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UBM

A letter to the veterinarian who hates her job

This letter writer was sparked by attending a session on women in leadership by Fetch dvm360 speaker Sarah Wooten, DVM.

Dear Veterinarian who hates her job,

At the last Fetch dvm360 conference, you were sitting next to me during a discussion about fair wages for veterinarians, and there was a heated debate going on—the older practice owners in the room didn't feel they could afford to pay higher wages, and they were sick of hearing new grads complain about their student loans. As an older millennial, I belong to the younger generation that graduated six years ago with student loan debt worth as much as my house. But I'm currently making a fair wage as a medical director, so I was very interested in the discussion.

The moderator was trying to calm down the situation when you spoke. I was impressed that you chose to talk, as you seemed a little shy. You said you were one of the first female veterinarians in your state, and you own your practice. I was in awe sitting next to one of the pioneers in our industry—but then the next thing you said floored me.

"Becoming a veterinarian was the worst decision I've ever made," you said. "I have struggled to make a living, am exhausted after 40 years of practice, and am underappreciated by my clients." Wow! You just verbalized all my worst nightmares.

I wanted to cry after you

said that. Being a veterinarian is not my life—I'm a wife, mother, runner, hiker and much more—but being a veterinarian is an essential part of who I am. It's a hard and often thankless job with long hours, employees who are difficult to manage, animals that sometimes want to eat you, cases that can't be solved ... but it's also a great job. In one day I can educate a client about building a bond with their puppy, trim a macaw's beak, take a spleen out of a cat that would otherwise die, help a family say goodbye to their beloved 15-year-old Lab, and deliver a litter of puppies. The magnitude of honor and pride I have from doing all those tasks is enormous.

I'm so happy I was sitting next to you that day; it allowed me to think about what I could say to you. And I want to thank you. Thank you for paving the way in this field. Thank you on behalf of the numerous puppies and kittens you have saved with preventive healthcare. Thank you for all the lifesaving surgeries you have performed, thank you for helping countless families say goodbye to their furry friends with a dignified ending and thank you for choosing this path. It has mattered to many people and animals.

—Adriana Fisher, DVM, CVA
VCA Big Lake Animal Hospital
Wasilla, Alaska

Read more inspiration and support from Fetch dvm360 attendees at dvm360.com/DearFetch. Then join us May 17-20 for the Fetch dvm360 conference in Virginia Beach. Visit fetchdvm360.com to learn more.



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April 2018

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her job

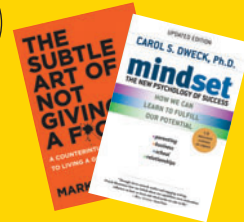
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THE PICKS

(what we care about now)

Heartworm resistance: What we know (and what we don't)

At the 15th Triennial Heartworm Symposium in New Orleans, Clarke Atkins, DVM, DACVIM (cardiology), professor emeritus at North Carolina State University, spoke briefly about what the field of veterinary medicine has learned over the past 10 to 15 years about heartworm resistance and macrocyclic lactones, as well as what remains unknown.

For starters, says Dr. Atkins, "we know resistance is real." But he goes on to explain that we still don't know the extent of the problem (such as how far it extends or how much it plays a role in infection and disease).

Second, "we know that compliance is the biggest problem ... bigger than resistance in terms of causing heartworms," he says. The good news? This is an area veterinary professionals can change. "We don't seem to do it very well," Dr. Atkins admits, "but we can affect that." (Editor's note: Not sure where to start? Check out dvm360.com/heartworm. You'll find a complete toolkit loaded with compliance tips and tools.)

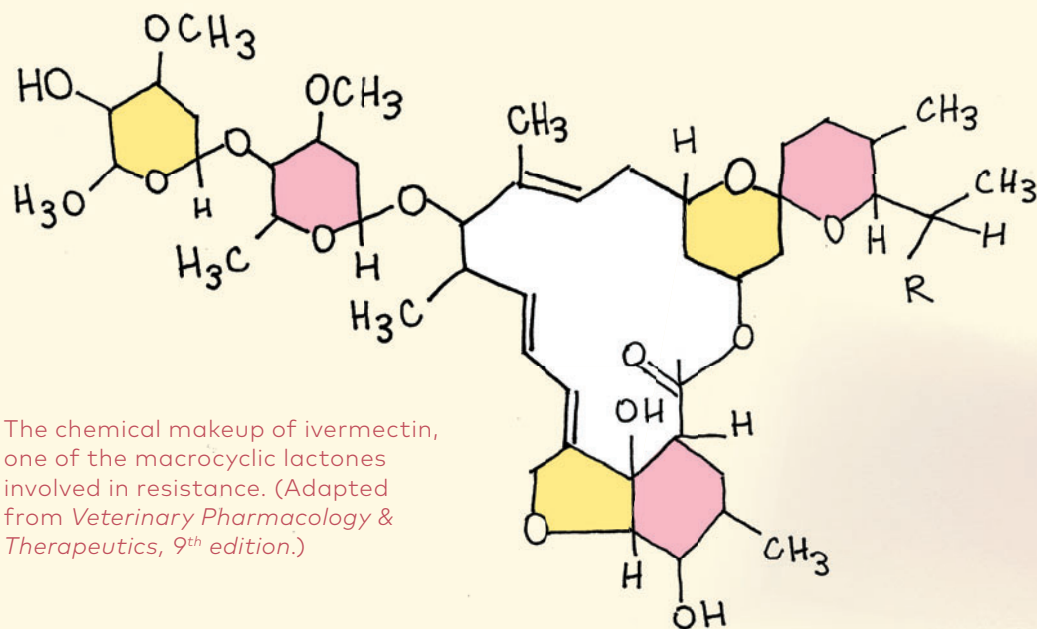
According to Dr. Atkins, we also know that the isolates of resistant heartworms have come from both expected and unexpected places. "They don't all come from the Mississippi Delta, which I think is a confounding part of this," he says. "They have not

necessarily come from areas that have concerns about resistance."

Here are a few more things we know:

- > Resistance in heartworms is hereditary.
- > Heavy exposure to mosquitoes likely makes it more difficult for macrocyclic lactones to be effective (which is an argument for reducing dogs' exposure to mosquitoes in the first place).
- > There are genetic markers that can tell us which isolates are causing macrocyclic lactone resistance.
- > There is resistance to each of the four macrocyclic lactone molecules.

Hear more about the current state of heartworm resistance in Dr. Atkins' own words by watching the video at dvm360.com/resistheartworm.





PET PERKS

Sure, a competitive salary and benefits are important considerations, but other perks can increase employee satisfaction. The Veterinary Hospital Managers Association surveyed veterinary professionals to identify the discounts and benefits employees receive. Here's a quick snapshot:

96%

Discounts on services

95%

Discounts on products

58%

Free products or services

Respondents who received a free benefit or service most often received:



53%

Exams



8%

Office call



5%

Vaccinations



4%

Hospitalization



3%

Dental procedures

Just remember to follow the IRS regulations governing the tax treatment of employee discounts. If the discounts you offer exceed those allowed by the IRS, the amount of the excess discount is to be treated as taxable income to the employee.

Got more questions?

Consult your tax advisor for more information on this topic.



Open up and say, "Ew!"

Check out these two tips for better oral tumor biopsies from Fetch dvm360 conference educator Barden Greenfield, DVM, DAVDC, a veterinary dentist and practice owner of Your Pet Dentist in Memphis, Tennessee, and Little Rock, Arkansas. First, Dr. Greenfield says it's worth a little extra money to get your dental lab work right. It's fair to pass that small extra cost onto the client in these treatment plans, because they'll love the results. He recommends the University of Wisconsin Center for Comparative Oral and Maxillofacial Pathology. (Don't worry: He jokingly assures us he doesn't get any kickbacks.)

Second, before you send possible oral tumor samples to your lab of choice, get a picture—a before-you-cut-anything-out-or-sample-anything picture. Pathologists like to see the visual evidence of tumors—where they were in the mouth and how things looked—when they judge your samples.



Need help on dentistry? Check out Fetch dvm360 conference in Virginia Beach to get caught up on extractions and more, May 17-20.

Visit fetchdvm360.com/vb to learn more.

Clearing up misconceptions about regenerative medicine

As regenerative medicine has become more prevalent in the veterinary market in recent years, so have pet owners' misunderstandings about the nature of the treatment. Fetch dvm360 conference speaker David Dycus, DVM, MS, DACVS-SA, says regeneration is only part of the picture.

"Probably a lot of the public's misconception is that we're simply trying to regenerate new tissues, which, while there may be some regeneration, what we're really ultimately doing is taking a very high concentration of growth factors and anti-inflammatories to an area of relatively poor healing," he says.

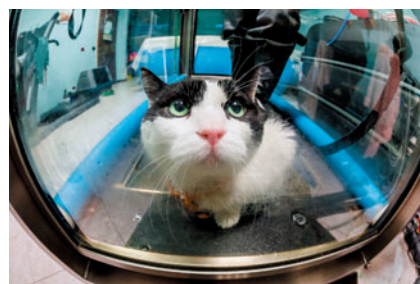
He points out that regenerative

medicine works best to treat chronic soft tissue injuries when combined with surgical or rehabilitative therapy or medical management.

Dr. Dycus also offers a broader definition of regenerative medicine that comprises platelet-rich plasma and stem cell therapy, but he draws a distinction between the two.

"Platelet-rich plasma is essentially where we're taking a very high concentration of the platelets—which themselves (constitute) a very rich source of growth factors—that are going to help promote angiogenesis so we can get inflammatory and reparative cells to a site of injury," he says.

Stem cell therapy also helps in angiogenesis, says Dr. Dycus, but



there's more: "What's especially important for chronic conditions is it can help break down or inhibit some of the fibrous tissue that tends to develop within tendons or ligaments due to chronic, repetitive overuse-type injuries."

Get all the details on how these two therapies work together in the video at dvm360.com/regenerative



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BOOK CLUB

WHAT THREE OF VETTED'S SMART VETERINARIANS ARE READING

Drs. Hilal Dogan, Dave Nicol and Sarah Wooten share the books that are blowing them away right now and helping them prep for Fetch dvm360 in 2018.



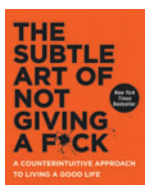
HILAL DOGAN, BVSC

"I recommend *The Subtle Art of Not Giving a F*ck*.

The problems that need solving in this world are endless. Decide which problems you want to spend your precious and short time on this earth solving and focus on them. You can't solve them all."

The Subtle Art of Not Giving a F*ck:

A Counterintuitive Approach to Living a Good Life
by Mark Manson



DAVE NICOL, BVMS, CERT. MGMT MRCVS

"I'm reading *The E-Myth Veterinarian*. If you like Michael Gerber and veterinary practice management, then you're going to freak out about Dr. Peter Weinstein's collaboration with the king of small business success. The book is packed with insight from these legends in their fields. It's especially pertinent to those who have practices that cease to function when they take a vacation."

The E-Myth Veterinarian

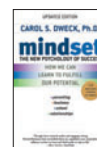
by Michael Gerber and Peter Weinstein, DVM



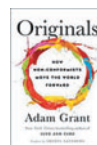
SARAH WOOTEN, DVM

"The first two books help frame my teaching. The third, *Becoming Supernatural*, is blowing my mind, but I don't think 95 percent of the population is ready for it."

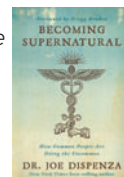
Mindset: The New Psychology of Success
by Carol Dweck



Originals: How Non-Conformists Move the World
by Adam Grant



Becoming Supernatural: How Common People Are Doing the Uncommon
by Joe Dispenza



Catch these educators live at the Fetch dvm360 conference. Visit fetchdvm360.com/vb to join us at the Fetch dvm360 conference in Virginia Beach, May 17-20.

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CUSHING'Sⁱⁿ cats

By Sarah Wooten, DVM

Unregulated diabetic? Fragile skin? Recurrent UTIs? Your feline patient might have Cushing's! Let's sniff out diagnosis and management of cushingoid cats.

Yes, cats can get hyperadrenocorticism, or Cushing's disease, but it's not quite the same as in dogs—because, well, cats, of course. Fetch dvm360 conference speaker David Bruyette, DVM, DACVIM, Chief Medical Officer at Anivive Lifesciences and CEO of Veterinary Diagnostic Investigation and Consultation, discussed the latest updates on this adrenal anomaly in our feline friends.

Let's get down to diagnosis

As in dogs, Dr. Bruyette says diagnosing Cushing's disease in cats relies on patient history, signalment, physical examination findings, adrenal testing and imaging. Cats with Cushing's tend to be older, but the disease can be seen in cats as young as 4 years of age. Unlike in dogs, there is a sex predilection for hyperadrenocorticism in cats, with 75% of cases occurring in females. What's underneath the ailment? Dr. Bruyette says 80% of cushingoid cats likely have pituitary-dependent disease, while 20% are due to adrenal tumors, of which half are benign and half are malignant.

The signs. Cats with Cushing's disease often have comorbidities, such as recurrent urinary tract infections (UTIs) or diabetes mellitus. The problem that a lot of us run into is that the clinical signs of polyuria, polyphagia, polydipsia, muscle wasting and hepatomegaly are the same for diabetes and Cushing's disease. Dr. Bruyette says that vets usually accidentally back into a diagnosis of hyperadrenocorticism in diabetic cats that are difficult to regulate or have become insulin-resistant.

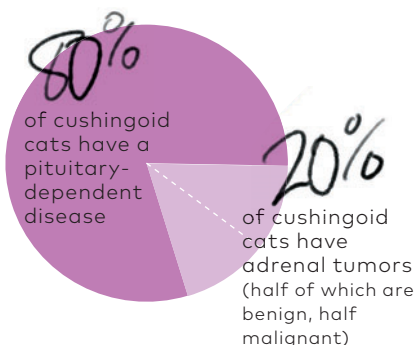
Other common clinical signs in cushingoid cats are severe dermal atrophy and alopecia. Thin, shiny skin in a geriatric cat is pathognomonic for hyperadrenocorticism or pancreatic carcinoma in cats.



(Dr. Bruyette pro tip: If you see a cat with thin skin, don't scruff it! You may end up with a pelt and a bad Yelp review.)

The minimum database findings.

Unlike dogs, Dr. Bruyette says cats don't have a steroid-inducible isoform of alkaline phosphatase (ALP), so cats with Cushing's will not have high ALP activity. Cushingoid cats tend to be more resistant to the effects of corticosteroids and tend to not have a stress leukogram, and their urine specific gravity tends to be greater than 1.020, making diagnosis from a minimum database darn near impossible. They do, however, tend to get frequent UTIs, as do diabetic cats, so Dr. Bruyette says it is a good idea to routinely culture the urine of cats affected by either disorder.



Stimulation testing. The standard dosage of cosyntropin (Cortrosyn) in cats is 0.125 mg (half a vial) per cat, but Dr. Bruyette says that the canine dose of 5 µg/kg also appears to be adequate. To perform this test, obtain a blood sample before cosyntropin administration and then another sample one hour after administration. Dr. Bruyette recommends administering cosyntropin intravenously in cats and says that reconstituted cosyntropin can be stored in the

vial in the fridge for 30 days or be frozen for up to a year in a plastic syringe.

Suppression testing. The adrenal-pituitary axis in cats is not as easily suppressed as it is in dogs and requires a different dosage than in dogs, Dr. Bruyette says, because, well, cats. He says that the dose that works best in cats is actually the dose for high-dose dexamethasone suppression testing in dogs, which is 0.1 mg/kg given intravenously; blood samples are taken before administration, after four hours and after eight hours. A 30-minute post administration sample is not necessary, says Dr. Bruyette.

Suppression testing has a 90% sensitivity in diagnosing Cushing's disease, Dr. Bruyette says. Dexamethasone suppression testing can be affected by nonadrenal illness, however, and since most of these cats are diabetic, this can present a diagnostic problem. If you are performing a suppression test for Cushing's disease in a newly diagnosed or unregulated diabetic cat, then you may get a false positive result. Dr. Bruyette says to get the diabetes under control as best you can, even if that means giving the cat relatively high doses of insulin, and then test for adrenal function.

UCCR. When it comes to the urine cortisol:creatinine ratio (UCCR), Dr. Bruyette says that this isn't as simple in cats as it is in dogs, of course, because, cats. It's very difficult to get the first voided morning sample of urine from even an indoor cat, especially three mornings in a row. Hospitalizing the cat for a morning cystocentesis will

Curtailing the cost of Cushing's rechecks



Sarah Wooten, DVM

URINALYSIS RELIEF

If one of my patients is asymptomatic for a UTI, I would recommend a urinalysis and culture every six months. Urine culture can be pretty pricey and present a cost barrier to your client. We get around this by using the local dairy authority laboratory, which can do the cultures for us at a fraction of the cost.

REASONABLE TRILOSTANE RECHECKS

What about measuring baseline cortisol instead of stimulation testing to save client's money? I know a lot of practitioners who are checking baseline cortisol concentrations instead, so I asked Dr. Bruyette for his recommendations on this. He said that this practice is being looked at currently both in the United States and Europe, and there will be a consensus statement coming out in the next couple of months for new guidelines for monitoring patients on trilostane aimed at dogs since trilostane use in cats is extralabel in the United States.

also result in a lot of false positive results. The main value of a UCCR is ruling out Cushing's disease—if the ratio is normal, the cat doesn't have Cushing's. If the UCCR is high, you will still need to run suppression or stimulation testing.

Pituitary versus adrenal. To differentiate between adrenal and pituitary-dependent disease, you can run the same testing as in dogs—a high-dose dexamethasone suppression test, endogenous ACTH and imaging. The high-

dose dexamethasone suppression dosage is 1 mg/kg, but Dr. Bruyette does not recommend subjecting cats to this test because if they didn't suppress on the low-dose dexamethasone suppression test, then they probably won't suppress on the high.

Abdominal ultrasonography in cats is a challenge because the adrenal gland is tiny in cats—only 3 mm thick in a normal cat! You have to first find the little suckers, and if you are lucky or skilled enough to do that, you have to measure the thickness. If you've spent any time driving an ultrasound probe, then you already know the right adrenal can be very difficult to locate on abdominal ultrasound. In addition, Dr. Bruyette says adrenal mineralization is a normal aging change in cats but indicative of adrenal disease in dogs; plus, cats can have confounding, incidental adrenal or pituitary growths that actually have nothing to do with Cushing's. Data on the clinical relevance of incidental adrenal or pituitary masses is lacking, says Dr. Bruyette.

You can also measure endogenous ACTH in cats, but only a dog assay is available. If your stimulation or suppression testing indicates Cushing's, you then measure endogenous ACTH. If it comes back normal or high, that reliably indicates pituitary-dependent disease. If it comes back low, Dr. Bruyette says we don't know what that means, which, as you know, is problematic when you now have an owner who has just spent \$100 on a test that is nondiagnostic. History, physical exam and a combination of imaging and adrenal testing are your best bets for an accurate diagnosis.

Time for treatment

Adrenal tumors are best treated with surgical removal, Dr. Bruyette



Top photos show a cat with Cushing's disease before trilostane treatment. Bottom photos show the same cat with Cushing's disease after trilostane treatment.

says, because it cures the disease. He recommends getting Cushing's under control before surgery, however, since affected cats have poor wound healing and tend to throw clots.

Your medical options include trilostane, mitotane and metyrapone. Mitotane has the same toxicity concerns in cats as in dogs, so Dr. Bruyette reserves it only for cats that have failed to respond to trilostane. Selegiline doesn't work in cats. Ketoconazole works well to lower cortisol concentrations in people and dogs, but it doesn't suppress well in cats (because, cats), and the doses required to suppress cortisol secretion in cats has been found to be hepatotoxic and associated with thrombocytopenia.

Metyrapone is an adrenal enzyme blocker used in people. The main problems with metyrapone are that it requires administration two to three times a day, becomes less effective over time, and, according to

Dr. Bruyette, is the foulest tasting substance on the planet. Plus, the capsule is as hard as concrete. (How does he know, you ask? Well, as any good veterinarian would do, he chewed on the capsule).

Dr. Bruyette says trilostane is the best option at a dose of 2 to 3 mg/kg/day.¹ Drug monitoring for trilostane in cats is the same as in dogs: Recheck electrolytes and perform a stimulation test four to six hours after administration seven to 10 days after starting therapy. If everything measures normal, Dr. Bruyette recommends rechecking the electrolytes and performing ACTH stimulation testing in one month and then every three to four months after that.

REFERENCE

1. Mellett Keith AM, Bruyette D, Stanley S. Trilostane therapy for treatment of spontaneous hyperadrenocorticism in cats: 15 cases (2004–2012). *J Vet Intern Med* 2013;27(6):1471–1477.

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INDICATIONS

Trifexis is indicated for the prevention of heartworm disease (*Dirofilaria immitis*). Trifexis kills fleas and is indicated for the prevention and treatment of flea infestations (*Ctenocephalides felis*), and the treatment and control of adult hookworm (*Ancylostoma caninum*), adult roundworm (*Toxocara canis* and *Toxascaris leonina*) and adult whipworm (*Trichuris vulpis*) infections in dogs and puppies 8 weeks of age or older and 5 pounds of body weight or greater.

IMPORTANT SAFETY INFORMATION

Serious adverse reactions have been reported following concomitant extra-label use of ivermectin with spinosad alone, one of the components of Trifexis. Treatment with fewer than three monthly doses after the last exposure to mosquitoes may not provide complete heartworm prevention. Prior to administration of Trifexis, dogs should be tested for existing heartworm infection. Use with caution in breeding females. The safe use of Trifexis in breeding males has not been evaluated. Use with caution in dogs with pre-existing epilepsy. The most common adverse reactions reported are vomiting, lethargy, pruritus, anorexia and diarrhea. To ensure heartworm prevention, dogs should be observed for one hour after administration. If vomiting occurs within one hour, redose. Puppies less than 14 weeks of age may experience a higher rate of vomiting. For product information, including complete safety information, see page 14.

TRIFEXIS®
(spinosad + milbemycin oxime)
Chewable Tablets

Caution: Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

Before using TRIFEXIS chewable tablets, please consult the product insert, a summary of which follows:

Indications:
TRIFEXIS is indicated for the prevention of heartworm disease (*Dirofilaria immitis*), TRIFEXIS kills fleas and is indicated for the prevention and treatment of flea infestations (*Ctenocephalides felis*), and the treatment and control of adult hookworm (*Ancylostoma caninum*), adult roundworm (*Toxocara canis* and *Toxascaris leonina*) and adult whipworm (*Trichuris vulpis*) infections in dogs and puppies 8 weeks of age or older and 5 pounds of body weight or greater.

Dosage and Administration:
TRIFEXIS is given orally, once a month at the minimum dosage of 13.5 mg/lb (30 mg/kg) spinosad and 0.2 mg/lb (0.5 mg/kg) milbemycin oxime body weight. For heartworm prevention, give once monthly for at least 3 months after exposure to mosquitoes (see **EFFECTIVENESS**).

Contraindications:
There are no known contraindications to the use of TRIFEXIS.

Warnings:
Not for human use. Keep this and all drugs out of the reach of children. Serious adverse reactions have been reported following concomitant extra-label use of ivermectin with spinosad alone, a component of TRIFEXIS (see **ADVERSE REACTIONS**).

Precautions:
Treatment with fewer than 3 monthly doses after the last exposure to mosquitoes may not provide complete heartworm prevention (see **EFFECTIVENESS**). Prior to administration of TRIFEXIS, dogs should be tested for existing heartworm infection. At the discretion of the veterinarian, infected dogs should be treated with an adulticide to remove adult heartworms. TRIFEXIS is not effective against adult *D. immitis*. While the number of circulating microfilariae may decrease following treatment, TRIFEXIS is not indicated for microfilariae clearance. Mild, transient hypersensitivity reactions manifested as labored respiration, vomiting, salivation and lethargy, have been noted in some dogs treated with milbemycin oxime carrying a high number of circulating microfilariae. These reactions are presumably caused by release of protein from dead or dying microfilariae. Use with caution in breeding females. The safe use of TRIFEXIS in breeding males has not been evaluated. Use with caution in dogs with pre-existing epilepsy (see **ADVERSE REACTIONS**). Puppies less than 14 weeks of age may experience a higher rate of vomiting.

Adverse Reactions:
In a well-controlled US field study, which included a total of 352 dogs (176 treated with TRIFEXIS and 176 treated with an active control), no serious adverse reactions were attributed to administration of TRIFEXIS. All reactions were regarded as mild. Over the 180-day study period, all observations of potential adverse reactions were recorded. Reactions that occurred at an incidence >1% (average monthly rate) within any of the 6 months of observation are presented in the following table. The most frequently reported adverse reaction in dogs in the TRIFEXIS group was vomiting.

Average Monthly Rate (%) of Dogs With Adverse Reactions

Adverse Reaction	TRIFEXIS Chewable Tablets ^a	Active Control Tablets ^a
Vomiting	6.13	3.08
Pruritus	4.00	4.91
Lethargy	2.63	1.54
Diarrhea	2.25	1.54
Dermatitis	1.47	1.45
Skin Reddening	1.37	1.26
Decreased appetite	1.27	1.35
Pinnal Reddening	1.18	0.87

^an=176 dogs

In the US field study, one dog administered TRIFEXIS experienced a single mild seizure 2 ½ hours after receiving the second monthly dose. The dog remained enrolled and received four additional monthly doses after the event and completed the study without further incident. Following concomitant extra-label use of ivermectin with spinosad alone, a component of TRIFEXIS, some dogs have experienced the following clinical signs: *trembling/twitching, salivation/drooling, seizures, ataxia, mydriasis, blindness and disorientation*. Spinosad alone has been shown to be safe when administered concurrently with heartworm preventatives at label directions.

In US and European field studies, no dogs experienced seizures when dosed with spinosad alone at the therapeutic dose range of 13.5-27.3 mg/lb (30-60 mg/kg), including 4 dogs with pre-existing epilepsy. Four epileptic dogs that received higher than the maximum recommended dose of 27.3 mg/lb (60 mg/kg) experienced at least one seizure within the week following the second dose of spinosad, but no seizures following the first and third doses. The cause of the seizures observed in the field studies could not be determined. For technical assistance or to report suspected adverse drug events, contact Elanco Animal Health at 1-888-545-5973. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or <http://www.fda.gov/AnimalVeterinary/SafetyHealth>

Post Approval Experience (Mar 2012):
The following adverse reactions are based on post-approval adverse drug event reporting. The adverse reactions are listed in decreasing order of frequency: vomiting, depression/lethargy, pruritus, anorexia, diarrhea, trembling/shaking, ataxia, seizures, hypersalivation, and skin reddening.

Effectiveness:
Heartworm Prevention:
In a well-controlled laboratory study, TRIFEXIS was 100% effective against induced heartworm infections when administered for 3 consecutive monthly doses. Two consecutive monthly doses did not provide 100% effectiveness against heartworm infection. In another well-controlled laboratory study, a single dose of TRIFEXIS was 100% effective against induced heartworm infections.

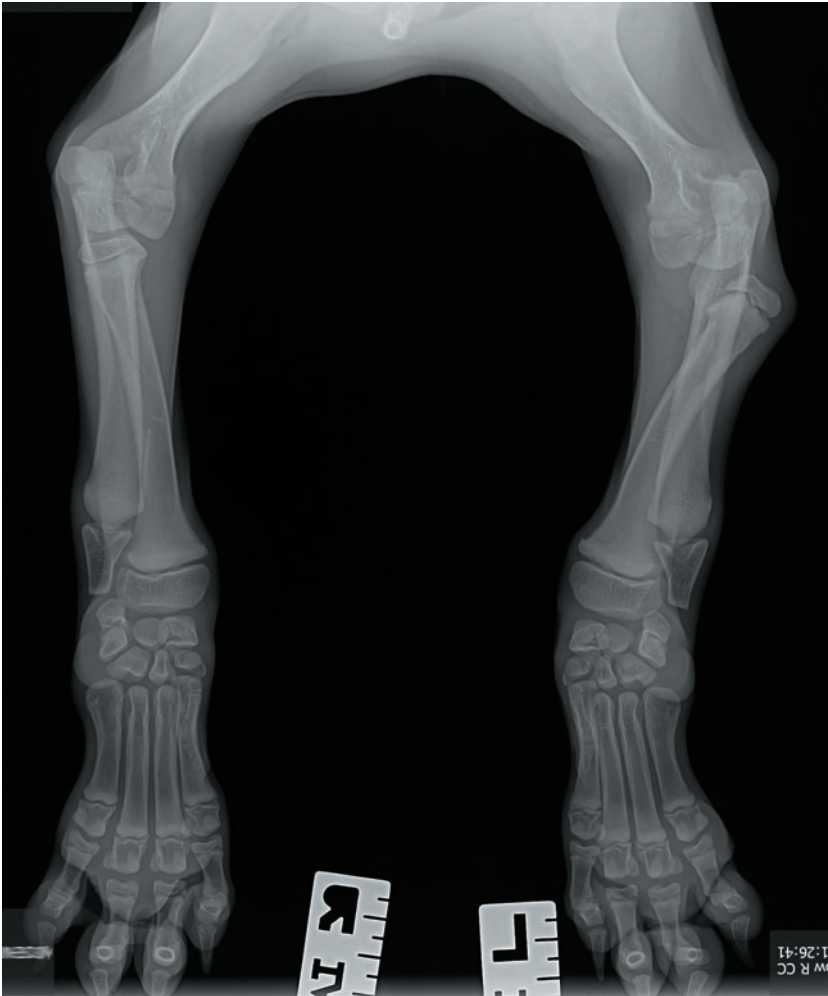
In a well-controlled six-month US field study conducted with TRIFEXIS, no dogs were positive for heartworm infection as determined by heartworm antigen testing performed at the end of the study and again three months later.

Flea Treatment and Prevention:
In a well-controlled laboratory study, TRIFEXIS demonstrated 100% effectiveness on the first day following treatment and 100% effectiveness on Day 30. In a well-controlled laboratory study, spinosad, a component of TRIFEXIS, began to kill fleas 30 minutes after administration and demonstrated 100% effectiveness within 4 hours. Spinosad, a component of TRIFEXIS, kills fleas before they can lay eggs. If a severe environmental infestation exists, fleas may persist for a period of time after dose administration due to the emergence of adult fleas from pupae already in the environment. In field studies conducted in households with existing flea infestations of varying severity, flea reductions of 98.0% to 99.8% were observed over the course of 3 monthly treatments with spinosad alone. Dogs with signs of flea allergy dermatitis showed improvement in erythema, papules, scaling, alopecia, dermatitis/pyodermitis and pruritus as a direct result of eliminating the fleas.

Treatment and Control of Intestinal Nematode Infections:
In well-controlled laboratory studies, TRIFEXIS was ≥ 90% effective in removing naturally and experimentally induced adult roundworm, whipworm and hookworm infections.

Palatability:
TRIFEXIS is a flavored chewable tablet. In a field study of client-owned dogs where 175 dogs were each offered TRIFEXIS once a month for 6 months, dogs voluntarily consumed 54% of the doses when offered plain as if a treat, and 33% of the doses when offered in or on food. The remaining 13% of doses were administered like other tablet medications.

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CRANIAL CAUDAL VIEW

What's causing
this puppy's
strange gait?

Are you an X-ray expert? Test your skills with
this case of an unsteady standard poodle pup.

By Betsy Charles, DVM, MA



LATERAL VIEW, LEFT



LATERAL VIEW, RIGHT

An 11-week-old male standard poodle was evaluated for a strange gait in his left front limb. A nonpainful, firm swelling was palpated over the lateral aspect of his left elbow. Other physical examination findings included severe prognathism and an umbilical hernia. The patient's testes had not yet descended even though this was not the case with his other littermates. Based on the puppy's history and physical examination findings, radiographs of both forelimbs were obtained.

What's your most likely radiographic diagnosis?

- A.** A traumatic elbow luxation
- B.** An angular limb deformity due to premature closure of the distal radial physis
- C.** Congenital elbow luxation
- D.** Elbow incongruity

FIND THE ANSWER ON PAGE 16



Dr. Charles' quick purchasing tips

Most digital radiography systems provide high-quality images, and though I could get picky about algorithms and all the stuff radiologists love to get picky about, my advice centers on ease of use and ability to integrate the system into the day-to-day operations of your practice. Of course, you need to think about your needs, such as the number of films you're taking, image storage options and costs, teleradiology needs, whether the system works with your electronic medical record, and is user-friendly. But if you can't integrate the system into your practice easily, you will never reach the awesome potential that digital radiology can add for your patients. Check out dvm360.com/backofnapkin for a worksheet to do the math on your purchase.

THE CORRECT ANSWER IS C, CONGENITAL ELBOW LUXATION.

Congenital elbow luxation (CEL) in dogs is classified into three types: humeroradial (Type I), humeroulnar (Type II) and combined humeroradial and humeroulnar (Type III)—the most common being humeroulnar.^{1,2} Type I is more common in large-breed dogs, while Type II is more common in small-breed dogs.³ CEL can be unilateral or bilateral, so it's important to obtain radiographs of both limbs.

In this case, the radiographs revealed caudal and lateral displacement of the left radial head with an open distal radial physis, findings that are most consistent with Type I CEL. Traumatic luxation is not considered possible in light of the radiographic appearance, the patient's age and the physical examination findings. No radiographic evidence of osteoarthritis was seen, but it will likely develop over time. The right elbow was normal radiographically.

Treatment options depend on the severity of the pathology. If the clinical signs are mild, you can try conservative management, but surgical intervention may be necessary if the patient develops pain, the luxation worsens or significant bone remodeling is present.³

References

1. Kene RC, Lee R, Bennett D. The radiological features of congenital elbow luxation/subluxation in the dog. *J Small Anim Pract* 1982;23(10):621-630.
2. Rahal SC, De Biasi F, Vulcano LC, et al. Reduction of humeroulnar congenital elbow luxation in 8 dogs by using the transarticular pin. *Can Vet J* 2000;41:849-853.
3. Fafard AR. Unilateral congenital elbow luxation in a dachshund. *Can Vet J* 2006;47:909-912.




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Betsy Charles, DVM, MA, is the founder and CEO of RadiologyRules, an online educational radiology platform that will launch this fall. She's also a Fetch dvm360 speaker and facilitator and executive director of the Veterinary Leadership Institute.



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Who will learn to love
Because of
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Improving Lives Together

5 reasons women give for not owning veterinary practices

(And why you shouldn't let them stop you)

By Melissa L. Magnuson, DVM



When I retire from owning my practice, I hope to hand the reins to a noncorporate buyer. But I may struggle to find a female veterinarian to take my practice. Although more women are entering the profession, there's a lack of female veterinarians embracing practice ownership.

Sheryl Sandberg's book *Lean In* talks about how women often set themselves up for failure by staying on the outskirts. Let's not do that. Here are my arguments against five common reasons women give for not owning practices:

"I want a more flexible schedule with more time for children and family."

Owning a veterinary practice makes my schedule flexible. I can go to my children's school events because I can designate myself "out of the office" when necessary. Being the owner does entail hard work when I'm in the office, but it also provides more leeway than if I worked for someone else. (Plenty of veterinary associates

complain about bosses who don't respect their need for family time.) Having power over your own schedule does have benefits.

"I don't want to work 100 hours a week."

I've worked 100 hours in a week once—during my internship. I now spend approximately five hours per day for a total of 30 to 60 hours per week seeing appointments four days per week. That adds up to 20 hours of appointment time, and the rest is business time. My associates are responsible for 30 to 35 appointment hours per week, and they work with the clients much more than I do.

With my flexible schedule, I can work at night tying up loose ends after I spend quality time with my kids before they go to bed. If I need a short week because of outside commitments, I take it. If I have to spend additional hours launching special programs, I work more that week and get it done. Considering I am

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a working mom, my schedule constantly changes. Owning my practice allows me to choose where and when I work.

"I'll burn out."

Running a business is something new every day. Each day brings variety and the opportunity to learn something new and open up channels with experts in many different fields. My career fulfills me.

"I can't manage people."

I don't believe I'm good at managing or accounting—so I hired a great practice manager and accountant. Medicine, customer service, selling, marketing and teaching are my fortes. I stick to my strengths and hire people for the other areas.

Two years into practice ownership, I learned a valuable lesson. I had been doing all my bookkeeping because I was convinced I couldn't afford someone to do it for me. After stewing in frustration and falling behind on my bookkeeping, I hired someone. She completed six months of bookkeeping in eight hours. I was convinced it would take me weeks to complete, and it cost me \$160. This taught me that

I don't have to excel at everything and if I hire experts where I need them, it costs me less.

"I have too much student debt."

If you have good credit and pay your loans, you can buy a practice. Veterinarians have the highest payback rate on loans than any other profession. I was surprised how easy it was to get approved for my practice loan. I applied to three banks and received three loan approvals with just 10 percent down. I still had veterinary school debt, but I had been paying it every month. In the long run, practice ownership will be more lucrative for me than working for someone else.

If more female veterinarians buy practices, we'll have more women to serve as mentors. They'll serve as models proving that women can venture into practice ownership to reap the benefits of flexibility, work-life balance and a higher income.

Melissa Magnuson, DVM, is owner of Canobie Lake Veterinary Hospital in Windham, New Hampshire, All Pets Veterinary Hospital in Nashua, New Hampshire, and Greenland Veterinary Hospital in Greenland, New Hampshire.

Biz Essential: Buying or Selling a Veterinary Practice

Whether you're a practice owner hungry for retirement, a curious associate wondering about the benefits of owning, or an intrepid practice manager or team member who might want to work out a special deal for a share of the action, this is the Biz Essential for you.

In this extensive list, you'll find new and timeless inspiration, tools and in-the-trenches advice to avoid the worst mistakes of veterinary hospital buying and selling.

And a big, big thanks to Fetch dvm360 speaker and online contributor Karen Felsted, CPA, MS, DVM, CVPM, CVA (go to dvm360.com/felsted for all her great work), who provided us a framework for comprehensive research into the topic as well as some of the best pieces in our collection.

Here are some highlights!

- > 5 things that can go wrong in a practice sale (avoid them all!)
- > Deciding between a stock or asset sale (sounds boring, but you need to know the difference)
- > Good reasons to get rid of your C corp status (remember when that was a good idea?)

Go to dvm360.com/bizessential for the complete list!



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Clearly good ideas

Transparent tips from the Hospital of the Year.

By Sarah Mouton Dowdy,
Associate Content Specialist

When we asked Tim Parsons, AIA, lead creative designer for TerWisscha Construction, to point out some of his favorite things about Northpointe Veterinary Hospital in Yuba City, California, the 2018 dvm360 Hospital Design Competition General Practice Hospital of the Year, there were some clear winners—literally.

"I love the way they've found creative ways to incorporate natural light for staff and patients, so the team can easily see patients and one another," says Parsons.

Watch where you're going

"Often, treatment areas will have floor-to-ceiling kennels, but that's not the case at Northpointe," says Parsons. Its treatment area has a single row of kennels along the floor topped with counter-to-ceiling windows into the ICU.

Where the sun don't shine

Looking at the treatment area from another angle, counter-to-ceiling windows again make a strong showing. This time, the windows look into the doctor communication center, which has a window backslash that looks into the lab and pharmacy area. Floor-to-ceiling windows separate (and



This view of the treatment area shows how Northpointe has cleverly gotten natural light into interior spaces.



The floor-to-ceiling corner window in exam room 1 brings natural light and color without compromising cabinet space.

connect) the surgery area and the treatment area, and the surgery area has outside-facing windows, so even team members who are working deep inside the building can have a glimpse of trees and sunlight, Parsons notes.

Cut corners (of glass)

Both the treatment area and the exam room share another window

feature Parsons likes—corner windows. In the treatment area, the corner window goes from counter to ceiling, but in the exam room, it's floor to ceiling. "Northpointe has gone above and beyond to bring light and transparency into its building," says Parsons.

For more ideas from this hospital and more, go to dvm360.com/hd.



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HELPFUL STUFF

Why do some DVMs push back on the term 'Fear Free'?

Why would veterinary professionals decline to practice using Fear Free techniques—to choose not to reduce pain, fright and stress in their patients? Fetch dvm360 conference speaker Kathryn Primm, DVM, believes it's merely a reaction to terminology.

"People don't want to label what they're doing 'Fear Free,' or 'low-stress,' or any particular label, they just want to do it," she says.

And she says that's ok—as long as they're actually treating pets with the mindset that some call Fear Free.



Scan the code to watch Dr. Primm's response now.

Client handout: Free your pet from freakouts

You can't ignore it: Your veterinary client's pet is freaked. But when you suggest medication in order to calm them down next time they come into the vet, your client's confused. Beat your patient's anxiety to the chase with this client handout explaining the signs clients' pets may exhibit when scared, why you think drugs are the best option, and what they can do to help. Scan the code below to download your own copy.



Scan to download this handout for clients!



Hello? It's dog

Wireless doorbells offer veterinary receptionists a subtle signal to call for help when things get hairy at the front desk. Consider this tip from Emilie Brucato, MBA, CVPM, at Springtown Veterinary Hospital in San Marcos, Texas.

"We use wireless doorbells so our receptionists can notify team members in the treatment area when they need help up front. The doorbells are plugged into outlets in the treatment area, and receptionists have the buttons at the front desk.

Before we purchased the doorbells, receptionists had to interrupt the clients they were assisting to call to the treatment area for help. Now they can discreetly push the button while continuing their conversation. The doorbells have improved our customer service tremendously!"

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STEP 3: TAKE EXAM

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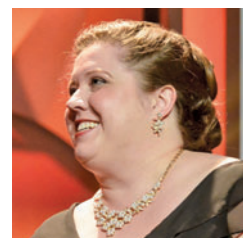


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Treat yo' self

You, dear veterinary professional, need to develop some self-care routines. Julie Carlson, CVT, shares her ideas to get you started.



Julie Carlson, CVT

1. Rub-a-dub-dub, dinner in the tub. I know it sounds crazy, but it feels really indulgent to soak in a tub full of bubbles while you eat dinner. I prop my phone up against the wall and pull up a movie so I can watch a movie while I eat. I'm not talking about a steak dinner here. It has to be something you can eat one-handed, obviously. Laugh all you want, but don't knock it 'til you try it—you just might enjoy it as much as I do!

2. Five-minute vent. I've got this great friend who also works in healthcare. We have what we call a five-minute vent. Sometimes we just need to let off a little bit of steam so we can go back inside and do our best. One of us will call the other on a break and simply say, "I just need to vent." We're able to blow off all our frustrations, complain about whatever is bothering us and sometimes even cry. We say all of the validation you want to hear in a situation like that—"Oh no! That sucks! I'm so sorry!"—and then we say thanks and head back inside.

3. Dine-and-read. Sometimes I get tired of taking care of others and I want to feel like someone is taking care of me. So I take a good book and head to a restaurant where I can sit down and let someone serve me. I ignore the world around me and just relax and read. Some people feel strange going out to eat by themselves, but some days I just need that alone time. If you try this, just remember to tip your server well—they're working hard to take care of others, too!



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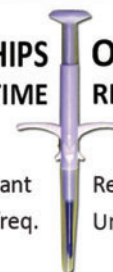


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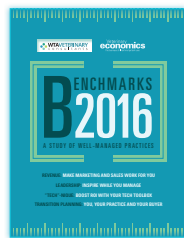
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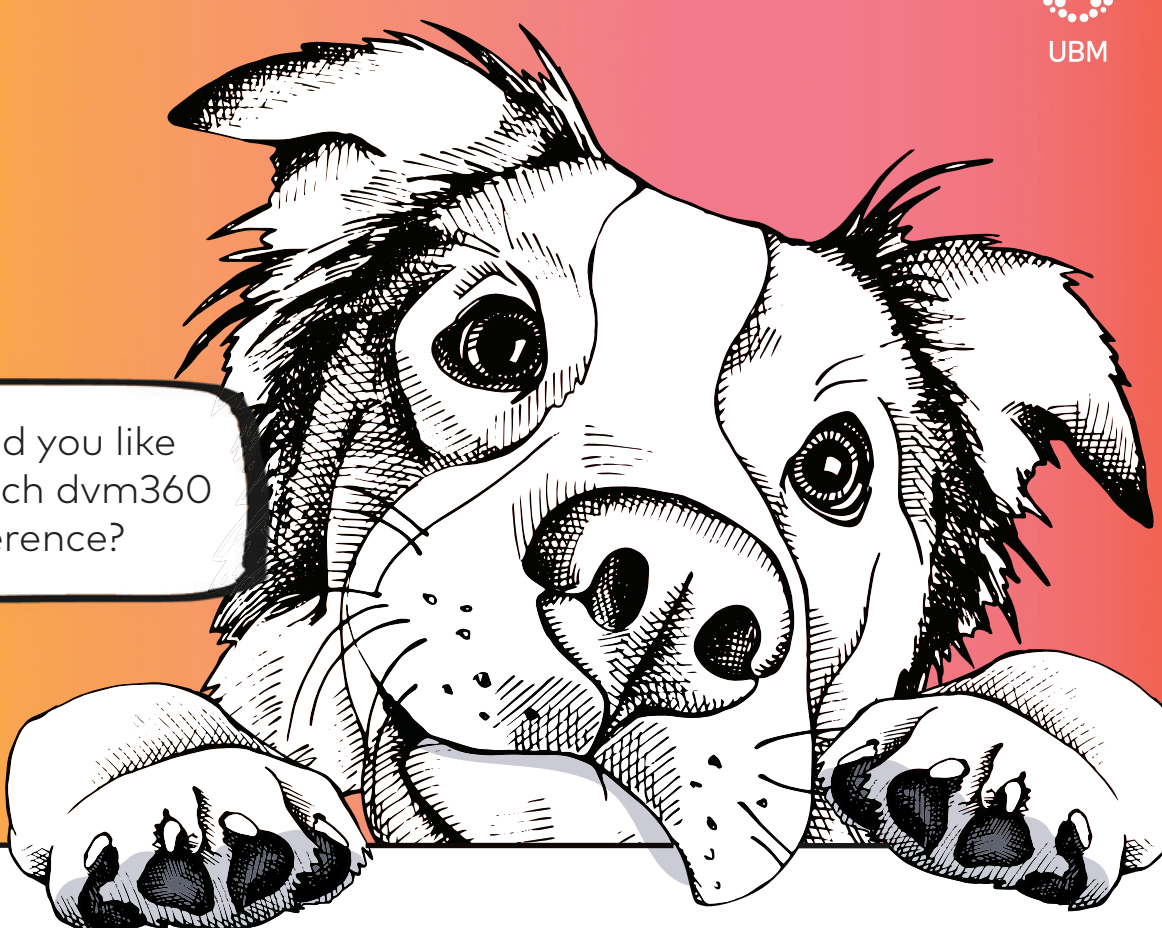
I DRAG MYSELF
OUT OF HERE AT
A QUARTER TIL
9 EVERY NIGHT
BECAUSE OF 'ONE
MORE THING' FOR
MY PATIENTS.

WE CAN FIT →
YOU IN.

I'M SKIPPING
LUNCH TODAY
TO TAKE CARE
OF YOUR PET
BECAUSE I LOVE
ANIMALS TOO...

BAILEY WAS →
SUCH A GOOD
DOG TODAY.

SHE HAD DIARRHEA
ALL OVER HER CAGE-
AND ON THE DOG
BELOW HER-AND
TRIED TO BITE
ME TWICE. SHE
REALLY IS A GOOD
DOG WHO HAD A
HARD DAY.



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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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