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**PET PARENTS:**  
Helicopter or  
lackadaisical?  
p 24

**Why paperless  
practice fails**  
p 4

**Giving  
anti-  
vaxxers  
a talking-to**  
p 6

Hypothyroid dogs:  
**WAKE UP**  
with the latest info  
p 12

**4 PULSE-OX**  
monitors  
to put on  
your radar  
p 16

**How to hack your  
next employee  
review**  
p 17

**Meowslow's  
hierarchy  
of needs**  
A focus on enrichment means  
understanding cat psychology.  
p 8

**dvm360  
leadership  
CHALLENGE  
pet enrichment**



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snacks  
at Fetch  
dvm360 in  
San Diego.

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## Creative

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

## Sales

Sales Director | David Doherty  
913-871-3870 | david.doherty@ubm.com  
Account Manager | Angie Homann  
913-871-3917 | angie.homann@ubm.com  
Account Manager | Terry Reilly  
913-871-3871 | terry.reilly@ubm.com  
Account Manager | Heather Townsend  
913-871-3874 | heather.townsend@ubm.com  
Sales Coordinator | Anne Belcher  
913-871-3876 | anne.belcher@ubm.com  
Books/Resource Guide Sales | Maureen Cannon  
440-891-2742 | maureen.cannon@ubm.com

## UBM Animal Care

Vice President & Managing Director | Christie McFall  
913-871-3810 | christie.mcfall@ubm.com  
Vice President, Digital Product Management | Mark Eisler  
Creative Director | Marnette Falley  
Medical Director | Theresa Entriiken, DVM  
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Business Manager | Chris Holston

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UBM

# Noms and more in San Diego



**T**he San Diego Convention Center offers the best of both worlds for attendees at our next big Fetch dvm360 conference, Dec. 7-11. On one side is the Pacific Ocean. On the other is the Gaslamp Quarter, a 16-block dining and entertainment hub. Here's a quick guide to eats and drinks down the street from the water. (For more insider-y tips, be sure to check out [fetchdvm360.com/sd](http://fetchdvm360.com/sd).)

## Sip this

- A purchase at **The Cat Café** is your admission fee to a playpen of adoptable cats. You can sign up to do yoga alongside the cats a couple of times during the conference.
- **Vitality Tap** is nearby if coffee isn't vital to your survival (please, tell us your secret!) and you'd rather kick-start your day with a juice or smoothie.
- Check out **The Nolen**, a rooftop bar on top of the Courtyard Marriott featuring inventive drinks in a cozy setting.
- Or visit **The Field**, a turn-of-the-century Irish pub that was shipped, piece by piece, from Ireland to San Diego.

## Feast on that

- If the idea of tiramisu pancakes

topped with espresso syrup and mascarpone sauce sounds irresistible, grab a seat at **Café 21**.

- Don't miss out on fish tacos—**Tin Fish** is located across the street from the convention center, making it a must-do!
- **Biga** features handcrafted Italian cuisine and was recently given the honor of "Best Pizza in San Diego" by the travel website Thrillist.
- For burgers with single-source, American grass-fed beef, visit **Burger Lounge**. Vegetarian? Vegan? Gluten-free? Burger Lounge has options for you, too.
- For a nice dinner, **Searsucker** serves "New American Classic" cuisine like duck pot pie and buttermilk fried chicken.
- **Lou & Mickey's** provides fresh seafood and prime steak. Who can say no to grilled teriyaki wild Ecuadorian mahi mahi and macadamia-nut-crusted wild Alaskan halibut?
- **Brian's 24** serves up hearty fare 24/7. We're not sure if biscuits and gravy is the *best* idea at 2 in the morning, but we're willing to find out.





# THE GUIDE

November 2017

Yummy stuff in  
San Diego

**fetch**  
dvm360  
CONFERENCE

1

Why do  
hospitals  
fail at  
paperless  
practice?

4

Should  
DVMs  
sell pet  
food?

7

Get woke about canine  
**hypothyroidism**



12

8

## Meowslow's hierachy of needs

Cats have needs beyond food and shelter. And the better you and your veterinary clients understand these needs, the closer the kitties in your clinic will come to reaching their full potential.

dvm360  
**leadership**  
CHALLENGE  
pet enrichment



**Plus: Social media tips**  
Canine endocrinology  
info for your clients

14

Pulse-ox  
**product  
picks**

16



**17** Pounce on  
these wellness  
care tips

**Plus:** The  
employee  
review hack  
you've been  
looking for

Pet parents:  
**Helicopter or  
lackadaisical?**

24



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<sup>2</sup> Data on file at Merial.

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# THE PICKS

(what we care about now)

**Q.** "Our hospital has gone paperless, and our doctors are finding it challenging to get their medical notes finished and in the computer in a timely manner. Do you have any tips for appointment flow and medical records in a paperless or paper-light clinic?"

**A.** At my hospital, when we went chartless, I created templates for doctors and technicians to put in notes. Doctors might initially feel like they have more work, because we require notes to be entered by the end of a shift so that charts are accurate. But we make it easier with a check-in sheet with all of a client's information that routes through the hospital. We then scan all signed documents and outside lab work into the file.

You must be mentally prepared that even though you're "paperless," you'll still use paper. You'll also still need to have access to your previous charts for a few years to be able to look back at the history of patients that don't come in often. The ease of the transition is really dependent on 1) getting everyone on board, 2) being open to working through new ways of doing things and 3) making sure your software is user-friendly and can store information easily.

We still struggle with some doctors getting their records finished by end of day, especially if they aren't fast typists or don't want to use the templates. But the idea is to allow them the first 10 minutes of the next appointment, while the technician is getting the history, to finish up the records of their previous appointment.

In a veterinarian appointment (versus a technician-only appointment) the blocking works as follows: The first 10 minutes are for the technicians to check the patient in and get the history. The following 20 minutes—or the balance, if it's more than a 30-minute appointment—are for the veterinarian to spend time with the patient and client.

The reality is, you need to schedule time for doctors to get their records done. We block "same-day appointment" blocks in one 30-minute slot in the morning and one in the evening. This time can also be used for the doctors to catch up on their records or phone calls. They can also use "rounding hour" from 1 p.m. to 2 p.m. each day to catch up.

*Judi Bailey, CVP, is hospital administrator at Loving Hands Animal Clinic and Pet Resort in Alpharetta, Georgia. She was the 2016 dvm360/VHMA Practice Manager of the Year. This year's Practice Manager of the Year will be announced at Fetch dvm360 in San Diego. Learn more about the contest at [dvm360.com/pmoy](http://dvm360.com/pmoy). Register for Fetch dvm360 at [fetchdvm360.com/sd](http://fetchdvm360.com/sd).*

## Why do hospitals fail at paperless practice?

By Judi Bailey, CVP



# Dogs are all

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(moxidectin)

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**IMPORTANT SAFETY INFORMATION:** PROHEART 6 should be used in healthy dogs. Do not administer to sick, debilitated, underweight dogs or dogs that have a history of weight loss. Prior to administration, PROHEART 6 certified veterinarians should continue to assess patient health through a medical history, physical examination and if deemed appropriate, diagnostic testing. Continue to use caution when administering PROHEART 6 concurrently with vaccinations. Adverse events, including anaphylaxis, have been reported following the concomitant use of PROHEART 6 and vaccines. In some cases, anaphylactic reactions have resulted in death. Use with caution in dogs with pre-existing or uncontrolled allergic disease (food allergy, atopy or flea allergy dermatitis). Dogs receiving PROHEART 6 should be tested for existing heartworms as per the product label. In people, avoid PROHEART 6 contact with eyes. If contact with the eyes occurs, rinse thoroughly with water for 15 minutes and seek medical attention immediately. PROHEART 6 is available only to veterinarians through a restricted distribution program. Only certified veterinarians and staff can administer it. See Brief Summary of full Prescribing Information on page 06.

**BRIEF SUMMARY:**

See package insert for full prescribing information.

NADA 141-189, Approved by FDA

# ProHeart® 6 (moxidectin)

## Sustained Release Injectable for Dogs

**CAUTION**

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

**INDICATIONS**

ProHeart 6 is indicated for use in dogs six months of age and older for the prevention of heartworm disease caused by *Dirofilaria immitis*.

ProHeart 6 is indicated for the treatment of existing larval and adult hookworm (*Ancylostoma caninum* and *Uncinaria stenocephala*) infections.

**INFORMATION FOR DOG OWNERS**

Always provide Client Information Sheet and review with owners before administering ProHeart 6. Owners should be advised of the potential for adverse reactions, including anaphylaxis, and be informed of the clinical signs associated with drug toxicity (see **WARNINGS, PRECAUTIONS** and **ADVERSE REACTIONS** sections.) Owners should be advised to contact their veterinarian immediately if signs of toxicity are observed. The vast majority of patients with drug related adverse reactions have recovered when the signs are recognized and veterinary care, if appropriate, is initiated.

**CONTRAINDICATIONS**

ProHeart 6 is contraindicated in animals previously found to be hypersensitive to this drug.

**HUMAN WARNINGS**

**Not for human use. Keep this and all drugs out of the reach of children.**

May be slightly irritating to the eyes. May cause slight irritation to the upper respiratory tract if inhaled. May be harmful if swallowed. If contact with the eyes occurs, rinse thoroughly with water for 15 minutes and seek medical attention immediately. If accidental ingestion occurs, contact a Poison Control Center or a physician immediately. The material safety data sheet (MSDS) contains more detailed occupational safety information.

**WARNINGS**

ProHeart 6 should be administered with caution in dogs with pre-existing allergic disease, including food allergy, atopy, and flea allergy dermatitis. In some cases, anaphylactic reactions have resulted in liver disease and death. Anaphylactic and anaphylactoid reactions should be treated immediately with the same measures used to treat hypersensitivity reactions to vaccines and other injectable products.

**Owners should be given the Client Information Sheet for ProHeart 6 to read before the drug is administered and should be advised to observe their dogs for potential drug toxicity described in the sheet.**

**Do not administer ProHeart 6 to dogs who are sick, debilitated, underweight or who have a history of weight loss.**

**PRECAUTIONS**

Caution should be used when administering ProHeart 6 concurrently with vaccinations. Adverse reactions, including anaphylaxis, have been reported following the concomitant use of ProHeart 6 and vaccinations (see **WARNINGS**).

Prior to administration of ProHeart 6, the health of the patient should be assessed by a thorough medical history, physical examination and diagnostic testing as indicated (see **WARNINGS**).

ProHeart 6 should not be used more frequently than every 6 months.

The safety and effectiveness of ProHeart 6 has not been evaluated in dogs less than 6 months of age.

Caution should be used when administering ProHeart 6 to heartworm positive dogs (see **ADVERSE REACTIONS**).

Prior to administration of ProHeart 6, dogs should be tested for existing heartworm infections. Infected dogs should be treated to remove adult heartworms. ProHeart 6 is not effective against adult *D. immitis* and, while the number of circulating microfilariae may decrease following treatment, ProHeart 6 is not effective for microfilariae clearance.

**ADVERSE REACTIONS**

In field studies, the following adverse reactions were observed in dogs treated with ProHeart 6: anaphylaxis, vomiting, diarrhea (with and without blood), listlessness, weight loss, seizures, injection site pruritus, and elevated body temperature. Dogs with clinically significant weight loss (>10%) were more likely to experience a severe adverse reaction. In a laboratory effectiveness study, dogs with 4- and 6-month-old heartworm infections experienced vomiting, lethargy and bloody diarrhea. These signs were more severe in the dogs with 4-month-old heartworm infections, including one dog that was recumbent and required supportive care, than in the dogs with older (6-month-old) infections.

**Post-Approval Experience (Rev. 2010)** The following adverse events are based on post-approval adverse drug experience reporting. Not all adverse reactions are reported to FDA/CVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using these data. The following adverse events are listed in decreasing order of frequency by body system.

**Immune:** anaphylaxis and/or anaphylactoid reactions, urticaria, head/face edema, pruritus, pale mucous membranes, collapse, cardiovascular shock, erythema, immune-mediated hemolytic anemia, immune-mediated thrombocytopenia (signs reflected in other system categories could be related to allergic reactions, i.e., gastrointestinal, dermatologic, and hematologic)

**Gastrointestinal:** vomiting (with or without blood), diarrhea with or without blood, hypersalivation

**General:** depression, lethargy, anorexia, fever, weight loss, weakness

**Dermatological:** injection site pruritus/swelling, erythema multiforme

**Neurological:** seizures, ataxia, trembling, hind limb paresis

**Hematological:** leukocytosis, anemia, thrombocytopenia

**Respiratory:** dyspnea, tachypnea, coughing

**Hepatic:** elevated liver enzymes, hypoproteinemias, hyperbilirubinemia, hepatopathy

**Urinary:** elevated BUN, elevated creatinine, hematuria, polydipsia, polyuria

Cardiopulmonary signs such as coughing and dyspnea may occur in heartworm positive dogs treated with ProHeart 6.

**In some cases, death has been reported as an outcome of the adverse events listed above.**

To report suspected adverse reactions, to obtain a Material Safety Data Sheet, or for technical assistance, call 1-888-963-8471.

For a complete listing of adverse reactions for moxidectin reported to the CVM see: <http://www.fda.gov/AnimalVeterinary/SafetyHealth/ProductsSafetyInformation/ucm065394.htm>

Revised: July 2014

**THE PICKS**

# Sample script: Talking it out with anti-vaxxers

By Sarah J. Wooten, DVM

The anti-vaccination movement—with its anti-vaxxer followers—has spread to pets. How can you promote the health and safety of your patients when their owners' decisions to refuse vaccines threaten herd health? How do you reason with clients? Here's an illustration of how it might work:

**You:** Bella is due for her vaccines.

**Client:** I don't want to have Bella vaccinated today.

**You:** Can you tell me your main concern with vaccination?

**Client:** I'm just not interested.

*(Time to finesse the conversation a little to get the client to open up.)*

**You:** No pressure at all. I just want to know what your concerns are so we can do the best thing for Bella.

*(Client may get evasive.)*

**Client:** Well ... I read that vaccines can cause autism.

**You:** Thanks for telling me, and that's a valid concern.

*(Client usually appears surprised and relieved at this point.)*

**You:** You aren't the only one who's heard that. When I heard about the study, I researched it myself; I was

worried about my pets too.

What I found is that the British study that linked autism to vaccines, the one that scared all the parents, was retracted about six years ago because the study was proven false. The CDC has a resource center that goes into great detail about vaccine safety if you'd like more information.

The vaccines we recommend are the vaccines we think your pet needs. I made sure my pet got these vaccines, and if Bella were my pet, I would be getting these vaccines for her to make sure she is as safe and healthy as she can be. Is that OK?

*(Hopefully, at this point the client nods and smiles. She might even say something like ... )*

**Client:** Thank you for explaining that. And not thinking I was crazy.

**You:** Of course. I know you want the best for your pet. You and I want the same thing. It's my job to help you with these concerns.

*For more communication tips, a link to a story about anti-vaxxers and a CDC center to share with clients, visit [dvm360.com/anti-vaxxer](http://dvm360.com/anti-vaxxer).*



# Should DVMs sell pet food?

You already know what Ernie Ward, DVM—founder of the Association for Pet Obesity Prevention—is going to say: Nutrition for patients is important for every veterinary practice and every patient.

What does that mean? For some practices, it means picking foods to recommend and selling them. But it's not about the sale, Dr. Ward says.

"First, do you sell wellness? Second, do you encourage preventive medicine?" he asks. If you answered "yes," then you should sell food.

"It's about advocating for quality of life," he says.

And you know full well some pet diets out there aren't great, so Dr. Ward is urging all DVMs to learn what's good and what's bad—and recommend the right thing.

What does that look like? Aim for two protocols to make sure nutrition is a part of your care:

1. Sell pet foods in your hospital that you've researched and recommend.
2. Ask veterinary clients what they feed their pet—and how often and how much.

"We have to start these conversations," Dr. Ward says. "It's essential."

Watch Dr. Ward make his impassioned plea at [dvm360.com/nutritionplea](http://dvm360.com/nutritionplea).



## Ear cleaning with a fraidy cat

At a recent Fetch dvm360 conference, Mikkel Becker, CPDT, showed attendees how to get cats to think it's no big deal to have their ears cleaned. To start, you've got to use a treat that the cat can't resist—Becker used spray cheese

on a tongue depressor. Then it's a matter of time and gradual exposure to the objects of terror (i.e. your hands and the cleaning wipe), all while preoccupying the cat with the yummy treat. To see Becker demonstrate, visit [dvm360.com/catears](http://dvm360.com/catears).

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# Meowslow's hierarchy of needs

Cats have needs beyond food and shelter. And the better you and your veterinary clients understand these needs, the closer the kitties in your clinic will come to reaching their full potential.

By Elizabeth Colleran, DVM, DABVP (feline practice)



If you've ever signed up for a semester of Psychology 101, you've probably sat through a lecture on Maslow's hierarchy of needs and the pyramid to describe how people are motivated. According to Abraham Maslow, people are motivated to meet personal needs, and certain needs are more important than others. For example, people will pursue getting enough food and water before seeking feelings of accomplishment, though all are considered needs by Maslow.

As you well know, cats are people too, so the structure of Maslow's hierarchy of needs still applies—with a few tweaks:

## Physiological and safety needs.

These two go paw-in-paw in the cat world. Nothing's more important to them than their territory, and it's critical for cats to know they can rest without fear of ambush. Ten thousand years of domestication hasn't changed their reliance on place—a place to hunt, mate, rear young, rest and be safe.

Sharing is not part of a cat's repertoire. Kitties are control freaks. They like to have access to all the resources they feel they need—all day, every day—without competition. This includes food, water, toys, beds, hiding places, high lookout perches, litter boxes and scratching posts.

**Belongingness and love needs.** Cats generally don't like cats they haven't known their whole lives. Those raised together from the time they were kittens can fully bond and demonstrate connected behaviors that indicate their friendship. Bonded cats share resources and don't threaten one another. They approach with tails upright, rub against one another and settle down to rest in physical contact. While resting, these cats may groom one another.

Cats that are particularly friendly with one another will rub heads and cheeks and then continue to move past one another, torsos touching, and may end with the tails intertwining. During this time, their eyes

will appear soft and unfocused, and they may close their eyes in a slow blink.

These relationships are mirrored in the behavior a cat will show when bonded to a human. Facial rubbing, sitting close to us or in our laps, grooming us—all are clear indicators of a loving relationship between a cat and a human. Most cats must be socialized with a variety of humans before 8 weeks of age to achieve this level of comfort.

**Esteem needs.** Growing up in a low-risk environment, coupled with a genetic advantage, will help a cat feel confident in its world. Plenty of gentle handling in the first few months of life can turn a naturally bold cat into a highly social one. Cats are learning all the time, both good and bad. Teaching them with positive reinforcement how to tolerate novelty, how to feel as if they are in control of any situation and how to feel safe in an uncertain situation (cat carrier, veterinary visit) is key to their confidence and satisfaction.





## Feline needs: Top to bottom

### Veterinarian version

**Self-actualization:** A cat can't reach its full potential unless it's able to learn and solve problems (e.g. hunting).

**Esteem:** Cats need positive reinforcement to learn how to be confident and satisfied.

**Love and belonging:** Cats can bond strongly with other cats and people, but socialization must usually occur in kittenhood.

**Physiological and safety:** It's critical for a cat to feel safe from the threat of ambush and in control of all resources at all times.

### Kitty version

**Self-actualization:** My YouTube video went viral.

**Esteem:** The kitten staying in my house knows who's boss.

**Love and belonging:** Having my own person-sized bed would make me feel very loved, I'm sure.

**Physiological and safety:** Bye, new puppy! Time for you to go to college with the human! Also my stuff is my stuff—no sharing!

**Self-actualization needs.** Problem solving is a significant part of a satisfying cat life. It takes time, dexterity, physical exertion, cognitive skill and acute sensory concentration. The second part of realizing a cat's full potential is learning. A great deal of learning occurs in hunting—one false move and prey is lost. Mice can disappear in and out of vegetation, rabbits can scoot down holes and birds can fly away. Hunting is a pleasure for cats—the reward center of the brain releases endorphins.

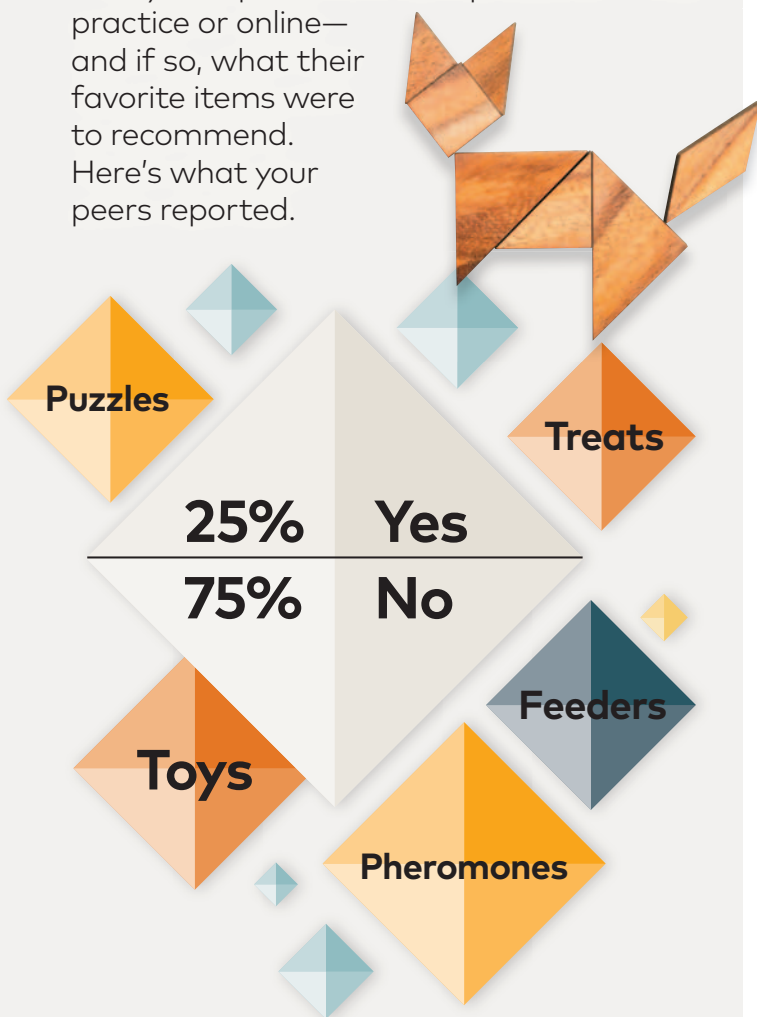
Most cat owners do pretty well with the first few tiers of needs, but how about the top one? Let's meet all of cats' needs through environmental enrichment.



*Dr. Elizabeth Colleran owns two feline hospitals in Oregon and is past president of the American Association of Feline Practitioners. Her passions are her crazy husband, two equally crazy Burmese cats and bicycling.*

# Is enrichment for sale at your clinic?

We asked veterinarians and team members if they sold pet enrichment products in their practice or online—and if so, what their favorite items were to recommend. Here's what your peers reported.



Source: The *dvm360* Clinical Updates: Pet Enrichment Survey was sent in September 2017 to subscribers of *dvm360*, *Vetted* and *Firstline*. The survey garnered 864 responses with a margin of error of 3%.

## We've got good and bad news on retail. What do you want first?

By Hannah Wagle, Assistant Content Specialist

**T**he good news about adding retail? You get to demonstrate to clients exactly what you're recommending, even if they don't buy it from you, says practice manager Kelly Capasso at Bigger Road Veterinary Clinic with locations in Springboro and Kettering, Ohio.

"That helps ensure they don't take the advice of the friendly neighborhood pet store employee who says stuff like, 'It's basically the same thing' [about your veterinary-specific food, treat, toy and pet product recommendations]," Capasso says.

The bad news? Products carry a far lower margin than medical products and services. "Shrinkage, expiration and damaged products can really cut into the bottom line, so you'll need someone to babysit the area," she says.

So what's your verdict? Capasso votes to do it. Why? You can make it your own, just how you like it. "Only want to carry food and treats?" Capasso asks. "Cool. Puzzle toys and enrichment items? Great. Want to go all in and carry Hawaiian shirts in summer, Halloween costumes in fall and coats in winter? Awesome. Buy more of what sells and discontinue poor movers."

## Hey there. It's me, your dog

Sometimes we wish animals could just tell us what's wrong. We know you feel the same way. Here's a handout to help us work together to take better care of your furry friend.

By Sarah Wooten, DVM

**Hi human!** You know you are the center of my universe, right? I love you so much, and I'm so grateful for our life together. Hang on, I'm back home. Gotta go yell.

OK, I'm back. Anyway, thank you for everything you do for me. I know that you love me too, and I've seen you trying to figure out what's going on inside my head. I don't have the ability to talk in your funny language, but if I did, here are some things I might tell you.

**My mouth is sore.** And you don't like the smell—you make a funny face when I yawn at you. I also have this cracked tooth that I can't chew on anymore. I've learned to live with it, but sometimes it makes me sad and tired. I really want to do everything with you (remember, you are the sun I orbit around!) but sometimes I would rather sleep, because when I sleep, I don't feel the pain. Do you know what's wrong?

**I'm bored.** Sometimes, when you are gone all day, I go to sleep and dream about chasing those pooky squirrels. And you're there too! My bed is really comfy and I'm really grateful, but sometimes I wish I had something to do during all these hours alone. I like to figure things out and play and use my mind—remember when you got me that food puzzle? It took me forever to figure that thing out—it was so fun! Sometimes when I get bored I chew on things I shouldn't or I get into the trash. I'm sorry. Can you help me?

**I'm scared.** I like going on car rides with you, especially when I can stick my nose out the window and smell all the smells! I get a little nervous though, because sometimes when I get in the car you take me to that scary place where all the other animals are scared and strange people touch me and do things that sometimes hurt. Some of them are really in pain or sick, and that scares me too. I don't understand. Can you make it less scary?

**I love walks.** I really, really do. Next to you, they are my favorite thing ever! I'm sorry when I drag behind on the walk and slow you down. I don't mean to, it's just that my leg hurts. I know I'm getting slower, and I really want to keep up but it just hurts so bad. You gave me a treat a couple of days ago that was delicious and I don't know what happened, but after you gave me the treat I felt better! I could run and play and be myself again. Thank you! Can I have another one, and then can we go for a walk?

Getting inside of my brain is hard, but I know you can help me. You're the greatest human and you can do anything! OK, the squirrels are playing so I'm gonna go yell some more. Bye!



## Will you listen to me?

Help dog owners walk a mile in a pet's paws and see the need for enrichment with this handout. Visit [dvm360.com/heythere](http://dvm360.com/heythere).



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Zoos, laboratories and other captive environments have been implementing enrichment strategies for years, and pets are captive animals too. *dvm360* explores the ethics of this movement—and veterinarians' role in ensuring the psychological health of their patients.

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*Firstline* explores how veterinary team members can offer enrichment for hospitalized patients in practice. It also explores how to talk to pet owners about behavior and home enrichment, including enrichment products and activities and DIY enrichment tools.



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STAY CONNECTED



# Get woke about canine hypothyroidism

**Yawn ... you already know about hypothyroidism treatment in dogs. But do you know you may be oversupplementing levothyroxine? Dr. David Bruyette shares updates on this endocrine disorder.**

*By Jennifer Gaumnitz, Senior Content Specialist*

**D**uring a recent CE session at Fetch dvm360, endocrinologist David Bruyette, DVM, DACVIM, asked attendees about how they administered thyroid hormone replacement therapy and monitored dogs on thyroid supplements. After listening to responses from attendees, he quipped, “That’s a problem.” So, how *does* Dr. Bruyette recommend that you treat and monitor a hypothyroid dog?

## **A once-a-day dose—really?**

For more than half a century, the recommended thyroid hormone replacement dosing regimen was 0.10 mg/10 lb (20 µg/kg) of levothyroxine, given twice a day. This dosage does not appear to be based on any particular scientific research. As Dr. Bruyette says, it just miraculously appeared in the first edition of *Current Veterinary Therapy*. Finally, years later, Duncan Ferguson, VMD, PhD, DACVIM, designed a study that would determine whether this was, in fact, the best dose. He confirmed that 0.10 mg/10 lb was the proper dose. However, the study also determined that the drug should be administered only once a day, rather than twice a day.

The half-life of levothyroxine in dogs is 10 to 16 hours. If this is the half-life, then why would this be a once-a-day drug? Dr. Bruyette explains: “When you give the drug orally, it’s absorbed, it binds to the protein in the blood and it’s converted to free thyroxine (fT4). Then fT4 enters the cell and becomes free triiodothyronine (fT3), and then that goes into the nucleus and does its thing. That’s a 24-hour process. The serum half-life does not equate to the biologic half-life of the tablet. Biologically, it’s a once-a-day drug.”

This has been studied and shown to be true whether you administer the levothyroxine orally as a solution, tablet or chewable. It holds true for name-brand and generic formulations, Dr. Bruyette says.

A caveat while we’re on the subject: As mentioned, the half-life of thyroxine in dogs is 10 to 16 hours (compared with a

seven-day half-life in people). This means canine dosages are much higher than human dosages. Remember this if clients choose to fill prescriptions for their dogs at pharmacies that don’t routinely handle veterinary prescriptions. (You may have to educate those pharmacy personnel.)

Once canine hypothyroidism has been diagnosed, what are Dr. Bruyette’s recommendations for laboratory monitoring? He says many veterinarians were taught that they should draw blood for T4 testing from four to six hours after the thyroid hormone pill was administered. But, Dr. Bruyette says, “the percentage of T4 that’s absorbed from the gut varies from 13% to 87% in a given dog from day to day. So on Monday, the dog may absorb 13% of the dose; on Tuesday, it may absorb 87% of the dose. The post-pill test is severely affected by the intrinsic



## **The *HYPE* around hypothyroidism**

Before you dive into treatment and monitoring for a dog with hypothyroidism, are you sure that’s what this dog has? Find out from Dr. Bruyette why canine hypothyroidism is such a commonly overdiagnosed endocrine disorder at [dvm360.com/hypohype](https://dvm360.com/hypohype).





## What to do with dogs currently receiving twice-a-day supplementation

If you have clients who own dogs that have been receiving two levothyroxine tablets each day and you decide to revise their dosage to once a day, how do you break the news to the client?



Most owners will be comfortable with the new recommendation. They understand that medical science marches on and drug regimens change as research determines they should. You will want to explain that your previous dosing was based on the published recommendation at the time and that you keep current through your reading and continuing education. Based on updated information, you are now recommending a change in the dosage.

If, however, you encounter a client who is upset by and resists the change, according to Dr. Bruyette, it does not harm the dog to continue administering two tablets a day. The dog will defecate the evening dose. It will not hurt the dog. He recommends starting any newly diagnosed patients on the once-a-day dosing, but whether you transition the current patients from twice-a-day to once-a-day dosing is up to you and the client.



## PRODUCTS YOU NEED

Learn more about endocrine products at [dvm360.com/endocrineproducts](http://dvm360.com/endocrineproducts). Check out reference laboratory options at [dvm360.com/referencelabs](http://dvm360.com/referencelabs).

‘weirdness’ of the T4 bioavailability. Therefore, the post-pill test is probably physiologically meaningless.”

So is there a way to confirm that a dog is euthyroid when it’s receiving thyroid hormone supplementation? You have two different options: thyroid-stimulating hormone (TSH) measurements or free T4 by equilibrium dialysis (fT4 by EqD). If the TSH is normal, the dog is euthyroid. If the TSH is high, it needs more thyroid hormone; if it’s low, the dog is getting too much of the hormone.

If you read the companion article at [dvm360.com/hypohype](http://dvm360.com/hypohype), you may have already spotted the problem. In that article, Dr. Bruyette states that with the TSH assay, 25% of hypothyroid dogs have a normal TSH concentration to start with

(because the assay doesn’t work well).

Therefore, to use TSH assays to monitor a dog on hormone replacement therapy, you must have had a pretreatment TSH result that was high. Without that, you simply can’t interpret what the TSH concentration means now.

The other option is to measure fT4. After two weeks of thyroid hormone supplementation, fT4 concentrations over a 24-hour period are constant. With the fT4 by EqD test, it doesn’t matter what time of day or when—in relation to the pill administration—you collect the blood sample, because the concentrations don’t fluctuate.

So is there even a need to monitor a dog with lab tests? “Probably not very often,” Dr. Bruyette says. “If you have a dog that

was hypothyroid and you put him on the appropriate dose and the clinical signs go away, you don’t really need to test his fT4. The dog is a euthyroid dog.”

You might want to test a dog if it is still showing clinical signs, even though it is receiving an appropriate dose of thyroid hormone. You need to know if the dog is not euthyroid. To establish that, submit blood for an fT4 by EqD test. If that test is normal, then whatever clinical signs are present are not due to thyroid disease.



Work face-to-face with thyroid and adrenal condition specialist Dr. David Bruyette at Fetch, a dvm360 conference, in San Diego Dec. 7-10. Get the details at [fetchdvm360.com/sd](http://fetchdvm360.com/sd).

## Face(book) facts!

If you want to teach dog owners about clinical signs and health issues related to hypothyroidism, pick a few of our ready-made tweets and Facebook messages, and post them on your clinic’s social media network. They might be the start of a life-saving conversation with a client. Get the collection at [dvm360.com/hyposocial](http://dvm360.com/hyposocial).



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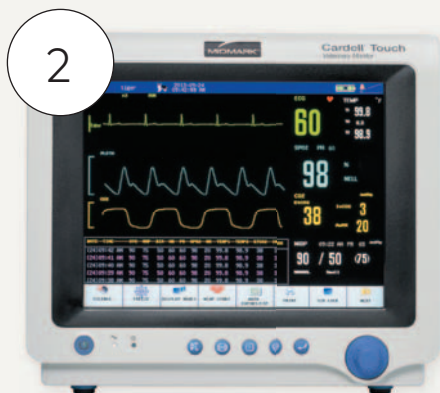
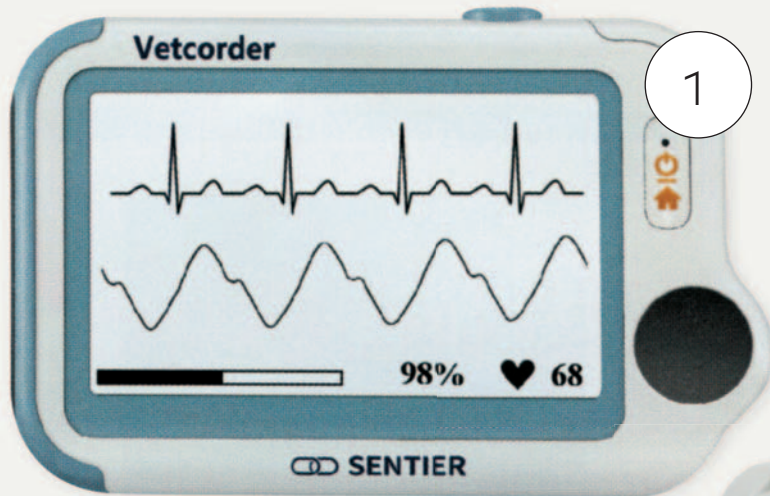
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2

## CARDELL TOUCH

The Cardell Touch from Midmark is a multiparameter monitor that, in addition to pulse oximetry, provides blood pressure and ECG, with additional parameters available as options. The technology is designed to be both highly advanced and easy to use—fast and intuitive with a user-friendly touch interface, Midmark says.

3

## CARDELL INSIGHT

The Cardell Insight 8015, also from Midmark, is perfect if you want a more basic unit, with just blood pressure and pulse oximetry measurements. It doesn't have a touch-screen, but it's compact, lightweight and durable, and each Cardell monitor comes with accessories, including cuffs, probes, sensors and cables.

4

## SURGIVET V030

The SurgiVet V1030 Hand Held Pulse Oximeter from Smiths Medical provides fast, reliable SpO<sub>2</sub>, pulse rate and pulse signal strength measurements across a full range of patients and helps maintain accurate SpO<sub>2</sub> readings during periods of patient motion and when monitoring patients with low perfusion, the company reports.

Check out more monitors at [dvm360.com/pulseox](http://dvm360.com/pulseox)



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*Kristine McCormick, CVP, SHRM-SCP  
Practice manager, Animal Hospital at Baldwin Park  
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Already have software? Some companies like IDEXX have a separate service to integrate with software (like Petly Plans). And two practice software suites from Henry Schein—ImproMed and AVImark—sport features or modules to help set up and implement wellness plans.

ImproMed has a wellness plan module that lets you more easily account for free basic exams in a premium preventive-care plan, using the strategy of getting pet owners in the door for free then seeing if they need anything extra. And AVImark's wellness option helps users point to options for each part of a wellness plan (multiple options for the right choice for the right pet).

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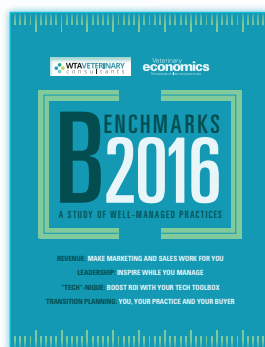
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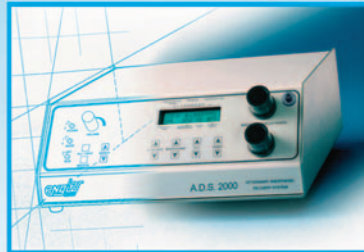


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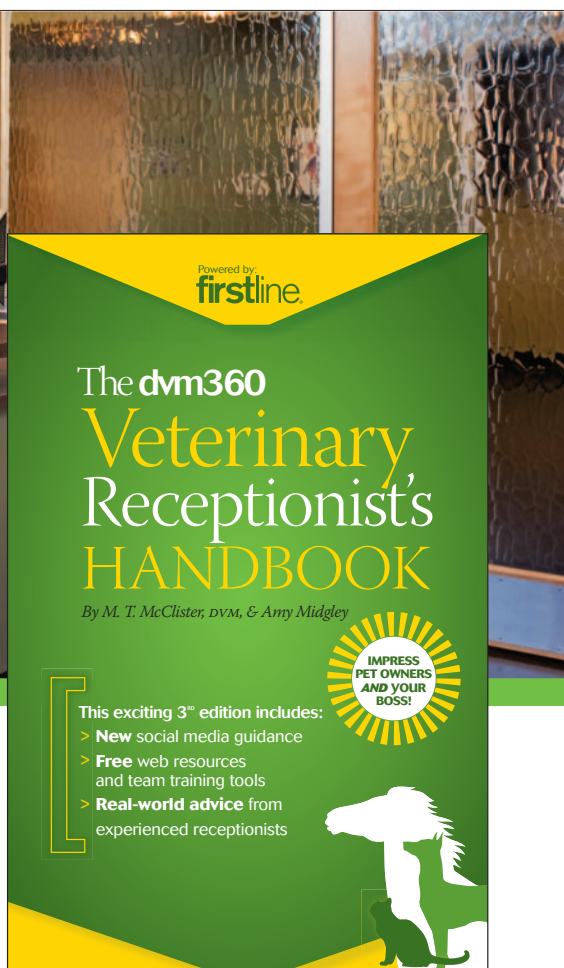


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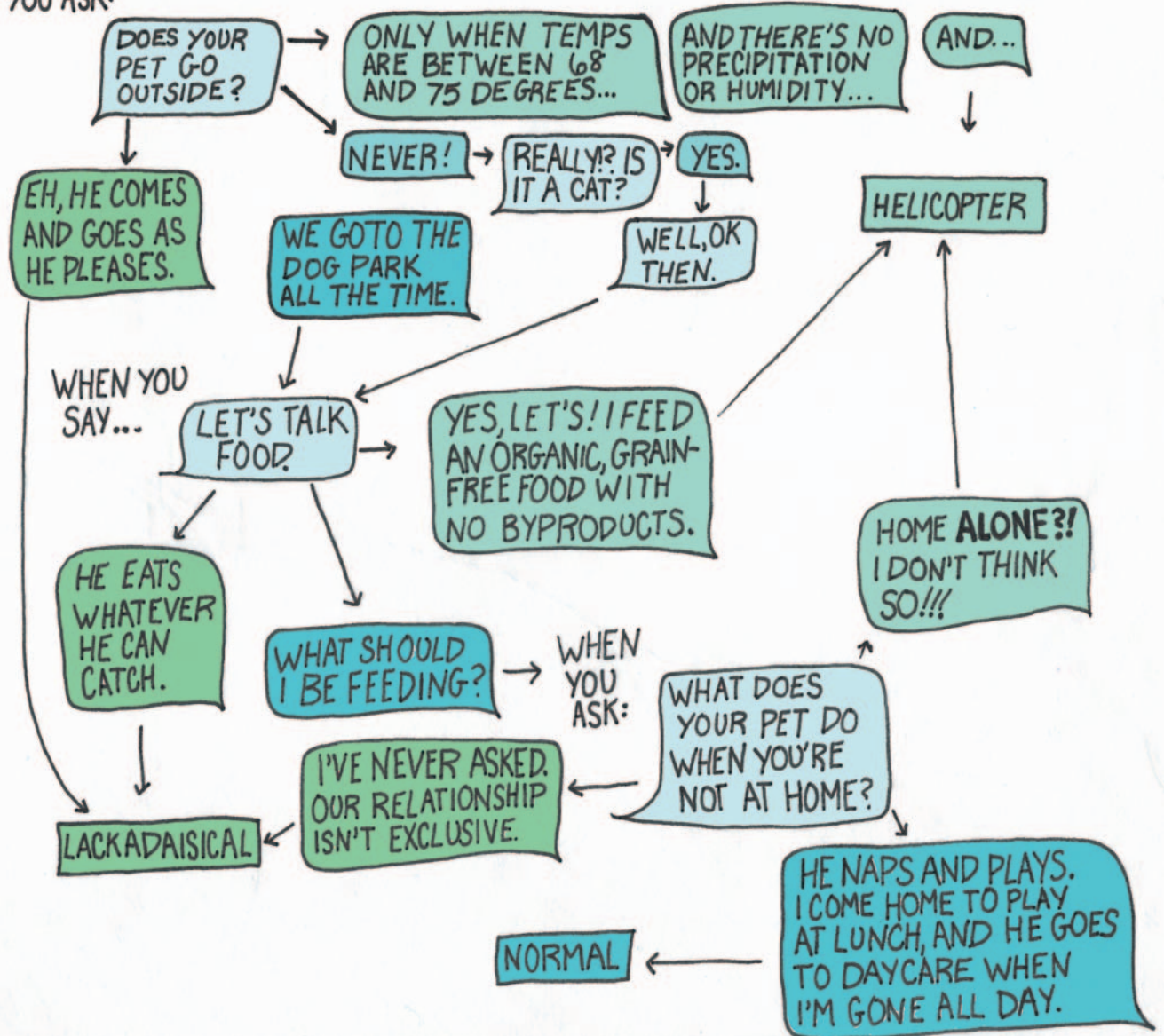
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# ARE YOUR CLIENTS NORMAL, HELICOPTER OR LACKADAISICAL PET PARENTS?

— a dvm360 flowchart

How DO CLIENTS RESPOND WHEN YOU ASK:



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A person is in a downward-facing dog yoga pose, with their feet flat on the floor and their hands on the floor. A small white kitten is standing on the person's right foot. The background is a warm, golden-yellow color.

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