

VOLUME 114, NUMBER 1

TM

January 2019

# Vetted

Because practice ain't perfect.



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# THE ONLY CHOICE YOU NEED TO MAKE.

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<sup>1</sup> Royal Canin internal study, 2013, France/UK/US, 370 vets. Data on file.

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# Three canine products for winter walks

By Anissa Fritz

**Y**eah, dogs come with built-in coats. But they could still use an extra layer (or five) when it gets cold. We did the digging and found products that will make winter expeditions feel like a walk in the park.

## Get a grip

Help your canine clients start winter escapades off on the right foot, or should we say paw? Woodrow Wear presents the Power Paw Reinforced Foot. Made of materials designed for rough surfaces, these socks shield paws from the harsh elements of cold weather. Not only does it keep dogs warm, the Power Paw Reinforced Foot also provides additional traction and better grip to avoid injury.

## Get tough on cold with Ruffwear

When the going gets rough, Ruffwear gets going. With a line made especially for

outdoor winter adventures, Ruffwear keeps dogs warm with insulated and weather-resistant coats and accessories. By wearing garments like the Powder Hound Jacket, which is composed of recycled polyesters and lined with fleece, your canine patients can not only withstand the cold weather, but will look good doing it.

## Taking care of business

This product comes in handy when dogs want to do more than make yellow snow. Compostable Dog Waste Poop Bags from Unni are leak-proof, BPI-certified and, well, compostable, as the name says. Picking up after their dogs in the snow may seem more bearable for your clients when they know they are doing their environmental duty by using these bags.

*Anissa Fritz is a contributing writer to dvm360.com.*

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UBM

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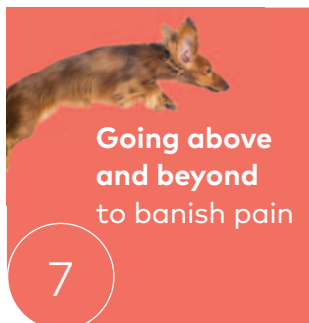
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(what we care about now)

## An OTC way to keep pets calm and carry on

**I was skeptical at first, but calming nutraceuticals can be complementary to traditional pharmaceutical options.**

*By Julie Reck, DVM*

**A**dmittedly, prior to becoming Fear Free certified, I had absolutely zero experience with “calming” nutraceuticals. Even after certification, I found myself unsure that they had a place in my daily recommendations to clients. I found myself reaching for what I “knew” would work, such as trazodone and gabapentin. As I gained more experience with Fear Free practices, I began to find myself in a variety of situations where pharmaceuticals didn’t fit all the needs of my patients.

New patients frequently present a challenge toward proactively prescribed pharmaceuticals. Many clients with fearful pets seek out our practice because of our Fear Free reputation, but without an existing client-patient-relationship we are unable to prescribe traditional pharmaceuticals. Suggesting an over-the-counter calming supplement for

an initial consultation is often helpful to begin the process of reducing fear, anxiety and stress (FAS) associated with the veterinary visit. One of my favorite nutraceuticals for felines is alpha-casozepine (Zylkene—Vetoquinol), because it often has a gabapentin-like effect on patients with low to moderate levels of FAS. If the consultation reveals high levels of FAS despite nutraceuticals, then we now have the ability to prescribe pharmaceuticals.

Another reason I began to recommend nutraceuticals more frequently was to prevent or reduce FAS in a stepwise manner. Many pet parents still have limited understanding of the emotional well-being of their pet and the options available to protect and repair it if needed. Some pet parents are more comfortable using the gentlest, most natural option as a first-line treatment approach. In these

instances, I will start with a nutraceutical and then have the pet stop by for a quick technician evaluation to determine FAS level. If the pet is still demonstrating signs of fear and anxiety, then I find many pet parents are comfortable moving toward pharmaceutical options.

Now that my practice is two years into our Fear Free journey, we find that nutraceuticals have a permanent position on our inventory shelves. They help us provide options to new patients as well as begin the process of addressing FAS in a gradual, progressive fashion. Nutraceuticals are an effective tool to build trust with pet parents and forge a long-lasting relationship that focuses on the pet’s emotional health and well-being.

*Julie Reck, DVM, owns Veterinary Medical Center of Oak Mill in Oak Mill, South Carolina.*





## Meet Angelina Morgan, CVPM, 2018 dvm360/VHMA Practice Manager of the Year

"The emails that I'd been nominated caught me off guard, but I filed them away to investigate a little bit later. When I happened to mention the nomination to one of my technician managers in our bi-weekly one-on-one meeting, her response was sheer excitement. She's a new leader and thrilled about her new journey. When I saw her response, I realized if I didn't enter my application, I was giving her permission to doubt her own accomplishments and the imposter syndrome would attack her. If one of my goals is to lead others to be strong, live with self-awareness but overcome self-doubt, I had to lead by example and overcome my own self-doubt."

Read her whole story at [dvm360.com/MorganPMOY](https://dvm360.com/MorganPMOY).

### THE PICKS

## "Can I use coconut oil as Fifi's fat source?"



If questions about coconut oil are popping up in your exam room, this spoonful of advice should help give you some direction. *By Sarah Mouton Dowdy*

**A**s you well know, it doesn't take long before what's popular in human diets makes an appearance in your exam room.

At a recent Fetch dvm360 conference, several attendees were eager for wisdom from speaker and veterinary nutrition expert Angela Witzel Rollins, DVM, PhD, DACVN, on one such cross-over supplement: coconut oil.

"I often have clients ask me if they can use coconut oil as their pet's fat source," she said. "I have to tell them no, because it lacks essential fatty acids like omega-3 and omega-6 fatty acids."

And while the addition of coconut oil to a pet's diet has been anecdotally linked to all sorts of health benefits (including improved cognitive function and reduced joint inflammation), Dr. Rollins said that because there haven't been any studies evaluating the benefits of coconut oil in dogs or cats, we simply don't have the scientific evidence to support these claims.

The same applies to using coconut oil to control seizures. Dr. Rollins said that although coconut oil is high in medium-chain triglycerides (MCTs), which have recently received attention as a potential treatment for dogs with seizure disorders,<sup>1</sup> the MCTs found in coconut oil differ from those used in the study.

"The primary MCT in coconut oil is lauric acid," she explained, "and the

studies that have been done in dogs with seizure disorders have used capric and caprylic acid. So for that reason, I wouldn't say, 'Hey, you can just give coconut oil and that may help with seizures.' We just don't know, because no one has done these studies with lauric acid."

Dr. Rollins stressed that she isn't closed off to the idea of recommending coconut oil for seizures and other internal ailments someday, but she wants to wait for the proof—especially since coconut oil is 90% saturated fats, and conventional wisdom would suggest taking a cautionary approach to ingesting any oil that's a solid at room temperature. In the meantime, this might require some flexibility with the client who's absolutely certain that his dog needs coconut oil in its diet.

When an attendee asked what she should tell such clients, Dr. Rollins was ready with a suggestion: "Go with a teaspoon a day. As long as you don't induce pancreatitis, a small amount should be fine."

### Reference

1. Law TH, Davies ES, Pan Y, et al. A randomised trial of a medium-chain TAG diet as treatment for dogs with idiopathic epilepsy. *Br J Nutr* 2016;115(9):1438-1447.

*Sarah Mouton Dowdy is an associate content specialist at dvm360.com.*

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See summary on page 06

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**ADVERSE REACTIONS:** The most common adverse reactions reported are poor/reduced appetite, vomiting, lethargy/dullness, diarrhea, elevated liver enzymes, elevated potassium with or without decreased sodium, elevated BUN, decreased Na/K ratio, weakness, elevated creatinine, shaking, and renal insufficiency. Occasionally, more serious reactions, including severe depression, hemorrhagic diarrhea, collapse, hypoadrenocortical crisis or adrenal necrosis/rupture may occur, and may result in death.

  
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## THE PICKS

# Vetted's most wanted in 2018

Every year, we compile our top 10 most popular articles on dvm360.com for the year, dividing them out based on subject matter. Now the question is, are you feeling bizzy? Are you clinically inclined? In true *Vetted* fashion, we hope you answered "Yes!" to both of these questions and take in the whole 360-degree view of veterinary practice this past year.

## Your bizzy life: Top 10 business and management articles

10. The rabies hall of fame: Famous fictional lives (and deaths)
9. Personal accounts: An associate veterinarian paying down \$110k in debt
8. Be prepared: A look at what you didn't learn in vet school
7. Bad online review got you down? 4 steps to right a cyber wrong
6. Big pharmacy plays
5. 5 steps to get you out from under vet school debt
4. Pet insurance comparison chart
3. The otitis case that changed my business
2. 10 ways to tell clients cat vomit isn't normal
1. Buyer's remorse: Expect it three to five years after vet school

Find these articles at [dvm360.com/2018biztop10](https://dvm360.com/2018biztop10).

## We've got you covered! Top 10 medicine articles

10. Pet having a seizure?! Two resources to help veterinary clients through the crisis
9. Living with FeLV-infected cats: A guide for veterinarians and their clients
8. The feline facets of Cushing's disease
7. Beyond the burrito: How to handle aggressive cats
6. 6 savvy tips for the surgical suite
5. The usual suspects: Top 10 toxins poisonous to pets
4. Tooth resorption: Name it to tame it in your veterinary patients
3. Journal Scan: Is tramadol the new placebo?
2. Heartworm disease: What lies beneath
1. Canine liver enzymes—so many questions!

Find these articles at [dvm360.com/2018medtop10](https://dvm360.com/2018medtop10).







# Going above and beyond NSAIDs to banish pain and inflammation

The linkages among inflammation, obesity, osteoarthritis and chronic maladaptive pain call for a multimodal rethinking of the best way to help our veterinary patients—including taking their fat compartments into consideration.

*By Robin Downing, DVM, DAAPM, DACVSMR, CVPP, CCRP, CVA, MS*

**P**ets have made a migration of biblical proportion from the backyard to the bedroom and from the kennel to the kitchen to the couch. Most pet owners now self-identify as “pet parents,” and in one survey from Pfizer Animal Health in 1997, many respondents were willing to state that the family dog was a better companion than the other humans in the family. If this trend continues, veterinarians and their healthcare teams will always have a job to do!

Veterinarians are the only physicians who take care of their patients from womb to tomb, and as a result of the amazing advances in veterinary medicine in recent decades, our patients are living longer and better than ever before. While old age is

not a disease, there are important medical issues that are associated with aging. For instance, we know that approximately 20% of cats and dogs across all ages suffer from the inflammation and pain of osteoarthritis (OA).<sup>1,2</sup> We also know that the incidence of OA increases with age. Among cats 10 years of age and older, more than 90% are likely to have OA in at least one joint.<sup>2</sup> The sheer number of these patients demands our attention.

Knowing that one of OA's pain-generating elements is inflammation, decreasing inflammation becomes a critical aspect of managing OA and maximizing patient comfort. Moreover, once pain is present, systemic inflammation (inflammation beyond the OA-affected point)

can enhance and amplify the pain experience, regardless of where the pain originates.

We know that all pain is complex, subjective, easy to overlook (especially in nonverbal species) and challenging, as managing it means changing how we do things (and we humans aren't always quick to embrace change!). But despite our reluctance to try new things, it's useful to remember that unmanaged (or undermanaged) pain leads us down a dark rabbit hole in which pain moves from a minor nuisance, to decreased quality of life, to unbearable suffering, and it can ultimately result in physical pathology that leads to death. In other words, it's not an exaggeration to state that pain kills.



**Look  
into  
inner  
beauty ...**

A moment from *Blanche* from the “The Golden Girls”: Isn’t it amazing how I can feel so bad and still look so good?

Sometimes looks can be deceiving, and no matter how many questions you ask, it’s always best to go further than skin deep.

A great way to get client compliance on important senior diagnostics is by bundling it for a discount: twice-a-year physical exams, blood work, urinalysis, radiographs, pain management assessment and treatment and even acupuncture, if you do it.

As with any bundle or discount, be sure to measure the percentage of clients you’re reaching with your deal. If it’s not working, change it.

**Get more “Golden Girls”-inspired tips on senior pet care from Dr. Hilal Dogan, at [dvm360.com/goldenage](https://dvm360.com/goldenage).**

### **A multimodal mandate**

Managing pain that no longer serves a useful physiologic protective purpose means thinking beyond the pharmacological tool we typically reach for first: nonsteroidal anti-inflammatory drugs (NSAIDs). To manage inflammation and its associated pain from a multimodal perspective means we must recognize all the ways inflammation can arise and how we can target it.

Most chronic patients are less active because they’re not comfortable moving as they once did. Consequently, they’re often overweight or obese. The white fat that accumulates in overweight and obese patients secretes inflammatory and proinflammatory hormones that can enhance and amplify the chronic pain experience. For this reason, normalizing body composition—decreasing both the pet’s weight and the size of its fat compartment—is a critical component of any multimodal pain management strategy.

Normalizing body composition goes beyond simple calorie restriction. How so? Calorie restriction alone will shrink the body mass but will proportionately keep the fat compartment (in other words, a large marshmallow will simply become a smaller marshmallow). It’s important to use a nutrient profile proven to allow the pet’s body to

burn fat selectively for its energy. Reducing the body’s fat compartment can make a positive impact on reducing overall inflammation, and that in turn can help reduce the pet’s OA pain.

There are two other nutritional strategies to reduce inflammation and pain: omega-3 fatty acids (specifically eicosapentaenoic acid, or EPA, and microlactin—the active ingredient in PRN Pharmacal’s Duralactin products). The omega-3 should be in the triglyceride form for optimal absorption and utilization, and, generally, the daily total should be divided into two doses—one in the morning, and one at night.

Microlactin is a protein extracted from the milk of hyperimmunized cows that has been demonstrated to reduce systemic inflammation in multiple species, regardless of etiology. Microlactin uses a different pathway in the body than corticosteroids and NSAIDs, which means it can be given alongside either of these. It takes 10 to 14 days for microlactin to reach peak effects, and at that point, it may be reasonable to begin reducing the dose of the NSAID or steroid.

Because inflammation can have a detrimental effect on many body systems and tissues, the benefits of reducing systemic inflammation can





## Divinum est opus sedare dolorem:

Divine is the work to subdue pain.

— Galen

reach beyond reducing the inflammatory pain of joint OA. The strong linkages among inflammation, obesity, OA and chronic maladaptive pain point to a need to decrease the patient's fat compartment (by reversing overweight and obesity) to reduce both systemic and joint inflammation. Reducing pain and inflammation will in turn allow the pet to be more active, further contributing to reduced inflammation, better health and improved and sustained quality of life. Win-win-win indeed!

*Dr. Robin Downing, who holds a master's degree in clinical bioethics, is a diplomate of the Academy of Integrative Pain Management, a diplomate of the American College of Veterinary Sports Medicine and Rehabilitation, a certified veterinary pain practitioner, a certified canine rehabilitation practitioner, and hospital director at the Downing Center for Animal Pain Management in Windsor, Colorado.*

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2. Kerwin, SC. Osteoarthritis in cats. *Top Companion Anim Med* 2010;25(4):218-223.



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# Purr, feline love:

## A resolution everyone in your practice can keep

Don't go poofy-tailed with fear of New Year's resolutions for you and your veterinary team. Try on this sleek, feline-flavored approach to make kitties more comfortable—and you feel accomplished.

*By Elizabeth Colleran, DVM, DABVP (feline practice)*



**M**ost of us have never met a New Year's resolution we couldn't regret (or forget) not fulfilling. So, instead of big goals we're doomed to fail, this year pick "Cat Love" for your theme and set a gradual feline-friendly process of discussing, trying and revising processes in your clinic.

### **Resolution 1: Stop to talk cats**

At your next monthly/weekly staff meeting, discuss who cats are and why they experience a visit to your practice so differently than dogs do. Assign a staff person (we all know who you "cat people" are) to talk to the team about cats' sensory, emotional and behavioral needs. Imagine your establishment from the point-of-view of a feline patient by asking these questions:

- > How does their broad range of hearing amplify a slammed door, a barking dog, a phone ring and conversations?
- > How does their remarkable sense of smell experience a wet dog?
- > How does moving quickly arouse the hunter in them?
- > How does it feel to these territorial solitary beings to take them out of their home range?

### **Resolution 2: Get cats into exam rooms fast**

Pick one part of the practice experience and strategize how to improve it. For example, between now and the next staff meeting, you could take cat patients immediately into exam rooms, where sounds, smells and sights are less arousing. At the next meeting, you

can talk about what you did and how it manifested in the cat patients' behavior.

---

**Arousal is cumulative  
and a barrier to the best  
healthcare and outcomes.  
The exam room feels safer  
to your feline patients  
than anywhere with more  
strangers, barking dogs  
and dog smells—and too  
far from the beloved client.**

---

### **Resolution 3: Give cats time to get comfy**

At that same meeting, you'll pick another small step to add to the first one. For example, once a cat patient is in the exam room, the team member who accompanies the client will put the carrier on the floor and open the carrier door before leaving. In most cases, the cat will willingly come out and begin to explore a quiet room with only her beloved owner present. This valuable acclimation step reduces arousal for the territorial creature removed from her home range.

### **Resolution 4: Keep cats in the exam room**

For your third staff meeting, you'll discuss the impact of your first steps and how to improve on them. Finally, your third goal will unfold in this meeting. You might decide to decrease the number

of interventions or treatments to do in "the back" with the owner not present. Why is this important? The acclimation step (see "Resolution 3") only counts for the exam room—not anywhere else in the building the feline hasn't set foot. Take advantage of acclimation: Collect blood, take blood pressure measurements, administer subcutaneous fluids, give vaccines and so on in the exam room with the owner present.

Remember the first thing your veterinary client asks you when you return a cat from "the back"? "Was that my cat screaming?" At which point you lie and say something like, "Absolutely not! She was a dream patient."

Arousal is cumulative and a barrier to the best healthcare and outcomes. The exam room feels safer to your feline patients than anywhere with more strangers, barking dogs and dog smells—and too far from the beloved client.

Now you've taken gradual steps to improve the feline veterinary care experience. For each of the next meetings throughout the year, these steps will be on the agenda to review and discuss progress. Instead of regretting and forgetting, you will have kept your "Cat Love" New Year's resolutions. Who knows? Maybe that'll feel like such a breakthrough, even more plans for improving the feline-patient experience will emerge.

*Dr. Colleran is owner and hospital director of two exclusively feline practices and is an ABVP Diplomate in Feline Practice. Her passions are her crazy husband, two equally crazy Burmese cats, bicycling and Indian cuisine.*



# Something to wag your tail at— 3 resolutions for practice managers

After you take a cup o' kindness for auld lang syne, here's what to purge and what to pursue in your veterinary hospital over the coming year.

*By Brent Dickinson*

**Y**ep, it's that time of year again—too much food, too little time, too much to do and loads of regret regarding all of the above.

Once the dust of the holiday season settles, it's time to focus on improvements—both within yourself and at your practice. While the resolutions below may not seem to be self-improving, they are, as they recommend concentrating your efforts on efficient, powerful and constructive tasks, which needs to start with you. So, get goin'!

## **Trim the fat**

No, I'm not talking about getting on the treadmill here. I think all of us could put our finger on at least one thing (or person) at our practice that we'd love to get rid of. Well, do it.

This year, our practice stopped providing radiographs. That probably sounds shocking, but here in central New Jersey, we are practically surrounded by specialty and emergency clinics that provide orthopedics, obstruction removals and other procedures related to radiology. This, coupled with the

increase in dependency on ultrasound, meant our practice just didn't see a need to provide the service anymore. So, we sold our equipment and made the two-room suite into an additional exam room and surgery prep/utility room.

If there's a service you can't get your team to enjoy providing, an inventory item you don't really sell or a toxic team member, leave it (or them) back in 2018. You'll be glad you did. (See some Vet Confessions about toxic team members at [dvm360.com/toxicconfessions](http://dvm360.com/toxicconfessions).)



## Take your practice to new heights ... or curbs

Now that you've made room for change, don't slow that momentum. Send a team member to pursue a special certification. Pay a secret shopper to come into your practice and take notes.

Or, try something totally new for your customers, like curbside prescription pickup.

People like having the red carpet rolled out for them. Disney does this well and we should too! A drive-up prescription window would be nice, but if your clinic doesn't have the right configuration, it would probably cost upwards of \$40,000 to make it happen. However, you can jump online and pick up a security camera and a metal parking space sign for under \$200 total.

Set up the camera to alert you when motion is detected, and take credit card information and vehicle descriptions over the phone when orders are placed. When that white Ford Focus pulls up, run the order out to the owner with a treat in your hand for Fluffy. By taking a few minutes of your day to go the extra mile, you're making a lasting impression on your clients that their needs come first.

## Now, slow down

Setting an example that's easy for team members to follow should be a priority for yourself. What looks better—trying to do 20 things but

only completing 10, or trying to do 10 things and actually doing all 10 of them? Don't be unrealistic with the work that a team member can truly accomplish in a day. We want quality work, but busy days with lots of case load won't help us get it in the end.

Contrary to popular belief, you can (and should) change job descriptions after people start doing the job. Start by removing things from their job descriptions that they don't actually do. This sounds like horrible management, but let's be honest—if you bought a microwave expecting it to make toast, you chose poorly. It's the same with hires. You should be seeing their performance from

day one, so if some expectations aren't being met, the blame is on you. Sit the team member down and show them the original job description. Then show them what you're removing and why. They'll probably have a terrified look on their face, but by emphasizing that you no longer expect them to do A, they should understand that you fully expect them to have the time to complete B.

Oh, and by the way—it's OK to stop expecting yourself to do so much as well. Cheers to a better year ahead.

*Brent Dickinson is practice manager at Dickinson-McNeill Veterinary Clinic in Chesterfield, New Jersey.*



### SET BOUNDARIES TO SAVE YOUR SOUL

This year, make the resolution to say no more often and set boundaries for sanity's sake at [dvm360.com/healthyboundaries](https://dvm360.com/healthyboundaries).



## Veterinary dentistry wins: The perfect surgical flap

It's hard but rewarding for you and your dentistry patient. Here are the main points to keep in mind when searching for success with a surgical flap after a tooth extraction.

*By Hannah Wagle*

**A**t Fetch dvm360 in Kansas City, Barden Greenfield, DVM, DAVDC, walked attendees through getting that perfect surgical flap after a tooth extraction.

The first thing to consider when aiming for that perfect surgical flap is knowing how difficult it can be. "Everybody has troubles with this," Dr. Greenfield says, "and I don't blame them. We have a lot of flap

failure in my specialty practice, and I remember when I was starting dentistry and learning how to do incisions before residency, I had troubles too. So I understand."

Failure and success aside, though, an animal won't die from a poor flap or lack of a flap. So why do it? In short, to try to control the healing process a bit more. "We flap extractions because if we leave something open, we can't control

the narrative with an animal like we can with humans," Dr. Greenfield explains. "They eat food, they eat dirt, they eat rocks, they eat everything."

To further explain, Dr. Greenfield says that a well-done flap will allow the tissue to heal, prevent bone from being further destroyed and prevent localized osteomyelitis from occurring. "When we do a flap," he says, "it's to cover the defect that we have and to ensure that the animal's

going to get back to its normal activity as a pet as soon as possible."

Not to mention what could happen if a surgical flap isn't done properly—or at all. The slides he showed attendees of complications with oral nasal fissures and failed flaps were a horror show of necrosis and infection—enough to set your own teeth on edge. "If any of us had this happen to us?" he asks. "Oh, hell, we'd be begging for somebody to put a bullet to our head because it hurts so much. These poor pets are suffering. A proper flap will help prevent this."

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**"We flap extractions because if we leave something open, we can't control the narrative with an animal like we can with humans. They eat food, they eat dirt, they eat rocks, they eat everything."**

**— BARDEN GREENFIELD  
DVM, DAVDC**

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But what goes into a successful flap? A few things, of course. But before any of it can be explained, Dr. Greenfield stresses the importance of having the right surgical equipment—and properly taking care of said equipment.

Most importantly, he says you should be using sharp equipment. "In the boy scouts," he says, "you learn a dull knife is a dangerous knife. The same can be said with your periodontal equipment. If you've got dull stuff, you're going

to macerate tissue. You don't want your barber fixing you up with a dull razor—you'll be looking brutalized. A sharp piece of instrumentation is essential. Ship it out to get sharpened or buy new stuff."

Another important factor with your equipment? Small and delicate wins the race. From little scissors to little needle drivers, Dr. Greenfield stresses that everything should be small. As he perfectly explained to attendees: "When you show up for surgery, don't show up with a shotgun to do delicate work."

Once you've got a grip on proper instrumentation, Dr. Greenfield has three goals for veterinary professionals to meet when they're looking for that perfect surgical flap. Here's a quick breakdown of each factor.

First and foremost, Dr. Greenfield says that flap needs to be tension free. "Zero tension," he tells attendees. "Z-E-R-O. Zero tension. Because if you have any tension on that flap, it will fail. I promise you that it will fail."

Second, Dr. Greenfield wants to make sure you've got plenty of space to work properly. "You need to have adequate exposure of the surgical site. Your base and your incision need to be wide enough to bring that 'window shade' down to close over that defect."

Finally, your flap should be pulled down properly, covering all of your bases. "A very important factor is that your edges should be over bone and not over where the alveolus was, because that has a tendency to not heal as well," Dr. Greenfield told attendees.

Another important piece of information to keep in mind is the

### **Your perfect flap went horribly wrong? Check for tumors.**

Dr. Greenfield posed this question to attendees: What if you made the perfect flap? "It's tension free, and everything looks like a million bucks. And then it breaks down."

His answer? "You'd better start thinking about tumors. A tumor can make a beautiful surgery go bad quickly. Know that it can be something aggressive that's causing it too."

For next steps on oral tumors, including how to counsel clients about mandibulectomy, maxillectomy and glossectomy, see [dvm360.com/oraltumor](http://dvm360.com/oraltumor).

importance of saving the teeth, especially in dogs. Because what, Dr. Greenfield asked attendees, are canines to a dog? Hands. "It's their hands," he says. "Before you reach for that scalpel blade to take out a broken tooth—if there's a dentist close by or someone who's very capable of doing a good job of saving those teeth—if there's any way to get those teeth saved, do it because it saves their hands."

*Hannah Wagle is an assistant content specialist for [dvm360.com](http://dvm360.com).*



# HOSPITAL DESIGN



Kids' nook at El Paso Animal Clinic in Derby, Kansas



Glass-enclosed cat room at Farmington Animal Shelter in Farmington, New Mexico

## Wait ... wait ... **please tell me!**

### How to make your reception area more welcoming

By Becky Valentine

**R**eception areas in veterinary hospitals have traditionally been akin to standard physician's office waiting rooms. They're typically lined with chairs and benches. Sometimes there's a hospitality counter with coffee and water and a television on the wall for light entertainment. But that's usually about it as far as amenities for clients, which means people and pets who are in the waiting area at veterinary hospitals are often left with nothing to do but ... wait.

Modern veterinary practices often try to think outside the box when it comes to the waiting ex-

perience at their hospital by incorporating alternative waiting areas. These alternative waiting areas offer more to clients—more technology, more comfort, more convenience and more choices. One example, a place for the human kids.

A kids' nook is a small space in a waiting area that's dedicated to kids. It doesn't have to be very big. Even a 4-foot-by-5-foot space is often plenty big to fit a couple small chairs and some toys. Providing a kids' nook not only gives children a space to play and entertain themselves while they wait, but also sends a message to clients that the

hospital is family-friendly. You're showing that kids are welcome in your hospital, and it makes visiting the veterinarian fun and interesting for them.

See [dvm360.com/waitwait](http://dvm360.com/waitwait) for more hospitable ideas for your hospital:

- > Outdoor waiting areas
- > Long-term waiting areas
- > Laptop bars and workspaces
- > Feline-specific rooms (a sneak peek pictured above).

*Becky Valentine is director of design at BDA Architecture based in Albuquerque, New Mexico.*



# Cytology sample results in 47 minutes? **Yep.**

Tired of boxing up cytology samples and shipping them out? Fed up with waiting days for the results? The founders of Lacuna Diagnostics were too.

*By Anissa Fritz*

**S**tarting as an idea conjured over beers and coffee, evolving into a class project, and transforming into an industry-leading company, Lacuna Diagnostics technology allows you to send and receive cytology samples digitally.

Conor Blanchet, MPH, MBA, DVM candidate (2019), and Lacuna's chief operating officer, noticed the habitually slow turnaround time for cytology samples during his time working in a clinical pathology diagnostic lab. "I witnessed hundreds of samples arrive at our doorstep that had broken in transit, had overheated or were nondiagnostic and the patient had left the clinic days before. I began to wonder—can we do this digitally?" says Blanchet.

Rather than boxing up samples and waiting for lab results, veterinarians are able to upload sample

images from a cell phone to lacuna-mobile.com using Lacuna Snapshot. Another option for practices, especially operating at high-volume, is the Lacuna's one-click scanning device: Autoscan.

In addition to helping the veterinarian move on with treatment quickly and confidently, Lacuna's services also impact the client. "As millennials are the largest demographic of pet owners in the country, every practice is competing for a new set of expectations from their clients. We expect answers now," Blanchet says.

With Lacuna, answers are provided in as little as 47 minutes. Currently, Blanchet says Lacuna is the only company in the world who offers this service. With the waiting game eliminated, Lacuna's digital pathology technology gives veter-

inarians confidence for treatment while also providing peace of mind for clients.

"It is often difficult to put a dollar value on the emotional impact of time spent waiting. However, in those times intangibles are the most important," says Bikul Koirala, co-founder of Lacuna Diagnostics.

Lacuna Diagnostics includes free training, 24/7 support, and direct communication with pathologists. Lacuna's Snapshot solution is \$40 a sample, has no ongoing fees and is compatible with iOS, Android and cameras. At \$80 a sample, according to Lacuna's website, Autoscan gives you crystal clear images with one click and comes at no cost to start.

*Anissa Fritz is a contributing writer for dvm360.com.*

# HELPFUL STUFF



## Feline behavior modifications that *actually* work

By Erin Rand

**Tell your veterinary clients to put the spray bottle down, and let's talk.**

**A**s soon as the cat jumps on the counter, the first instinct for many owners is to break out the spray bottle, but that isn't the best way to stop unwanted behaviors. Though cats have gained a reputation for being untrainable, veterinary behaviorist Julia Albright, MA, DVM, DACVB, argues that with persistence and creativity, feline behavioral modifications can lead to a healthier, happier cat.

### So what's the problem?

Even though the spray bottle seems to work in the moment, Dr. Albright says, "We're superimposing that our cat should know better, but their cognitive abilities are not the same as ours." Verbal language is one of the big differences. And punishment has to be immediate—less than one second after the bad behavior occurs, according to Dr. Albright. Consistent, too.

Humans, though, don't have particularly good timing or the con-

sistency to punish a cat effectively. Before deterrence, owners can take actions to go on the offensive.

### A good offense is the best defense

When a cat gets sprayed with water, the only thing the punishment accomplishes is suppressing the surface level behavior. Instead, Dr. Albright advocates for going deeper and addressing what might be causing the bad behavior. "We're looking at pain, discomfort, endocrine issues and other things, but even if there isn't an obvious condition, mental health is health," she says. "Behavioral issues should be considered a medical issue."

Cats need mental stimulation to provide outlets for natural behavior like hunting, roaming and searching. "Play is important," Dr. Albright says. "I 'prescribe' exercise for my patients and find breaking down the task into chunks of about two minutes (about the duration of a TV commercial)

three to four times a day makes it much more doable for clients."

Ultimately, enrichment is the solution to a happy, well-behaved cat, says Dr. Albright. Making sure a cat is healthy and its basic needs are met will result in an enhanced bond with its owner. Dr. Albright advocates for treat-dispensing toys that make the cats work a little harder for their food. "They don't have to be fancy," she says. "You can make a puzzle box out of a priority mail box. It slows them down and makes them think about it."

*Erin Rand is a contributing writer for [dvm360.com](http://dvm360.com).*

### CATS ARE TRAINABLE?

Read more about why the answer to this question is strongly in the affirmative at [dvm360.com/felinepurrfection](http://dvm360.com/felinepurrfection).



# Counter cost concerns with heartworm treatment

Show clients the value of heartworm treatment as well as payment help. Tip: Don't let them settle for medically unsound "slow kill" methods. *By Chris Duke, DVM*

**T**he recently updated American Heartworm Society (AHS) canine heartworm guidelines emphasize the advantages of the protocol over the non-arsenical treatment protocols that have been studied in the U.S. and Europe. The hope is that most dogs can undergo the AHS treatment regimen, which is designed to eliminate the highest percentage of adult worms while minimizing treatment complications. So, what can you do to make sure the pet owner isn't put off by cost or a weak recommendation?

**Create a step-by-step estimate that breaks down the treatment steps.** Treatment estimates that break out the different costs can help clients understand the complexity of treatment as well as the total cost. Owners understand that fees are associated with lab tests and imaging as well as with medications, monitoring and—in some instances—hospitalization.

**Create a payment plan that mirrors the treatment plan.** One benefit to the AHS treatment protocol is that the medications are administered in a step-by-step fashion. Because there are 60 days between the initial diagnosis and the first melarsomine injection—as well as another 30 days between the first and second injections—payments can be billed in tandem with the medication. This

also gives the client the opportunity to save for the costliest component of treatment: the melarsomine injections.

## **Use third-party payment plans.**

For clients who aren't enrolled in a pet health insurance plan or who can't afford to pay as they go, programs like CareCredit and Scratchpay can help owners stretch out the treatment costs in a manageable payment schedule.

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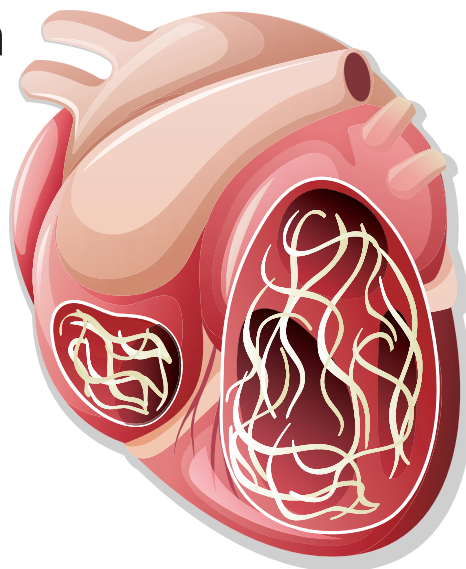
**Most clients want what's best for their pet; we do our clients a disservice if we don't provide our best recommendation first.**

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## **Putting the brakes on slow kill**

It's not uncommon for clients today to learn about—and ask for—a slow-kill alternative to melarsomine treatment. While it may be tempting to offer alternative protocols to clients on tight budgets, forgoing adulticide treatment is not always in the long-term best interest of the pet. Here's how I handle it:

**—Explain the risks.** Because it can take years or more for alternative protocols to achieve results, the progression of pulmonary pathology and damage from adult heartworms



continues over an extended period of time. Most clients want what's best for their pet; we do our clients a disservice if we don't provide our best recommendation first.

**—Compare costs.** Non-arsenical protocols eliminate the cost of melarsomine, but they aren't cheap. Doxycycline—which should be used in non-arsenical as well as adulticide regimes to kill *Wolbachia* species bacteria and reduce the reproductive potential—is fairly expensive. And dogs on non-arsenical therapy require repeated antigen tests. Make sure you and your team are on the same page on the importance of a change if it affects what pet owners are paying.

*Dr. Chris Duke is founder of Bienville Animal Medical Center in Ocean Springs, Mississippi.*

## **WHERE ARE THE GUIDELINES?**

We have all the details, plus other helpful hints, at [dvm360.com/AHSGuide](http://dvm360.com/AHSGuide).



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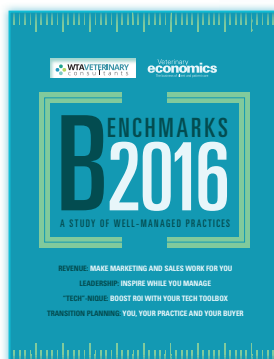


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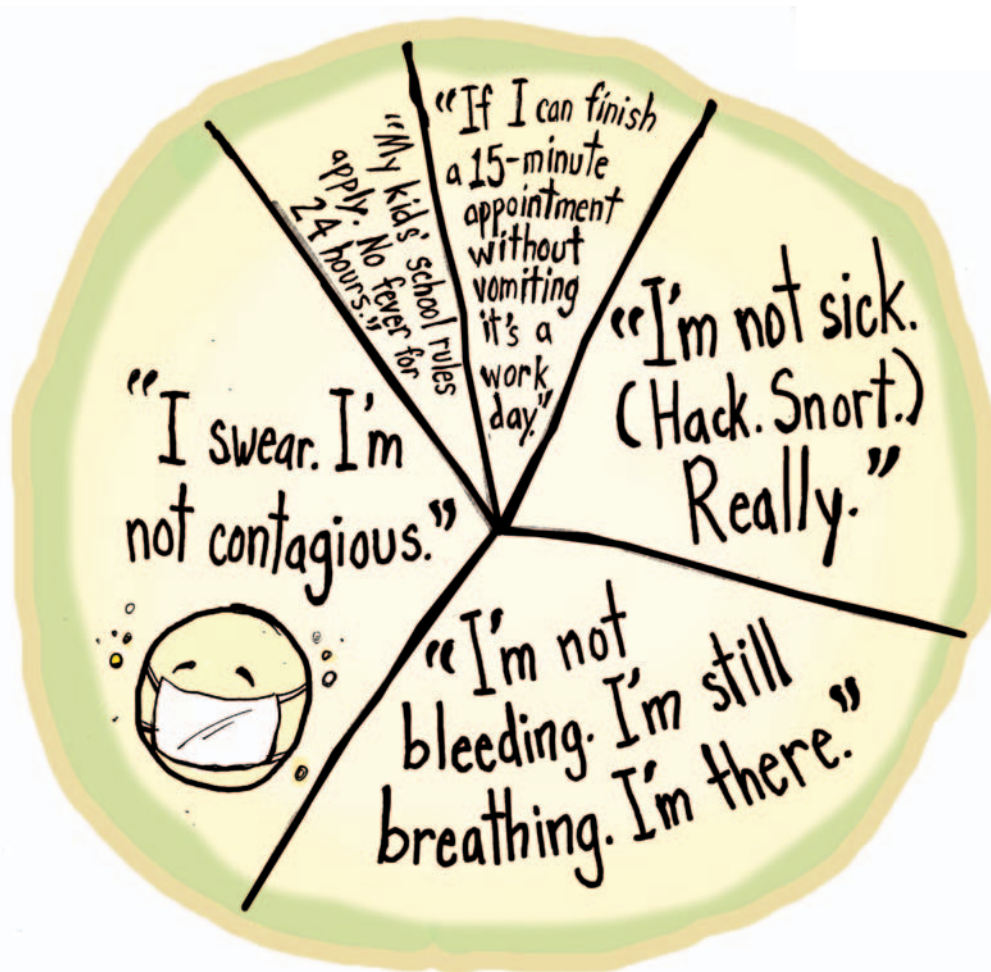


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# How sick is **too sick**?

## A dvm360 pie chart



Do we need to institute a fever-free-for-24-hours policy at veterinary hospitals? We kid, but the inspiration for this chart came from discussion during a session led by Betsy Charles, DVM, MA, on boundary setting at the Fetch dvm360 conference in San Diego. Need some help setting boundaries of your own to build in the ability to take a sick day, or stop answering client calls at midnight? Check out a recap of Dr. Charles' session at [dvm360.com/healthyboundaries](https://dvm360.com/healthyboundaries).





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