lap of Love and has seen her share of heart failure. "Not at the very end. If the pet stops eating, that's a huge red flag."

Rescue drugs for heart failure include high-dose furosemide, and Dr. McVety will even sometimes leave an oxygen machine with the family if they're trying to delay euthanasia until a family member can be present.

When is the right time to euthanize? Much sooner than

you want to if yo want a peaceful end-of-life experience," Dr. McVety tells clients.



Here are some phrases Dr. McVety uses with her clients when they're facing the possibility of their pet's euthanasia.

IF THE CLIENT SAYS THIS ..

"I don't want her to suffer."

TRY THIS RESPONSE:

"Euthanasia isn't just about stopping suffering that's occurring in the moment but preventing it from occurring at all."

IF THE CLIENT SAYS THIS ..

"I don't know what to do."

TRY THIS RESPONSE:

"Right now we have the choice to make his passing as peaceful as it can possibly be. If we wait too long, that choice will be taken away."

IF THE CLIENT SAYS THIS ...

"I want her to pass naturally."

TRY THIS RESPONSE:

"Mother Nature is neither quick nor painless."

IF THE CLIENT SAVS THIS

"I want her to go to sleep and not wake back up.".

TRY THIS RESPONSE:

That's exactly what euthanasia is.'

IF THE CLIENT SAYS THIS ...

"I just can't."

TRY THIS RESPONSE:

"That's OK." (Note: Detach from the outcome: Once the pressure is off, clients will often call back within an hour of two and be ready.)

IF THE CLIENT SAYS THIS ..

"What if it's too soon?" ...

TRY THIS RESPONSE:

"It's better to help a friend a day too early than a second too late."

IF THF CLIENT SAYS THIS ...

"I don't know what I'm going to do afterward."

TRY THIS RESPONSE:

"You may not want to hear this right now, but you will feel relief."

BRIAN GOODMAN/SHUTTERSTOCK COM



3.6 mg

5.4 mg

16 mg

Brief Summary of Prescribing Information

For oral use in dogs only

Caution: Federal (USA) Law restricts this drug to use by or on the order of a licensed veterinarian. Indications: Control of pruritus associated with allergic dermatitis and control of atopic dermatitis in dogs at least 12 months of age.

Dosage and Administration: The dose of APOQUEL (oclacitinib maleate) tablets is 0.18 to 0.27 mg oclacitinib/lb (0.4 to 0.6 mg oclacitinib/kg) body weight, administered orally, twice daily for up to 14 days, and then administered once daily for maintenance therapy. APOQUEL may be administered with or without food.

| Dusing | Onuit | | | | | |
|--------|----------------------|-------------------------|------|--------------------------------------|-------------------|---------------|
| | ght Range (in lb) | Weight Range (in Kg) | | Number of Tablets to be Administered | | |
| Low | High | Low | High | 3.6 mg Tablets | 5.4 mg Tablets | 16 mg Tablets |
| 6.6 | 9.9 | 3.0 | 4.4 | 0.5 | - | - |
| 10.0 | 14.9 | 4.5 | 5.9 | - | 0.5 | - |
| 15.0 | 19.9 | 6.0 | 8.9 | 1 | - | - |
| 20.0 | 29.9 | 9.0 | 13.4 | - | 1 | - |
| 30.0 | 44.9 | 13.5 | 19.9 | - | - | 0.5 |
| 45.0 | 59.9 | 20.0 | 26.9 | - | 2 | - |
| 60.0 | 89.9 | 27.0 | 39.9 | - | - | 1 |
| 90.0 | 129.9 | 40.0 | 54.9 | - | - | 1.5 |
| 130.0 | 175.9 | 55.0 | 80.0 | - | - | 2 |

APOQUEL is not for use in dogs less than 12 months of age (see Animal Safety).

APOQUEL is not for use in dogs with serious infections.

APOQUEL may increase susceptibility to infection, including demodicosis, and exacerbate neoplastic conditions (see Adverse Reactions and Animal Safety).

Human Warnings:

This product is not for human use. Keep this and all drugs out of reach of children. For use in dogs only. Wash hands immediately after handling the tablets. In case of accidental eye contact, flush immediately with water or saline for at least 15 minutes and then seek medical attention. In case of accidental ingestion, seek medical attention immediately.

Precautions:

APOQUEL is not for use in breeding dogs, or pregnant or lactating bitches.

The use of APOQUEL has not been evaluated in combination with glucocorticoids, cyclosporine, or other systemic immunosuppressive agents.

Dogs receiving APOQUEL should be monitored for the development of infections, including demodicosis, and neoplasia.

Adverse Reactions:

Control of Atopic Dermatitis

In a masked field study to assess the effectiveness and safety of oclacitinib for the control of atopic dermatitis in dogs, 152 dogs treated with APOQUEL and 147 dogs treated with placebo (vehicle control) were evaluated for safety. The majority of dogs in the placebo group withdrew from the 112-day study by Day 16. Adverse reactions reported (and percent of dogs affected) during Days 0-16 included diarrhea (4.6% APOQUEL, 3.4% placebo), vomiting (3.9% APOQUEL, 4.1% placebo), anorexia (2.6% APOQUEL, 0% placebo), new cutaneous or subcutaneous lump (2.6% APOQUEL, 2.7% placebo), and lethargy (2.0% APOQUEL, 1.4% placebo). In most cases, diarrhea, vomiting, anorexia, and lethargy spontaneously resolved with continued dosing. Dogs on APOQUEL had decreased leukocytes (neutrophil, eosinophil, and monocyte counts) and serum globulin, and increased cholesterol and lipase compared to the placebo group but group means remained within the normal range. Mean lymphocyte counts were transiently increased at Day 14 in the APOQUEL group.

Dogs that withdrew from the masked field study could enter an unmasked study where all dogs received APOQUEL. Between the masked and unmasked study, 283 dogs received at least one dose of APOQUEL. Of these 283 dogs, two dogs were withdrawn from study due to suspected treatment-related adverse reactions: one dog that had an intense flare-up of dermatitis and severe secondary pyoderma after 19 days of APOQUEL administration, and one dog that developed generalized demodicosis after 28 days of APOQUEL administration. Two other dogs on APOQUEL were withdrawn from study due to suspected or confirmed malignant neoplasia and subsequently euthanized, including one dog that developed signs associated with a heart base mass after 21 days of APOQUEL administration, and one dog that developed a Grade III mast cell tumor after 60 days of APOQUEL administration. One of the 147 dogs in the placebo group developed a Grade I mast cell tumor and was withdrawn from the masked study. Additional dogs receiving APOQUEL were hospitalized for diagnosis and treatment of pneumonia (one dog), transient bloody vomiting and stool (one dog), and cystitis with urolithiasis (one dog).

In the 283 dogs that received APOQUEL, the following additional clinical signs were reported after beginning APOQUEL (percentage of dogs with at least one report of the clinical sign as a non-pre-existing finding); pyoderma (12.0%), non-specified dermal lumps (12.0%), otitis (9.9%), vomiting (9.2%), diarrhea (6.0%), histiocytoma (3.9%), cystitis (3.5%), anorexia (3.2%), lethargy (2.8%), yeast skin infections (2.5%), pododermatitis (2.5%), lipoma (2.1%), polydipsia (1.4%), lymphadenopathy (1.1%), nausea (1.1%), increased appetite (1.1%), aggression (1.1%), and weight loss (0.7).

Control of Pruritus Associated with Allergic Dermatitis

In a masked field study to assess the effectiveness and safety of oclacitinib for the control of pruritus associated with allergic dermatitis in dogs, 216 dogs treated with APOQUEL and 220 dogs treated with placebo (vehicle control) were evaluated for safety. During the 30-day study, there were no fatalities and no adverse reactions requiring hospital care. Adverse reactions reported (and percent of dogs affected) during Days 0-7 included diarrhea (2.3% APOQUEL, 0.9% placebo), vomiting (2.3% APOQUEL, 1.8% placebo), lethargy (1.8% APOQUEL, 1.4% placebo), anorexía (1.4% APOQUEL, 0% placebo), and polydipsia (1.4% APOQUEL, 0% placebo). In most of these cases, signs spontaneously resolved with continued dosing. Five APOQUEL group dogs were withdrawn from study because of: darkening areas of skin and fur (1 dog); diarrhea (1 dog); fever, lethargy and cystitis (1 dog); an inflamed footpad and vomiting (1 dog); and diarrhea, vomiting, and lethargy (1 dog). Dogs in the APOQUEL group had a slight decrease in mean white blood cell counts (neutrophil, eosinophil, and monocyte counts) that remained within the normal reference range. Mean lymphocyte count for dogs in the APOQUEL group increased at Day 7, but returned to pretreatment levels by study end without a break in APOQUEL administration. Serum cholesterol increased in 25% of APOQUEL group dogs, but mean cholesterol remained within the reference

Continuation Field Study

Continuation Field Study
After completing APOQUEL field studies, 239 dogs enrolled in an unmasked (no placebo control),
continuation therapy study receiving APOQUEL for an unrestricted period of time. Mean time
on this study was 372 days (range 1 to 610 days). Of these 239 dogs, one dog developed
demodicosis following 273 days of APOQUEL administration. One dog developed dermal pigmented viral plaques following 266 days of APOQUEL administration. One dog developed a moderately severe bronchopneumonia after 272 days of APOQUEL administration; this infection resolved with antimicrobial treatment and temporary discontinuation of APOQUEL. One dog was euthanized after developing abdominal ascites and pleural effusion of unknown etiology after 450 days of APOQUEL administration. Six dogs were euthanized because of suspected malignant neoplasms: including thoracic metastatic, abdominal metastatic, splenic, frontal sinus, and intracranial neoplasms, and transitional cell carcinoma after 17, 120, 175, 49, 141, and 286 days of APOQUEL administration, respectively. Two dogs each developed a Grade II mast cell tumor after 52 and 91 days of APOQUEL administration, respectively. One dog developed low grade B-cell lymphoma after 392 days of APOQUEL administration. Two dogs each developed an apocrine gland ádenocarcinoma (one dermal, one anal sac) after approximately 210 and 320 days of APOQUEL administration, respectively. One dog developed a low grade oral spindle cell sarcoma after 320 days of APOQUEL administration.

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

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

Storage Conditions:

APOQUEL should be stored at controlled room temperature between 20° to 25°C (68° to 77°F) with excursions between 15° to 40°C (59° to 104°F).

How Supplied:

APOQUEL tablets contain 3.6 mg, 5.4 mg, or 16 mg of oclacitinib as oclacitinib maleate per tablet. Each strength tablets are packaged in 20 and 100 count bottles. Each tablet is scored and marked with AQ and either an S, M, or L that correspond to the different tablet strengths on both sides.

NADA #141-345, Approved by FDA

Made in Italy



Distributed by: Zoetis Inc. Kalamazoo, MI 49007 February 2013

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APOQUEL® (oclacitinib tablet) and CONVENIA® (cefovecin sodium) A Winning Duo for Canine Skin Disease

A case study: First-line defense against canine pruritus with secondary pyoderma

Imost 70 percent of dog owners said their dog has experienced scratching, itching or other listed* symptoms in the past year,¹ according to an online survey conducted by Harris Poll and commissioned by Zoetis in 2015. As a veterinary professional, you probably aren't surprised by this number, which is consistent with industry analyses showing that skin allergies are the top medical condition prompting canine veterinary visits.^{2,3}

Yet, millions of dogs suffering from skin allergies never see a veterinarian for treatment. Many of their owners, instead, try to diagnose the condition themselves and seek relief with over-the-counter remedies that often don't work. This enables the itching to progress and cause further damage. In fact, research shows that up to 66 percent of dogs with atopic dermatitis have a concurrent yeast or bacterial skin infection.⁴

The escalation of itch can create sleepless nights and an aversion to playing or going for walks, significantly

affecting the dogs' quality of life and disrupting the close bond with their families.

An example: Allergic itch and secondary pyoderma

Gunner, a playful 12-yearold Golden Retriever, is an example of how devastating pruritus accompanied by secondary pyoderma can

be. Whitney Stringman, Gunner's owner, noticed he was scratching intensely. Gunner's condition escalated to a large hot spot in a matter of days, so Stringman took him to Dr. John Hutchens, a veterinarian at Westmoreland & Slappey Animal Hospital in Perry, Georgia.

Dr. Hutchens knew that quickly treating both the severe allergic itch and the secondary pyoderma was crucial to helping Gunner

— and to relieving his client's distress. That's why he turned to APOQUEL® (oclacitinib tablet) for Gunner's allergic itch and CONVENIA® (cefovecin sodium) for Gunner's pyoderma.

"Because of the severity of Gunner's case, I took no chances with our treatment and gave Gunner his first dose of APOQUEL while he was still in my office," Dr. Hutchens said. "CONVENIA was a great option for Gunner's hot spots because of the high rate of treatment success with only one injection; also, Whitney wouldn't have to worry about administering an antibiotic at home."

APOQUEL and CONVENIA are the new standard of care, in my opinion. With the anti-itch therapy as well as the antibiotic therapy, you're taking care of both conditions at the same time very effectively and quickly.

John Hutchens, DVM

After the veterinary visit, Stringman felt confident in the treatment plan when she saw the rapid results.

"Once I left the clinic knowing Gunner had received the first dose of APOQUEL and the CONVENIA injection — and saw the relief in Gunner — I felt relief myself," she said.

Stringman reported that within hours, Gunner wasn't chewing or scratching as much. He was back to playing with his family and acting like himself again.

Because of what Dr. Hutchens experienced with Gunner and other cases, he now relies on these medications as his first-line treatment for dogs with acute and seasonal allergies that present with secondary pyoderma.

Before



To quickly relieve Gunner's suffering from severe allergic itch and secondary pyoderma, Dr. Hutchens prescribed APOQUEL and CONVENIA.

Creating real-world success with a winning duo

"APOQUEL and CONVENIA are the new standard of care, in my opinion," Dr. Hutchens said. "With the anti-itch therapy as well as the antibiotic therapy, you're taking care of both conditions at the same time very effectively and quickly."

APOQUEL, the first game-changing treatment for canine allergic itch in more than a decade, is uniquely targeted to stop itch with minimal negative impact on immune functions. It inhibits the function of a variety of pruritogenic and proinflammatory allergic cytokines that are dependent on JAK1 and JAK3 enzyme activity.⁵

While APOQUEL stops the itch at the source so you can provide fast relief to patients as you diagnose the underlying cause of the pruritus, CONVENIA works quickly to resolve the infection with sustained antibacterial drug concentrations that last for 14 days.** In a clinical study, 86 percent of dogs needed one injection.⁶

Together, APOQUEL and CONVENIA allow the dog and the pet owner to get back to their life together — and reinforce their trust in the outstanding care you and your clinic team provide during each and every visit.

An opportunity: Educating clients about the itch cycle

Today, we not only understand more about the canine itch cycle, but veterinarians also have access to treatment options to make a vital difference for Gunner and other dogs. Armed with these resources, there is no better time to bring itch to the forefront of your discussions with pet owners.

These conversations help clients understand the importance of providing itch relief with APOQUEL before scratching causes further damage. However, if a secondary pyoderma is present, you can turn to CONVENIA to deliver first-time treatment success.



Seeing Gunner's rapid relief reinforced Whitney Stringman's confidence in Dr. Hutchens' treatment plan, which featured APOQUEL and CONVENIA.

To see Gunner's story, watch videos about other APOQUEL cases and download in-clinic educational resources, visit apoquelexperience.com/vetted.

At convenia.com, you will find clinical case studies and videos showing what veterinarians and pet owners are saying about CONVENIA.





APOQUEL IMPORTANT SAFETY INFORMATION:

Do not use APOQUEL in dogs less than 12 months of age or those with serious infections. APOQUEL may increase the chances of developing serious infections, and may cause existing parasitic skin infestations or pre-existing cancers to get worse. APOQUEL has not been tested in dogs receiving some medications including some commonly used to treat skin conditions such as corticosteroids and cyclosporines. Do not use in breeding, pregnant, or lactating dogs. Most common side effects are vomiting and diarrhea. APOQUEL has been used safely with many common medications including parasiticides, antibiotics and vaccines. See Brief Summary of full Prescribing Information on page 17.

CONVENIA IMPORTANT SAFETY INFORMATION:

People with known hypersensitivity to penicillin or cephalosporins should avoid exposure to CONVENIA. Do not use in dogs or cats with a history of allergic reactions to penicillins or cephalosporins. Side effects for both dogs and cats include vomiting, diarrhea, decreased appetite/anorexia and lethargy. See Brief Summary of full Prescribing Information on page 20.

*Sixty-nine percent of dog owners said their dog has experienced scratching or itching, licking of feet/paws, head shaking/ear rubbing, rubbing on carpet or furniture, or biting/chewing in the last year.

References:

Survey Methodology: This survey was conducted online within the United States by Harris Poll on behalf of Zoetis from March 30 - April 26, 2015, among 4,052 adults ages 18 and older (among which, 1,665 are dog owners). This online survey is not based on a probability sample and, therefore, no estimate of theoretical sampling error can be calculated. For complete survey methodology, including weighting variables, contact Lindsey Goodman at Igoodman@archermalmo.com.

²Most common medical conditions for dogs and cats. Nationwide. http://www.prnewswire.com/news-releases/most-common-medical-conditions-for-dogs-and-cats-300418097.html. Accessed March 13, 2017.

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The animal health information contained herein is provided for educational purposes only and is not intended to replace discussions with an animal healthcare professional. Testimonials represent individual experience only and the experiences and opinions herein may be unique to the patient and the speaker. Individual results may vary considering the unique characteristics of the patient.



^{**}In clinical studies, a single injection of CONVENIA was clinically equivalent to a 14-day antibiotic regimen.

Unusual euthanasia requests:

t's a harsh truth that part of having a pet is losing a pet—the circle of life in which our own circles' diameters quite outsize those of our cats, dogs and other furry, scaly or feathered friends. But when the owner-pet relationship has been so rewarding, making sure the end is just as rewarding is key to helping the pet pass away peacefully and the owner be able to look back with only happy memories, even in the last moments.

At her presentation on unique requests postmortem at the NAVC earlier this year, Mary Gardner, DVM, inspired the audience toward laughter and tears at the ways some owners chose to say goodbye to their pets.

Here are some of the unusual keepsakes Dr. Gardner has had pet owners request:

- > Paw impressions from all four paws or nose impressions. Once an owner wanted a tail impression of his cat.
- > Nail clippings
- > Paws (Dr. Gardner said she wouldn't do this and that it would be best to talk to a taxidermist.)
- > Speaking of taxidermy....taxidermy
- > The ashes so the owner could mix them in with ink for a tattoo
- > Lots of fur (one owner shaved her malamute so she could make a sweater)
- > The skin of a horse that had been branded so the owner could make leather out of the branded area
- > Samples for breeding or cloning. Dr. Gardner mentioned an option

for those clients not quite wanting to take the taxidermy route—Petsies. This service creates a realistic stuffed animal of a beloved pet based on photos.

The ultimate lesson in all of this? Treat a pet owner's request with respect, says Dr. Gardner, Don't recoil or laugh, Each person handles loss differently, and some requests may help owners with their grieving process.

"Be prepared for the unique requests, and when they are asked, remain calm and compassionate," Dr. Gardner says. "Consider their request as an opportunity to go above and beyond for your client, and possibly give them a gift that others may not be open to. Think before immediately saying, 'No,' and minimally say, 'I've not done that yet, let me see if that is possible."

30 years ago a clay paw impression may have been scoffed at, yet now it is the norm. In five years, maybe it will be nose impressions. So maybe a bit of brushing up on your arts and crafts would be helpful.

Brief Summary of Prescribing Information

convenia

(cefovecin sodium)

Antimicrobial for Subcutaneous Injection in Dogs and Cats Only CAUTION: Federal (USA) law restricts this drug to use by or on the order

INDICATIONS:

Dogs
CONVENIA is indicated for the treatment of skin infections (secondary superficial pyoderma, abscesses, and wounds) in dogs caused by susceptible strains of Staphylococcus intermedius and Streptococcus

CONVENIA is indicated for the treatment of skin infections (wounds and

CONTRAINDICATIONS: CONVENIA is contraindicated in dogs and cats with known allergy to cefovecin or to β -lactam (penicillins and cephalosporins) group antimicrobials. Anaphylaxis has been reported with the use of this product in foreign market experience. If an allergic reaction or anaphylaxis occurs, CONVENIA should not be administered again and appropriate therapy should be instituted. Anaphylaxis may require treatment with epinephrine and other emergency measures, including oxygen, intravenous flirids, intravenous antihistamine, corticosteroids, and airway management, as clinically indicated. Adverse reactions may require prolonged treatment due to the prolonged systemic drug clearance (65 days).

WARNINGS: Not for use in humans. Keep this and all drugs out of reach of children. Consult a physician in case of accidental human exposure For subcutaneous use in dogs and cats only. Antimicrobial drugs, including penicillins and cephalosporins, can cause allergic reactions in sensitized individuals. To minimize the possibility of allergic reactions, those handling such antimicrobials, including cefovecin, are advised to avoid direct contact of the product with the skin and mucous membranes.

PRECAUTIONS: Prescribing antibacterial drugs in the absence of a proven or strongly suspected bacterial infection is unlikely to provide benefit to treated animals and may increase the risk of the development of drug-resistant animal pathogens.

The safe use of CONVENIA in dogs or cats less than 4 months of age and in breeding or lactating animals has not been determined. Safety has not been established for IM or IV administration. The long-term effects on injection sites have not been determined. CONVENIA is slowly eliminated from the body, approximately 65 days is needed to eliminate 97% of the administered dose from the body. Animals experiencing an adverse reaction may need to be monitored for this duration.

CONVENIA has been shown in an experimental *in vitro* system to result in an increase in free concentrations of carprofen, furosemide, doxycycline,

and ketoconazole. Concurrent use of these or other drugs that have a high degree of protein-binding (e.g. NSAIDs, propofol, cardiac, anticonvulsant, and behavioral medications) may compete with cefovecin-binding and cause adverse reactions.

Positive direct Coombs' test results and false positive reactions for glucose in the urine have been reported during treatment with some cephalosporin antimicrobials. Cephalosporin antimicrobials may also cause falsely elevated urine protein determinations. Some antimicrobials, including cephalosporins, can cause lowered albumin values due to interference

Occasionally, cephalosporins and NSAIDs have been associated with myelotoxicity, thereby creating a toxic neutropenia⁴. Other hematological reactions seen with cephalosporins include neutropenia, anemia, hypoprothrombinemia, thrombocytopenia, prolonged prothrombin time (PT) and partial thromboplastin time (PTT), platelet dysfunction and transient increases in serum aminotransferases.

ADVERSE REACTIONS:

A total of 320 dogs, ranging in age from 8 weeks to 19 years, were included in a field study safety analysis. Adverse reactions reported in dogs treated with CONVENIA and the active control are summarized in Table 2.

Table 2: Number of Dogs* with Adverse Reactions Reported During the Field Study with CONVENIA.

| Adverse Reaction | CONVENIA (n=157) | Active Control (n=163) |
|-----------------------------|---------------------|------------------------------|
| Lethargy | 2 | 7 |
| Anorexia/Decreased Appetite | 5 | 8 |
| Vomiting | 6 | 12 |
| Diarrhea | 6 | 7 |
| Blood in Feces | 1 | 2 |
| Dehydration | 0 | 1 |
| Flatulence | 1 | 0 |
| Increased Borborygmi | 1 | 0 |

*Some dogs may have experienced more than one adverse reaction or more than one occurrence of the same adverse reaction during the study Mild to moderate elevations in serum y-glutamyl trans-ferase or serum alanine aminotransferase were noted post-treatment in several of the CONVENIA-treated dogs. No clinical abnormalities were noted with these findings.

One CONVENIA-treated dog in a separate field study experienced diarrhea post-treatment lasting 4 weeks. The diarrhea resolved

A total of 291 cats, ranging in age from 2.4 months (1 cat) to 21 years, were included in the field study safety analysis. Adverse reactions reported in cats treated with CONVENIA and the active control are summarized in Table 3.

Table 3: Number of Cats* with Adverse Reactions Reported During the Field Study with CONVENIA.

| Adverse Reaction | CONVENIA (n=157) | Active Control (n=163) |
|-----------------------------|---------------------|------------------------------|
| Vomiting | 10 | 14 |
| Diarrhea | 7 | 26 |
| Anorexia/Decreased Appetite | 6 | 6 |
| Lethargy | 6 | 6 |
| Hyper/Acting Strange | 1 | 1 |
| Inappropriate Urination | 1 | 0 |

*Some cats may have experienced more than one adverse reaction or more than one occurrence of the same adverse reaction during the study Four CONVENIA cases had mildly elevated post-study ALT (1 case was elevated pre-study). No clinical abnormalities were noted with these findings

Twenty-four CONVENIA cases had normal pre-study BUN values and elevated post-study BUN values (37–39 mg/dL post-study). There were 6 CONVENIA cases with normal pre- and mildly to moderately elevated poststudy creatinine values. Two of these cases also had an elevated post-study BUN. No clinical abnormalities were noted with these findings

One CONVENIA-treated cat in a separate field study experienced diarrhea post-treatment lasting 42 days. The diarrhea resolved.

FOREIGN MARKET EXPERIENCE: The following adverse events were reported voluntarily during post-approval use of the product in dogs and cats in foreign markets: death, tremors/ataxia, seizures, anaphylaxis, acute pulmonary edema, facial edema, injection site reactions (alopecia, scabs, necrosis, and erythema), hemolytic anemia, salivation, pruritus lethargy, vomiting, diarrhea, and inappetance.

For a copy of the Material Safety Data Sheet, (MSDS) or to report a suspected adverse reaction call Zoetis Inc. at 1-888-963-8471. STORAGE INFORMATION:

Store the powder and the reconstituted product in the original carton, refrigerated at 2° to 8° C (36° to 46° F). Use the entire contents of the vial within 56 days of reconstitution. PROTECT FROM LIGHT. After each use it is important to return the unused portion back to the refrigerator in the original carton. As with other cephalosporins, the color of the solution may vary from clear to amber at reconstitution and may darken over time. If stored as recommended, solution color does not adversely affect potency.

HOW SUPPLIED:

CONVENIA is available as a 10 mL multi-use vial containing 800 milligrams of cefovecin as a lyophilized cake NADA# 141-285, Approved by FDA

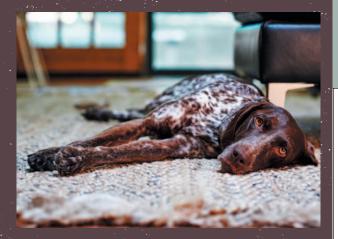
zoetis

Distributed by Kalamazoo, MI 49007 January 2013 PAA035845A&P

Knowing when it's time

ary Gardner, DVM, a co-founder of Lap of Love Veterinary Hospice, recorded this video for us at the CVC that you can share with your clients struggling with this difficult question. She has three things she wants clients to consider:

• What ailment does your pet have? A dog with arthritis will have a very different progression of signs than a cat with heart failure or kidney failure. "I want you to speak with your veterinarian," Dr. Gardner says directly to your clients, "and discuss all those symptoms that they're going to face and also what treatment options and medications'you can do to make sure that they're comfortable."



What is your pet's personality? This is to ensure that whatever measures you will have to take, whether subcutaneous fluids or even administering a pill, will be OK with the pet. "We want to make sure you still have a bond with your pet and ensure that their quality of time with you is still good," says Dr. Gardner.

What are your personal beliefs? Some clients want to take whatever measures they can to prolong their pet's life, while others may be ready to say goodbye sooner rather than later. "There's no right or wrong option," says Dr. Gardner. "We just want to make sure that as pets struggle, that we just don't push them until they're suffering."

Scan this code to watch the video and post it on your practice website.



The dvm360 Leadership Challenge asks veterinarians and team members to step up to challenges and opportunities facing the profession in new ways. This month in dvm360:



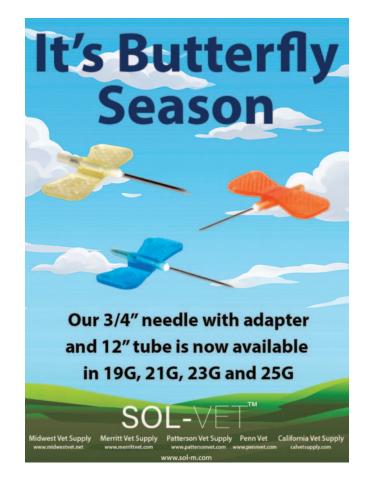
- > End of life as a One Health initiative. Veterinarians have a unique opportunity to help mold ideas.
- > Goal-setting in end-of-life care. Human physicians have started to discuss individual end-of-life goals with patients. Veterinarians can do the same.
- > Talking to kids about pet euthanasia. Dr. Jessica Vogelsang completely transformed how she counsels parents after trying to explain euthanasia to her children.

Firstline's coverage includes expert insights on how to do hospice the right way, including leveraging the team

firstline

and technology to maximize patient comfort and client care. We also bust common hospice myths and offer tips and tools to communicate more effectively about hospice and euthanasia.

For an extensive list of online resources, including additional articles, videos, tools and more, visit dvm360.com/petpainanddeath.



By Sarah Wooten, DVM



Scrub-a-dub-dub

Browse our extensive selection of shampoos, rinses and topical treatments for dermatologic conditions to learn more about what's out there (being marketed to your clients) and what's new that you might want to recommend. Go to dyn330.com/scrub for more.

hink pyoderma is a straightforward bacterial overgrowth of the skin? Get the latest on this common derm condition at dvm360.com/pyoderma. A great way to reduce pyoderma? Regular bathing. But ... "There is no way my 86-year-old client is going to bathe a 75-pound dog daily," say your clients. I exhort you: Keep an open mind.

Yes, your clients are likely to tell you that bathing is stressful for all parties involved, and their bathing facilities may be limited. However, if you explain why you're telling them to bathe their dogs (to minimize the development of resistant bacteria and reduce impact to the rest of the body) and how it benefits their pets (speeds healing, decreases the amount of time systemic microbials must be used, removes nasty crusts and makes the hair look healthier), I have found that nine times out of 10 pet owners get it. What's more, they actually do it!

A recent study suggests that, depending on the formulation, residual antibacterial activity can last for a week after an animal is bathed with 2% or 3% chlorhexidine shampoo. Depending on the shampoo formulation, hair length, severity of disease and perpetuating factors, the client may only need to bathe the dog twice a week.

Teaching owners to catch when their dogs have bacterial overgrowth on their skin will reduce the development of pyoderma and perpetuating factors, leading to healthier patients and happier clients.

Reference

1. Kloos I, Straubinger RK, Werckenthin C, et al. Residual antibacterial activity of dog hairs after therapy with antimicrobial shampoos. Vet Dermatol 2013;24(2):250-e54.

Dropping derm

Is that a hot spot? Or pustules?

When clients have questions about their pets' derm condition, help them out with this printable handout.

Veterinary clients know there's something painful and icky going on with their pets' skin but probably don't understand the intricacies of



a hot spot versus pustules. Use this handout by Darin Dell, DVM, DACVD, to help your clients get a handle on the difference between the two, how each condition is treated and what to watch for while at home.

Download the handout by scanning the code or visiting dvm360.com/hotspothandout.



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A preventive-care breakdown



How much do you charge the practice?

\$515 one-time setup fee

\$3/month per plan

Do you offer help on what's included in a practice's plan?

Yes, with recommended protocols as well as fully customizable plans

Do you integrate with practice/medical software?

We integrate with IDEXX Cornerstone, IDEXX DVMAX, AVImark, Infinity, IntraVet and ClientTrax



Premier Vet Alliance premierpetcareplans.com **>**Premier **Pet Care** Plan Roswell, GA

How much do you charge the practice?

\$3.75/month per plan

Do you offer help on what's included in a practice's plan?

Yes, we encourage flea/tick/ heartworm and vaccines in first couple years

Do you integrate with practice/medical software?

We add code to practice management software for practice owner to track



Prevent Plans preventplans.com

>Well Pet Plans

Vancouver, WA

How much do you charge the practice?

\$495 one-time registration

9% of monthly fees

\$10 of new-member enrollment fee

Do you offer help on what's included in a practice's plan?

Yes, plan templates as well as fully customizable plans

Do you integrate with practice/medical software?

We integrate with any practice management software that will export data

eterinary/ Credit Plans veterinarycreditplans.com > Wellness **Program**

Irvine, CA

How much do you charge the practice?

\$895 one-time setup and training fee

\$2/month per plan

Do you offer help on what's included in a practice's plan?

yes, "best practice" templates for treatment protocols, and then wellness coaches to help design plans to best suit the needs of the practice, clients and pets

Do you integrate with practice/medical software?

We integrate with any practice management software



Don't lose your head giving clients what they want: predictable, monthly payments to manage their pet's wellness care over the year. Here are companies that can help you give them what they want.

Do you help practices charge clients for monthly payments?

Web-based payment processing on 20th of each month; new plan enrollments processed daily



What percentage of practices offer a discount to clients for plans?

Half of practices discount

0/0

Do you help practices charge clients for monthly payments?

Credit card payment processing through web-based portal



What percentage of practices offer a discount to clients for plans?

Most practices discount 10%

0/0

Do you help practices charge clients for monthly payments?

Web-based payment processing on 5th or 15th of each month (pet owner preference). Company handles expired cards, default accounts and plan cancellations



What percentage of practices offer a discount to clients for plans?

All practices include discounts on services inside and outside plan; some practices include discounts on pharmaceuticals, food and pet accessories

o\0

Do you help practices charge clients for monthly payments?

We provide insight to local demand, competitive offerings, service pricing and any discount considerations



What percentage of practices offer a discount to clients for plans?

Most practices discount, but we don't recommend more than 15-20% off retail

0/0

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love buffalo wings and free beer?" - Sarah Wooten, DVM

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eterinary clients can get up in arms if they assume you're trying to make money off of pets' discomfort with pharmaceuticals, supplements, diagnostics and veterinary visits. But you know the truth: You care about pain management because you care about the patient's well-being. You're not padding the bill here folks.

Michael Petty, DVM, CCVP, CCRT, gave a sobering perspective on pain in pets at a recent CVC session about the business of pain management: "Dogs and cats live in the moment—they think that what's happening to them right now is forever. So I think it's more pressing for us to help these animals get out of pain since we can't explain to them, 'It'll be better in a couple of days."

In his presentation, Dr. Petty discussed two ways to better detect pain in practice.

Receptionists and technicians: The best pain diagnosers

Pain is apparent in your veterinary patients once you know what to look for. Dr. Petty says it's important for all team members being on the same page in identifying and alleviating pain and the special role that receptionists and technicians play in that.

2Client questionnaires: The proof is in the progress

A form with good questions for clients is vital to identifying pain in pets. But Dr. Petty says there's one question you should never ask a client and also explains how to handle clients if they seem to be oblivious to their pets' pain



if they seem to be oblivious to their pets' pain. Scan the code here to find out more from Dr. Petty via audio clips.



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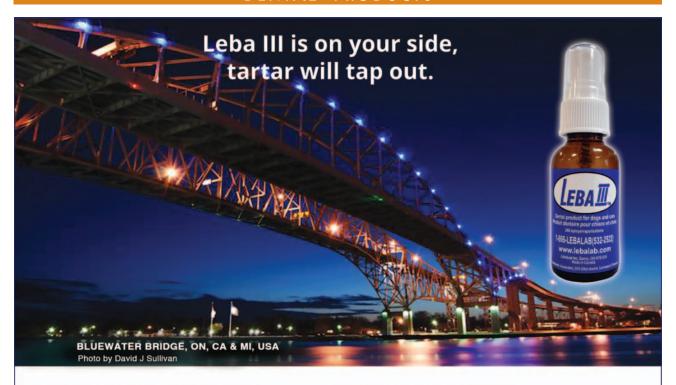




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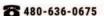
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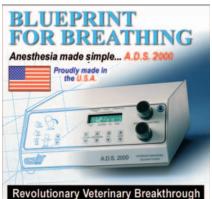






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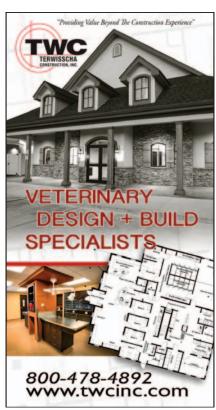
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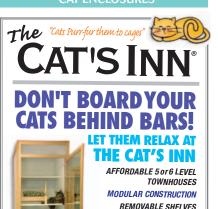
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Feeling squeezed in practice?

When life in veterinary medicine gives you lemons, do you make lemonade ... or get squished?

ome people, even in bad circumstances, feel they have control over their lives. Psychologist Julian Rotter calls that an "internal" locus of control. Compare that to people who feel they don't have power over their lives, their actions, their families or their jobs—people with an "external locus of control."

Some researchers say happier people have an internal locus of control.

So, what about you?

Are you convinced you're doomed—*Groundhog Day* style—to face clients day after day who won't take your recommendations? External locus of control—the pet owners govern your fate! Or do you work to soothe your frustration about that or adjust the way you communicate with pet owners? Internal locus of control—there's something you can do, even if it's to let go of bad feelings from the workday.

Choosing change isn't always easy, but the more you tell yourself you're fated to misery and unhappiness and the world is conspiring against you, maybe—just maybe—the more miserable and unhappy you feel.

But don't take our word for it. Learn more about locus of control, including a thought-provoking quiz to find your attributional style, by visiting dyn360com/locusofcontrol or scanning the code, right.



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