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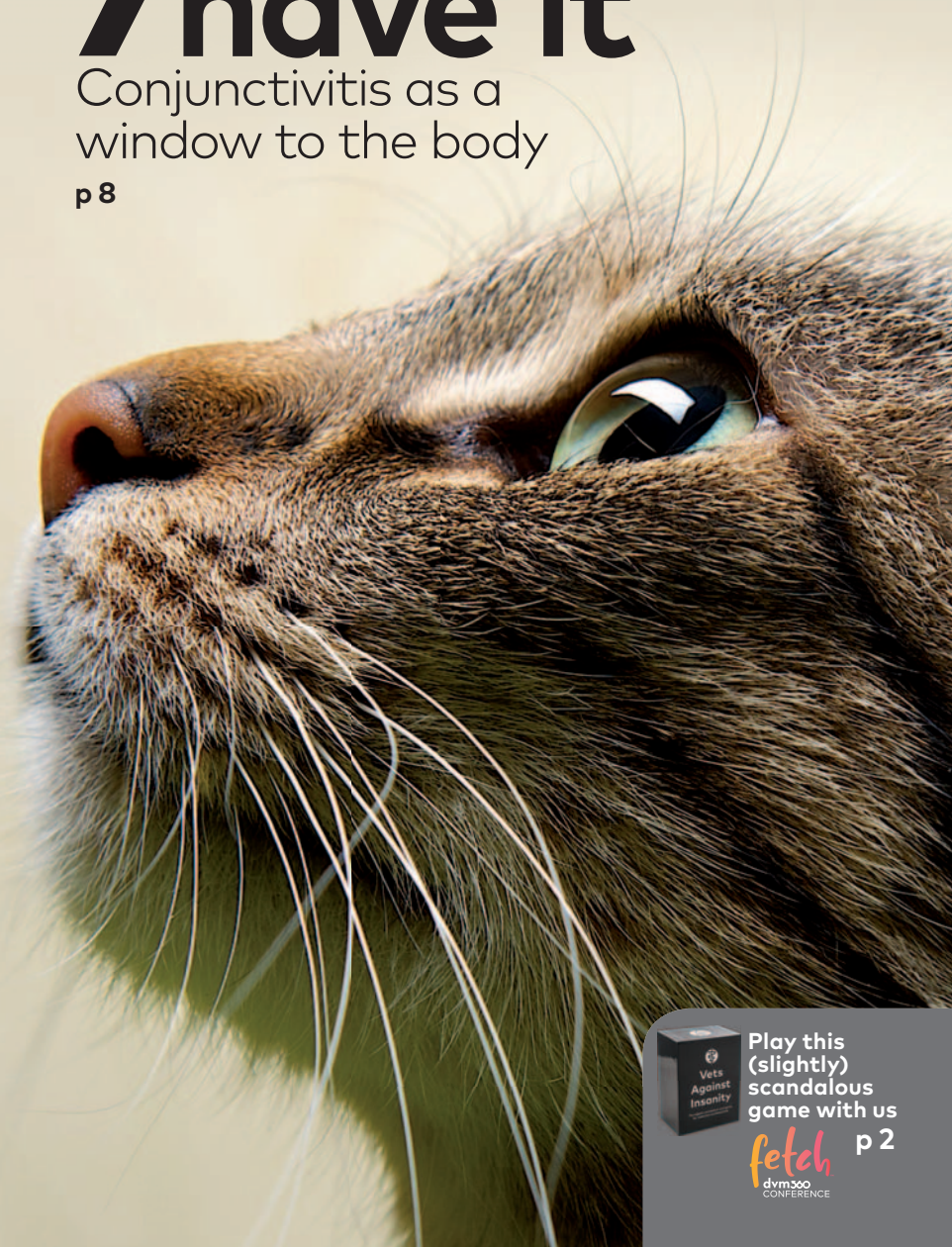
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THE GUIDE

December 2017

Vets Against Insanity

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The slightly scandalous holiday gift for vet professionals

Practicing veterinary medicine is rewarding, important and often all-consuming. It can also be awkward, annoying and (on most days) downright disgusting. Sometimes, all you can do is laugh about it. Enter the classic question-and-answer party game, Vets Against Insanity: a fun, slightly scandalous take on the work and life of a veterinary professional. (And yes, if you're seeing similarities to Cards Against Humanity, that's the point.)

If you missed the chance to attend Veterinarians Against For Humanity: A career adventure game for (un)conventional professionals at the Fetch dvm360 conference in San Diego, you can purchase the home edition for the holidays at dvm360.com/VAI. To learn more about the live events at Fetch dvm360, visit fetchdvm360.com.



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A person is in a downward dog yoga pose on a reflective floor. Their legs are spread wide, and their feet are flat on the ground. A small white kitten is standing on the floor between the person's feet, looking down. The background is a warm, golden-yellow light, possibly from a sunset or sunrise.

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THE PICKS

(what we care about now)

What the duck?!

As a mixed animal associate, this may
be my most eggcellent emergency.

By Erika Eigenbrod, DVM



"Hello, doctor? This is the answering service. We have a client on the phone calling to say her duck is lethargic." Immediately I thought I'd heard wrong. "I'm sorry, a duck!?" "Yes, Doctor, that's correct, a duck," replied the girl. "Oh, OK, well can you patch me through please?"

As the phone was ringing through to the client, I was still thinking I had the wrong animal. Am I really being called for a duck emergency? I didn't know we treated ducks! Sure enough, it was in fact a duck emergency! After I talked with the owner, it was clear Twizzler was in distress, and the owners would really appreciate it if someone could meet them at the clinic.

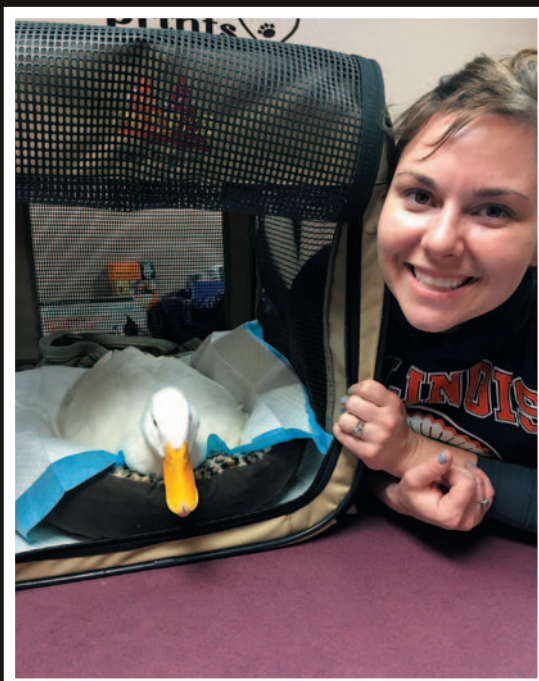
On my way I racked my brain for any information I'd learned in school. I couldn't even remember having a lecture on duck medicine! While slightly panicking over what I could and couldn't give a duck, I called a colleague for advice, which he graciously gave over the phone.

On arrival Twizzler seemed pretty alert, but she was having difficulty standing and seemed to have some difficulty breathing. The owners explained that about two weeks before, they'd noticed her limping, but she seemed OK. And they hadn't seen her lay an egg this week, but sometimes she skipped weeks. Their ducks aren't just run-of-the-mill farm ducks. They have a very nice habitat with a kiddie pool, and the owners keep a keen eye on them. On exam, I couldn't feel any broken bones or abscesses, but she did appear quite warm. I gave her a few medications for pain and some fluids under the skin, but nothing relaxed her. I suggested a radiograph to make sure she wasn't egg-bound.

Well the picture shows it—a very large, catawampus-placed egg trying to come out. The other abnormality seen is the fracture to her left femur, which contributed to the egg-bound dilemma.

Read the rest of Dr. Eigenbrod's eggcellent adventure—including the eggstraction—at dvm360.com/eggstraction.

Dr. Erika Eigenbrod is an associate veterinarian at Greenhaven Animal Clinic in San Jose, Illinois.



THE PICKS

Go with the gut:

Exploring a probiotic's promising benefits

A probiotic already on the market could modulate immune responses in dogs and cats to help manage select clinical problems. Read all about it at dvm360.com/progut.



A note to all of the impostors of the world

Ciera Miller, CVT, VTS, wants you to remember you're smart. You're good. You're kind. And she's written a letter to each member of the veterinary team to help them remember the special gifts they offer. Here's what she has to say to veterinarians:

*Dear veterinarian,
You may have "doctor" in front of your name, but that doesn't mean you're exempt from thinking you don't deserve that honor. Impostor syndrome can hit hard, especially with the stress and responsibility that comes along with being a veterinarian.*

You lost the patient you've been working on all day long. You were blamed for an illness that you couldn't "fix." You stayed up all night for the dreaded emergency Saturday shift after working daylight hours all week. You were in surgery all morning long. You were expected to have as much knowledge as your fellow veterinarian who's been practicing since you were in high school. Today you found out that the client whose pet you worked so hard on went to another practice for a second opinion. You got a bad review on a website because of something completely beyond your control.

Looking back on a bad day, it's pretty easy to see how impostor syndrome got ahold of you. But just remember: You saved that patient three other veterinarians couldn't help. You helped out a fellow veterinarian by taking her on-call shift. You fit five surgeries into one morning. You kept up with the veterinarian who has twice as much experience. You were praised by the client who was so thankful you saved their pet's life. You deserve the title you wear because of your hard work and dedication. No one else earned it for you.

Read her letters to receptionists and technicians at dvm360.com/impostorletters.

How is biting like otitis externa?

In his canine body language session at Fetch, a [dvm360](http://dvm360.com) conference, in Kansas City, John Ciribassi, DVM, DACVB, paused when he came to the topic of biting and presented the following idea to attendees: Biting is like otitis externa.

Huh?

"Let's say a 2-year-old dog you've seen since it was a puppy bites someone in your practice," Dr. Ciribassi continued. "In my opinion, you've missed a lot of stuff along the way, and you've allowed a minor problem to turn into a major problem."

So how does this story relate to otitis?

"Most cases of otitis—chronic, recurrent otitis—have an underlying cause. Most of the time, it's allergy-related (either food allergies or atopy)," Dr. Ciribassi said. "You see these dogs every couple of months and you throw Otomax (Merck Animal Health) or Panalog (Zoetis) into the ear, or the owner may call up about another ear problem and you just send home more medication. But you never really treat the underlying cause." Read more at dvm360.com/otitisbites.

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*Sensitivity represents the ability to correctly identify positive samples.

†Specificity represents the ability to correctly identify negative samples.

References:

1. Data on file, Study Report No. D886R-US-17-038, Zoetis Inc.
2. Data on file, Study Report No. D886R-US-16-033, Zoetis Inc.
3. Data on file, Study Report No. D886R-US-16-032, Zoetis Inc.

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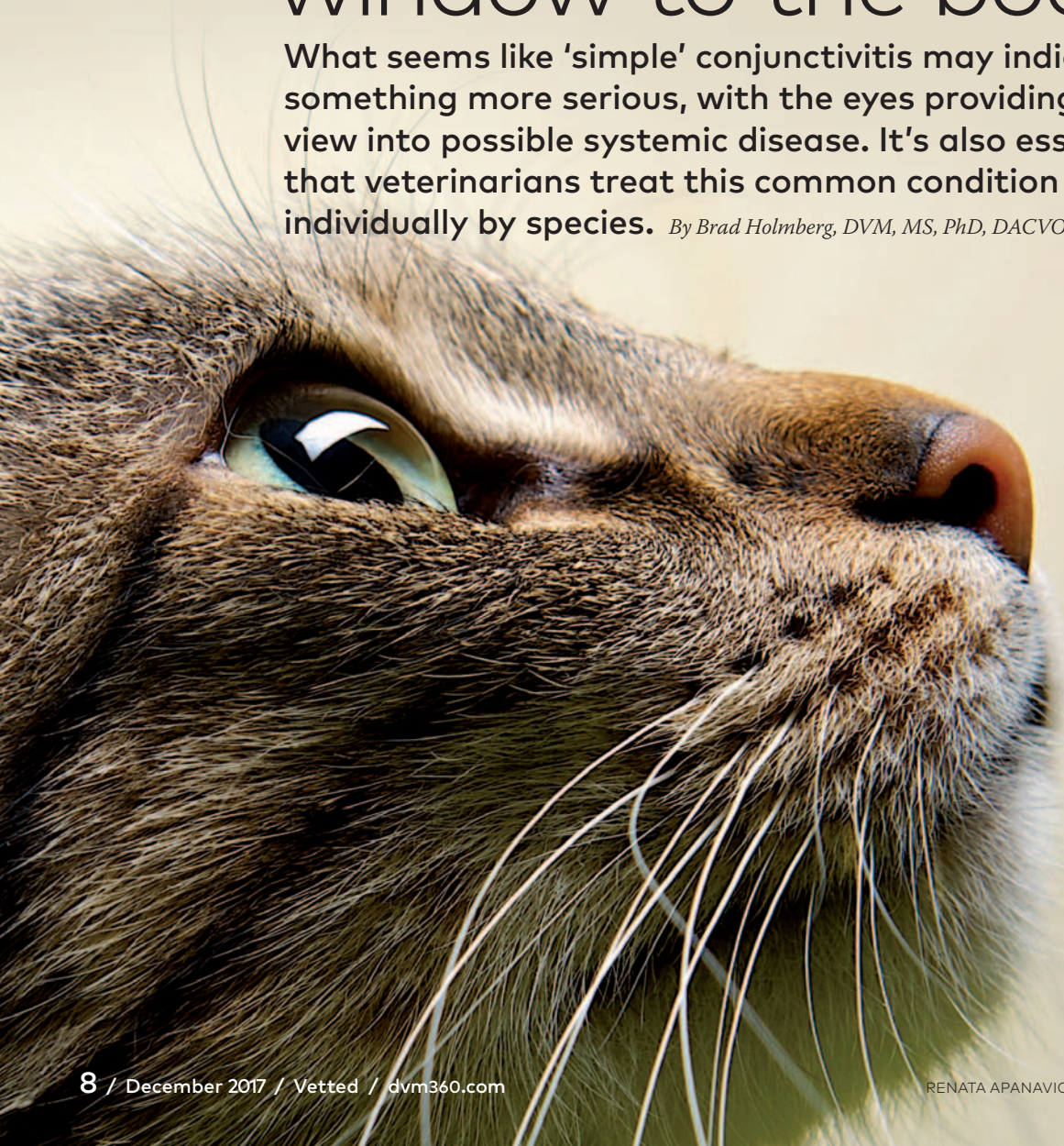
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The eyes have it

Conjunctivitis as a window to the body

What seems like 'simple' conjunctivitis may indicate something more serious, with the eyes providing a view into possible systemic disease. It's also essential that veterinarians treat this common condition individually by species. *By Brad Holmberg, DVM, MS, PhD, DACVO*



We've all experienced the discomfort of conjunctivitis, or "pinkeye." Usually the red, itchy eyes are gone after a day or two, but they can persist, driving us to the doctor for medical relief. In humans, conjunctivitis is usually allergic or infectious in nature. Treatment ranges from simple over-the-counter or at-home remedies to prescriptions for antihistamines, antivirals or antibiotics to be applied topically or even taken orally.

We might assume that conjunctivitis in companion animals is also easily diagnosed and treated, but our patients' eyes can provide hints to other disorders in the body that are much more serious. Those may include inflammatory diseases, bleeding disorders or even cancer that first shows up on or in the eye.

By performing a thorough eye exam and complete diagnostics, we may find disease that will cause greater harm if allowed to go untreated. We must ensure that conjunctivitis is not a sign of something more serious.

One sign, many causes

Because every animal is different and every species has unique physiology, anatomy and immune responses, we need to assess each case individually. Conjunctivitis is very common in cats, but the underlying cause and treatment options can vary greatly. That means it's critical for us to diagnose correctly, know about the underlying causes and understand treatment options for each species.

Dogs and cats often present with similar clinical signs during an exam, including red, puffy eyes and, frequently, ocular discharge. This discharge may be watery or it may have a mucoid or pus-like consistency. The type of discharge may suggest the underlying cause, but it's by no means definitive.

If a patient has had conjunctivitis for a day or two, that's fairly common and we may let it run its course. If it's been going

on for several days and there's significant discharge, redness, squinting or cloudiness of the cornea, it's time for a thorough examination.

Diagnostic rundown

When I am presented with a cat with clinical signs of conjunctivitis, I conduct a series of diagnostic tests to try to determine the underlying cause. These tests include measuring tear levels with a Schirmer tear test, performing tonometry to assess intraocular pressure to look for glaucoma, placing a special stain on the cornea to look for corneal ulceration and, most important, performing a thorough exam using slit lamp biomicroscopy.

This exam and the test results may definitively diagnose the cause of the conjunctivitis or suggest other causes, such as allergy or infection. If I suspect infectious conjunctivitis, I'll conduct further testing, including taking conjunctival samples, blood samples or both to confirm the presence of an infectious cause.

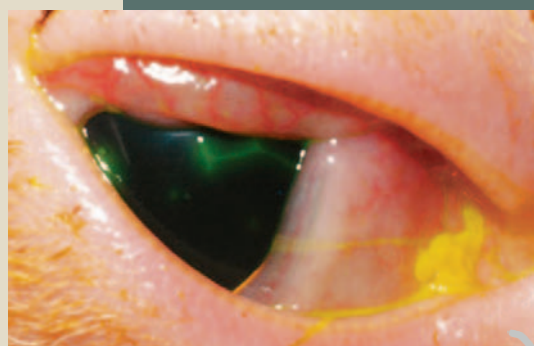
The feline window

Cats are quite different from dogs when it comes to conjunctivitis. They rarely get allergic conjunctivitis. Instead, most cases are infectious. The most common infectious agent is feline herpesvirus, but several bacteria can also be involved, including *Chlamydomphila*, *Bartonella* and *Mycoplasma* species. Sometimes the clinical exam and history can differentiate among these causes. Other times, we have to perform additional laboratory testing to definitively diagnose the cause.

Herpesvirus is ubiquitous, with nearly all cats exposed at some point in life. Many cases of herpesviral conjunctivitis in cats are self-limiting, lasting just a



A 2-year-old cat with significant conjunctivitis secondary to *Chlamydomphila* infection. Both eyes were affected. Treatment involved the use of an oral antibiotic, which cleared the infection and led to resolution of the conjunctivitis.



A 4-year-old cat that presented for squinting, discharge and redness of the right eye. Examination revealed significant inflammation of the conjunctiva. In addition, fluorescein stain applied to the cornea revealed a dendritic (linear, branching) superficial corneal ulcer. These signs are pathognomonic for feline herpesvirus. Topical and oral antiviral therapy led to resolution of the clinical signs.

CURIOUS ABOUT CANINES?

For more from Dr. Holmberg on conjunctivitis in canine patients head to dvm360.com/eyeshaveit.

few days. For cases that persist, antiviral therapy is the treatment of choice.

I used to recommend topical treatment exclusively. But while some cats tolerate this therapy well, it can be stressful for other patients—as well as their owners—especially when prescribed three to four times daily. Recently a new oral antiviral, famciclovir, has become available that is very effective at controlling herpesvirus and reducing associated clinical signs.

While the infectious organisms that cause conjunctivitis in cats can be transmitted from cat to cat, the development of clinical disease depends on a cat's immune system, the underlying cause and the cat's previous exposure to that pathogen. Fortunately, I don't often see an outbreak in groups of cats in multipet households—it's usually just one animal affected. However, in areas with high cat populations, such as shelters, it's common for numerous cats to be affected, especially those that are young

or have a concurrent systemic disease that stresses the immune system.

Because cats don't tend to get allergic conjunctivitis, corticosteroid medications are almost always contraindicated. In fact, using corticosteroids for common conjunctivitis in a cat may make the patient much worse. Instead I usually prescribe antivirals, either topically or systemically, and may recommend topical and oral antibiotics as well depending on the underlying cause.

Other window considerations

Conjunctivitis in all species can be quite irritating and cause significant discomfort. Many animals respond to this discomfort by rubbing or scratching at their eyes.

As a result, I often see corneal ulcers, or secondary abrasions on the surface of the eye. Left untreated, these abrasions can get infected and possibly progress to perforation of the eye, leading either to

emergency surgery or permanent blindness in that eye.

So what's the most important thing to remember about conjunctivitis? That it's not as simple as we might think. We should always use diagnostic testing to either rule out something more serious or confirm that the condition can be easily treated. Without that due diligence, we run the risk of allowing further harm to occur.

By following through with a proper examination, complete diagnostics and appropriate treatment of conjunctivitis, we can continue to use those “windows” to provide a unique look into the well-being of our patients and keep them healthy for years to come.

Dr. Brad Holmberg is a board-certified veterinary ophthalmologist with extensive experience in the diagnosis and treatment of all animal eye diseases. He provides services at AERA's Animal Eye Center of New Jersey, a Compassion-First Pet Hospital.



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Client handout: You can give your pet eye medicine (and live to tell about it)

Administering eye drops or ointments can make your veterinary clients feel like they're up to their eyeballs in an overwhelming task. Help clients build their confidence with tips for calming squirmy, anxious dogs and cats.

In addition to making the experience more pleasant, the advice in this handout can be a compliance boost as clients will be less begrudging about administering the medicine, and the drops and ointment will be more likely to get where they're supposed to go (instead of on the fur, the floor, the walls and the client.) Visit dvm360.com/eyemeds to download it or scan the QR code above.

FROM YOUR VETERINARIAN

You can give your pet eye medicine (and live to tell about it)

0 K—no matter about that giving your pet eye medicine can seem like a daunting task, it's not. It might be helpful to keep the pet snugly in your arms.

How to do it:

1. Hold the medicine bottle in your dominant or eye-drops before you start so you know your orientation.
2. Wash your hands.
3. Choose an area with good lighting so you can see what you're doing.
4. Gently hold the head and chin steady. Don't pick up your pet's head; instead, hold the head steady with your hands. Talk softly to your pet throughout.
5. Use your pet's head as a guide to where the eye is.
6. Hold gently around the lower eyelid of the eye.
7. Gently pull the lower eyelid down to create a pocket.
8. Apply the medicine to the lower eyelid of the eye.
9. After you give the medicine and drop it away from your pet's face, gently close your pet's eyes for a few seconds.

Helping the pet:

- Don't panic the pet directly at the eye, because if your pet panics, it will likely try to back away or run.
- If your pet is very nervous, try to keep the pet's head steady by holding the head and chin.
- If your pet is very nervous, try to keep the pet's head steady by holding the head and chin.
- If your pet is very nervous, try to keep the pet's head steady by holding the head and chin.

Still having trouble?

Don't be discouraged! You can always call your veterinarian for help or bring your pet into the clinic to have the medicine applied. Your veterinarian team is ready to help!

QR Code

Image of a dog's head



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4 tips for better images

A radiograph can quickly become an expensive and a dangerous waste of time (think of that X-ray exposure!) if it's not showing what is needed. Here are some tips to make you a pro.

By Michelle Fabiani, DVM, DACVR

1 Don't take it easy

Many images I see are taken from what I'd call the "easy" perspective, with the patient lying on its side—that is, a lateral view. Taking a single view from that position is one of the biggest ways to miss pathology. Taking two images (one with the patient on its side and the other with the patient on its back) should be standard for every patient and is always worth the effort for the significant amount of diagnostic return on investment. Because most of our patients are skinny side-to-side, ventrodorsal images can be taken more easily with the help of a soft, padded, V-shaped trough. These are inexpensive, easy-to-clean positioning devices that help the patient lie both comfortably and still on its back for the duration of the imaging study.

2 A snapshot versus a photograph

I work closely with both general practitioners as well as my radiology technicians, educating them about how to obtain a high-quality radiograph. For those individuals who haven't received appropriate training, they may assume that if the patient's in the radiograph, it's also of adequate diagnostic quality. This is not their fault—it's simply lack of training!

In order to support understanding of a quality radiograph, I teach technicians and veterinarians objective criteria that can be easily utilized while obtaining the images. For thoracic radiographs, the position of the retrosternal lucency and the lumbodiaphragmatic recess during inspiration can be counted and compared to rib position. It's easy to count the vertebrae compared to the position of the diaphragmatic cupola and the costodiaphragmatic recess as well. How do I know if the ventrodorsal radiograph is straight? Look to see if the sternum is on top of the vertebrae. Providing specific, objective criteria will help everyone assess the quality of their own images while the patient's still on the imaging table and helps determine if the radiograph needs to be taken again.

Anyone can take a snapshot on their phone. It takes a lot of training, practice and understanding to actually be a photographer. This is the difference between someone who can take a radiograph by pushing the expose button and someone who can take a good quality diagnostic radiograph. Training results in expertise, which in the end is an exceptional value for the patient and practice.

3 It's all in the timing

Haven't we always heard, "it's all about timing"? That adage is definitely true in radiology. An image of the thorax should be taken during inspiration, when the lungs are completely inflated. Conversely, the ideal time to take an abdominal radiograph is at complete expiration, when the lungs are the smallest. When the lungs are halfway between inflation and expiration, you're taking a poor image of both areas. When a radiography equipment salesman says you can take a single whole-body radiograph versus taking a collimated radiograph of either the thorax or abdomen, he's not telling you what is best practice or most diagnostic. He hasn't gone to veterinary school, nor is he a radiologist. Remember, just because you can do something doesn't mean you should. When you collimate, focusing on a specific region of the body with the appropriate image timing, you do the best for your patients and your clients.

4 Marker my words (and images)

Many practices have grown accustomed to using digitized right or left markers, added to the image after it is taken. Unfortunately, sometimes those digital markers don't transfer when images are sent to the radiologist. The result? Time-consuming phone calls to discuss what images were obtained. This can ultimately end in the teleradiologist not knowing left from right, thus limiting the ability to obtain a useful diagnosis.

I encourage the use of an actual physical lead marker placed in the primary radiographic beam on every image. Markers are a quick and inexpensive solution that supports the accurate interpretation of images by a teleradiologist.

Using these helpful techniques will help us radiologists help you. This will ultimately help all your patients. After all, isn't that why we all got into the veterinary field? Happy imaging!



Dr. Michelle Fabiani is head of diagnostic imaging at Gulf Coast Veterinary Specialists in Houston, Texas. Her interests include exotic animal imaging, echocardiography, computed tomography and interventional radiology.

These figures offer a good reminder about why it's important to collimate—focus on a signal region of the patient's body—to improve the image quality of that region. Read more about collimating at dvm360.com/radicalrads.



Figure 1. This lateral radiograph was taken without sedation and without collimation, significantly limiting interpretation of the spine.

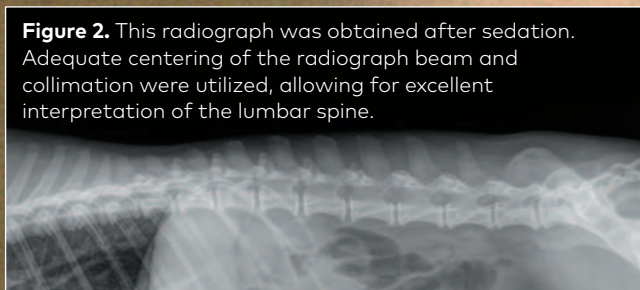


Figure 2. This radiograph was obtained after sedation. Adequate centering of the radiograph beam and collimation were utilized, allowing for excellent interpretation of the lumbar spine.

Photos courtesy of Dr. Michelle Fabiani



'Why I bought this digital radiography system ...'

Think through that next big DR purchase with a practice owner and a practice manager who share what they wanted in their new DR system and brand-new dental DR sensor.

David Cardwell, DVM, practice owner of Kerrville Veterinary Clinic in Kerrville, Texas, writes:

My biggest considerations were:

- > **Quality of image**
- > **Ease of operation**
- > **Quality and ease of sending out images**
- > **Cost (initially and down the road).**

I ended up comparing Heska's Cuattro system to one other company for the final decision. What finally got me to go with Cuattro was they convinced me that their

"upgrades" in the future would be considerably less expensive than other options. I'm only 1.5 years into a five-year warranty, so that remains to be seen.

The best thing about converting from film is quality of image and the ability to change the image using a computer if you didn't get it quite right. Because of the speed, we take 25 percent more. Everyone said we would, but I was skeptical.

I feel like we're making more money today at our busy, five-doctor practice than before we bought the unit even after factoring in the monthly payment.

Kelly Capasso, practice manager at Bigger Road Veterinary Clinics in Kettering and Springfield, Ohio, writes:

Our new digital dental radiography system is Midmark's VetPro OptiMax. This is our third company we've used for dental digital radiography.

I chose the new Midmark sensor mostly because of its durability. Dental sensors can be very fragile and live in the mouths of dogs.

I also trusted our sales rep and the customer and technical support promised.

Of course, image quality must be excellent, but technology has advanced to a point where most of the big names are closer than they've ever been.

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Socialize puppies and **save lives**

These classes are an easy way to integrate behavior counseling into your practice, and create lifelong bonds with new patients.

By Hilal Dogan, BVSc



According to a
2013 study,

65% of pet owners
who decided not to keep their pets
in the home reported some behavioral
reason for relinquishment, and

49% of those who relinquished their
pet indicated that at least one difficult
behavior was a strong influence on their
decision to hand their pet over.

Source: Kwan JY, Bain MJ. Owner attachment and problem behaviors related to relinquishment and training techniques of dogs. *J Appl Anim Welf Sci* 2013;16:168-183.

Research has shown that behavior issues are one of the most common reasons a pet is relinquished to a shelter. But as veterinarians, we have the chance to intervene in the lives of our patients and curb those problems before they start. Not only will puppy classes add a new revenue stream for your practice, but they'll let you dip your toes into the behavior pool if you're not doing a lot of behavior counseling already. The puppies win, the clients win and your practice wins—with bonded clients who come back for the lifetime of their new pet. Here's

why puppy socialization classes are important.

No, it's not social media

Posting cute pics of their new puppy on social media might be a fun pastime for new pet parents, but it really isn't helping the pup's social life at all. Here's what you need to know about puppy socialization classes.

Puppies are most open to novel experiences during their socialization period and this is the perfect time to expose them to as many new things and experiences as possible in a safe, proactive and positive manner so they develop

healthy coping skills, says Fetch dvm360 conference speaker Debbie Martin, CPDT-KA, KPA CTP, LVT, VTS (behavior). There are two different stages of socialization, primary and secondary.

The primary socialization period occurs, on average, between 3 and 5 weeks of age. This is when the puppy is learning to be a dog and should be with its littermates and its mother.

The secondary socialization period occurs between 6 and 12 weeks of age, but can last up to 16 weeks with large-breed dogs because they mature more slowly. This is when dogs learn how to interact with people, Martin says. Note—puppies really shouldn't go to a home until at least 8 weeks of age, ideally; they are more likely to have behavior issues if they leave home too soon.¹

These are the key weeks to introduce the puppy to as many new things as possible in a protective and thoughtful way to ensure positive experiences and learning without overwhelming the puppy. Lack of exposure can be as detrimental as a bad experience, Martin says. The single most important thing new pup parents can do is enroll in a proper socialization program with their puppies.

Why you should offer puppy classes

As veterinarians, we can identify high-risk puppies (excessive mouthiness, separation anxiety) early on and get them proper treatment. We can decrease relinquishment to shelters by building empathy and understanding in owners and strengthening the human animal bond early on, Martin says. This is because owners are still in love with the puppies at this time. You don't want to wait until owners are at wits' end and crying. Catch

them while they are still happy with their dog so they want to work on possible issues. This can also bond the animals to your hospital because of early happy memories of "good times." It can also bond clients to you when you see them from puppyhood on.

How to start puppy classes at your practice

Ideal participants:

Healthy puppies that are between 7 and 12 weeks of age. Don't make exceptions and allow older dogs to join the class, Martin says. Puppies should finish the class by the time they are 16 weeks of age.

Location:

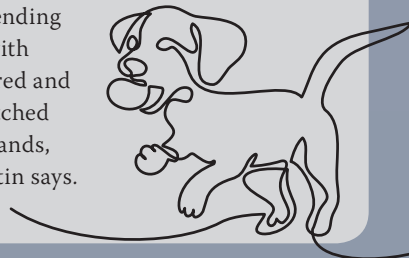
The area where the class is held needs to be puppy-proof, escape-proof, easy to sanitize and indoors to prevent weather-related disruptions, Martin says. It should also be a nondistracting environment. After-hours veterinary hospitals are wonderful locations—you can use the lobby area to start, and then split up to exam rooms for exploration, Martin suggests.

Style of class:

Set up different stations for the puppies to explore. Class size varies—have a minimum of two instructors per class. You want to have a maximum of three or four puppies per instructor or assistant to make sure everyone is being observed and having a good experience, Martin says. Instructors and assistants must be knowledgeable in animal behavior, proper socialization and positive training techniques. This is an impressionable time in the dog's development. Inappropriate socialization techniques could result in irreparable emotional damage to the puppy, result-

Expert tip:

If you have a mouthy breed, the first thing you need to teach the owner is to put a toy in the puppy's mouth before starting human interaction! This is key to not ending up with scarred and scratched up hands, Martin says.



ing in fear and anxiety. Online orientation and open enrollment seem to work the best and are less limiting for clients and puppies. Once owners hear about the class, they get excited and want to start right away.

Promotion:

To promote the class, hang permanent signs on your clinic walls and in exam rooms. Include a message on your phone system's "hold" messages, Martin says. If the pet owner signs up on their first puppy visit, include it in the cost of the visit and offer a discount. On your website, social media and in practice newsletters you can promote it with cute pictures of puppies that will catch your clients' eyes.

Disease prevention:

A healthy puppy is current on vaccines and dewormed and should have had a recent routine veterinary exam (within the past 21 days). It should have normal stools and good appetite, be bright, alert and responsive, and be free of coughing, sneezing, discolored eye or nasal discharge and skin lesions, Martin says. Make sure owners are aware of these signs, so they don't bring their puppies to class when they are ill. Each time the puppy comes to class, do a brief physical

check (a mini exam as you're saying hello) before allowing it to join the group. Instructors need to make sure they have a change of clothes and shoes they can put on between seeing patients and starting puppy class so they don't act as fomites, bringing disease into the class.

See "Ready to get started? Here's what to cover" on the right for Martin's suggestions on the class content. For more information on how to structure the class, you can complete the online course Martin and Kenneth Martin, DVM, DACVB, offer called "Puppy Start Right for Instructors." Visit puppystartright.com to get started.

Reference

1. Pierantoni L, Albertini M, Pirrone F. Prevalence of owner-reported behaviours in dogs separated from the litter at two different ages. *Vet Rec* 2011;169(18):468.



Dr. Hilal Dogan owns the mobile veterinary practice

Dogan Vet Care in Maui, Hawaii. She started the Veterinary Confessionals Project as a senior veterinary student at Massey University in New Zealand.

PRODUCTS FOR PUPS

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Ready to get started? Here's what to cover.

By Debbie Martin, CPDT-KA, KPA CTP, LVT, VTS (behavior)

Puppy socialization classes should be well-organized, and the instructors should work to keep the class on track. Physical or verbal reprimands should not be used.

Suggested class outline:

- > Off-leash controlled play—5 minutes
- > Introduction to training—2 minutes
- > Problem prevention topic—15 minutes
- > Exploration—25 to 30 minutes
- > Off-leash controlled play—5 minutes
- > Second problem prevention topic—5 minutes
- > Pass the puppy—5 minutes
- > Announcements and homework assignment—2 minutes

Control the off-leash play sessions, and make sure the owners remain seated. Keep treats and belongings out of reach of the puppies. If inappropriate play occurs, the instructors should be the ones to interrupt.

If the puppies are having trouble self-regulating, or if other puppies are showing signs of fear, don't verbally or physically reprimand the puppy. Instead, use a high-value treat or squeaky toy to get the instigating puppy's attention and redirect it. Be sure to practice redirections and recalls at other times during the play as well. An overexuberant puppy may need to be managed separately to facilitate redirection.

In the four-week class period, training topics should include:

- > Attention
- > Targeting
- > Sit
- > Come
- > Leave it/drop
- > An introduction to leash manners

It's important to educate clients on the benefits of positive reinforcement training and the problems associated with positive punishment. Though basic training is introduced in the puppy class, the goal is proper socialization and problem prevention, not training.

Problem prevention

topics to cover include:

- > Crate training
- > Restraint and handling
- > Potty training
- > Socialization
- > Isolation training
- > Play biting
- > Preventing food and resource guarding
- > Solving problem behaviors
- > Expectations and consistency
- > Chewing

A note on exploration: The goal of this portion of the class is to expose the puppies to novel environments, people, objects, surfaces and sounds in a positive manner. Use treats in abundance, work at the puppy's comfort level, and guide owners on reading their dog's body language. In order for socialization to be beneficial, it must be fun and enjoyable for the puppy.

A note on pass the puppy: The goal of this portion of the class is for the puppies to be handled by other participants in the class, though the instructor should step in if a puppy is overly afraid or not taking treats. It is the puppy's choice to perform this exercise.



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*UPS Pulse of the Online Shopper™, US Study June 2017. Study was conducted in partnership with comScore and surveyed 5,000 U.S. avid online shoppers (made 2+ online purchases in past 3 months) in Q1 2017. Percentage represents average of all respondents.

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A peek at the numbers

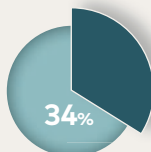
It's no secret: Many of our readers believe an engaged mind makes for a healthier pet. Here's what your peers are seeing in practice, based on the 2017 dvm360 Clinical Updates: Pet Enrichment Survey.



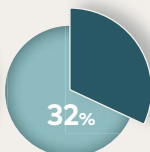
Do you see health problems in your patients you believe are linked to lack of enrichment at home?

92% *say yes*

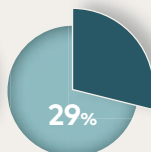
In dogs ...



see anxiety

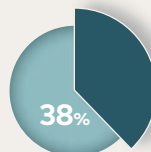


see behavior problems

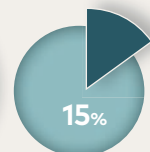


see obesity

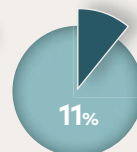
In cats ...



see obesity



see aggression



see inappropriate elimination

Which areas of environmental enrichment do you think owners most commonly neglect?

48% say activity (scratching posts, exercise, toys that provide range of stimulation, interactive feeding solutions)

37% say environment (resting areas; space to explore, climb, play; range of temperature, etc.)

15% say contact (with other animals, with the owner, option for solitude)

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%.



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Building new? Plan now for AAHA certification

These design touches won't just get you points on your AAHA accreditation score. They're industry standards that Veterinary Economics Hospital Design Conference educator Heather Lewis, AIA, hopes to see in every veterinary hospital, every time.

Most of you are familiar with some of AAHA's guidelines for certifying a veterinary hospital, but did you know that there are some standards that can't be met without having the right physical spaces built into your hospital from the start? Heather Lewis, AIA, of Animal Arts in Boulder, Colorado, shared examples of these items with a packed room at the 2017 Veterinary Economics Hospital Design Conference in Kansas City, Missouri.

Let's dive into examples from three big categories: setting up special rooms, planning for equipment and planning for the patient.

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1 Setting up special veterinary hospital rooms

Anesthesia. Induction needs to be done in its own dedicated area. This means that the practice shouldn't be inducing in the surgery room, and other work shouldn't be done on the induction table, Lewis notes.

Surgery recovery. Hospitals also need a dedicated area for recovery outside of the surgery suite—however, this space could be used for other animal housing situations as needed, Lewis says.

Isolation. Beyond the space requirement, Lewis states, the isolation room needs finishes that are easy to clean, a dedicated exam table, a floor drain and a hose bib. The room should also have negative air pressure compared to the spaces around it and should not recirculate air back into any other space.

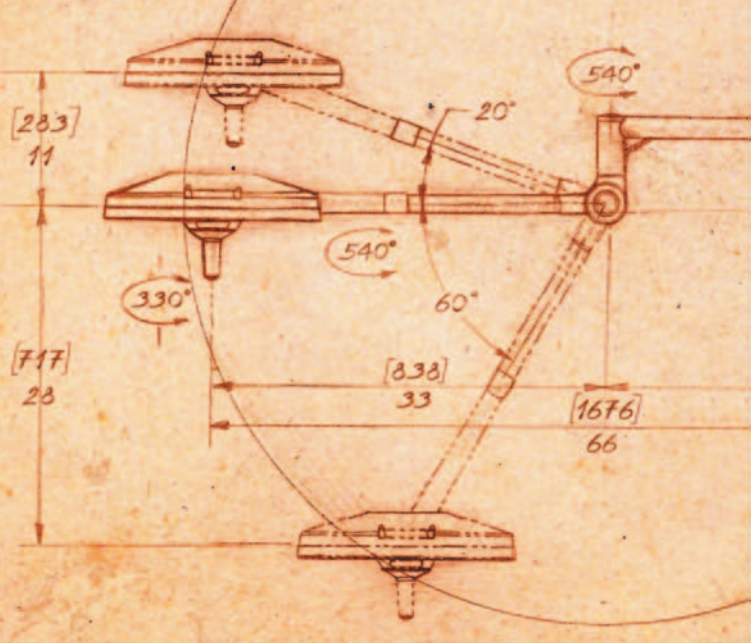
2 Planning for equipment

Laboratory. You need enough electrical power for equipment as well as the manufacturers' standard equipment clearances.

Radiography. You need to produce quality diagnostic images at the hospital as part of the AAHA accreditation standards. This means that barrier protection must be in place in radiograph rooms. This is also an OSHA requirement, Lewis says. Plan for adequate working space around three sides of the radiograph table. This is relevant, Lewis says, because radiography rooms often get shorted on space in the plan.

3 Planning for the patient

Workflow and patient flow. Standards dictate that the movement of clients and patients through the hospital allow for separation of species. This includes species segregation in waiting areas as well as a five-foot-wide passing space for two dogs on leashes in corridors. Not only is the separation of species AAHA compliant, it's a good Fear Free concept, Lewis notes.



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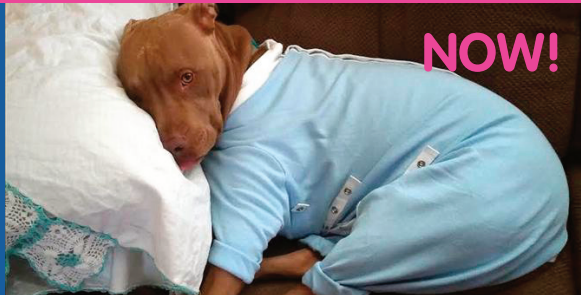


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Our hospital has seven examination rooms to include a privacy/consultation room, and our latest addition, our NO dogs allowed, pheromone enriched cat room. Our diagnostic tools include a complete inhouse Abaxis lab station with chemistry, cbc, electrolyte, blood & respiratory gasses, and clotting time capabilities, tonopen, Cuattro digital radiology, LogiqE ultrasound with color flow and continual wave technology. Patient care and monitoring equipment include; multiple Baxter autostart IV pumps, , IV fluid warmers, cardell blood pressure monitors, Nihon Kohden four lead ECG machine with printer, Syringe pump, and a highly skilled critical care technician that stays with the patients all day. Our large state-of-the-art surgery suite is equipped with Engler positive pressure anesthesia delivery systems, pulse ox, ecg, bp monitor, esophageal stethoscope, patient warming system, and a highly trained surgical assistant.

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Candidate must be self motivated, have excellent communication skills, and the ability to work in a very fast paced environment but most of all; be compassionate and courteous. If you feel you are a right fit for our practice please email Dr. Joe McKenzie at jhmdvm@comcast.net, call Shay Williams, Hospital Manager at 912.429.1192, or email webbanimalclinicff@yahoo.com.

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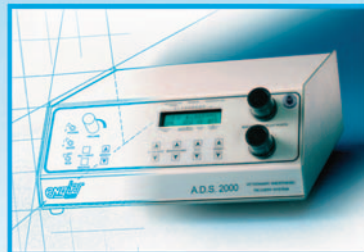
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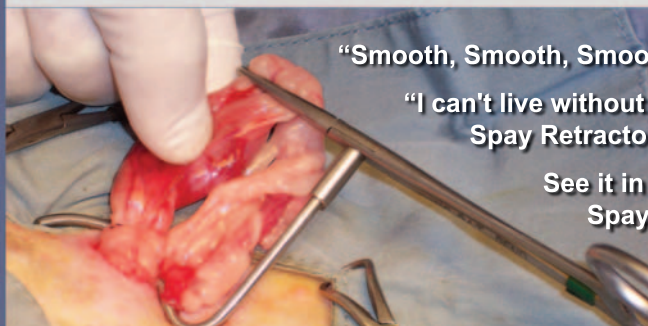
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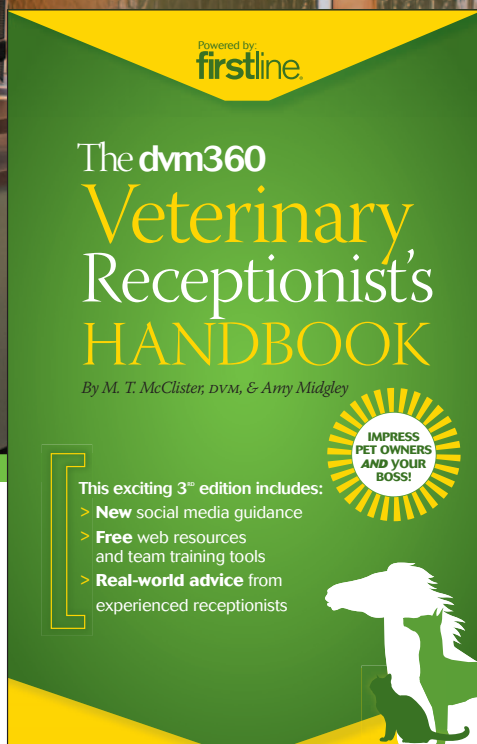


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Veterinary horoscopes

We've looked to the stars to see what's in store for you in the veterinary world this week. Full disclosure: We're not professional star-gazers.



SAGITTARIUS NOVEMBER 22–DECEMBER 21

Your needs and the needs of a close team member are about to collide. Whether it's financial pressures, shifts in self-esteem or feeling an imbalance in responsibilities, you're going to need to have a difficult conversation. As if that's what you need, right? Try and keep your own self-interests balanced with the interests of your teammates—after all, you're all there to lift each other up in times of trouble.



CAPRICORN DECEMBER 22–JANUARY 19

Looks like you're going to get along well with everyone around you this month. Before you give yourself a high-five, keep in mind the temptation to control everyone and everything in the clinic. To many, it'll seem like you're coming on a little too strong, and that could make you feel like you're too much for your teammates. Instead, aim for healthy compromises and find a way to channel your passion for helping animals into your relationships without being over-assertive. You've got this.



AQUARIUS JANUARY 20–FEBRUARY 18

You're usually chipper, but something buried deep down could jump to the surface. And when your emotions create rain clouds, the clinic subconsciously gets poured on as well. It's not like you can help it—there are a ton of layers to you! But the more you accept your feelings and what they stand for, the more you can take control and bring sunshine back into your clinic. Cut yourself some slack and talk out those bad feelings with someone you trust.

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