

leadership challenge

Cyberbullying

Because practice ain't perfect.

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dymsoc CONFERENCE A personal stress test straight outta Fetch

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A personal stress test straight outta Fetch

t Fetch dvm360 in Virginia Beach, educator Bash Halow, LVT, CVPM, took time out in the session "Give me liberty or give me death! Free yourself from workplace stress" for attendees to take the ProQOL, a quality-of-life self-exam.

They wound up with scores for compassion satisfaction (about the pleasure you derive from being able to do your work well), burnout (associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively) and secondary traumatic stress (about work-related, secondary exposure to extremely or traumatically stressful events).

Want to take the ProQOL for yourself? Download a PDF at dvm360.com/ProQOL and score it.

The session generated dozens of tips from attendees and Halow's own advice, but the start might be:

- > Personally get help. Seek a counselor or psychiatrist for a professional diagnosis and treatment plan.
- > As a leader, help your colleagues. Review workflow, huddle up regularly to plan for your days, not just react to them, and make sure your pet-loving team members have a chance every day to connect with people and pets.

Editor's note: This article includes discussion of possible mental health issues. If you're experiencing feelings of depression or suicidal ideation, please call the National Suicide Prevention Lifeline (800-273-TALK; 800-273-8255; suicidepreventionlifeline.org). It's open 24 hours a day, 7 days a week. No matter what problems you are dealing with, people on the other end of the line will help you find a reason to keep living.

We care about you Connect with your peers and develop more healthy habits of self-care with us at Fetch dvm360 conference in San Diego, Dec. 13-16. Go to fetchdvm360.com to learn more and to register.





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THE PICKS

Bugs. They could be what's for dinner

Where some see a pest, others see a potential solution to a need for novel protein sources for your veterinary patients.

By Sarah Mouton Dowdy

t our house, Sunday dinner is the only meal that we don't rush through. We take our time enjoying seconds, and even thirds, of Dad's favorite meal ... a tender and juicy roast chicken with all those great garden veggies and delicious gravy."

Now, before your mouth starts watering or sweet memories begin filling your mind, you should know that this excerpt was pulled from a canned dog food

product description. Here's how it continues: "It's family time at its best, and in addition to great flavor, your dog will be getting the natural goodness of: delicious, protein-rich chicken, green beans, carrots and potatoes."

Pet food descriptions like this are becoming increasingly common with the humanization of pets. As the thinking goes, if pets are family, they should eat like family. But how sustainable is it for pets to eat the same foods we do—especially human-grade animal proteins?

This question was addressed by multiple speakers at the recent Petfood Forum in Kansas City, Missouri. Aurèlie de Ratuld, PhD, R&D cat platform manager at Diana Pet Food, used population statistics to help explain the issue and potential problems to come.

As of 2015, the global population was over 7 billion, and according to United Nations statistics, that number is





expected to increase to over 9 billion by the year 2050. And according to Euromonitor's 2017 numbers, said de Ratuld, dog and cat populations, which are currently at 289 million and 381 million, respectively, will trend upward in the coming years. Our planet's resources, however, are not projected to increase.

So when you consider that there will be more Sunday-roast-eating people and pets in competition for the same resources, the need to look for non-animal-meat proteins and palatants in pet foods emerges. One area generating lots of buzz: insects.

Bugs may seem like a far cry from Sunday dinner, but keep in mind that much of the global human population regularly participates in entomophagy, or the consumption of insects. In fact, the Food and Agriculture Organization (FAO) of the United Nations estimates that insects are a part of the traditional diets of around 2 billion people worldwide. (Yum!)

Plus, there are several potential benefits to replacing beef and chicken with insects like black soldier flies, mealworms and crickets. According to a 2013 FAO report, insects are highly efficient at converting feed into body mass, require far less water than cattle, pose fewer animal welfare concerns and zoonotic disease risks (though more research is still needed in both areas) and have relatively low greenhouse gas emissions. Add to this the fact that insects can deliver protein, fiber, fat and nutrients with fewer calories, and you can begin to see why bugs are garnering some serious attention.

Still, pet foods containing insects face many hurdles to becoming the norm in the United States. For starters, according to Petfood Forum speaker David Dzanis, DVM, PhD, DACVN—CEO of Regulatory Discretion Inc.—the current regulatory rubric assumes insects to be adulterants. In other words, insects are seen as food contaminants, not

food. Moreover, studies remain limited on the digestibility and palatability of pet foods containing insects, though the studies that have been done demonstrated favorable results.

But perhaps one of the biggest barriers is a psychological one and goes back to the Sunday dinner: pet owners' perspectives on what pets should eat. Pet owners' own aversions to bugs could trump all of the aforementioned potential benefits, despite the fact that many pets have already willingly eaten a fly or five. And yet, the same pet owners who are likely to see their pets as family (ahem, millennials) are also highly concerned with environmental issues and sustainable food sources, so it will be interesting to see how this dinner table tension plays out.

Check out this best-ever advice about managing clients' out-of-the-blue diet queries by asking yourself the three simple questions at dvm360.com/nutritionquestions.

Image Quiz: What's going on with this shih tzu's skin?



IMAGE COURTESY OF DR. REEDER

Pictured left is the ventral abdomen of a 10-year-old female spayed shih tzu with a history of chronic allergies. The dog had been on allergy shots and was doing well except for some pruritus on the abdomen noted by the owner. The owner obtained a topical product over-the-counter and had been using it two to three times daily.

What's your diagnosis?

- a) cutaneous vasculitis
- b) Ehlers-Danlos syndrome
- c) calcinosis cutis
- **d)** dermatophytosis

Turn to page 23 to find the answer.

Names you've been called today





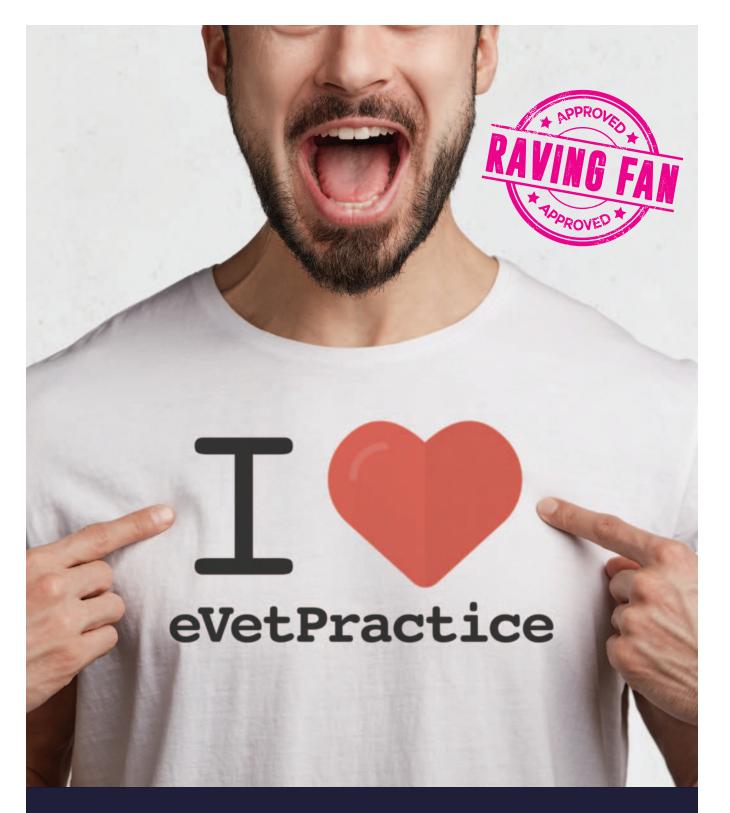
Umm, yeah. Why is it so freakin' hard to get a little R-E-S-P-E-C-T? Don't miss "Bad ass academy! Lessons on confidence, self-promotion, and influence" at Fetch dvm360 conference in San Diego, Dec. 13-16. Visit fetchdvm360.com/sd to learn more or to register now.

Choose your own (Fear Free) adventure

From Fearful to Fear Free: A Positive Program to Free Your Dog from Anxiety, Fears, and Phobias (HCI Books) is so jam-packed with information, we imagine a new pet owner might be a little overwhelmed. So we worked with the book's co-authors to put together a fun algorithm that leads pet owners (and curious veterinarians and team members) right to particular sections. Plus, we added some



actionable advice and learning right on the handout. Print it and dive in at **dvm360.com/FFadventure**.

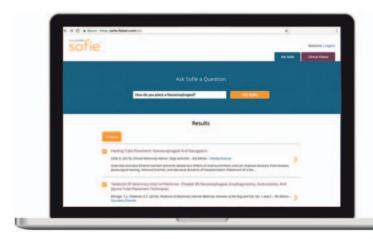


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LifeLearn's executive vice president of veterinary affairs and business development, David Goodnight, DVM, MBA, says he used Sofie one night during a hectic emegency shift and needed to remember key information that tends to vanish from the brain under stress. "I have access to all

knowledge everywhere at any time anywhere," he says. "We just can't know everything."

In your searches, be sure to use American English spelling (go for "behavior," not "behaviour"—sorry Brits!), and don your spelling bee superstar hat. The technology needs correct spelling to find results.

At what cost? Always the question! Sofie is available as a subscription at differing levels based on practice size: one doc = \$44 a month; two to five docs = \$65 a month; six to 10 docs = \$99 a month. You can sign up for a free 30-day trial.





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What goes on in the psyche of a cyberbully? How can professionals maintain their sense of well-being in a cyberbullying crisis? Read the answers in *dvm360* magazine.

firstline

Veterinary professionals are falling victim to online attacks from pet owners and advocacy groups. Find out how to protect yourself—and what to do if one occurs. All this and more on dvm360.com/cyberbully.

FIGHT BACK against the internet trolls

By Sarah J. Wooten, DVM



ell, it happened. A disgruntled client went online and left a terrible review for all the world to see. Now what? Do you ignore it? How do you protect your online reputation? A negative review can impact your business, but if you handle it correctly, even the meanest cyber blow can be softened. Associate and consultant Caitlin DeWilde, DVM, and online reputation management ninja Jason Khoo, marketing director with Search Business Group, are here to show you how:

If you get a bad online review, how do you respond to the first one?
Take it offline.

Khoo's advice: The most important

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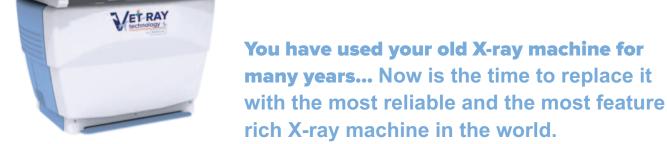


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part about responding is damage control. Clients can have negative feelings, but you don't want the review to negatively influence other parties. The first concern is getting the review taken down. Immediately try to get ahold of the reviewer, either by phone or in person. Talk to them about the situation and you'll have the best chance to have that reviewer take down the review themselves. You don't want to get into the details of the case on a public forum divert the conversation privately and directly.

Dr. DeWilde's advice:Call the pet owner first. If you can't identify them or they don't answer, then be

short and sweet and say:

"We're sorry to hear our service didn't meet your expectations. We want to know what happened and how we can make it better in the future. Please call our veterinary practice manager Jane at 555-5555."

Always apologize, be succinct, acknowledge you want to know more about the situation and improve, and then redirect that convo ... offline.

What if the response leads to more criticism? Don't engage.

Dr. DeWilde's advice: Personally, if I've made a good will attempt to 1) call the pet owner and 2) address it initially

online with the above statement, I do not engage. These people are jerks and are just looking for a fight.

Khoo's advice: If the response leads to more criticism, don't follow suit. Many of the platforms don't allow someone to keep adding to a 1-star review, which means they can't double up or keep adding reviews. Their review is often the only place they can speak. If they're insistent on attacking the practice, let them. The more they go after you, the more out of control they look to other pet owners. Clients don't want to listen to a reviewer with a vendetta against you. The reviewer

looks biased, and their opinion is now void.

What if the complaints span multiple social media platforms? Respond once everywhere.

Dr. DeWilde's advice:

Make the same response on all channels, mostly to show other people who see the review that you're concerned, that you saw the review and that you tried to make it right. If it's going viral, you can always temporarily disable the review function on Facebook. Flag/report where indicated (they basically have to be cursing or threatening harm for it to violate terms of service), update your page



Make the same response on all channels, mostly to show other people who see the review that you're concerned, that you saw the review and that you tried to make it right. Sample response? "As we spoke on Yelp, I want to remedy the situation and would love to set up a time to talk over everything ... "

They're just being jerks. If you've made a good-will attempt to call the pet owner and address it online, don't engage anymore.

Is the negative review popping up on other platforms?



Don't sweat it. Remember: The more they go after you, the more out of control they look to other pet owners.

Yes

The user is probably organizing others to write reviews. Many websites and apps have algorithms where they monitor how many reviews you're receiving, and any period of time where the practice receives an uncharacteristically high amount of reviews is a red flag. Contact the website or app.

moderation keywords, etc.

Khoo's advice: You may want to mention in your response, "As we spoke on Yelp, I want to remedy the situation and would love to set up a time to talk over everything ... " Keep it short and stern. Your job is to make the reviewer look as out of control and emotional as possible.

What if the complaints blossom into an extended online campaign against the practice owner, a veterinarian, a team member or the entire practice? Take action.

Khoo's advice: If it becomes a campaign, it probably means that the user is organizing people to write reviews. That person needs a hug, but your best bet is to contact the platform. Many have algorithms that monitor how many reviews you receive, and any time the practice receives an uncharacteristically high amount of reviews is a red flag.

If it gets ugly, call the pros.

Dr. DeWilde's advice:

You can't stand for that. Do the above and make the effort. If it's not resolved quickly, then ban the user, flag the review, and update page moderation words. If it gets ugly, call in the pros. AVMA members get a free half-hour consultation with Bernstein Crisis Management Firm. (You

can log into the AVMA resource center to see it.)

Screenshot every problem post, email or interaction in case it becomes a legal or licensing board issue. Make sure everyone in the practice knows, so that any other threats or communication can be directed to an appropriate

point person—like the practice manager who might be in charge of handling all this stuff.

Above all, protect your staff. If there's ever any threat of physical harm, call the police.

For a personal perspective on this issue, visit dvm360. com/vantagepoint.



Did that

stop it?

get a free half-hour consultation with a crisis manager. Screenshot/print every problem post, email or interaction you see in case it goes so far as to be a legal or licensing board issue. Make sure everyone in the practice knows about the situation, so further communication or in-person visits are handled by the practice owner or manager in charge.

Free-catch urine:

Catch the wave

This free-flowing form of urine sample collection seems ideal but has a few drawbacks. The main one—possible bacterial contamination. So don't go here if you want to perform a culture.

By Morgan Kelley; Hilary C. Ludwig, DVM; Joseph W. Bartges, DVM, PhD, DACVIM, DACVN; Amanda Callens, BS, LVT; Phillip Snow hree methods are commonly used for urine collection in canine and feline patients: free-catch, cystocentesis and catheterization.¹ When should you opt for free-catch? Read on.

Indications

The advantage of collecting naturally voided urine is that

there is little associated patient risk, provided that the bladder is not manually compressed in an excessively forceful manner. Free-catch urine sampling is noninvasive, so obtaining a free-catch urine sample may be beneficial in animals with neoplasia of the urogenital tract, as iatrogenic seeding of the tumor is unlikely to occur. However, when free-catch collection methods are used, urine flows through the distal urethra, genital tract, hair and skin, contaminating the sample with commensal bacterial populations. For this reason, naturally voided urine samples should not be used for urine culture.² Urine may be collected midstream to decrease concerns

of bacterial contamination, but sample contamination remains inevitable.

This collection method is indicated in patients where cystocentesis or catheterization is not indicated or possible. It's useful for evaluating urine specific gravity (USG), semiquantitative chemical analysis and microscopic examination for cells, but it may be associated with artifactual crystalluria and alteration of infectious agents.³ Results of aerobic bacteriological culture are inaccurate using a voided sample due to contamination of distal urogenital and skin organisms.⁴

What you need

Choosing an appropriate collection container is imperative to preserve sample integrity. Disposable, inexpensive sterile containers with tight-fitting lids help in good sample management and may be provided to the owner prior to collection or purchased from a medical supply store. Transparent containers should be used when available, as they may be helpful in assessing urine color and turbidity.

When an owner obtains a free-catch sample from a dog or cat, the use of improvised containers is discouraged as they

may contain contaminants that alter diagnostic testing results. It should be noted that using a sterile collection container does not imply subsequent sample sterility, as it's not a closed system; it simply helps reduce further sample contamination. If samples are not to be immediately submitted for analysis, they should be placed on ice or in a refrigerator for preservation until submission is possible.

How to do it

Dogs. This form of collection is easy to perform in most male dogs as their posture for urination allows

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ample space for catching urine midstream with a sterile container. When collecting urine from female dogs, a container lid is often easiest. Slide the lid under the dog a few seconds after she begins to urinate, collect 5 to 10 ml (1 to 2 teaspoons), pour the lid contents into the container and close. With this method, in addition to obtaining a urine sample for analysis, you can watch the patient urinate and determine if the process appears normal or abnormal. Don't want to get so close to the source? Sticks and poles are also available to facilitate urine collection while maintaining a distance from the patient.5

Cats. For free-catch collection from male or female cats, one straightforward method is to place the cat in a room for a few hours with an empty litter box or a litter box containing a small amount of nonabsorbable litter. The box should be checked frequently and once urine is noted, it can be poured into a container. Hospitalized patients can be placed in a cage with a raised, nonabsorbable, slatted grate to allow voided urine to pool on the cage floor while

keeping the patient clean and dry. The cage should be thoroughly cleaned before placing the patient in the cage to reduce further contamination of the sample, which may interfere with analysis.

Once the urine has been voided, aspirate a sample from the cage floor with an appropriate size syringe (3-to-6-ml). Place the tip of the syringe in the urine, being careful to avoid contacting the floor if possible, and aspirate the urine into the syringe. You can use this same method if a patient has voided urine onto other nonabsorbable surfaces such as an exam table.

If the patient is unwilling to void naturally, you can palpate or gently compress the bladder to encourage urination, but bladder palpation, much less compression, can be difficult to impossible if it contains little or no urine. Compression should never be unduly forceful, as the urinary bladder may be traumatized if excessive pressure is used.

Possible complications

There are minimal complications with collection of voided urine.

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At the time this article was written, Dr. Morgan Kelley was a veterinary student and Dr. Hilary C. Ludwig was an intern in the Department of Small Animal Medicine and Surgery at the University of Georgia's College of Veterinary Medicine, Athens, Georgia, where Dr. Joseph Bartges is a professor of medicine and nutrition. Dr. Kelley is now a first-year emergency and critical care resident with Angell MSPCA in Boston and Dr. Ludwig is a resident in small animal surgery at the University of Pennsylvania Ryan Veterinary Hospital, Philadelphia, Pennsylvania. Amanda Callens works at BluePearl Veterinary Partners in Seattle and Renton, Washington. Phillip Snow is the manager and biomedical photographer at the University of Tennessee's College of Veterinary Medicine, Knoxville, Tennessee.

URINE LUCK!

We've got the products you need to make urine collection a snap. Check out dvm360. com/urineproducts



Pee please!

Tips to collect a cat's urine

Tackling that tricky tinkle issue? Here's how to help your veterinary clients lock in that golden urine sample from their kitty.

By Ciera Sallese, CVT, VTS



dvm360.com/

You've seen the fear—the whites of clients' eyes—when you ask for that urine sample.

"You want me to get what from my cat?!"

Yes, you reassure them. They can. They will. They must collect that allimportant liquid gold.

Use this client handout to get clients in the flow of catching their cat's pee.





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Veterinary Hospital Managers Association

The COINTS:

By Hilal Dogan, BVSc, CCTP

Injecting common sense into your regional anesthesia strategy

Fetch dvm360 educators Mike Barletta, Tasha McNerney and Ori Scislowicz take a full-circle approach to maximizing the effectiveness of local nerve blocks in veterinary practice.



Hilal Dogan BVSc, CCTP



Ori Scislowicz BS, LVT



Tasha McNerney BS, CVT, CVPP, VTS



Mike Barletta DVM, MS, PhD, DACVAA

ve always been afraid of doing local blocks for some reason— probably because I just never really got comfortable with them. So they usually aren't top of my mind in practice until somebody says, "We can do a local block." And I think to myself, "Well, duh! Why didn't I think of that?"

Realizing my severe lack of local-block knowledge, I hightailed it to the lecture "Regional anesthesia: Minimize pain; maximize profit and efficiency" at a recent Fetch dvm360 conference.

This was a Full Circle session, covering the clinical details (led by Mike Barletta, DVM, MS, PhD, DACVAA), application to the business side of practice (led by Ori Scislowicz, BS, LVT) and how to best leverage the team (led by Tasha McNerney, BS, CVT, CVPP, VTS [anesthesia and analgesia]).

Here are some of my key takeaways—I can't wait to practice them in clinics!

Testicular blocks

Testicular blocks will make your neuters go more smoothly and can help reduce the use of systemic drugs, says Dr. Barletta.

I tried this once and had so much bleeding I vowed to never do it again because I was convinced the lidocaine was making this dog bleed like a hemophiliac on speed. I ended up sending him to the emergency room for "observation." Yeah, so, I never used a testicular block again.

Then I realized I'd done it wrong. My mistake? I'd dripped the lidocaine into the incision site postneuter, happily thinking I was doing this dog a favor. According to the Fetch dvm360 experts, it's much more effective to use the lidocaine preneuter, injecting it directly into the testicle, and not to use it after you've already taken the testicles out!

Lidocaine does cause vasodilation and can increase bleeding; however, used appropriately, it will make your

How local blocks work

Simply put, a local nerve block involves delivering a local anesthetic close to a key nerve via injection, says Dr. Mike Barletta, who discussed the pharmacology of local anesthetic drugs during his part of the Fetch dvm360 session.

To put it more precisely, local anesthetics close the sodium channel in the nerve, effectively blocking different types of nerve fibers, such as A-delta and C fibers. A-delta fibers are responsible for processing and transmitting sharp, acute, well-localized pain when activated, while C fibers are involved in slow-onset, burning, non-well-localized pain.

Local anesthetics fall into two classes—aminoamides and aminoesters. Here are some of the most commonly used:

Aminoamides	Aminoesters
Lidocaine	Procaine
Etidocaine	Benozocaine
Prilocaine	Chlorprocaine
Mepivacaine	Tetracaine
Bupivacaine	Cocaine*
Levohunivacaine	

*Yes, you read that right—Dr. Barletta says that in some countries cocaine is used for its vasoconstrictive action.

A simple way to remember the difference? If a drug name contains two i's it's most likely an aminoamide (which also contains two i's); if it has just one i, it's an aminoester (only one i)—but this doesn't work in every case, so use the rule with caution.







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Building better business

Nerve blocks make a lot of sense for the business and management side of veterinary practice, says manager Ori Scislowicz. Here are the reasons:

- > Nerve blocks require a minimal equipment investment. For most blocks, all you need are a syringe and needle, although Dr. Mike Barletta does say you can use a nerve locator and ultrasound machine to help with the process.
- > Nerve blocks result in a smoother recovery for the patient and help pets maintain greater comfort throughout a procedure and the recovery period. This can set your practice apart if you educate clients about the details and even market these services more broadly.
- > If you empower techs to learn how to do nerve blocks, you build positive morale on your team and allow technicians to build their patient advocacy toolbox.

All in all, Scislowicz says, you'll have happier employees who are more skilled, and you'll have happier patients that are more comfortable.



neuter go much more smoothly and cause your patient to feel less to no pain. You don't have to use a long-acting agent here, such as bupivacaine—most of your local anesthetic will end up in the trash when the testicles are discarded, McNerney says.

Sacrococcygeal blocks

Sacrococcygeal blocks will make your life much easier when it comes to blocked toms, tail amputations, and basically any surgery you're doing in the urogenital and perineal regions, says the Fetch dvm360 team. According to Dr. Barletta, the beauty of this block compared with an epidural is that your patient will retain its ability to walk immediately after the procedure.

McNerney singlehandedly convinced me to try this the next time I encounter a blocked tom that proves difficult to catheterize. "Instead of wrestling with the

"Instead of wrestling with the penis until it becomes a swollen, bloody mess, just sacrococcygeal-block that baby. The penis pops right out."

—Tasha McNerney

penis until it becomes a swollen, bloody mess, just sacrococcygealblock that baby," she says. "The penis pops right out."

She also says to Instagramstory her when that happens and she'll do a happy dance for you. It's a win-win-win situation. You win, the cat wins and McNerney wins.

What not to do

As I realized when I used lidocaine after a neuter, there are definite no-nos when it comes to local nerve blocks. Here are a couple:

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Read all about anesthetics here: dvm360.com/anestheticproducts
Then join us at Fetch dvm360
conference in San Diego Dec. 13-16 and shop the exhibit hall floor—or catch these speakers live.



Thou shalt not mix two anesthetic agents. For example, don't mix bupivacaine and lidocaine in hopes of achieving a middle ground in terms of speed of onset and duration of effect. They don't work that way, Dr. Barletta says-you'll end up with an in-between onset and duration, deriving the benefits of neither. It's better to use anesthetics sequentially when necessary: first a fast-acting agent, followed by a longer-lasting one—for example, at the end of the procedure for more postoperative analgesia.

Thou shalt not use epinephrine mixed with a local anesthetic on terminal blood supply areas. For example, don't use epinephrine on the tail area or ears because it causes vasoconstriction, and you may cause ischemic necrosis of the area because you cut off the blood supply for too long.

An eternal conundrum

Last but not least, I leave you with

the eternal sodium bicarbonate conundrum: to mix or not to mix? The Fetch dvm360 experts say yes, it's OK to mix sodium bicarb with your anesthetic to decrease the sting of a local block. However—and this is a big however—some local anesthetics precipitate out when mixed with sodium bicarb, so it's important to know which ones! Commit them to memory—they are bupivacaine and etidocaine.

With these tips blended together from the minds of a talented trio of experts, I am now ready to incorporate nerve blocks into my regular veterinary practice. Join me?

Dr. Hilal Dogan is the founder of The Vet
Confessionals project. A frequent speaker at
the Fetch dvm360 conferences, she is a certified
clinical trauma professional (for humans)
and a relief veterinarian with Veterinary
System Services in Denver, Colorado. Mindy
Valcarcel, clinical channel director for dvm360,
contributed to this report.



Tips from the tech

Tasha McNerney insists that veterinary technicians can and should be doing local nerve blocks in general practice. She finds local hands-on labs to be the most useful way for techs to learn the process.

In McNerney's experience, local nerve blocks are most commonly used in dentistry—specifically the caudal mandibular block and the maxillary block. Her favorite anesthetic for these blocks is bupiyacaine.

Other common applications include:

- > Retrobulbar blocks for enucleation
- > Testicular blocks for neuters, which can cut down on the need for inhalant anesthetic (McNerney usually uses lidocaine)
- > Incisional blocks—inject a local anesthetic along the incision site
- > Sacrococcygeal blocks for urethral obstruction in cats—using a 5/8-in needle, inject bupivacaine in the space where the tail goes up and down and wait 60 to 90 seconds. The anesthetic will affect the tail, anus, penis and perineum. And no, pets do not poop all over afterward.

Hospital design



At 1st Pet Veterinary Centers in Mesa, Arizona—the 2016 Hospital of the Year—abundant seating for families and natural light were a must in the comfort room. A ceiling-to-floor glass door brings in even more light and provides a private exit for pet owners. The vessel sink, large area rug and vinyl geometric pattern wall covering (not pictured) create a warm, comfortable setting for clients during difficult times.

PHOTO COURTESY OF MARK BOISCLAIR, MARK BOISCLAIR PHOTOGRAPHY

Is your comfort room actually comforting?

Try the elements from these past dvm360 Hospital Design Competition winners to create a soothing space for veterinary clients.



Do you think your hospital is the best in the nation? Then enter the dvm360 Hospital Design Competition! Head to dvm360.com/hdcompetition to learn more.

omfort rooms are a much more common item these days on a practice wish list when building or remodeling a clinic. The spaces can function as a private space for euthanasia appointments, a consultation space for complicated treatment plans or even a quiet place for clients to visit with hospitalized pets. What elements should this room have? Take a look at these examples from past dvm360 Hospital Design Competition winners.



This specialty consultation room at Northpointe Veterinary Hospital in Yuba City, California, allows grieving clients to leave directly out the backdoor to a private courtyard. A wall-mounted exam table folds into a wall cabinet to save space and create a less clinical appearance. Plush sofa seating and plenty of natural light provide a more comfortable space for tough conversations.

PHOTO COURTESY OF LARRY FALKE, LARRY FALKE PHOTOGRAPHY



At Noah's Westside Animal Hospital in Indianapolis, Indiana, highlights of the comfort room include dimmable lights, optional soothing music and comfortable seating. Large privacy windows with a separate client exit are also a must.

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HELPFUL STUFF

Can that lawn service replace the use of flea and tick preventives?

By Michael Nappier, DVM, DABVP

hen it comes to flea, tick and external parasite prevention, the old real estate saying rings true: It's all about location, location, location. Some lawn companies are advertising area treatments for yards that purport to eliminate the need for external parasite prevention for pets. Let's take a closer look and see if we like the location, location, location! Here are client communication tips to use when your clients refuse preventive medications in favor of yard treatments.

Where are the parasites located?

As you know from all those thorough dissections of parasite life cycles, adult fleas and most mites need to be located on pets and not in the yard. Make sure your clients know that just like the idea of bug bombing a house instead of treating a dog won't work, applying insecticides to the lawn won't treat

a pet for fleas and mites. Ticks prefer tall grass and brush, leaf litter and bushes at the height of their hosts. Spreading things on the lawn isn't applying them higher up or in deeper brush where the ticks live. Verdict: Location No. 1 isn't looking so good.

Where is the pet located?

If a pet never sets foot outside a perfectly manicured and treated lawn and your client has put up a magical barrier that prevents other animals from coming into the yard, then yard treatments are probably perfectly appropriate for that client (just like pigs fly ...). However, if the pet is ever located somewhere else besides the yard (ahem, all dogs) then your client needs prevention that moves with the pet and isn't fixed to the lawn. Remind your clients that other animals also come into the yard and bring more parasites with them. A thought experiment for clients: Think about those rascally squirrels your dog has to keep chasing out of the yard. Chances

Companies heavily advertise their fleaand tick-repelling sprays this time of year. Are your clients buying the hype?

are some of them are covered with fleas or ticks—or both—that are continuously seeding the yard (and heaven forbid if the dog actually catches one). Verdict: Location No. 2 could definitely use some work.

What are your clients putting on the yard?

Ever wonder what these products used to treat the yard have in them? Well, looking at many advertisements, it's difficult to tell. All the flowery promises lead to no specifics other than vague mentions of proprietary blends of chemicals. Tell clients that if they are counting on them to be effective and not toxic to pets or people, they should be able to look at what it is and what, if any, the possible side effects are. With topical or systemic medications applied to a pet, clients should be able to read all the ingredients and pertinent information on the drug label that comes with each box. Verdict: If you can't find location No. 3, why are you using the product?

Wait, stop!

Start the quiz on page 4, then read the answer here.



Image Quiz: What's going on with this shih tzu's skin? Correct answer: "C" calcinosis cutis

This case is one of iatrogenic Cushing's disease created by the topically applied corticosteroid product the owner had been using. Betamethasone was the steroid in the product applied and it can, over time, dramatically thin the

ventral abdominal skin. If you look closely, you'll see the "crinkled" and "tissue paper"-like appearance of the skin along with a few small pustules on the margins.

The yellow material seen is actual calcium mineral the body is expelling from the dermis. This is considered to be a dystrophic mineralization of the skin, an idiopathic process. Commonly, Cushing's disease, whether iatrogenic or physiologic, can create this condition. English and French bulldogs along with boxer dogs are overrepresented breeds. The final diagnosis is made via skin biopsies.

Next steps: skin cytology, skin biopsy and test for Cushing's (via an ACTH stimulation test or lowdose dexamethasone suppression

test). Calcinosis cutis is best treated with managing Cushing's well with appropriate medications (typically trilostane or mitotane). Resolution may take three to six months with a well-controlled Cushingoid patient. Dimethyl sulfoxide solvent gel may be applied topically to help dissolve calcium deposits in the dermis. Though rare, the serum calcium concentration may rise with application of DMSO and may be monitored.

Chris Reeder, DVM, DACVD, practices at BluePearl Veterinary Partners in Franklin, Tennessee. Dr. Reeder's special interests include ear disease and immune-mediated skin diseases. He is an avid hobby farmer raising a large number of critters.

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

ANADA 200-595, Approved by FDA

Carprieve® (carprofen) Chewable Tablets

Non-steroidal anti-inflammatory drug For oral use in dogs only

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

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

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

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

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

PRECAUTIONS: As a class, cyclooxygenase inhibitory NSAIDs may be associated with gastrointestinal, renal, and hepatic toxicity. The most frequently reported effects have been gastrointestinal signs. The most frequently reported effects have been gastrointestinal signs. Events involving suspected renal, hematologic, carcinologic, dermatologic, and hepatic effects have also been reported. Patients at greatest risk for renal toxicity are those that are dehydrated, on concomitant diuretic therapy, or those with renal, cardiovascular, and/or hepatic dysfunction. Concurrent administration of potentially nephrotoxic drugs should be approached cautiously, with appropriate monitoring. Concomitant use of carprofen with other anti-inflammatory drugs, such as other NSAIDs or corticosteroids, should be avoided because of the potential increase of adverse reactions, including gastrointestinal ulcerations and/or perforations.

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

INFORMATION FOR DOG OWNERS:
Carprieve, like other drugs of its class, is not free from adverse reactions. Owners should be advised of the potential for adverse reactions and be informed of the clinical signs associated with drug intolerance. Adverse reactions may include decreased appetite, vomiting, diarrhea, dark or tarry stools, increased water consumption, increased urination, pale gums due to anemia, yellowing of gums, skin or white of the eye due to jaundice, lethargy, incoordination, seizure, or

behavioral changes. Serious adverse reactions associated with this drug class can occur without warning and in rare situations result in death (see Adverse Reactions). Owners should be advised to discontinue Carprieve therapy and contact their veterinarian immediately if signs of intolerance are observed.

Intolerance are observed.

ADVERSE REACTIONS: During investigational studies for the caplet formulation with twice daily administration of 1 mg/lb, no clinically significant adverse reactions were reported. Some clinical signs were observed during field studies (n=297) which were similar for carprofen caplet- and placebo-treated dogs. Incidences of the following were observed in both groups: vomiting (4%), diarrhea (4%), changes in appetite (3%), lethargy (1.4%), behavioral changes (1%), and constipation (0.3%). The product vehicle served as control. There were no serious adverse events reported during clinical field studies with once daily administration of 2 mg/lb. The following categories of abnormal health observations were reported. The product vehicle served as control.

Percentage of Dogs with Abnormal Health Observations Reported in Clinical Field Study (2 mg/lb once daily)

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

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

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

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

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

During investigational studies for the chewable tablet formulation

gastrointestinal signs were observed in some dogs. These signs included vomiting and soft stools. Post-Approval Experience:
Although not all adverse reactions are reported, the following adverse reactions are based on voluntary post-approval adverse drug experience reactions. reporting.

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

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

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

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

disorientation. Uniany, persons, protocopampos, occurrence program, disorientation. Uninary: Hematuria, polyuria, polydipsia, urinary incontinence, urinary tract infection, acotemia, acute renal tailure, tubular abnormalities including acute tubular necrosis, renal tubular acidosis, glucosuria.

Behavioral: Sedation, lethargy, hyperactivity, restlessness, aggressiveness. Hematologic: Immune-mediated hemolytic anemia, immune-mediated thrombocytopenia, blood loss anemia, epistaxis.

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

Immunologic or hypersensitivity: Facial swelling, hives, erythema. In rare situations, death has been associated with some of the adverse reactions listed above.

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

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See product insert for complete dosing and administration information.

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

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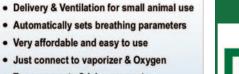
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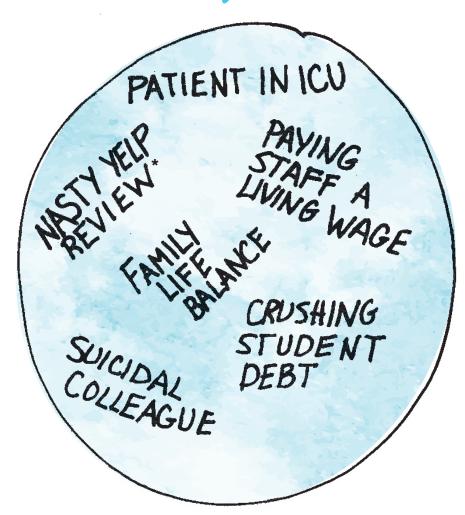
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- Everyone who has recently thought, "I'll have to laugh about this so I don't cry"

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