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Because practice ain't perfect.



A FOUR-HIT WONDER w/d® MULTI-BENEFIT

Hill's® Prescription Diet® w/d® is now w/d® Multi-Benefit. It's the same nutrition trusted for multiple conditions — now with a new name and improved taste that strikes just the right chord.

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w/d® MULTI-BENEFIT

TRUSTED NUTRITION FOR MULTIPLE CONDITIONS

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CANINE

Weight Maintenance	Gastrointestinal Care Fiber-Responsive Conditions	Diabetes Care	Struvite Urolithiasis & Calcium Oxalate Management
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FELINE

Weight Maintenance	Gastrointestinal Care Fiber-Responsive Conditions	Diabetes Care	Struvite Urolithiasis & Calcium Oxalate Management
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HELP MORE PATIENTS BY RECOMMENDING w/d® MULTI-BENEFIT

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- + Contact your Hill's representative
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Veterinary COMPLAINTS *a dvm360 report*
p 28

Assess pets in
acute pain
p 4

Preventing
injuries
in canine
athletes
p 8

Got a
pyoderma?
Try this.
p 12

Overweight
or something
more?
p 21

Help your
caregiving
clients
p 22

Veterinary retail Rumble

Punching back
against retail
misinformation
p 16



Make your dermatology
appointments
fuss free



SEE GI ISSUES IN A NEW LIGHT WITH MICROBIOME SCIENCE

NEW Hill's® Prescription Diet® Gastrointestinal Biome's groundbreaking **ActivBiome+™ Technology** revolutionizes the way you tackle fiber-responsive GI issues by putting microbiome health at the forefront of GI care.

FORMULATED TO UNIQUELY WORK IN TWO WAYS:

- 1** Breakthrough synergistic blend of natural fibers promotes regular healthy stool
- 2** Shown to **nourish and activate gut microbiome** to support digestive health and well-being¹



Ask your Hill's rep about this revolutionary, great-tasting nutrition — also available in an irresistible stew.

Learn More: HillsPet.com/Microbiome

¹Hill's data on file. Clinical study on microbiome changes in cats.
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Fuss-free dermat: 5 products to handle *most* skin problems

Pustules, crusts and hot spots not your thing? These treatment options have you covered for most cases—you can always refer the rest.

If you find dermatology products too confusing, too time-consuming, or just a downright waste of your time, here are five that should be in your skin care arsenal, according to Darin Dell, DVM, DACVD, from Wheat Ridge Animal Hospital near Denver, Colorado:

1. Antimicrobial shampoo
2. Ear wash
3. Isoxazoline parasiticides
4. Dermatophyte fighters
5. Therapeutic diets

That's it! Want a little more detail and maybe some specific product recommendations? This dermat dream list was created by Dr. Dell for his fetchdvm360 conference session, "Dermatology products for those who don't love dermatology," which he presented at the Fetch dvm360 conference in Baltimore, May 2-5—which is just about ... right now. Did you miss it? Dr. Dell also put together a handy set of take-homes just for you at dvm360.com/fussfreederm.

Want a sample? Here's a quick tip on that ear wash as a teaser from Dr. Dell: "Keep ear wash options simple with just two. I recommend Epi-Otic Advanced (Virbac) for routine cleaning and average ear infections. If you see rod-shaped bacteria on otic cytology, then you need a TrizEDTA product. My favorite is Mal-A-Ket Plus TrizEDTA (Dechra)."

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THE GUIDE

May 2019

Assess pets
in **acute pain**



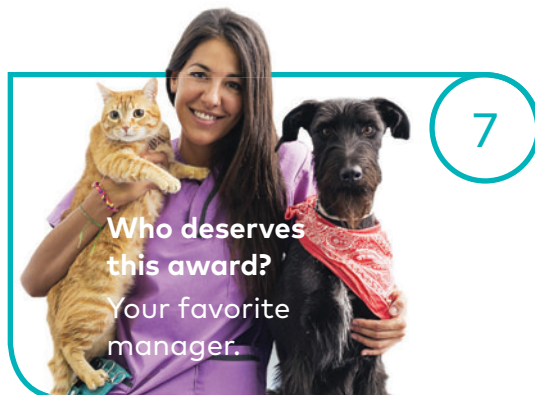
4

6 Don't get fleeced on client payments

10 Why surgeons and rehab specialists should team up

7

Who deserves
this award?
Your favorite
manager.

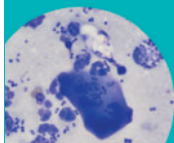


Preventing
injuries
in canine
athletes



8

Got a
pyoderma?
Try this.



12

16

dvm360
**leadership
challenge**

Veterinary
retail
Rumble

Punching back against
retail misinformation



Overweight
or **something
more?**

21



Help your
caregiving
clients

22



+

21 Should you
bring retail to
your clinic?

28

Veterinary Complaints

a dvm360
chart



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*Subject to credit approval.

1. Cardholder Engagement Study, Q2 2018.

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VETAD2019VA

the PICKS

(what we care about now)

Pets in acute pain



Find more examples in an online photo gallery at dvm360.com/acutepain.

Do you think you can always tell when a pet's in pain? You might be surprised. Here, the famous Robin Downing, DVM, DAAPM, DACVSMR, CVPP, CCRP, CVA, MS walks you through a few examples.



When initial injury isn't the worst part.

This dog—not a patient of Dr. Downing's—had been attacked and the wounds had penetrated into his chest. Dr. Downing says you'll note that postop he's in pain. In fact, he's holding up his foot so he doesn't stretch his incision. "It's not what we want to see," she says. "It's a repair of a penetrating wound to the chest, and that's not how it's supposed to go."

Insufficient measures.

A big abdominal surgery led to severe postoperative pain in this cat. Those caring for him postop had tried to put a bandage on him, but it had slipped upward. "So now we have a cat who has a painful incision and a bandage that's up around his armpits so he can't lay down," Dr. Downing says. "You can certainly see his face and he's uncomfortable and unhappy. If he came to my practice looking like this, we would intervene with intravenous pain medication, and he wouldn't look like that for long."



A quick lesson in administration.

Dr. Downing had to take two dozen bladder stones out of this shih tzu. She had no capacity for urine at all. But the moral of the story here is the four pumps in the photo. In each of the three lined up on top, a different type of pain medication is being delivered. The fourth smaller pump on the bottom contains intravenous (IV) fluids for maintenance. The three different pain medications are being delivered in microscopic doses at such a low flow that Dr. Downing would not be able to get them into the vein if they weren't being carried into the vein with the IV fluids.



TWENTY DOGS MAKE AN IMPACT



**JOIN THE MOVEMENT
TO HELP MORE DOGS
GET THE HEARTWORM
DISEASE PREVENTION
THEY NEED**

**21%
INCREASE**



Heartworm disease incidence rates are on the rise.¹ The 2016 American Heartworm Society survey discovered a 21 percent increase in positive heartworm tests per clinic.² The maker of HEARTGARD® Plus (ivermectin/pyrantel) wants to help reverse this trend with the **Heartworm 2020** initiative.



— 20 DOGS BY 2020 —

Heartworm 2020 challenges each clinic to get twenty new dogs on heartworm disease prevention in your community. To help you reach this goal you'll receive heartworm disease education and incentives for pet owners and helpful tracking tools and resources for clinic staff.



**MORE THAN
500,000
NEW DOGS PROTECTED**

That's the potential of the **Heartworm 2020** movement if each clinic achieves the goal to get 20 new dogs in their community on prevention.



Did we mention prizes? Every completed tracking sheet that your clinic submits will be entered into the **Heartworm 2020** contest. A winner will be drawn each month – for a total of 10 winners.*

Visit **HeartgardClinic.com**
to learn more about the
Heartworm 2020 movement!



IMPORTANT SAFETY INFORMATION: HEARTGARD® Plus (ivermectin/pyrantel) is well tolerated. All dogs should be tested for heartworm infection before starting a preventive program. Following the use of HEARTGARD Plus, digestive and neurological side effects have rarely been reported. For more information, please see full prescribing information or visit www.HEARTGARD.com.

* Please see the full contest rules at www.HeartgardClinic.com/rules.

¹ Heartworm Incidence Maps. American Heartworm Society website. <https://www.heartwormsociety.org/veterinary-resources/incidence-maps> Accessed January 9, 2019.

² American Heartworm Society Releases 2018 Canine Heartworm Guidelines. American Heartworm Society website. <https://www.heartwormsociety.org/newsroom/in-the-news/511-american-heartworm-society-releases-2018-canine-heartworm-guidelines>. Accessed December 19, 2018.



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Heartgard®
(ivermectin/pyrantel) **Plus**

THE PICKS

Don't get **fleeeced** on client payments



While sometimes it seems like every twentysomething is firing off money to each other (and online vendors) on PayPal and Venmo, brick-and-mortar veterinary hospitals still need to offer a far wider array of client payment options (at least until we all get our cybernetic implants with credit-card chip readers in our foreheads). Let's get back to basics. At dvm360.com/nofleece, Tom McFerson, CPA, ABV, offers some pros, some cons and some best practices for managing payment—from cash to apps to everything in between. The chart below gives a sneak peek at the best practices.

Consider cold, hard cash

- Make cash deposits as frequently as possible.
- Claim all cash payments as revenue, no matter how tempting to do otherwise.
- Keep your internal controls tight, and ensure division of responsibilities.

Check on checks

- Strong internal controls are a necessity, especially if bank trips are required to deposit the checks.
- There is an opportunity for fraud (checks copied and forged, account numbers stolen and used, all by a rogue employee).

Keep an eye on IOUs

A client's financial misfortune shouldn't be your problem. Choose wisely whom you extend credit to, realizing that the chance of collection drops by 60 percent once they walk out the door. (If you're going to do this, consider writing up a policy and enforcing it throughout the practice.)

Charge it!

Credit cards drastically reduce the risk of embezzlement, but a rogue employee can still subject the practice and your clients to fraud with stolen numbers and verification codes. Make sure multiple people check payments like this. (Don't forget to maximize your own credit cards for your personal and business needs.)

Do the debit

While this is an ideal method for smaller client invoices, be sure to weigh the fees per transaction and consider instituting a minimum.

Offer the other financiers

- Compare services. (Check out many of the current players at dvm360.com/3rdpartypay.)
- Verify costs, approval rates and timeliness before making a decision on which to offer to clients.

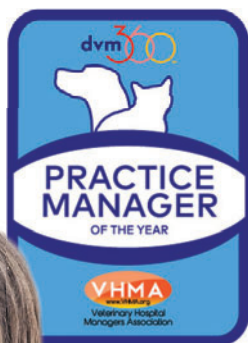
THE PICKS

Who deserves this award? Your favorite manager.

The nation's practice managers are too humble to think of themselves as Practice Manager of the Year. They need your help to get them the accolades they deserve.

Now's the chance: The dvm360/VHMA Practice Manager of the Year contest. The winner gets complimentary registration to an upcoming Fetch dvm360 conference as well as registration, travel and lodging for attendance at two premier events from the Veterinary Hospital Managers Association: the annual Management Exchange and the annual VHMA Conference.

For nomination and entry forms as well as rules and past content from entrants, finalists and winners, visit dvm360.com/PMOY.



SANTYAN/STOCK.ADOBE.COM

Heartgard[®] Plus (ivermectin/pyrantel)

CHEWABLES

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

INDICATIONS: For use in dogs to prevent canine heartworm disease by eliminating the tissue stage of heartworm larvae (*Dirofilaria immitis*) for a month (30 days) after infection and for the treatment and control of ascarids (*Toxocara canis*, *Toxascaris leonina*) and hookworms (*Ancylostoma caninum*, *Uncinaria stenocephala*, *Ancylostoma braziliense*).

DOSAGE: HEARTGARD[®] Plus (ivermectin/pyrantel) should be administered orally at monthly intervals at the recommended minimum dose level of 6 mcg of ivermectin per kilogram (2.72 mcg/lb) and 5 mg of pyrantel (as pamoate salt) per kg (2.27 mg/lb) of body weight. The recommended dosing schedule for prevention of canine heartworm disease and for the treatment and control of ascarids and hookworms is as follows:

Dog Weight	Cheewables Per Month	Ivermectin Content	Pyrantel Content	Color Coding On Foil Backing and Carton
Up to 25 lb	1	68 mcg	57 mg	Blue
26 to 50 lb	1	136 mcg	114 mg	Green
51 to 100 lb	1	272 mcg	227 mg	Brown

HEARTGARD Plus is recommended for dogs 6 weeks of age and older. For dogs over 100 lb use the appropriate combination of these chewables.

ADMINISTRATION: Remove only one chewable at a time from the foil-backed blister card. Return the card with the remaining chewables to its box to protect the product from light. Because most dogs find HEARTGARD Plus palatable, the product can be offered to the dog by hand. Alternatively, it may be added intact to a small amount of dog food. The chewable should be administered in a manner that encourages the dog to chew, rather than to swallow without chewing. Chewables may be broken into pieces and fed to dogs that normally swallow treats whole.

Care should be taken that the dog consumes the complete dose, and treated animals should be observed for a few minutes after administration to ensure that part of the dose is not lost or rejected. If it is suspected that any of the dose has been lost, redosing is recommended.

HEARTGARD Plus should be given at monthly intervals during the period of the year when mosquitoes (vectors), potentially carrying infective heartworm larvae, are active. The initial dose must be given within a month (30 days) after the dog's first exposure to mosquitoes. The final dose must be given within a month (30 days) after the dog's last exposure to mosquitoes.

When replacing another heartworm preventive product in a heartworm disease preventive program, the first dose of HEARTGARD Plus must be given within a month (30 days) of the last dose of the former medication.

If the interval between doses exceeds a month (30 days), the efficacy of ivermectin can be reduced. Therefore, for optimal performance, the chewable must be given once a month on or about the same day of the month. If treatment is delayed, whether by a few days or many, immediate treatment with HEARTGARD Plus and resumption of the recommended dosing regimen will minimize the opportunity for the development of adult heartworms.

Monthly treatment with HEARTGARD Plus also provides effective treatment and control of ascarids (*T. canis*, *T. leonina*) and hookworms (*A. caninum*, *U. stenocephala*, *A. braziliense*). Clients should be advised of measures to be taken to prevent reinfection with intestinal parasites.

EFFICACY: HEARTGARD Plus Chewables, given orally using the recommended dose and regimen, are effective against the tissue larval stage of *D. immitis* for a month (30 days) after infection and, as a result, prevent the development of the adult stage. HEARTGARD Plus Chewables are also effective against canine ascarids (*T. canis*, *T. leonina*) and hookworms (*A. caninum*, *U. stenocephala*, *A. braziliense*).

ACCEPTABILITY: In acceptability and field trials, HEARTGARD Plus was shown to be an acceptable oral dosage form that was consumed at first offering by the majority of dogs.

PRECAUTIONS: All dogs should be tested for existing heartworm infection before starting treatment with HEARTGARD Plus which is not effective against adult *D. immitis*. Infected dogs must be treated to remove adult heartworms and microfilariae before initiating a program with HEARTGARD Plus.

While some microfilariae may be killed by the ivermectin in HEARTGARD Plus at the recommended dose level, HEARTGARD Plus is not effective for microfilariae clearance. A mild hypersensitivity-type reaction, presumably due to dead or dying microfilariae and particularly involving a transient diarrhea, has been observed in clinical trials with ivermectin alone after treatment of some dogs that have circulating microfilariae.

Keep this and all drugs out of the reach of children.

In case of ingestion by humans, clients should be advised to contact a physician immediately. Physicians may contact a Poison Control Center for advice concerning cases of ingestion by humans.

Store between 68°F - 77°F (20°C - 25°C). Excursions between 59°F - 86°F (15°C - 30°C) are permitted. Protect product from light.

ADVERSE REACTIONS: In clinical field trials with HEARTGARD Plus, vomiting or diarrhea within 24 hours of dosing was rarely observed (1.1% of administered doses). The following adverse reactions have been reported following the use of HEARTGARD: Depression/lethargy, vomiting, anorexia, diarrhea, mydriasis, ataxia, staggering, convulsions and hypersalivation.

SAFETY: HEARTGARD Plus has been shown to be bioequivalent to HEARTGARD, with respect to the bioavailability of ivermectin. The dose regimens of HEARTGARD Plus and HEARTGARD are the same with regard to ivermectin (6 mcg/kg). Studies with ivermectin indicate that certain dogs of the Collie breed are more sensitive to the effects of ivermectin administered at elevated dose levels (more than 16 times the target use level) than dogs of other breeds. At elevated doses, sensitive dogs showed adverse reactions which included mydriasis, depression, ataxia, tremors, drooling, paresis, recumbency, excitability, stupor, coma and death. HEARTGARD demonstrated no signs of toxicity at 10 times the recommended dose (60 mcg/kg) in sensitive Collies. Results of these trials and bioequivalency studies, support the safety of HEARTGARD products in dogs, including Collies, when used as recommended.

HEARTGARD Plus has shown a wide margin of safety at the recommended dose level in dogs, including pregnant or breeding bitches, stud dogs and puppies aged 6 or more weeks. In clinical trials, many commonly used flea collars, dips, shampoos, anthelmintics, antibiotics, vaccines and steroid preparations have been administered with HEARTGARD Plus in a heartworm disease prevention program.

In one trial, where some pups had parvovirus, there was a marginal reduction in efficacy against intestinal nematodes, possibly due to a change in intestinal transit time.

HOW SUPPLIED: HEARTGARD Plus is available in three dosage strengths (See DOSAGE section) for dogs of different weights. Each strength comes in convenient cartons of 6 and 12 chewables.

For customer service, please contact Merial at 1-888-637-4251.

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The game is afoot!

Preventing injury in canine athletes

The weather is warming up, accompanied by more activities for active dogs. Laurie McCauley, DVM, DACVSMR, CCRT, CVA, CVC, the owner of Red Tail Rehab in Zirconia, Illinois, outlines six tips to help keep these special patients fine-tuned and happy. (See an overview in the box to the right.) Hear all about it in her own words:

"Athletes have a special kind of life. There are multiple things that we can look at to help prevent injury. For example, nutrition. Sled dogs, when they're running, actually eat 80% fat to be able to keep up their body mass during the Iditarod.

"Warm-up and cool down phases decrease the chance of muscle injuries and allow the animals not to have stress and pain after exercise.

"Everybody thinks dogs have

"Canine athletes have a special kind of life."

— DR. LAURIE MCCAULEY

to practice their sport over and over and that's important. But it's also really important to review skill training after an injury when they've been out for at least a month because their proprioception and balance may be off.

"Proprioception and balance is another part. We need to make sure that canine athletes know where their feet are in space. Just like a professional gymnast can do flips and twists and land on their feet, we need our patients to be able to run up a dog walk, go over a

Dr. McCauley's 6 tips at a glance

- 1. Nutrition.** You must keep the diet in line with the task.
- 2. Warm up/cool down.** "Decrease the chance of muscle injuries and allow the animals not to have stress and pain after exercise," says Dr. McCauley.
- 3. Skill training review.** During rehabilitation it's essential to be sure the dog's balance is proficient for returning to its specialty.
- 4. Proprioception and balance.** Athletes need to be sure where they are in space in order to execute high-flying maneuvers.
- 5. Cross-training.** Strengthen type 1 and 2 muscle fibers to maximize performance.
- 6. Rest and relaxation.** Just like humans, canine athletes need to chill and reset.



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✓ CRITICAL NUTRITION

Also includes EPA+DHA and an antioxidant complex

*Brunetto MA et al. Effects of nutritional support on hospital outcome in dogs and cats. *J Vet Emerg Crit Care*. 2010; 20: 224–231. Mohr AJ et al. Effect of early enteral nutrition on intestinal permeability, intestinal protein loss, and outcome in dogs with severe parvoviral enteritis. *J Vet Int Med*. 2003; 17: 791–798.

jump, run through a field and not injure themselves.

"There's cross-training, which means we have to work on strengthening both the type 1 and type 2 muscle fibers. The type 1 muscle fibers are the ones that help endurance, that use oxygen. Type 2 muscle fibers are our strength-training muscles. These are glycogen-using—meaning a lot of strength but quick fatigue. There are studies that show that strengthening both of those types of muscles gives canine athletes the best performance.

"There's also rest and relaxation. Dog owners need to let these guys rest at least one day a week and one month a year to allow their bodies to heal. Without rest and relaxation there are multiple things that can happen. We decrease our athletes' performance. We decrease their immune system, so they're more likely to get sick. In animals and humans, it's been shown that they can get depressed. And, of course, without rest and relaxation, we worry about increased chance of injury and lethargy."



Why surgeons and rehab specialists should work together

David Dycus, DVM, MS, CCRP, DACVS-SA, and Matthew Brunke, DVM, DACVSMR, CCRP, CVPP, CVA, are on staff together at Veterinary Orthopedic & Sports Medicine Group in Annapolis Junction, Maryland, and occasionally lecture together at Fetch dvm360 conference. So it was natural that they would both wind up discussing how surgeons and rehabilitation specialists work together.

The two areas of veterinary medicine are in lockstep in terms of treatment, but there's a more basic component to their coexistence. It boils down this: communication.

Dr. Dycus says for people, the process is surgery, home, therapy. And this is becoming the same for animals. This is where the union of the two specialties comes in: The doctors must be coordinated for

future treatment. He gives this example: "If I do a TPLO versus a lateral suture, we really want to create a patient-centered, specific response as to how we manipulate those tissues," he says.

Sharing this information, then, is essential for the next specialist to do his thing.

Dr. Brunke comes from the opposite perspective of the rehab doctor, but shares the same opinion.

"You guys can do wonderful work in the operating room (that) an owner can undo by not taking care of the dog going forward, or the cat going forward," he says. "So pass that baton of management of the case [to the] rehab doctors."

He goes on to point out that this team approach can then point back to the surgeon in the case of something being amiss.

"If I do a TPLO versus a lateral suture, we really want to create a patient-centered, specific response as to how we manipulate those tissues"

— DR. DAVID DYCUS



GET THOSE PATIENTS MOVING AND GROOVING

Go to dvm360.com/worktogether to watch Drs. Dycus and Brunke (pictured above) discuss more ways you can work with rehab specialists.

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Got a pyoderma?

Step away from the systemics

At least until you know you need them, that is. For bacterial overgrowth and superficial cases, topical therapy may be all you need for your veterinary patients.

By Sarah J. Wooten, DVM

Ppyoderma is a straightforward bacterial overgrowth on the skin—or is it? Craig Griffin, DVM, DACVD, of Animal Dermatology Clinic in San Diego maintains that while bacterial overgrowth on the skin can lead to pyoderma, they are not the same thing and should be treated differently. Furthermore, pyoderma in adult dogs is a progressive disease perpetuated by a long list of factors. If you don't address those factors, you're staring down the barrel of recurrent pyoderma or antibiotic resistance.

The predominant pathogen that causes pyoderma is *Staphylococcus pseudintermedius*—an overgrowth of normal flora that resides on the mucosal surfaces and hair coats of dogs. *Staphylococcus schleiferi*, *Escherichia coli*, and *Corynebacterium*, *Enterococcus* and *Pseudomonas* species have also been identified on culture in dogs with pyoderma. But no matter the pathogen, clinical presentation is usually the same, Dr. Griffin says.



This ventral neck lesion shows erythema, alopecia, scale and lichenification. Cytologic examination showed a mixed bacterial overgrowth.

The medical definition of pyoderma is a bacterial skin inflammation marked by pus-filled lesions. So in order to call it pyoderma, you have to have pus, Dr. Griffin says. The classic lesions of pyoderma are pustules, furuncles, fistulas, crusts, papules, nodules and epidermal collarettes, though lichenification may also be a lesion of pyoderma. Diagnosis is confirmed with cytologic examination of the skin that shows neutrophils with bacteria, preferably intracellular.

In contrast, if you have a dog with red, itchy, dry skin and a preponderance of bacteria but no neu-

trophils, then you have a bacterial overgrowth. Because of concerns surrounding methicillin-resistant *Staphylococcus* (MRS) species, Dr. Griffin recommends that the treatment for bacterial overgrowth without evidence of inflammation differ from the classic pyoderma treatment.

Predisposing and perpetuating factors

Veterinarians are well-versed in predisposing conditions such as atopy, obesity, endocrine disorders, inappropriate friction, pressure (callus) and alteration in skin

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¹ Poulet H, Minke J, Pardo MC, Juillard V, Nordgren B, Audonnet JC. Development and registration of recombinant veterinary vaccines. The example of the canarypox vector platform. *Vaccine*. 2007;25(30):5606-5612.

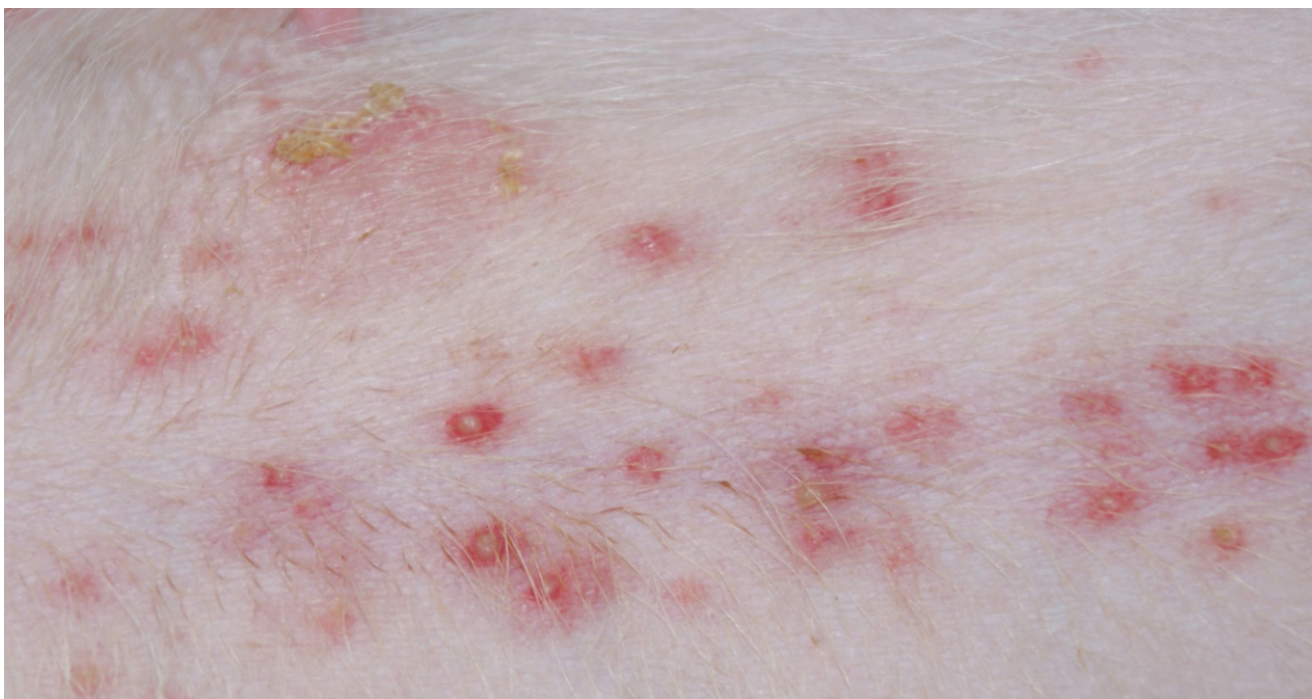
² Green CE, Schultz RD. Immunoprophylaxis. In: Greene CE, ed. *Infectious Diseases of the Dog and Cat*. 4th ed. St Louis, MO: Elsevier Saunders; 2012:1166-1169.

³ Taylor J, Meignier B, Tartaglia J, et al. Biological and immunogenic properties of canarypox-rabies recombinant ALVACRG (vCP65) in non-avian species. *Vaccine*. 1995; 13;539-549.



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Pustules, papules and crusts in a dog with bacterial folliculitis.



Papule crusts and epidermal collarette in a dog with bacterial folliculitis.



Hemorrhagic furuncles in a dog with folliculitis (note the surrounding erythematous papules) and furunculosis where the follicles have ruptured deeper in the dermis.

microenvironment from traits such as skin folds—all factors that make a dog more likely to develop pyoderma. Drugs such as corticosteroids may also have an impact, Dr. Griffin suggests.

Perpetuating factors are pathologic changes in the skin due to pyoderma that make the condition more likely to continue. Folliculitis, common in pyoderma, often results in foci of alopecia, exposing the skin to ultraviolet radiation. That radiation or keratin released from follicular rupture may affect the local immune response, the hair follicle structure or cutaneous inflammation, Dr. Griffin says. Another perpetuating factor is fibrosis, which may be less apparent unless it occurs grossly. Perifollicular fibrosis often occurs at the microscopic level, and certain breeds (Doberman pinschers, bull and Staffordshire terriers, rottweilers) seem predisposed to excessive scarring that makes resolution of pyoderma more difficult. Perform a biopsy to identify scarring in these patients.

Dr. Griffin suggests that pyoder-

ma may be a perpetuating factor in itself. He believes that the longer a dog has pyoderma, the more altered the skin barrier becomes and the harder the infection becomes to control. So does the presence of pyoderma result in changes that perpetuate the development of chronic inflammation, leading to more pyoderma? Some clinical observations support this theory, but studies are needed for definitive answers, Dr. Griffin says.

Treatment plan: A better way

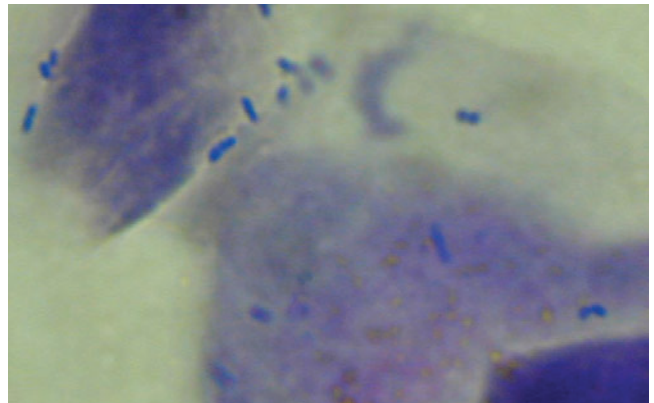
Historically, canine pyoderma was treated using antibiotics chosen empirically and some topical therapy. This approach is no longer always appropriate or even reliable, Dr. Griffin says, especially in regions of the world where methicillin and multidrug *Staphylococci* resistance is becoming more common. One way veterinarians can fight the development of resistant bacterial infections is to adopt new approaches to treating bacterial overgrowth and pyoderma, Dr. Griffin says.

Get the full picture

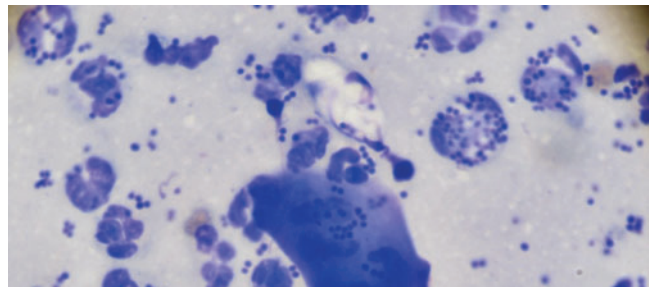
We couldn't include the full treatment plan in print, so if you want to dig into the details about what to do for both superficial and profound cases, including complete reference citations, you'll want to go to dvm360.com/pyoderma.

A quick tip on client compliance

Your clients are likely to tell you that bathing is stressful for all parties involved, and their bathing facilities may be limited. However, if you explain why you're telling them to bathe their dogs (to minimize the development of resistant bacteria and reduce impact to the rest of the body) and how it benefits their pets (speeds healing, decreases the amount of time systemic microbials must be used, removes nasty crusts and makes the hair look healthier), I have found that nine times out of 10 pet owners get it. What's more, they actually do it!



Bacterial overgrowth with lack of neutrophils but more bacterial rods than would be present on normal skin. Some cocci are also present.



Cytology of superficial pyoderma with cocci and numerous neutrophils; most contain phagocytized intracellular cocci. The center large blue keratinocyte is present.

Did you hear the one about the veterinarian who thought ordering a compounded medication from a 503A pharmacy was the same as from a 503B pharmacy?

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¹ cGMP - Current Good Manufacturing Practices

² Varies based on individual state law. Federal law allows dispensing and administration - FDA Federal SEC. 503B, [21 U.S.C. 353b]



Veterinary retail Rumble

Punching back against
retail misinformation



Playing defense is a common fallback veterinary practices employ when pet care advice is administered to their clients in a shopping aisle. But this is one case where it's worth stepping into the ring with a good offense.

By Michael Nappier, DVM, DABVP

Let's get ready to rumble! Feel like you're spending more and more of your time defending your medical recommendations backed by years of schooling and experience from the sales clerk at a pet supplies store? Tired of being the underdog challenging a billion-dollar enterprise? Let's explore some things we can do to fight back against the heavyweight corporation.

Set your training regimen

Although we don't have the advantage of billions of dollars, flashy

advertising and fancy packages, what we do have is trust. Veterinarians consistently rank among the most trusted professions in the U.S. But we can't rely on pure goodwill alone.

So what form should this training take? Training our veterinary practice team to give consistent advice and making sure that they are delivering it consistently is key. While this sounds like easy, simple advice, this training is much more difficult than it initially sounds. Writing standard talking points so that everyone is on the same page

is a relatively easy starting point.

The hard part is making sure everyone is using the talking points routinely and consistently. It's so easy to skip some of these basic conversations because it starts to feel like *Groundhog Day*. After all, who really feels like doing the "grain-free diet" or "parasite preventives are not poison" speech time after time? Left only to individuals, the consistent message falters, leaving room for outside misinformation to creep in. Make it a team approach, and change up roles so no one gets too bored.

Find your sparring buddies

Training on your own is great, but all truly great fighters need a sparring partner! Find another local practice that is struggling with the same training regime and partner up. Yeah, it's technically "the competition." But it's amazing how just adding a fresh set of eyes, a new perspective or a different approach can spice up the same old talk.

Don't stop there! A boutique or small independent pet supply store can be a valuable partner too. Setting up a mutually beneficial relationship can bring large returns for both your practice and their business. Have periodic training sessions with them so that they can give out accurate information. In return, feel confident sending your clients there for pet supplies as you know that they are going to hear the same thing from the employees there as they are hearing from you. You might even gain some clients in people who have gone to the store seeing products and came out with good advice and a referral to your practice.

Time for the TKO

It's time to throw some punches. Our heavyweight retail opponents have billions of dollars and are not shy in using them to "guide" their shoppers to the products they want to sell. Flashy advertisements,

shiny packaging, "trained pet food consultants" and misleading branding are all there to give them the maximum profit, and they aren't shy about using these resources to their maximum benefit.

That means you can't pull your punches either. Standing on the pillar of quiet, dignified medical professionalism doesn't cut it anymore. Constantly being on the defensive, having to block and counter continuously, isn't a great way to win the bout. Be aggressive in putting your message out, take it to your clients and don't wait for them to come to you. Use your website, social media, email and other contacts to put out your message before they get to hear something different from a restocking boy with a paper certificate or a cashier with a badge. Be purposeful and don't be shy about shouting it out loud. If your clients don't hear it from you, they will get misinformation from someone else.

Now, go out and claim the championship belt for yourself!

Dr. Michael Nappier is an assistant professor of community practice in the Department of Small Animal Clinical Sciences at the Virginia-Maryland College of Veterinary Medicine in Blacksburg, Virginia.

A talking point example to get under your belt

Let's take the grain-free diet standoff. Some talking points to consider:



> Grain-free diets may be associated with dilated cardiomyopathy.



> These diets may not be necessary, as grains can provide valuable sources of many nutrients.



> Many grain-free diets have not been AAFCO feed tested for nutritional adequacy.

> Grain-free diets are often high in fat and calories, making weight control difficult.



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What clients hear from pet store employees

In a recent survey, we asked, "What's the best (or worst) advice a veterinary client told you they heard from a pet store employee?" The responses skewed pretty squarely to the worst. Pick an issue you face daily in your patients—any issue—and your colleagues reported bad advice from pet store employees. Silver lining? There's a place they got things right. Wait for it...

The WORST

"Large-breed puppies need adult dog food."

"A dog is considered a puppy for only 6 months; after this he/she is considered an adult."

"Goat's milk can help cure cancer."

"Rotate a pet's food every few days."

"Feed the dog canned pumpkin for diarrhea, constipation, you-name-the-GI-disease."

"Just feed your pet as much as she will eat."

"Brachycephalic breeds need their brand dry food since it is bigger than most kibble, allowing their flat faces to reach it easier."

"Use a shock collar for training."

"Rub their nose in it."

"The puppy will outgrow its biting behavior."

"Put Neosporin on a dog's eye infection."

"Cats don't need parvo vaccinations."

"Dogs don't need the *Bordetella* vax if they aren't boarding."

"Vitamin C reduces the likelihood of hip dysplasia."

"Use Dawn dish soap for flea and tick control."



Veterinarians are the medical experts, but pet service providers sometimes feel that their experience, products and services can help veterinary clients avoid “unnecessary” medical procedures and visits to the hospital. Both these groups want healthier pets, so why aren’t they talking more? This dvm360 Leadership Challenge helps close the gap in the circle of care by educating pet service providers on veterinarians’ work and helping veterinarians think more about pet owners’ lives—who’s influencing them—educating both pet service providers and veterinarians about how they can work together for pets’ well-being. Find our complete coverage at dvm360.com/retailrevolution.

The BEST

“All flea-control products are exactly the same.”

“Don’t buy any flea/tick prevention because it is all a scam.”

“Use Frontline for dogs on a cat.”
[Hey, we’ve got a handout specifically on that one—download it at dvm360.com/fleahandout.]

“Diabetic dogs can be cured with garlic!”

“Olive oil in the ear kills mites.”

“A salesperson recommended a urinary (UTI) diet to my client with a pet that had renal disease.”

“Take your pet to the vet.”

See more in our sister publications ...



firstline

A pet’s well-being is enriched by regular veterinary visits, but is its care complete if you don’t take into account all the other pet service professionals in its life? dvm360 digs into the wild and woolly world of the building down the street: the pet store. Plus, more data from the Retail Revolution survey.

How can you make sure your clients see you as the best source for product recommendations? In *Firstline*, we’ll look at how your team members can revitalize your hospital’s retail business and become a product champion for your veterinary team, clients and, most importantly, your patients.

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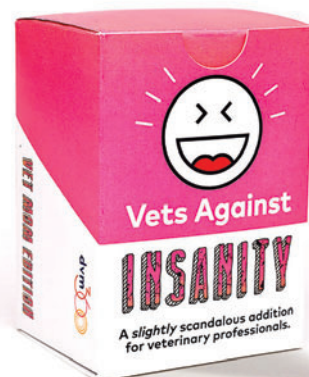
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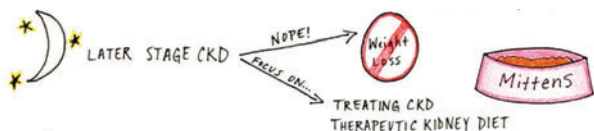
Overweight + ?

It's time for a complete nutrition assessment.



How often does a pet really have just one disease or condition, especially when obesity comes into the equation? Martha Cline, DVM, DACVN, a veterinary nutritionist at Red Bank Veterinary Hospital in Tinton Falls, New Jersey, has thoughts on obesity and concurrent disease in general: "Some of the frustrations can really be about, 'How am I going to approach this patient? How am going to address multiple disease problems?'"

So which takes precedence—helping to treat the



disease by feeding a special therapeutic diet or combating the extra pounds? Dr. Cline says for certain disease conditions, it may be more important to put a pet on a specific type of diet than to try get them to lose weight. But then, in some cases, weight loss can help improve the quality of life in a patient struggling with another disease.

So it comes down to performing a complete nutrition assessment—that all-important fifth vital sign—and we have all you need online at dvm360.com/5thsign.

Bonus: Check out dvm360.com/clinedoodle to sort through one particular concurrent disease—the "obesity paradox" that occurs when a patient is overweight and has chronic kidney disease.

To bring retail into your clinic or not?

Two architects add their perspectives to the debate.

In the age of big box stores selling pet products and internet retailers all up in your business (see page 16 for more of our coverage), you may be wondering if it's even worth dedicating precious floor space to the prospect of selling goods to your clients. We put the question of planning for retail space to HospitalDesign360 conference speakers Vicki Pollard, CVT, AIA, and Dave Gasser, AIA.

First of all, the topic of even offering retail must be addressed on a clinic-by-clinic basis. "That question really comes down to the owner's preferences," as Gasser puts it. If the situation is favorable, then how much space do you devote to products? Pollard says that while some online outlets mean to take your business, others can help by cutting down on the number of dusty boxes you have on hand.

"Therefore, you can do a smaller retail area and just display one item of each of the products you're selling which can help with efficient planning in your hospital," she says.

If you're going to commit the space and resources to a retail display, be certain the stuff isn't hidden or hard to get to. "You want it to be in the path of travel from your lobby area toward your exam rooms, or maybe even next to your hospitality space," Pollard says.

Accessible, in a word.

With respect to the actual displays, our speakers agree on the need for shelving to be flexible and integrated with the setting. Your displays should be placed "in a way that enhances the overall feel and design of the facility and doesn't feel like an afterthought," according to Gasser. And Pollard believes that in addition, shelving should be adaptable to allow for the swapping of different products.

Win-win.

Here more tips from Pollard at dvm360.com/retail-HD. And go get every HD tip you ever wanted by attending the HospitalDesign360 conference, Aug. 21-23 in Kansas City. Get all the details and register now at fetchdvm360.com/hd.

Help clients face the caregiver's dilemma



How do you tend to a sick pet without losing yourself? Supporting caregivers of very ill pets through education, communication and these other real-world tips can make this trying time easier for owners, your staff and, of course, the pet. *By Mary Gardner, DVM*

For years, when I prepared for hospice cases, I struggled with the thought, "What more can I tell this owner about their pet?" As a hospice veterinarian, my pet patients are mainly coping with a terminal illness or struggling with geriatric conditions that are impinging on their quality of life. Thankfully, many of my patients are already receiving high-quality care from specialty or primary care veterinarians and are being treated under a good medical protocol. Early on in my years as a hospice veterinarian, I realized that my greatest value is not in the medical arena but in discussing with owners

how to be a caregiver to their pet and helping them evaluate the pet's quality of life. These conversations are priceless to owners, and I've learned to master these appointments. Here's what you can offer:

Mastery: Help pet owners learn as much as possible about their pet's disease, the clinical signs their pet will face and ways to manage those signs. On our website, the pages that talk about the disease and tips to manage them are popular with pet parents and our veterinary peers alike! Even during appointments, families will tell our veterinarians that the education section of our website was very helpful for them.

Coping strategies: For pet owners, turning to support groups or even counselors may be appropriate during this time. If there aren't any in your area, look for human caregiver groups. Although not identical, they offer wonderful support and ideas on how to manage caregiver fatigue. Always focus on the wonderful care owners are providing rather than the deterioration of the pet—which is sometimes an unavoidable outcome.

Social support: Let owners know that it's not always possible for

them to handle all of the responsibilities of caregiving. Encourage them to reach out to friends, family and illness-specific social media groups. CareCorrals is a private online community where owners can create and invite people to join their pet's corral. It offers a calendar for divvying up duties, as well as storytelling tools and other ways to help caregivers find the support they need.

Respite: In human medical caregiving situations, caregivers garner great benefits when they can rely on respite services that give them time to just relax and take care of themselves. This can be a great opportunity for veterinary technicians to get involved. Home care, overnight sitting, treatments and so on are just the start of ways our technicians can help caregivers. Or you could create a respite program in your clinic!

See what else Dr. Gardner has to say about offering support at dvm360.com/caregiver.

Dr. Gardner is a co-founder of Lap of Love Veterinary Hospice, a network of veterinarians around the country whose goal is to empower every owner to care for their geriatric pets. She is also co-editor and contributing author of the textbook Treatment and Care of the Geriatric Veterinary Patient and a speaker at Fetch dvm360 conferences.





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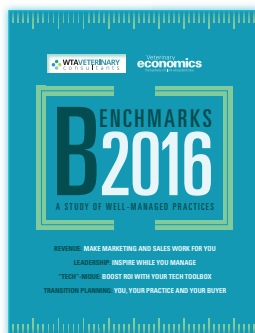
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NC PRICE REDUCTION! Clinton- Tram Road Animal Hospital! Grossing \$600K, Practice ONLY \$100K.

TN NEW! KNOXVILLE Area- Grossing Approx. \$1 Million, Commercial Location.

TN COMING SOON! Eastern Area- Grossing \$1.3 Million.

TX WOODLANDS Area- Corporate Sale, Multiple Practices, Grossing \$3.3 Million!

TX NEW! West of Abilene- Call for Details!

SC NEW! GREENVILLE Area- Prime Commercial Area, 3,000 SF Facility.

GA NEW! ATHENS- The Cat & Dog Clinic! Owner Passed Away. Priced to Sell Quickly!

GA ROME Area- New Website! Spacious Facility.

GA NEW LISTING! Columbus Area- Grossing \$1 Million.

NY NEW! \$115 ATC, Solo-Doctor, Well-Managed.

WI MILWAUKEE- AAFF Practice for Sale. Owner Willing to Stay On. Grossing \$850K!

NM PRICE REDUCTION! Santa Fe, Seller Motivated!

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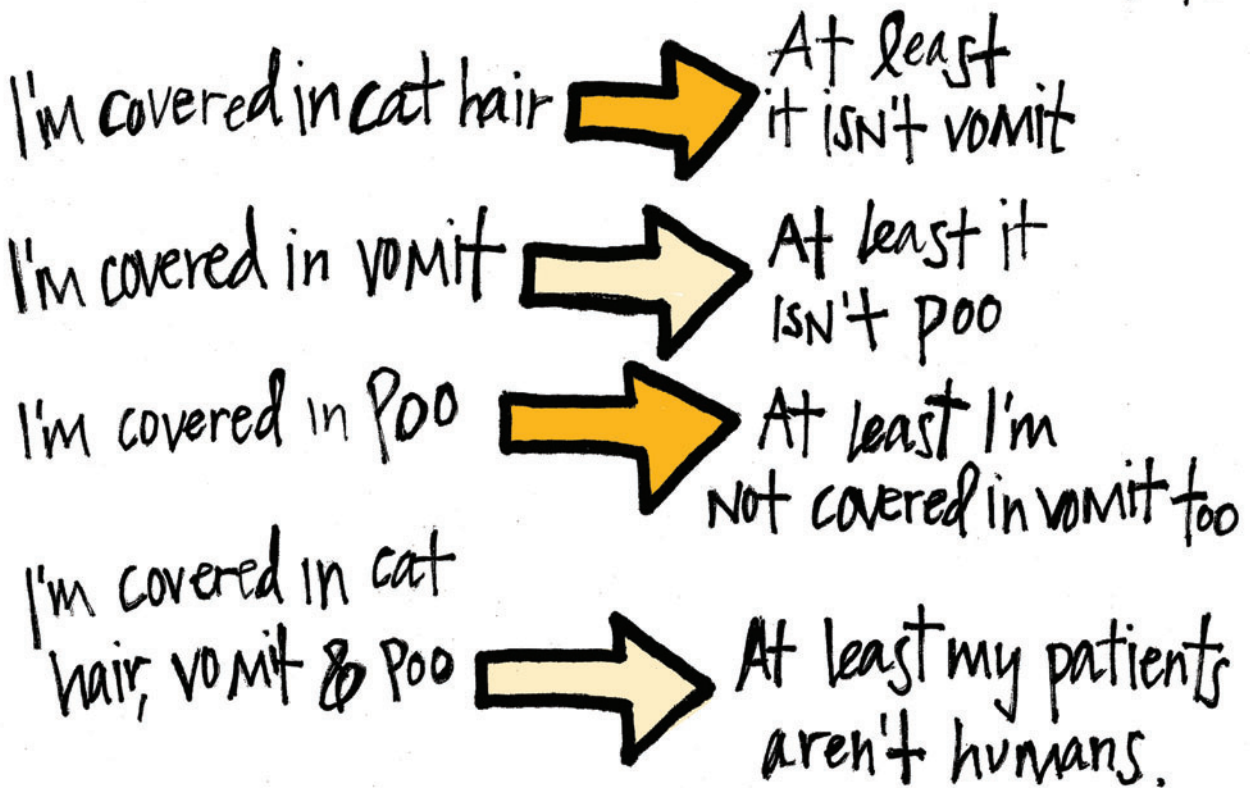
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Veterinary Complaints

a dvm360 chart



This chart caught fire on dvm360's social media. Our biggest oversight? No mention of anal glands. If you want to join the fun, follow us on Facebook @dvm360, or on Instagram @dvm360mag.

This concept was the brainchild of former dvm360 Associate Content Specialist Sarah Dowdy, who now works as a freelance contributor to dvm360.com. Thanks to the fact that she recently became a mom to a (human) child, she feels you.

A photograph of a brown horse running through a field of tall grass. The horse is captured in mid-stride, with its front legs extended forward and its hind legs pushing off. Its mane and tail are flowing in the wind. The background is a soft-focus landscape under a cloudy sky.

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