

Labeling canine interactions

Do dogs appease each other—or us? Dr. Karen Overall investigates.

page M1



May 2014 | Volume 45 | Number 5 | dvm360.com

CAT CARE IN CRISIS

Break down clients' bias against spending money on veterinary services for cats.

>>>page 8

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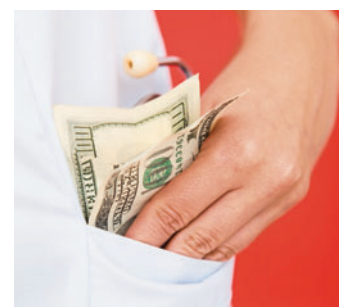
Looking at the toll bad reviews take on veterinarians
 page 32



Ticks continue their persistent march into new territory
 page 38



Oils used in scent training found to be harmful to dogs
 page 46



Receptionist caught with her hand in the till. The horror!
 page 64

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² Opinion Research Corporation, Heartworm Prevention Medication Study, 2012. Data on file at Merial.

³ Ask your Merial Sales Representative for full guarantee details.

See brief summary on page 50.

Power of
12
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NEWS

26 | Pets & vets

Gorilla undergoes C-section at San Diego Zoo Safari Park



28 | Trend watch

Tech entrepreneur sets sights on home veterinary healthcare

31 | AAVMC conference spurs One Health vision

32 | Veterinary headlines

Veterinarians may ignore signs of compassion fatigue

34 | Negative reviews, Yelp and your clinic

44 | Parasitology, public health expert to lead Ross' One Health Center

50 | Ohio State poised to launch \$30 million expansion of VMC

38 | Medical update

Ticks, other parasites encroaching on new territories, CAPC says

40 | Golden retriever study confronts heartbreak of cancer with unparalleled research effort
Jessica Vogelsang, DVM

46 | Veterinary toxicology alert: Oils used in 'scent training' can harm dogs

67 | Kansas State develops tests to identify circovirus in dogs

39 | Associations

Ohio, Arizona veterinary hospitals win AAHA's Practice of the Year honors

49 | 3 women elected to head restructured AAHA Board of Directors

47 | Education

Ralph Richardson to step down as dean of K-State veterinary school



ON THE COVER

CAT CARE IN CRISIS

dvm360
leadership
CHALLENGE

» **The most significant reason** veterinarians don't see more cats is cost. In *dvm360*'s second of four leadership challenges, find out how to break down clients' bias against spending money on feline healthcare. **page 8**

» **Country cat, city cat:** The obstacles to care are often the same for the scruffy barn cat as the pampered high-rise feline. Use different tactics to get culturally different cat owners to comply. **page 19**

PLUS Your guide to coverage of the cat care crisis in *dvm360*, dvm360.com and our sister publications. **page 6**

MEDICINE360

The small animal section begins after **page 66**.

M1 | Behavior

Do dogs appease each other—or us?

Watching and labeling canine interactions

Karen L. Overall, MA, VMD, PhD, DACVB, CAAB

M5 | Dentistry

Oral surgery solutions: An unerupted canine tooth and a challenging full mouth extraction

Brett Beckman, DVM, FAVD, DAVDC, DAAPM

48 | Legal watch

Arizona animal massage therapists sue state veterinary board

52 | Equine

Bill introduced to counter anti-soring legislation

54 | Food animal update

Senators request disaster assistance as veterinarians attempt to quell PEDv

COMMUNITY

56 | Feedback

Letters to the editor

60 | Commentary

6 things they failed to tell me about emergency veterinary practice

SPECIAL CONTRIBUTORS

5 | Where did I go wrong?

The doggedness of the deluded
Michael Obenski, DVM

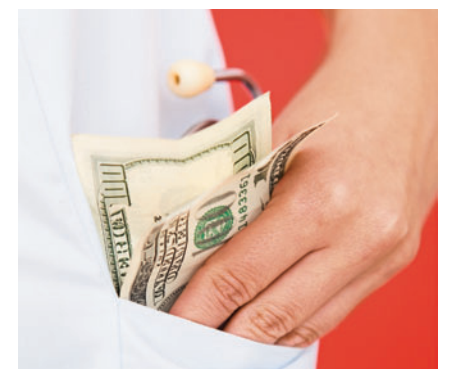
62 | Letter of the law

Take the bite out of negative client interactions

Christopher J. Allen, DVM, JD

64 | The dilemma

The case of the embezzling employee
Marc Rosenberg, VMD



66 | Dear Dr. Rosenberg:
Is this a kickback?

82 | Stampede

Help from a client I'll never forget
Bo Brock, DVM

READER SERVICES

68 | Products360

Don't miss the latest technology

81 | Calendar

Up-to-date info on conferences and meetings across the country

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1 Bernie.

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WHERE DID I GO WRONG?

| Michael A. Obenski, DVM

The *doggedness* of the DELUDED

What are your years of veterinary training and decades of experience compared to the profundity of clients' wisdom?

My receptionist gave up in frustration and asked me to take a call with an unreasonable client. I recognized the caller's voice immediately by his trademark wheezing and coughing.

It was Carson O'Jennik, a chain smoker, cat breeder and general equine posterior. "I want to get some health certificates for the kittens," he said. "Mo, Larry and Curley are old enough to be sold now, and I want to give the new owners documentation of their good health. That secretary of yours didn't think it was a good idea."

Was I missing something? Of course health certificates were a good idea. His request seemed reasonable to me. I asked him when he could bring the kittens over for an exam.

"Can't I just stop by and pick up the certificates?" he asked. "You saw the kittens when they were born. Don't you remember? You said they looked great. Besides, I hate to bring them all the way out there because they have bad colds right now. If I just pick up the paperwork it will save them a stressful trip and also protect the animals in your office from picking up their virus."

It's hard to argue with logic, but I chose to anyway. His rebuttal was swift: "Why not give me some blank certificates, then?" he queried. "I'll wait until their colds are better then fill them out. Better yet, you could fill them out and leave the dates blank. I'll put in the date when they're well." I turned him down again. Then, much to my surprise, he made an appointment for later in the week.

On the appointed day I took a deep breath and entered the exam room. Smoke billowed out as I opened the door. Obviously Mr. O'Jennik had once again ignored my request to refrain from smoking in the hospital. The kittens all had swollen, runny eyes and stuffy noses. After a few seconds in the room with Mr. O'Jennik, I did too.

After opening a window, I performed my exam and gave O'Jennik the bad news. There would be no affidavit of health for these three sickly felines. He was appalled but took it like a man—an angry, childish, unreasonable man who left without accepting any medical treatment.

A few days later I saw Mr. and Mrs. Furstkat and their new kitten, Stuffy. I recognized the former Curley O'Jennik immediately. "Do all kittens have such difficulty

breathing, Doctor?" they asked. "The breeder said lots of them go through this when they're young and that it's nothing to worry about."

I clarified the situation and treated Stuffy appropriately. The office call ended, as many do, with the children fighting over who would get to carry the cat to the car. Mrs. Furstkat gave them specific instructions: "Hold her tight, kids. We want her to be an indoor cat, and I don't want her to learn what the ground feels like under her feet."

Whether a client is a know-it-all breeder like Mr. O'Jennik or a naive new pet owner like Mrs. Furstkat, I still enjoy treating their animals. In fact, May and June—the "pediatric months"—are my favorite because so many of my patients are cute little puppies and kittens at this time. In the future some will become ill-tempered, obnoxious and difficult to handle, but as babies they're almost all a joy to treat.

Those months also provide me with the opportunity to educate new pet owners. Mr. Legend, for example, didn't need advice from me because he'd read a book about dogs. "She's gonna be big, Doc," he exclaimed on his first visit. "You can tell by the feet. We found her running loose down on Third Street.

You can tell that she's a purebred. We looked through a couple of dog books until we found her picture. We think she's an Australian eucalyptus hound. Those are pretty rare, you know."

The pooch looked like a cross between a basset hound and an alligator. I truthfully noted that I'd never seen a dog quite like her and let Mr. Legend down gently on some of his beliefs. Frankly, I'm not a proponent of the big foot theory. If growth were related to foot size, I'd be seven feet tall. Furthermore, the chance of finding an exotic, rare breed running loose on Third Street was pretty slim.

Mr. Legend listened politely but was quick to point out that, in his experience, big feet do indicate large growth potential. He'd bought pets for his kids last Easter and the one with the big feet grew much larger than the other. "You should see them, Doc," he said. "Quacky grew to be much larger than Cluck-Cluck." **dvm360**

Dr. Michael Obenski owns Allentown Clinic for Cats in Allentown, Pa.



dvm360: Championing the cause of cat care

Cats. They're cute and cuddly—except when they're on your porch gloating over a dead rat. They're aloof and standoffish—except for when they sit on your keyboard and headbutt your chin. Their owners think their pets are healthy—except for when they're in your exam room crying over the diagnosis.

The veterinary profession has heard a lot about the crisis of cat care in the last few years, but never has there been such a broad and deep examination



of the state of feline healthcare as this *dvm360* Leadership Challenge, “Cat care in crisis,” supported by an educational grant from Zoetis. This cross-publication, multimedia investigation by *dvm360*, *Veterinary Economics*,

Veterinary Medicine and *Firstline* looks not just at cats but cat owners: what are the most deeply rooted reasons they are so resistant to regular veterinary visits? And what can veterinarians do to overcome those obstacles? What are veterinarians actually doing today in their practices that's working?

Below you'll find a sampling of what you'll find in our magazines and in this issue, and you can always visit dvm360.com/catcare for all the content collected in one place.

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BRIEF SUMMARY:
See package insert for full prescribing information.
CAUTION:
US Federal law restricts this drug to use by or on the order of a licensed veterinarian.
INDICATIONS:
Revolution is recommended for use in dogs six weeks of age or older and cats eight weeks of age and older for the following parasites and indications:

Dogs:
Revolution kills adult fleas and prevents flea eggs from hatching for one month and is indicated for the prevention and control of flea infestations (*Ctenocephalides felis*), prevention of heartworm disease caused by *Dirofilaria immitis*, and the treatment and control of ear mite (*Otodectes cynotis*) infestations. Revolution also is indicated for the treatment and control of sarcoptic mange (*Sarcoptes scabiei*) and for the control of tick infestations due to *Dermacentor variabilis*.

Cats:
Revolution kills adult fleas and prevents flea eggs from hatching for one month and is indicated for the prevention and control of flea infestations (*Ctenocephalides felis*), prevention of heartworm disease caused by *Dirofilaria immitis*, and the treatment and control of ear mite (*Otodectes cynotis*) infestations. Revolution is also indicated for the treatment and control of roundworm (*Toxocara cati*) and intestinal hookworm (*Ancylostoma tubaeforme*) infections in cats.

WARNINGS:
Not for human use. Keep out of the reach of children.
In humans, Revolution may be irritating to skin and eyes. Reactions such as hives, itching and skin redness have been reported in humans in rare instances. Individuals with known hypersensitivity to Revolution should use the product with caution or consult a health care professional. Revolution contains isopropyl alcohol and the preservative butylated hydroxytoluene (BHT). Wash hands after use and wash off any product in contact with the skin immediately with soap and water. If contact with eyes occurs, then flush eyes copiously with water. In case of ingestion by a human, contact a physician immediately. The material safety data sheet (MSDS) provides more detailed occupational safety information. For a copy of the MSDS or to report adverse reactions attributable to exposure to this product, call 1-888-963-8471.

Flammable - Keep away from heat, sparks, open flames or other sources of ignition.

Do not use in sick, debilitated or underweight animals (see SAFETY).

PRECAUTIONS:
Prior to administration of Revolution, dogs should be tested for existing heartworm infections. At the discretion of the veterinarian, infected dogs should be treated to remove adult heartworms. Revolution is not effective against adult *D. immitis* and, while the number of circulating microfilariae may decrease following treatment, Revolution is not effective for microfilariae clearance.

Hypersensitivity reactions have not been observed in dogs with patent heartworm infections administered three times the recommended dose of Revolution. Higher doses were not tested.

ADVERSE REACTIONS:
Pre-approval clinical trials:
Following treatment with Revolution, transient localized alopecia with or without inflammation at or near the site of application was observed in approximately 1% of 691 treated cats. Other signs observed rarely (≤0.5% of 1743 treated cats and dogs) included vomiting, loose stool or diarrhea with or without blood, anorexia, lethargy, salivation, tachypnea, and muscle tremors.

Post-approval experience:
In addition to the aforementioned clinical signs that were reported in pre-approval clinical trials, there have been reports of pruritus, urticaria, erythema, ataxia, fever, and rare reports of death. There have also been rare reports of seizures in dogs (see **WARNINGS**).

SAFETY:
Revolution has been tested safe in over 100 different pure and mixed breeds of healthy dogs and over 15 different pure and mixed breeds of healthy cats, including pregnant and lactating females, breeding males and females, puppies six weeks of age and older, kittens eight weeks of age and older, and avermectin-sensitive collies. A kitten, estimated to be 5-6 weeks old (0.3 kg), died 8 1/2 hours after receiving a single treatment of Revolution at the recommended dosage. The kitten displayed clinical signs which included muscle spasms, salivation and neurological signs. The kitten was a stray with an unknown history and was malnourished and underweight (see **WARNINGS**).

DOGS: In safety studies, Revolution was administered at 1, 3, 5, and 10 times the recommended dose to six-week-old puppies, and no adverse reactions were observed. The safety of Revolution administered orally also was tested in case of accidental oral ingestion. Oral administration of Revolution at the recommended topical dose in 5- to 8-month-old beagles did not cause any adverse reactions. In a pre-clinical study selamectin was dosed orally to ivermectin-sensitive collies. Oral administration of 2.5, 10, and 15 mg/kg in this dose escalating study did not cause any adverse reactions; however, eight hours after receiving 5 mg/kg orally, one avermectin-sensitive collie became ataxic for several hours, but did not show any other adverse reactions after receiving subsequent doses of 10 and 15 mg/kg orally. In a topical safety study conducted with avermectin-sensitive collies at 1, 3 and 5 times the recommended dose of Revolution, salivation was observed in all treatment groups, including the vehicle control. Revolution also was administered at 3 times the recommended dose to heartworm infected dogs, and no adverse effects were observed.

CATS: In safety studies, Revolution was applied at 1, 3, 5, and 10 times the recommended dose to six-week-old kittens. No adverse reactions were observed. The safety of Revolution administered orally also was tested in case of accidental oral ingestion. Oral administration of Revolution at the recommended topical dose to cats caused salivation and intermittent vomiting. Revolution also was applied at 4 times the recommended dose to patent heartworm infected cats, and no adverse reactions were observed. In well-controlled clinical studies, Revolution was used safely in animals receiving other frequently used veterinary products such as vaccines, anthelmintics, antiparasitics, antibiotics, steroids, collars, shampoos and dips.

STORAGE CONDITIONS: Store below 30°C (86°F).

HOW SUPPLIED: Available in eight separate dose strengths for dogs and cats of different weights (see **DOSAGE**). Revolution for puppies and kittens is available in cartons containing 3 single dose tubes. Revolution for cats and dogs is available in cartons containing 3 or 6 single dose tubes.

NADA 141-152, Approved by FDA

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C is for cost. Cat owners are far more price-sensitive than dog owners—and than you may have realized. How to break down the bias.

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C is for cost: 4 things you can do to overcome cat owners' price-based objections to care
See page 8

Why cats rule the Internet

What exactly is going on with the Internet's obsession with all things feline? From LOLcats to funny YouTube videos to BuzzFeed GIF lineups, there is virtually no place online not colonized by cats. Here are some possible reasons why. **See page 18.**



Country cat, city cat: Culturally different cat owners may call for customized approach to veterinary service
See page 19

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¹VetInsight™ Analytics 2013. Zoetis Data on File.

**Toxocara cati*.

†*Ancylostoma tubaeforme*.



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C IS FOR CO\$T

The most significant reason veterinarians don't see more cats is cost. Cat clients are cost-sensitive and difficult to get through the door—but with **74 million household cats** and 50 million more feral or community cats in the United States, cats are a virtually **untapped market**. In this Zoetis-supported edition of *dvm360's* Leadership Challenge: "Cat care in crisis," you'll learn how to **break down clients' bias against spending money** on veterinary services for cats.

By John Volk; Marcus Brown, DVM; Elizabeth Colleran, DVM, DABVP



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FELINE FACTS AND FOLKLORE



Although cats sleep up to 16 hours a day, three-quarters of that sleep is snoozing, not deep sleep.



A cat lover is called an ailurophile.



Cats respond more readily to names ending in "-ie" or "-y."



The loudest purr by a domestic cat is 67.7 decibels and was achieved by Smokey, owned by Lucinda Ruth Adams of Northampton, UK, in 2011.

As the most popular pet in North America, cats represent a tremendous opportunity for the veterinary profession. The most recent American Veterinary Medical Association census estimates that there are 74 million cats owned as pets and another 50 million feral or “community” cats in the United States. While dogs visit the veterinarian an average of 2.6 times per year, those cats that see a veterinarian at all visit just 1.6 times per year—about half as often as dogs. This makes the feline sector the biggest untapped growth opportunity for companion animal veterinarians.

So what’s preventing cats from accessing veterinary healthcare regularly? There are many reasons that veterinarians see only about half as many cats as dogs, but the most significant reason is *cost*. Cat owners simply don’t want to pay—or can’t pay—traditional veterinary fees. That was one of the key findings of the recent Bayer Veterinary Care Usage Study III: Feline Findings.

Cost, coincidentally, is also one of the hardest obstacles for a veterinary practice to overcome, since many practice owners are struggling to grow revenue and compensate themselves and their staff properly. Regardless, there are ways that every practice can make veterinary services more financially attractive to cat owners.

Cat owners are more price-sensitive than dog owners for several reasons. One factor is that the vast majority of cats were acquired for free. Most pet cats were chance acquisitions for their owners, who more often report that “the cat found me” rather than the other way around. Plus, many people acquire cats precisely because they perceive them to be low-cost pets—cheaper to feed and requiring less care of all kinds. Cat owners also believe that their own cats are extraordinarily healthy and in need of very little veterinary care. This misconception makes a strong case in their minds for avoiding the veterinary practice.

There are four ways to address cat owners’ bias against spending money on veterinary services and begin to tap



When asked **WHAT WOULD MOTIVATE CAT OWNERS** to take their cat to the veterinarian more often, the top three responses were cost-related:

1. A **COUPON** for half off the next veterinary visit
2. A **WELLNESS PLAN** costing \$10–15 per month
3. A **MULTIPLE-PET DISCOUNT**



The scientific term for a hairball, trichobezoar, comes from the Persian word for “antidote.” Hairballs were once thought to cure epilepsy, the plague and poisoning. During the Middle Ages, they were set in gold.



Meowing is solely for grabbing the attention of humans; fellow cats get other forms of vocalization.



Domestic cats have a top speed of 29.8 mph.

72% of cat owners who **have never** taken their cat to the veterinarian say they would do so if the cat was **hurt, sick or acting “weird.”**

into the opportunity. Let's take a look at each strategy in turn.

1 Make routine costs economical

From the Bayer study it was clear that while cat owners were much more willing to open the purse strings to treat a sick or injured cat, they balked at spending money for routine wellness care. The Catch-22 is that by failing to bring in his or her cat for routine annual checkups, the owner is not likely to know that the cat has a health problem that requires treatment. Early disease detection is a money-saving strategy of value to cat owners, according to the study.

There are two lessons to be gained here: First, when it comes time to review fees, keep fees as economical as possible for wellness services and take increases where needed on therapeutic procedures. Second, at every opportunity, reinforce to cat owners the value of routine exams in detecting problems early to avoid costly treatments for later-stage problems.

Generally, there are two times when

owners expect to spend more money on veterinary care:

- > When the cat is a kitten that needs to be spayed or neutered and requires a full set of vaccinations.

- > When the animal is older and encounters geriatric health issues.

The challenge for veterinary practices is to keep routine wellness exams for adult animals in the 2- to 10-year-old age range as streamlined and economical as possible. Remember that it's more profitable to see more cats annually and earn a bit less on each one than to not see them at all.

2 Reward desired behavior

Most people, including cat owners, are

far more likely to comply with good healthcare recommendations if you recognize the efforts they are making and reward them for it. There are several ways to use positive reinforcement to increase cat visits.

- > **Multi-pet savings.** The majority of cat owners have multiple cats. If your practice does not already do so, offer a modest multi-cat discount.

- > **Tiered wellness.** Increase the discount if each cat is brought in for a wellness exam within a year of its last visit. For example, let's say your practice offers a 10 percent discount for the second and subsequent pet. Then consider offering a 15 percent discount for the second and subsequent cat if they are brought in annually.

69% of cat owners **paid nothing** for their cat; 59% say **“the cat found me.”**



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COMMUNITY CATS**

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jump up to five times
their own height.



Cats can tolerate
temperatures up
to 133° F.



An average cat
can make around
100 vocal sounds.



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and none of the antigens they don't.**

It only takes a single protein, OspA, to block the transmission of *Borrelia burgdorferi* in the United States.^{1,2,3}

Protect your patients with nothing less, expose them to nothing more.



RECOMBITEK® Lyme - the only vaccine with OspA in a nonadjuvanted formula



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REC12NARECOMBITEKAD (12/12).

¹ Straubinger RK, Chang YF, Jacobson RH, Appel MJ. Sera from OspA-vaccinated dogs, but not those from tick-infected dogs, inhibit *in vitro* growth of *Borrelia burgdorferi*. *J Clin Microbiol*. 1995;33(10):2745-2751.

² Rice Conlon JA, Mather TN, Tanner P, Gallo G, Jacobson RH. Efficacy of a nonadjuvanted, outer surface protein A, recombinant vaccine in dogs after challenge by ticks naturally infected with *Borrelia burgdorferi*. *Vet Ther*. 2000;1(2):96-107.

³ Probert WS, Crawford M, Cadiz RB, LeFebvre RB. Immunization with outer surface protein (Osp) A, but not OspC, provides cross-protection of mice challenged with North American isolates of *Borrelia burgdorferi*. *J Infect Dis*. 1997;175(2):400-405.



28% of cat owners say they would be interested in a veterinary practice that had a **number they could call to ask questions** about their cat's health; **20%** said it would make them **more likely to visit** the veterinarian more often.

Why give up that revenue, you ask? (Or, to use the dreaded “d” word, why should you discount?) The fact is, your practice will actually start gaining additional revenue if more cats are brought in for annual visits. The patient your practice doesn’t see regularly is the one on which the most revenue is lost.

> **One-time offers.** Consider offering a 20 percent discount on an exam for a pet that has not been seen regularly. For example: A client brings in her dog religiously but not her two cats. Tell her that if she brings in her cats, they will each get 20 percent off the exam. This can be an easy one-time offer to get cats back into the practice.

> **Turn slow days into cat days.** Most practices have a couple days of the week, or parts of certain days, that are typically slow. Perhaps Thursdays are slow at your practice. Turn Thursdays into cat-only days and offer reduced-cost exams for cats that have not been seen in the last 12 months. Promote this service to all of your lapsed cat-owning clients. Turning a slow day into a busy day with cat visits increases your revenue, even if the income on each exam is a bit less. A value-added benefit is that cat owners prefer to bring in their pets when there are no dogs in the waiting area.

In these cases, discounting services is not a matter of simply cutting fees. Rather, it’s a way of rewarding those clients for purchasing services they would not otherwise buy.



83% of cat owners take their cat to the vet within the **first year** of ownership—usually the **“kitten year.”**



Disneyland keeps 200 feral cats on hand to rid it of rodents at night.



Collarbones in cats are free-flowing, enabling them to squeeze through small places.



Colonel Meow, a Himalayan-Persian cross who died earlier this year, held the world record for longest fur on a cat—9 inches.



Cats recognize their owners’ voices but may still ignore them.



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Trupanion helps provide the financial bridge between the medicine you want to practice and the treatment pet owners can afford.

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81% of cat owners say their cat is in excellent health. But only 37% of cat owners have visited in the last year for a wellness exam. (How do they know?)

Atopica®

(Cyclosporine capsules, USP) MODIFIED

Brief Summary: For full product information see product insert.

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

Description: ATOPICA (cyclosporine capsules, USP) MODIFIED is an oral form of cyclosporine that immediately forms a microemulsion in an aqueous environment.

Indications and Usage: ATOPICA is indicated for the control of atopic dermatitis in dogs weighing at least 4 lbs body weight.

Dosage and Administration: The initial daily dose of ATOPICA is 5 mg/kg/day (3.3-6.7 mg/kg/day) as a single daily dose for 30 days. Following this initial daily treatment period, the dose of ATOPICA may be tapered by decreasing the frequency of dosing to every other day or two times a week, until a minimum frequency is reached which will maintain the desired therapeutic effect. ATOPICA should be given at least one hour before or two hours after a meal. If a dose is missed, the next dose should be administered (without doubling) as soon as possible, but dosing should be no more frequent than once daily. See Product Insert for dosing chart.

Contraindications: ATOPICA is contraindicated for use in dogs with a history of neoplasia.

WARNINGS: ATOPICA (cyclosporine) is a potent systemic immunosuppressant that may increase the susceptibility to infection and the development of neoplasia.

Human Warnings: Not for human use. Keep this and all drugs out of reach of children. **For use only in dogs.**

Precautions: Gastrointestinal problems and gingival hyperplasia may occur at the initial recommended dose. ATOPICA should be used with caution with drugs that affect the P-450 enzyme system. Simultaneous administration of ATOPICA with drugs that suppress the P-450 enzyme system, such as ketoconazole, may lead to increased plasma levels of cyclosporine.

The safety and effectiveness of ATOPICA has not been established in dogs less than 6 months of age or less than 4 lbs body weight. ATOPICA is not for use in breeding dogs, pregnant or lactating bitches.

Since the effect of cyclosporine use on dogs with compromised renal function has not been studied ATOPICA should be used with caution in dogs with renal insufficiency.

There have been reports of convulsions in human adult and pediatric patients receiving cyclosporine, particularly in combination with high dose methylprednisolone.

Killed vaccines are recommended for dogs receiving ATOPICA because the impact of cyclosporine on the immune response to modified live vaccines is unknown. As with any immunomodulation regimen, exacerbation of sub-clinical neoplastic conditions may occur.

Adverse Reactions: A total of 265 dogs were included in the field study safety analysis. One hundred and eleven (111) dogs were treated with placebo for the first 30 days. For the remainder of the study, all dogs received ATOPICA capsules. Four dogs withdrew from the study after vomiting. One dog each withdrew from the study after diarrhea; vomiting, diarrhea and pruritus; vomiting, depression and lethargy; lethargy, anorexia and hepatitis; gingival hyperplasia, lethargy, polyuria/polydipsia and soft stool; seizure; sebaceous cyst; pruritus; erythema; or otitis externa respectively.

Vomiting (30.9%) and diarrhea (20.0%) were the most common adverse reactions occurring during the study. In most cases, signs spontaneously resolved with continued dosing. In other cases, temporary dose modifications (brief interruption in dosing, divided dosing, or administration with a small amount of food) were employed to resolve signs.

Persistent otitis externa (6.8%), urinary tract infections (3.8%), anorexia (3.0%), gingival hyperplasia (2.3%), lymphadenopathy (2.3%) and lethargy (2.3%) were the next most frequent adverse events observed. Gingival hyperplasia regressed with dose tapering. Owners of four dogs reported seizures while dogs were receiving ATOPICA. In one dog, seizures were the result of a brain tumor diagnosed one month into the study. Another dog experienced seizures before and after the study.

The following clinical signs were reported in less than 2% of dogs treated with ATOPICA in the field study: constipation, flatulence, Clostridial organisms in the feces, nausea, regurgitation, polyuria/polydipsia, strong urine odor, proteinuria, pruritus, erythema/flushed appearance, pyoderma, sebaceous adenitis, crusty dermatitis, excessive shedding, coarse coat, alopecia, papillomas, histiocytoma, granulomatous mass or lesion, cutaneous cyst, epulis, benign epithelial tumor, multiple hemangioma, raised nodule on pinna, seizure, shaking/trembling, hind limb twitch, panting, depression, irritability, hyperactivity, quieter, increased light sensitivity, reluctance to go outside, weight loss, hepatitis.

Clinical Pathology Changes: During the study, some dogs experienced changes in clinical chemistry parameters while receiving ATOPICA, as follows: elevated creatinine (7.8%), hyperglobulinemia (6.4%), hyperphosphatemia (5.3%), hyperproteinemia (3.4%), hypercholesterolemia (2.6%), hypoalbuminemia (2.3%), hypocalcemia (2.3%) and elevated BUN (2.3%).

Post-approval Experience: Neoplasms have been reported in dogs taking ATOPICA, including reports of lymphosarcoma and mast cell tumor. It is unknown if these were preexisting or developed de novo while on ATOPICA.

In post-approval drug experience reporting the following additional adverse reactions have been associated with ATOPICA administration in dogs: vomiting, diarrhea, depression/lethargy, anorexia, pruritus, liver enzyme elevations, trembling, convulsions, polydipsia, polyuria, weight loss, hyperactivity, nervousness, neoplasia.

To report suspected adverse reactions or for technical assistance, call 1-800-332-2761.

Manufactured for: Novartis Animal Health US, Inc.
Greensboro, NC 27408, USA

NADA 141-218, Approved by FDA
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NAH/ATO-GC/BS/5
07/08

3 Expand payment options

Remarkably, the Bayer Veterinary Care Usage Studies have demonstrated that many pet owners do not know about their veterinarians' payment policies. It's vital to educate all of your clients on which credit cards are accepted and whether or not you offer third-party payment programs such as CareCredit.

Clearly, one of the biggest ways to make an impact on feline visits is to offer preventive care plans paid in monthly installments. In the Bayer feline study, 40 percent of cat owners indicated that they were more likely to visit the veterinary clinic, or visit more often, if the practice offered wellness plans costing \$10 to \$15 per month.

Such plans are feasible for virtually any practice. Here's an example. Let's say your routine wellness visit for an adult cat includes the following:

Service	Fee
Exam	\$60.00
Rabies 1 year	22.50
FVRCP booster 3 year	22.50
Fecal with Giardia	45.00
Total	\$150.00

These are some typical prices used for illustration purposes. Prices will vary from practice to practice. Also, the example does not include products

such as parasite control drugs because wellness plan experts have found that these programs work best when based on services, not products.

In the case above, the total cost is \$150 for a typical visit. Divide that into 12 installments and it's only \$12.50 per month. Add a \$3 service charge for monthly billing and it's only \$15.50 a month—a figure that a very large number of cat owners, including many who do not regularly visit the veterinarian, said they would find attractive. Keep in mind there are no discounts applied here—just standard fees for each service. It is not uncommon for practices with wellness plans to offer modest discounts in exchange for a full-year commitment to veterinary care.

Is this feasible for your veterinary practice? Yes. There are a number of companies in our industry that will provide full-service, turnkey wellness plan services at reasonable costs. For example, Preventive and Wellness Services (PAWS), a service from Veterinary Pet Insurance, charges \$2.95 per month per wellness plan client, plus a onetime setup fee. This includes service fees on all the credit card transactions. You can also set up a do-it-yourself wellness plan program using tools available for free at PartnersforHealthyPets.org, a site sponsored by a coalition of veterinary

companies and professional organizations, including the American Veterinary Medical Association (AVMA) and the American Animal Hospital Association (AAHA).

4 Maximize perceived value

In addition to managing costs and providing payment options, it's critical that veterinarians provide a high level of perceived value to clients. Obviously, the greater value a cat owner places on veterinary services, the less frequently cost becomes an obstacle. Value is primarily a function of service and communication. Here are some ways to maximize perceived value in your veterinary practice:

> **Consistency.** Have the client see the same veterinarian during every visit. People want to establish a relationship with their own doctor—whether it's a physician, dentist or OB-GYN—and see the same doctor every time. They want the same thing for their pet, according to the Bayer study.

> **Carrier help.** Before each visit, provide information to clients on how to acclimate their cat to the carrier and transport it to the practice with as little stress to the owner and animal as possible. Also, inform the owner what behavior to expect once the cat returns home. Remember, the appointment doesn't start when the client arrives at your practice. It starts in the home and ends when the client returns home.

> **Customized care.** Provide a cat-friendly waiting area separated from dogs and a cat-only exam room if possible. The American Association of Feline Practitioners' Cat Friendly Practice program can guide your practice toward less-stressful visits (see catvets.com for more information).

> **Client involvement.** Talk through the exam with the client, explaining in detail what body part you're examining, why you're palpating this and looking and that, and what you're finding as you go along.

> **Report cards.** Send a printed report home with the client, explaining your exam findings and what



Cats have a mutant chemoreceptor in their taste buds that prevents them from tasting sweet things.



Self-grooming can eliminate as much of a cat's body fluid as urination.



A cat's field of vision is 285 degrees, compared with 210 in people.

10 YEARS OF PROVEN RESULTS. THAT'S 70 IN DOG YEARS.



To stop the itch of atopic dermatitis, no other therapy has a track record like **ATOPICA®** (Cyclosporine capsules, USP) MODIFIED. So it's no wonder it's the #1 recommended therapy.¹ Because when you know something works, there's really no reason to try anything else.

As with all drugs, side effects may occur. In a field study, the most common side effects were gastrointestinal signs. Gingival hyperplasia and papillomas may also occur during the initial dosing phase. ATOPICA is a systemic immunosuppressant that may increase the susceptibility to infection. ATOPICA is not for use in reproducing dogs or dogs with a history of neoplasia. See page 14 for brief summary information.

1. Reference data on file, Novartis Animal Health US, Inc.
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the simple joy of comfort


(Cyclosporine capsules, USP) MODIFIED

additional services or procedures were performed, if any. Owners also like it if you provide instructions on the care they should give their cat during the course of the next year.

> Finalize the appointment.

Check out and release the client quickly after the exam, and schedule the next appointment right there, while the client is still in the hospital.

> Follow up. Follow up after the appointment with a call or e-mail, checking on the animal and thanking the client for her business. Either the doctor or a staff member can make the call or send the e-mail.

> Survey for success. Conduct periodic satisfaction surveys of clients to determine what the practice does well and what it can improve on. This communicates to clients that you want to provide the best service possible.

> Be their rock. Provide the name, phone number and e-mail address of a staff member—veterinarian or technician—whom the client can call with questions. Having an expert readily available to answer questions was one of the services that scored highest with cat owners in the Bayer Veterinary Care Usage Study III: Feline Findings.

Make the cat care commitment

So out of all of these strategies—keeping costs economical, offering monthly paid wellness plans, rewarding desired behavior, providing maximum value—what's most important? They all are! The practice that makes a commitment to all of these tactics is the one that can count on increasing its feline business and filling many of those open appointment slots. **dvm360**

John Volk is a senior consultant with Brakke Consulting. Dr. Marcus G. Brown is owner of Nova Cat Clinic in Arlington, Va., and president of the American Association of Feline Practitioners. Dr. Elizabeth Colleran, DAVBP, owns Chico Hospital for Cats in Chico, Calif., and Cat Hospital of Portland in Portland, Ore.; she is also past president of AAFP.

Reach out now

Have we sparked your interest in improving cat care? Tell us! Reach out with your thoughts, musings or practical ideas at **dvmnews@advanstar.com**.



56% of cat owners would take their pet to the veterinarian **more often** if they knew it could **prevent problems and expensive treatment later**.



Oldest cat video on YouTube? Boxing cats from 1894: youtu.be/r6faUd2fV4U.



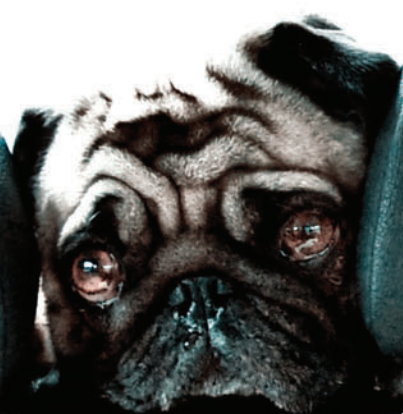
Cats have a unique way of walking; they first move both left feet then both right feet.



Cats spend nearly a third of their waking hours grooming.



In Talkeetna, Alaska, a cat—Stubbs—has been the mayor since July 1997.



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WHY cats rule the Internet



The Internet turned 25 years old this year. Sir Timothy Berners-Lee, the British computer scientist who invented the World Wide Web, recently fielded a question on Reddit.com: What was one of the things he never thought the Internet would be used for, but has actually become one of the main reasons people use the Internet? He responded with the one word to explain it all: **Kittens**. So why would he say that? Here are some top theories.

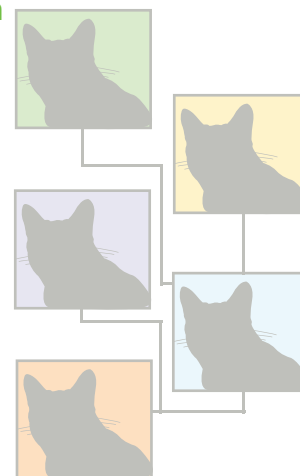
They are part of the Internet's cultural history

Cats' biggest online splashes to date—"I can haz cheezburger," LOLcats, Grumpy Cat, the list goes on—originated with bloggers and other Internet pioneers as an inside joke. Cat stuff permeated Internet culture very early on.



The Internet creates a community

"The Internet is how you walk a cat like you would walk a dog," says Ben Huh, CEO of Internet giant The Cheezburger Network. "If dog owners meet at the dog park, cat owners meet on the Internet," says pet expert and author Steve Dale. The Internet provides the space for cat owners and fans to swap stories, pictures and videos.



Cats are cute

Popular culture, and therefore the Internet, is heavily biased to all things "cute." Cats' big eyes, small, flattened noses, head shape and "helpless" look is not just cute—it actually recalls that of human babies—driving up the cuteness overload.



Or not

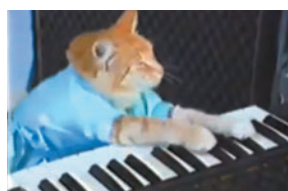
Cats' natural sense of vanity, dignity and independence make them easier to objectify and, ultimately, make fun of—because it's funny to imagine a cool, collected creature in nonsensical, amusing predicaments.



The numbers don't lie:

Cats
Cats
Cats
Cats

According to Google, people search the word "cats" online more than **30,000,000** times per month



The "Keyboard cat" YouTube video has more than **34 million** views

CATS "GO VIRAL" MORE THAN ANY OTHER ANIMAL



"Funny cats" gets more than **360,000 monthly** Google searches



Latest figures from the Humane Society of the United States show **95.6 million cats** residing in American homes

OK, what does this mean for me?

Besides entertaining you, we hope the message is clear: You **MUST** get online to engage with your cat-owning clients. Don't know where to begin? Just head over to dvm360.com/catcare for more resources to help you make feline care a priority in your practice.



Find it all here.
dvm360



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to learn more.

¹ American Animal Hospital Association. 2011 AAHA canine vaccine guidelines.

Available at: <https://www.aahanet.org/PublicDocuments/CanineVaccineGuidelines.pdf>. Accessed March 6, 2014.

² Data on file, 2012 Pharmacovigilance Data, Zoetis Inc.

*All companion animal vaccines are covered with the exception of all Defensor® and Felocell® FIP products.

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Country cat, *city cat*

The obstacles to regular care are often the same for the scruffy barn cat as the pampered high-rise feline. The solution may be to use different tactics to get culturally different cat owners to comply. *By Julie Scheidegger*

Steph Burk, DVM, has a long history with most of her clients. Owner of Western Hills Veterinary Clinic, she was born and raised in Middletown, Ohio, and returned to her hometown to practice veterinary medicine after graduating from Ohio State University in 1988.

Her community is mostly rural and low-income—the Section Eight housing capital of the county, she says. “I know what they’re up against with their finances,” Burk says. Within a five-mile radius of Middletown, the median household income is less than \$50,000. Burk says not a day goes by when she’s not talking to someone about how to manage payment or provide the best treatment they can within their means. “Nevertheless, people try to help their pets,” she says.

In a former steel town where the largest employers are now big-box stores like Walmart, Sears and Target, Burk has realized that to get more pet owners through the door, she has to play the big-box game. “If you offer something at even a little bit of savings, even if it’s not a lot, people really pick up on that,” she says. The reality is that people see value in discounts, coupons, “BOGO” (buy one, get one) deals and loyalty rewards.

So this year Burk has done two things she never thought she’d do in her practice: offer a low-cost vaccine clinic and conduct a tomcat neuter day. She says both endeavors provide a needed community service but also (and more importantly for her business) they



Dr. Steph Burk



>>> The majority of Dr. Steph Burk’s feline patients are found pets and, given the rural area she serves, they are often outdoor cats as well. Serving a low-income area, Burk says cost is often a barrier, so she now offers low-cost tomcat neuter days and vaccine clinics to get clients who would otherwise never cross the threshold of her door into the clinic.

get more pets—specifically cats—through her door.

Burk holds the vaccine clinic once a month and is already seeing it generate new clients. There is no exam and therefore no exam fee, just the cost of the vaccine. Right now she says the clinic is drawing about 80 percent dogs, but she hopes it will catch on with more cat owners as well.

“There’s still this misconception that cats don’t need regular care, but people do feel they have to get around to getting a cat neutered,” she says. Hence her decision to offer a tomcat neuter day.

As with the vaccine clinic, Burk knew she would be providing a needed community service—at the very least, the neuter day might put an end to the seemingly endless litters of black-and-white kittens being dumped in the

area. “Somebody’s tomcat was having a field day out there,” she jokes. But it was also a deliberate move to get cats she knew were not getting regular—or any care—into the exam room.

“If you offer something at even a little bit of savings, even if it’s not a lot, people really pick up on that.”

—Dr. Steph Burk

Her first tomcat neuter day was March 8 and involved 25 cats. In an area where low-cost spay and neuter services are commonplace at neighboring veterinary clinics, she charged clients just \$30. “Needless to say, I don’t make a lot of money off that,” Burk says.

And she’s the first one to say the

FELINE FACTS AND FOLKLORE



Cats have only 473 taste buds, compared with about 9,000 in people.



Like people, cats are either right-handed or left-handed, though some are ambidextrous. Females are more likely to be right-handed while males are more frequently left-handed.



The CIA’s Acoustic Kitty operation in the 1960s tried to use cats to obtain secret recordings at the Kremlin and Soviet embassies.

neuter day isn't about bells and whistles. "Some extras were available, such as vaccines, and quite a few people took advantage of that," she says. Burk also secured a supply of free flea control products from manufacturers and offered them as part of the service. She required cash or credit up front—no checks and no

"We're urban, but people just don't want to take their pets out of the house. They don't perceive that cats need regular care."

—Dr. Daphne Thompson

IOUs. "I wasn't stuck with any cats left behind," she says.

Though neutering 25 cats in a day was no small feat for the sole practitioner and her team, Burk says it was a success. She took advantage of the opportunity to begin new relationships—to let people know they had a

place where they could get help when they needed it. "The good PR from that is worth the deficiency in charges," she says. "We're hopeful that at least the ones that opted for vaccinations we'll get back for boosters."

What she really enjoyed was the opportunity to educate. Burk has a degree in anthropology and she loves to use it, especially when talking about cats. "Cats are the wildest of our domestic pets," she tells clients. "It is their instinct to hide illness until they absolutely can't." Burk says she's had cat owners bring in their pet at death's door, guilt-ridden that they didn't realize it needed care.

"Hopefully getting them through the doors—seeing the posters on the walls, having conversations with the staff—they'll learn that cats really do need more attention than most of them are getting," Burk says.

And while she admits the neuter day isn't the state-of-the-art medicine prized by today's veterinary profession, she has to be practical. "I think that the real world is a little different—you need to handle all these issues with common sense and flexibility and what works in your community," Burk says. "Common sense and compassion are really, really important."

She says she does her best to provide the best care possible within

her clients' means. "This is the real world, not academia," she says. "It's not the big city."

Daphne Thompson, DVM, an associate at the Cat Hospital of Chicago, is in the big city—but she says she faces many of the same obstacles to feline care that practitioners do at a small-town canine-feline practice. "We're urban, but people just don't want to take their pets out of the house," she says. "They don't perceive that cats need regular care."

The Cat Hospital of Chicago works to meet those challenges by devoting itself to cats. It is a gold-standard Cat Friendly Practice, as designated by the American Association of Feline Practitioners (see catvets.com). The hospital touts calming feline pheromones in exam rooms, exams performed wherever a cat is comfortable, individualized attention, top-notch accommodations including heated cage floors, continual monitoring for hospitalized patients and—to play to the crowd—no barking dogs.

Where Burk offers value in low-cost services to get her cat clients through the door, Thompson's Chicago hospital offers a special level of attention—a devotion to easing the anxiety of cats and clients—to raise perceived



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>>> Dr. Daphne Thompson is an associate with the Cat Hospital of Chicago, a gold-standard Cat Friendly Practice, as designated by the American Association of Feline Practitioners.



Unsinkable Sam, a black and white cat also known as Oskar, survived the sinking of three ships during World War II: Bismarck, HMS Cossack and HMS Ark Royal.

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¹Kruger JM, Lulich JP, Merrills J, et al. *Proceedings. American College of Veterinary Internal Medicine Forum* 2013.
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CHANGE THEIR FOOD.
CHANGE THEIR WORLD.



>>> At top, Lloyd is kept relaxed in a low-light, quiet room with a plush blanket in his carrier while receiving electroacupuncture at the Cat Hospital of Chicago. Above, Kenny, known as a normally “opinionated” patient, according to Dr. Daphne Thompson, prefers to stay in his carrier for exams.

We’re all ears

What do you think about the cultural and economic barriers to cat owner compliance? Send us an email with your thoughts at dvmnews@advanstar.com

value. “Since most veterinarians are dog people, if you bring that level of care and information sharing, it will resonate,” Thompson says.

However, she agrees with Burk that making the most of that often small window of opportunity with clients is essential. “It all boils down to education and using as many resources as possible,” Thompson says. The Cat

Hospital of Chicago uses its website, its facility, social media and a prerecorded loop for on-hold callers to deliver its message of cat care.

Burk, for her part, employs both old-world and new-world tactics. She writes a regular column in the small local newspaper but also takes to social media to reach pet owners. “Everybody I see has a cell phone and does Facebook,” she says. It’s factoids that society seems to want—“particles instead of articles,” she says.

Both doctors agree that it may be a simple fact about the risk of rabies or how a cat conceals pain that compels a cat owner to make an appointment. “You can always reach out and they may be open to what you have to say—you can change what they think about medical care or quality-of-life issues,” Thompson says.

Part of the challenge is that many cat owners don’t realize that an optimum level of feline veterinary care exists, Thompson says. “I can open their eyes to see value in it,” she says. “For a lot of people, it’s a question of what they perceive as valuable.”



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“You can always reach out and they may be open to what you have to say—you can change what they think about medical care or quality-of-life issues.”

—Dr. Daphne Thompson

>>> Food distraction is often used successfully at the Cat Hospital of Chicago to complete nail trimmings, as shown here, without stressing out cat or client.

Once a client is in the exam room, Thompson says the best thing she can do is effectively communicate her recommendations for treatment, but it always comes down to what the owner chooses. “Part of the population you draw will be informed and educated, but there will always be some that just aren’t interested,” she says. For example, Thompson says clients used to barn cats find the concept of indoor pampered felines ridiculous.

Burk—whose patients are mostly strays, found kittens and, often, outdoor cats—has learned to walk a fine line when it comes to the cultural, emotional and financial barriers to compliance. “You can’t stuff it down peoples’ throats, but you can leave the door open,” she says.

Despite the challenges, Thompson is encouraged by the progress she sees in cat care. “Thirty or 40 years ago, how many cats had regular care?” she asks. “A spay or neuter—maybe a couple of boosters? It wasn’t a concept that existed that long ago.”

Both practitioners are encouraged that what they’re doing is leading to more and better care. Thompson says as other clinics adopt cat-friendly values they’ll realize it too. “I think as word gets out, you’ll start seeing the cats come,” she says. **dvm360**



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More cat care resources

The one cat video your clients need to see

Cats have gotten a bad rap over the years: as bird-killers, standoffish snobs, fearful under-bed-hiders—and let’s not even talk about the crazy cat lady. But the fortunes of the cat are changing, thanks in no small part to the Internet, and it’s time for a new feline image. You can help “rebrand” the cat with this short video designed with your clients (and potential clients) in mind. Head over to dvm360.com/catcare to watch it now, share it on your practice’s social media feeds, or embed it on your website. We purposely left our brand name off, so your audience can focus on what’s most important—the cat.



With support from Zoetis, *dvm360* hosted a lively discussion on capturing more cat clients with experts John Volk and Dr. Susan Little, with editor Brendan Howard moderating, on Google+. Find it at dvm360.com/cathangout.

Stay tuned for the next challenge

You may have noticed that our “Cat care in crisis” coverage has been a bit light on one major issue affecting cats and veterinarians: fear of the clinic. That’s because our next *dvm360* Leadership Challenge, coming in August, is all about Fear-Free practice. Don’t miss it.

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California



San Diego Zoo Safari Park keeper Jennifer Minichino carefully holds a new baby gorilla while Jack Allen, DVM, completes his examination.

Gorilla undergoes C-section at San Diego Zoo Safari Park

Imani, 18-year-old gorilla mother, recovering after rare procedure.

Animal care staff at the San Diego Zoo Safari Park are caring for a newborn female gorilla after it was delivered by a rare emergency C-section, according to a zoo release.

The mother, 18-year-old Imani, showed signs of labor in the morning but by evening did not seem to be progressing, so veterinary staff decided to transport her to the park’s Harter Veterinary Medical Center for the C-section.

The baby, which has not been named yet, was full term, weighed 4.6 pounds and was delivered by a team of San Diego Zoo global staff and outside consultants, including a veterinary surgeon and human neonatal specialists from University of California-San Diego Medical Center.

“In retrospect, the C-section was the right decision,” says Nadine Lamberski, DVM, associate director of veterinary services at the safari park.

“We think the health of the fetus would have been compromised if we delayed the surgery any longer.”

The baby gorilla is being monitored closely since it showed signs of pneumonia, which the team says it acquired just prior to or immediately after birth. Imani is



recovering from surgery in the gorilla bedroom area, according to the release. Once the baby is well, she will be reunited with her mother. This is Imani’s first baby and the 17th to be born at the San Diego Zoo Safari Park.



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Indications
SENTINEL® SPECTRUM® (milbemycin oxime/lufenuron/praziquantel) is indicated for the prevention of heartworm disease caused by *Dirofilaria immitis*; for the prevention and control of flea populations (*Ctenocephalides felis*); and for the treatment and control of adult roundworm (*Toxocara canis*, *Toxascaris leonina*), adult hookworm (*Ancylostoma caninum*), adult whipworm (*Trichuris vulpis*), and adult tapeworm (*Taenia pisiformis*, *Echinococcus multilocularis* and *Echinococcus granulosus*) infections in dogs and puppies two pounds of body weight or greater and six weeks of age and older.

Dosage and Administration
SENTINEL SPECTRUM should be administered orally, once every month, at the minimum dosage of 0.23 mg/lb (0.5 mg/kg) milbemycin oxime, 4.55 mg/lb (10 mg/kg) lufenuron, and 2.28 mg/lb (5 mg/kg) praziquantel. For heartworm prevention, give once monthly for at least 6 months after exposure to mosquitoes.

Dosage Schedule				
Body Weight	Milbemycin Oxime per chewable	Lufenuron per chewable	Praziquantel per chewable	Number of chewables
2 to 8 lbs.	2.3 mg	46 mg	22.8 mg	One
8.1 to 25 lbs.	5.75 mg	115 mg	57 mg	One
25.1 to 50 lbs.	11.5 mg	230 mg	114 mg	One
50.1 to 100 lbs.	23.0 mg	460 mg	228 mg	One
Over 100 lbs.	Administer the appropriate combination of chewables			

To ensure adequate absorption, always administer SENTINEL SPECTRUM to dogs immediately after or in conjunction with a normal meal.

SENTINEL SPECTRUM may be offered to the dog by hand or added to a small amount of dog food. The chewables 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 a few minutes after administration to ensure that no part of the dose is lost or rejected. If it is suspected that any of the dose has been lost, redosing is recommended.

Contraindications
There are no known contraindications to the use of SENTINEL SPECTRUM.

Warnings
Not for use in humans. Keep this and all drugs out of the reach of children.

Precautions
Treatment with fewer than 6 monthly doses after the last exposure to mosquitoes may not provide complete heartworm prevention. Prior to administration of SENTINEL SPECTRUM, dogs should be tested for existing heartworm infections. At the discretion of the veterinarian, infected dogs should be treated to remove adult heartworms. SENTINEL SPECTRUM is not effective against adult *D. immitis*.

Mild, transient hypersensitivity reactions, such as labored breathing, vomiting, hypersalivation, and lethargy, have been noted in some dogs treated with milbemycin oxime carrying a high number of circulating microfilariae. These reactions are presumably caused by release of protein from dead or dying microfilariae.

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Do not use in dogs or puppies less than two pounds of body weight.

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ANIMAL HEALTH

State ROUNDUP

A look at the world of animal health

Colorado

A new bill has been approved in the Colorado Senate that will grant firefighters and other emergency medical service providers the authority to voluntarily provide some basic emergency care to domestic animals.

SB 39 would allow emergency medical providers to offer preveterinary emergency care to cats and dogs to the extent that they have received appropriate training and been authorized by their employer to do so. The bill requires employers to specify in their policies the circumstances under which care may be provided. Emergency responders may, under the “preveterinary care” designation, stabilize cats or dogs by using oxygen, fluids, medication or bandaging with the intent of enabling the dog or cat to be treated by a veterinarian.

Preveterinary emergency care does not include care provided in response to a call made solely for the purpose of tending to an injured dog or cat unless a person’s life could be in danger while attempting to save the life of the animal.

While the bill allows for the care of animals, it does not mean an emergency medical provider is obligated to provide care for a cat or dog or to provide care to a dog or cat before treating a person.

Florida

After three weeks of treatment for burns sustained in an accident, a Parkland, Fla., dog returned home to finish her recovery. Ruby, an 8-year-old soft-coated wheaten terrier, suffered burns on more than 50 percent of her body when she accidentally caught fire, according to the Ft. Lauderdale *Sun Sentinel*.

Ruby’s owner, Jesus “Jess” Olivas, and his wife had treated the dog with a flammable insecticide and then lit a barbecue starter to kill the bugs that were coming off the dog. Ruby caught fire when she got too close to the flame. Olivas picked up Ruby and jumped into his pool to extinguish the flames, which caused second- and third-degree burns to his forearms, neck and face.

Olivas’ wife stayed behind with Ruby as Olivas was taken to the hospital. The couple worried that they would not be able to afford the care Ruby needed after receiving several expensive treatment estimates. But when Peter Krolikowski, DVM, heard about

the incident, he and his staff treated the dog at no charge at Dr. Peter’s Animal Hospital in Margate, Fla. Ruby was sent home with antibiotics and an ointment and will receive checkups every few days.

Iowa

An early morning fire at Animal Haven Veterinary Hospital in Hills, Iowa, killed two animals and destroyed the facility, reports the *Iowa City Press-Citizen*.

Firefighters responded to the blaze and had the fire under control in about 40 minutes, before it had a chance to spread to surrounding buildings, but not before the two animals—a dog and a cat—had perished.

“The fire investigator hasn’t been through the building, but it appears to be a total loss with minor salvage,” Mark Dennis, DVM, who opened the hospital in 1999, told the *Press-Citizen*. The official cause and damage total have not yet been determined, but it appeared that a faulty autoclave may have started the fire.

The animals were rescues without permanent homes and were the only animals in the hospital at the time. No humans were injured.

Dennis plans to stay in Hills, either rebuilding at that site or moving to another in town.

Ohio

Ronald C. Anders, a Celina, Ohio, veterinarian, has pleaded no contest in Celina Municipal Court to four “certificate of practice” violations for practicing acupuncture on humans, according to *The Daily Standard* of Celina, Ohio. The misdemeanor charges are related to separate incidents that occurred in 2009 and 2011.

The judge on the case ordered Anders to pay court costs and follow conditions already issued in a related 2011 civil case filed against him in Mercer County Common Pleas Court, in which he was “permanently prohibited and restrained from rendering diagnosis or performing medical procedures on human patients” in Ohio, according to the judgment.

In July 2011, the Ohio Veterinary Medical Licensing board warned of issuing a reprimand or suspending or revoking Anders’ veterinary license after receiving a complaint that he had performed laser acupuncture therapy and administered injections of trauma and cyanocobalamin to a human twice

in May 2011, according to the *Standard*. A settlement was reached and Anders waived his right to appeal, paid a \$2,000 fine and had his license suspended for several days. The board also settled another complaint in December 2012 related to treatment for a diabetic dog that fell “below the minimum standards of care.”

Oklahoma

The Oklahoma State University Center for Veterinary Health Sciences plans to partner with the KOSU public radio station and the Kirkpatrick Foundation to broadcast Vet Med Moment, a radio program, according to a university release.

The short, weekly series will air Wednesday afternoons and Sunday mornings on several radio stations in the Stillwater and Tulsa area and on KOSU.org. The idea for the program arose after discussion among OSU officials and the Kirkpatrick Foundation, whose Safe and Humane initiative seeks to improve the lives of animals in Oklahoma and those who care for them.

Texas

A police sting carried out in conjunction with the Texas State Board of Veterinary Medical Examiners has led to the arrest of a pet store employee on charges that he practiced veterinary medicine without a license, according to a criminal complaint filed in the Pharr, Texas, Municipal Court.

Louis Alfredo Torres, an employee of Andy’s Feed and Pet Store in Pharr, was arrested after preparing to administer an injection to a dog. According to the complaint, Torres said he could inject the dog with medication because it was sick. Instead he was arrested. Two months earlier, in January 2014, *The Monitor* (McAllen, Texas) reported that at least one pet owner had said his dog died after receiving vaccinations at the store, and a reporter took a picture of an employee about to administer a shot to a puppy. The store is licensed to sell certain vaccines over the counter, but because it does not have any licensed veterinarians on staff, employees are not qualified to administer them.

Torres was charged with violating veterinary regulations, a Class A misdemeanor that could result in up to one year in county jail and a \$4,000 fine. **dvm360**

Tech entrepreneur sets sights on home veterinary healthcare



Meet Matt Meeker, CEO and co-founder of Bark & Co., who envisions redesigned veterinary visits guided by dogs' preferences. *By Portia Stewart*

Matt Meeker admits he finds it stressful to take his Great Dane Hugo to the veterinarian. Large in size, Hugo has a way of intimidating others.

"We've been fortunate to have very good veterinary care, but it doesn't make visiting the veterinary practice less stressful for me or for him," Meeker says. "He's a very social, friendly dog. So he wants to go around the

waiting room and say hi to everyone, including the cats, which he doesn't quite understand. But he's big and intimidating, and people are scared of him. And he doesn't understand why I'm pulling him into a corner and telling him to sit and relax. So there's a lot of nervous energy there."

Meeker's entrepreneurial nature was sparked by this problem, and he started looking for solutions for a more relaxed experience. And that's when he turned to his inspiration: his dog, Hugo. How would Hugo want his healthcare delivered? The answer came immediately. He'd want it to happen at home, on his own couch. So Meeker set out to

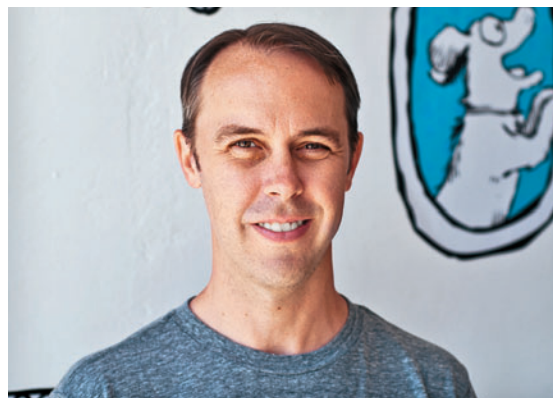
make this idea happen. And the result is BarkCare, a house call veterinary service that offers wellness exams and care in the pet's home.

The services are designed to offer wellness care or sick pet visits. Clients book an appointment online—or soon through a mobile application. Then a veterinary technician calls the pet owner for a follow-up conversation to assess the pet's needs and prepare for the veterinarian's visit. Pets that need advanced diagnostics are then referred to area specialists.

"It's designed to be an hour visitation, and we've built out some very sophisticated back-end scheduling software that

Meeker's entrepreneurial nature was sparked when he started looking for solutions to achieve a more relaxed veterinary experience.

He turned to his inspiration: his dog, Hugo. How would Hugo want his healthcare delivered?



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>>> Matt Meeker, founder of Bark & Co., spends some time with canine friends at an adoption event he helped organize.



helps the vets manage their routes more effectively,” Meeker says. “We have enough volume and enough technical sophistication that we minimize that time traveling around the city and give them the perfect schedule. And they get to spend an hour with each pet and really get to know that patient quite well.”

A passion for helping people—and pets

Bark & Co., the company behind BarkCare, isn’t Meeker’s first venture. He co-founded Meetup.com in 2002 and served as vice president of member experience until 2007. Then he moved to working in a tech incubator and co-working space that hosted companies, including TaskRabbit and Instagram, and helped them get off the ground. Most recently, though, his dog has served as his muse.

It’s been almost four years since Matt and his wife Tiffany adopted Hugo. Matt grew up with a Great Dane, so when he and his wife decided to start building their family with a dog, he pushed for a Great Dane.

“My wife and I had disagreements about which type of dog we wanted. And I definitely wanted a Great Dane. So I was looking all over the place, all over Petfinder, anywhere you could look to find the most adorable dog, and his face popped up,” Meeker says. “I pre-

sented it to her. It was really an unfair fight there. He was just too cute. So we brought him home. And he’s just been my boy ever since.”

Meeker’s first Great Dane, named Smoky, had a very short life. So Meeker is passionate about making Hugo’s health-care a priority.

“I just wanted to make him very happy, like any parent does for his child. I just wanted to make him as healthy and happy as possible,” he says. And out of that love sprung BarkBox, a subscription-based company that delivers toys, gifts and gadgets for pets every month.

Meeker says another light went on when he hired a veterinarian to the staff at Bark & Co. to make sure that the products, especially the edibles, were healthy for the dogs and that they were veterinarian-approved. The veterinarian then began offering care for Hugo right at Meeker’s home.

“And I thought, this is really nice that someone comes up, rings the doorbell and spends an hour with Hugo and gets to know him. He’s comfortable. We’re all just in our natural environment,” Meeker says. “So the light bulb went on. If I love this, I wonder if other people will love this. It turns out that they do.”

Besides his role as a beloved family member, Hugo also serves as an inspiration. Meeker keeps a regular schedule to make sure he enjoys plenty of time with his canine companion. And Hugo has his own schedule too. Twice a week he goes on day trips to upstate New York with four of his dog friends. On other days of the week, he has dog walkers.

“So he has a very fixed schedule and he knows it quite well,” Meeker says. “And then I do too. I try to come to work at the same time and go home at the same time. It’s important to have a



>>> Meet Meeker’s Great Dane, Hugo, the inspiration behind the house call veterinary service BarkCare.

lot of interaction and experience with him. Because it just fuels more ideas and passion for what we’re doing here.”

Hugo occasionally visits the Bark & Co. office, and when he does it can be a challenge. First off, he’s not welcome on the subway, so Meeker has the New York City transportation problem. Hugo’s also very protective of his space, Meeker says, so when he’s at the office and they have visitors who come off the elevator, Hugo is the first to greet them in a very loud manner.

“So we can have that occasionally, but we can’t have that every day,” Meeker says. “But his birthday’s coming up in a couple of weeks, so I think he’ll come in for his birthday. The tradition has been that he gets a steak that’s equal in pounds to the number of years he is. So this year that would be a 4-pound steak. But that might be a little much. My wife has told me that she’s put together a bunch of goodie bags for him and his friends to celebrate on their day trip.”

The bark business

Meeker says the plan for BarkCare’s future changes all the time, based on customers’ feedback and enthusiasm. BarkCare asks all of its customers to rate its service on a one- to five-star scale, based on their experience. And with more than 500 visits so far, the company has perfect five-star scores across the board. Based on this volume and satisfaction, the team is ramping up plans quickly.

Find it all here.

dvm360

Want more Meeker?

To hear audio clips from
dvm360’s interview with
BarkCare’s Matt Meeker, head
over to dvm360.com/meeker.

"The initial plan was, let's launch in New York City and see how that goes. And then maybe we would be in two or three cities by the end of the year," Meeker says. "That has changed based on the response in New York, where all of our veterinarians are busy all the time."

This year, BarkCare plans to be in at least 10 cities worldwide, including San Francisco, Los Angeles, Chicago and London. And Meeker says that the company will continue to grow from there based on need.

"Wherever we can bring really great healthcare to dogs and convenience and a great experience to people, we will go there," he says. "So right now we're following the demand of our BarkBox customer base. But I think as our care starts to get out there and is better known across the country, we'll start hearing from outliers who are perfectly suited to that product or are really in need of it. And we'll follow where people ask us to go."

So far, Meeker says he's seen many different types of veterinarians interested in working for BarkCare. One consistent thing he's noticed is that many applicants are still wrestling with a good amount of student debt even five or more years out of school. "It was pretty surprising viewing resumes of vets who have a full-time clinic job during the day, and then they have three or four other jobs throughout the week to supplement their income," he says.

Meeker says he's also seen interest from veterinarians who want to own their own practice or clinic, but the finances or life-balance and

scheduling issues put traditional practices outside of their reach.

"This job can be supplemental income," Meeker says. "It can be a way that they build out a full practice without taking on huge up-front expense and ebb and flow around their schedule. And then we do a lot of the heavy lifting in the back of finding customers for you. We create a lot of back-end products and management systems for the veterinarian, like pet records and scheduling systems. And they basically get the opportunity to just show up five, six, seven times a day, meet a dog, spend an hour practicing medicine and get paid pretty well for it."

So far the reception has been good, Meeker says. "It's one of those things where you get to bridge something that customers really want with hopefully something that's serving vets pretty well too," he says.

He adds that he's always open to feedback and hopes veterinarians will share their thoughts with him through the website. He plans to continue to steer the future of Bark & Co. based on the responses from pet owners and veterinarians.

And don't expect Meeker to bow out of the pet scene anytime soon. Bark & Co. has plenty more ideas to expand on its success.

"Within the company we have 10 more ideas at least. And we will just keep producing those," Meeker says. "I can't imagine working on anything else. My dog is—he has a lot of needs. He's a needy guy. Demanding too. So we have plenty left to do." **dvm360**

AAVMC focuses on One Health

Conference gathers healthcare professionals together to bridge gaps among medical, scientific disciplines.

The AAVMC recently held its annual conference, called "One Health in Veterinary Medical Education," which included more than 60 presentations from more than 90 presenters. Held in Alexandria, Va., it attracted a record number of attendees, exceeding 300.

The name of the conference was inspired by the organization's vision of a future in which veterinarians, physicians and other health professionals solve problems in medicine using integrated approaches that seamlessly blend the knowledge and strengths of each scientific discipline—commonly known as "One Health."

Examples of approaches highlighted throughout the conference include the work being done at veterinary schools to control zoonotic infectious diseases, improve clinical care and conduct research that enhances the health and well-being of both animals and people. Attendees also learned about interdisciplinary, often international, educational outreach programs and partnerships; innovative, interactive,

cross-disciplinary teaching methodologies; and examples of integrated clinical experiences, research and medical technology.

Some recurrent conference themes included the importance of developing One Health competencies related to skills such as communication, problem solving, strategic "systems" thinking, leadership and collaboration.

The conference highlighted some examples of interprofessional education where veterinary students work together with students from other health professions, some international in scope. Veterinary students are also involved in internships and externships in federal agencies, such as the USDA's Animal and Plant Health Inspection Service (APHIS), where they work closely with students from other professions.

Hon. Catherine Woteki, the USDA's chief scientist and undersecretary for research, education and economics says, "It's thrilling to see veterinary and human medical students working together on One Health." **dvm360**



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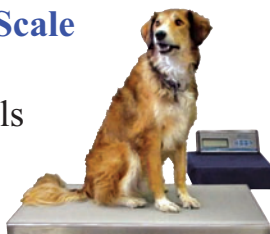


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Veterinarians may ignore signs of compassion fatigue

Negative reviews can contribute to a condition veterinarians are exceptionally prone to—and often suffer from in silence. *By Julie Scheidegger*

It's not just any review that popped up on Yelp. It's a scathing diatribe full of personal attacks on you and your team. And you've been reading and rereading it in the minutes between appointments.

Sound familiar? The seemingly endless cycle of bills, problems and just plain bad days in a veterinary hospital can make the callous opinions of others the last straw. And the emotional toll they take can leave veterinarians—who often care deeply about such things—susceptible to compassion fatigue and depression.

This has perhaps never been more evident in veterinary medicine than since the suicide of New York veterinarian Shirley Koshi, DVM, in February (see the April issue of *dvm360*). Still fresh in the minds of the profession, this tragedy has prompted experts to urge the profession to take veterinarians' emotional health seriously.

Before you write off the idea of compassion fatigue as the need for more "balance," disregard that headache you can't shake or even try to ignore those ever-more-intrusive feelings of hopelessness, you should know that denial is as common as compassion fatigue itself.

To prevent it, or heal from it, says Patricia Smith, author of *To Weep for a Stranger: Compassion Fatigue in Caregiving*, you have to recognize the problem. "Compassion fatigue is real. It is a secondary stress syndrome," she says. "Everybody thinks compassion fatigue is you're tired of giving—it's not. It's work-related trauma every day."

And veterinarians are prime candidates. Jennifer Brandt, PhD, a licensed social worker at The Ohio State University College of Veterinary Medicine, says people who work in caring professions are often empathetic individuals and highly susceptible to compassion fatigue. In other words, the same qualities that make great veterinarians are the same qualities that can tank them. "One's capacity for empathy and compassion increases the risk for compassion fatigue," Brandt says.

She says common symptoms include intrusive negative thoughts, physical problems such as GI issues, headaches and lethargy—even being accident-prone. There are also spiritual indicators, such as a loss of hope, questioning life in general, questioning one's contribution, skepticism and excessive guilt.

Brandt says veterinarians and team members should also pay attention to signs in coworkers: anxiety, anger, sadness, hypersensitivity or numbness, irritability or depression. "It's really going to be in the nonverbal clues," she says.

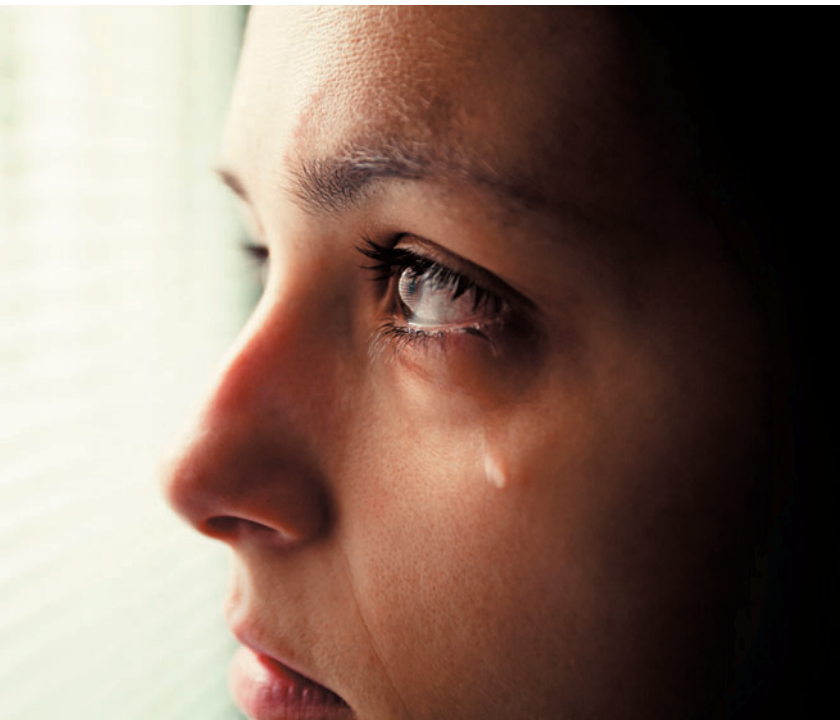
Unfortunately, many people in the veterinary profession try to muscle through compassion fatigue, but the symptoms mount until it becomes overwhelming, Smith says. "Some people can go for years and then it can hit them," she says. "Or it can happen in a month."

Veterinarians who are practice owners and bosses are especially good at hiding their symptoms because they don't want to appear weak, Smith says. Loneliness from the isolation this creates eventually sets in, and that feeds the trauma. Smith says this is especially hard for sole practitioners who are socially and geographically isolated.

A major part of the solution is a support system. When Smith worked as the manager of an animal shelter in 2000, she didn't feel like she could share her feelings with her family or friends. "They didn't want to hear about my experience—they're all animal lovers—and I was so used to sharing with them," she says. The solitude in her grief over what she witnessed at the shelter convinced her of the need for human support.

Brandt says that when you deal with death and dying on a daily basis, simply being able to talk about loss can help. "Veterinarians deal with death at five times the rate of any other healthcare profession, but we don't offer five times the training to deal with death and morbidity," she says.

Shawn Finch, DVM, an associate at Gentle



Doctor Animal Hospitals in Omaha, Neb., agrees that it's harder for veterinarians than other professionals in this regard. "Our patients all die no matter what," she says. "We can't save them all just because of mortality."

The repeated experience of death takes its toll. Add that to the countless other challenges of the job and it's a perfect storm of potential malaise. "Oftentimes the ones affected by compassion fatigue are the kind of people who drive themselves into the ground trying to make things better," Smith says.

But many veterinarians identify that drive as who they are—it's their purpose. "This is a profession that says, 'We're expected to do all things at all times for all people,' and there's some discomfort in saying, 'I may not be able to do it. I may need help,'" Brandt says.

From her front-row seat at a veterinary school, Brandt says the culture of high-achieving people equates to "Don't ask for help" and "Never let them see you sweat." "We really need to teach that it's OK to ask for help," she says.

Brandt and Smith agree that managing compassion fatigue starts with awareness, seminars, having resources available and even talking about bad days at staff meetings. "We have to set limits at work," Brandt says. "We tell ourselves, 'If we just work ourselves into the ground we'll be OK,' but that doesn't work—it doesn't pay off."

While it may seem like an impossible—even laughable—notion for veterinarians to put themselves first, Brandt says this is just the thing everyone in the practice needs. "They can serve as leaders for everyone else," she says. "They can lead by example."

She says the path to wellness starts with one thing that's measurable and accountable, like

going to the gym three times a week or stopping to eat lunch every day. It can be as simple as taking a walk with coworkers at lunch or calling a family member during a break.

Finch says that sometimes she just gives herself some time to regroup. "Coming home in the evening and reading a book; being with family will refuel me," she says. She keeps an eye on her coworkers as well. "If we've had a sad day or a sad run of days, we talk together and that will often help."

That moment of connection and acknowledgement often restores balance. Without it, compassion fatigue begins to erode an individual's emotional

and physical strength. "Caregivers have a gift and they want to continue to do that throughout their life," Smith says. "If they have nothing to give, that's when things fall apart."

When the effects of compassion fatigue go beyond what daily self-care can ease, Smith says it's time to seek help. "If the symptoms start affecting your life—if you have recurring nightmares, for example—I would highly recommend getting help with a psychiatrist who understands what compassion fatigue is," she says.

However, mental health services focused specifically on the unique experiences of those in animal health fall short, Brandt says. "There are options for medical doctors and other professionals, but the veterinary profession is behind," she says. Still, the help of an excellent psychiatrist or therapist can be invaluable in restoring equilibrium.

Smith says that emotional balance often hinges on not overlooking one's joy in work. "Caregivers often don't give themselves credit," she says.

Brandt agrees. Veterinarians often get to the end of the day and worry about everything they didn't get done, what went wrong and where they failed. She encourages them to turn that inclination on its head. "List the things you did get done, what you did do well—so there's some balance in the brain," she says.

Maybe then, when you can't help yourself from reading that review for the 56th time, you'll at least notice the five-star one posted right above it. [dvm360](#)

Elsewhere in [dvm360](#)

Learn how to handle online reviews so you don't lose sleep or business over them. **See page 34.**

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Negative reviews, Yelp and your clinic

Many veterinarians worry about how online critics might—or are—affecting their business, but those reviews can also take an emotional toll. *By Julie Scheidegger*

Faced with a client who no longer wanted ownership of her dog and was opting to euthanize rather than provide the basic treatment the dog needed, Jeffrey Werber, DVM, owner of Century Veterinary Group in Los Angeles, and his associate devised a plan that seemed to be a win for everyone. The client agreed to sign over the rights to the animal and pay only for the euthanasia and cremation she had planned for. Instead of euthanizing the dog, Werber's team treated the dog and facilitated adoption.

Then came the Yelp review.

The client's obscenity-laced comments on this online review platform, which covers

"No matter how good you are, not everybody is going to love you. It's tough, but get used to it."
—Dr. Jeffrey Werber

everything from dry cleaners to cardiologists, not only painted a very different picture of the exam room experience but mentioned Werber's associate by name.

Werber was furious—not least because of

the utter absence of truth in many of the comments.

"They can say anything they want and you can't stop them," Werber says. After that review and countless others, Werber realized one essential thing when it comes to online reviews: perception is reality.

However, he has chosen to fight. Werber believes veterinarians can and should address negative reviews online. Even if you can't change your critic's perception, you might change the perceptions of other readers.



Dr. Jeffrey Werber

Rules of engagement

Here are the strategies Werber employs and recommends for other veterinarians who get nasty reviews.

1. Respond publicly. If the negative review was posted online, post your response online as well. "If someone's mad at you, you can call and apologize, but what does that do for the thousands who already read the smear campaign?" Werber says. "If I'm going to be a nice guy, I want everyone to know I'm a nice guy."

As in marketing or political campaigning,

it's all about controlling the message. "It's the art of knowing how to get readers to be on your side," Werber says. "If there are two sides to every story, let them know yours."

Sincerity goes a long way in this effort, Werber says. "If you're hurt, write back," he says. "Say, 'I do what I do for the health of animals. I was truly hurt and offended by what you said.' The other people reading that are going to love it. You'll get clients just from that response."

2. Share reviews with the team. Werber suggests going through reviews in a staff meeting. Even if a client's post is ludicrous, the team will benefit from knowing the perception is out there. And if there's even a bit of truth to the criticism, learning from it may improve client service.

"People don't write these things for no reason," Werber says. "Obviously something went astray. There was a certain expectation that wasn't met. Might they have a little point there? I think so."

3. Craft effective responses. Werber advises being both specific and apologetic in your online responses. "It lets the readers know that you've done everything in your power as a gentleman, or a lady, to remedy the situation

Angry beyond words? Try this

Turn negative reviews into positive opportunities.

Jeff Werber, DVM, owner of Century Veterinary Group in Los Angeles, says it's OK to write back when critics take to the Internet. His advice? Take the high road, do it publicly, see if there's anything valuable to learn, and attempt to educate. Here are some online reviews—both real and hypothetical—and appropriate responses.

1. Show your sincerity

Review: Do not go to Dr. Sally Smith at ABC Animal Hospital! She'd rather kill pets than help them. If I could give negative stars I would. I took my 19-year-old cat to this emergency clinic because I found her lying on the floor motionless and gasping for air. I explained that she's under the constant care of our local vet for chronic renal failure and pancreatitis and is on meds for high blood pressure and to

stimulate appetite. The vet went on and on about wanting to do full diagnostics on my cat, including x-rays, bloodwork, tests for kidney values, etc. I'm out of work right now and I've already spent close to \$2,000 in the last two months on my cats. I just wanted the vet to stabilize her until I could get her to my vet in the morning. She clearly didn't like that option and said I would have to sign a waiver saying I refused their recommended diagnostics. She launched into a monologue about me needing to consider euthanizing my cat. Believe me, I've had plenty of "quality of life" discussions with my current vet, so I thought she was completely out of line to bring that up, especially since my cat wasn't in a life-threatening situation. I guess the most inexperienced doctors get to work holiday shifts.

Response: First, I am so sorry that we obviously didn't connect. As an emergency doctor, I don't have the luxury of really "knowing" my patients or their owners—a bond that is very important, and one you clearly have with your regular veterinarian. When we see critical cases come through our door, like your cat that evening unable to breathe, emergency doctors don't have the luxury of time. Unlike a general care practitioner who sees their patients more regularly and not in such critical condition, an emergency veterinarian faced with a life-and-death crisis does need to run many tests immediately, because the results often dictate the direction of care. The "stabilization," as you requested, may differ depending on the results of the tests. We know emergency care is often costly, but money is not our goal—saving lives is!

As veterinarians, we take an oath to relieve animal suffering. True, "suffering" is a very subjective concept, and one that is often difficult to judge when there's deep emotional involvement with a dearly loved pet. My objective was not to push you in any direction or to make you in any way feel guilty for choosing to pursue more treatment; I was merely letting you know that it would have been totally OK for you to consider saying goodbye given your cat's age and failing condition. I'm sure that your regular veterinarian has told you that most cats never reach 19 years of age and those that do often succumb to kidney failure—a slow, uncomfortable passing. Though difficult to face, your lovely cat was in a "life-threatening" condition that night.

As a "parent" to four cats myself,

and that you feel terrible it happened,” he says.

Include details such as follow-up calls you made to the client: “As I explained in a message on your phone ...” These details can often deflate the critic’s argument by showing other readers that you’re thorough and dedicated to strict protocol.

4. Learn how to resolve conflict. “Use the same technique you would with a client in the exam room,” Werber says. “You’re just resolving it in front of all the readers.” Your response can be an opportunity to explain something you didn’t get across during the office visit.

5. Don’t let your ego win out. “It’s business,” Werber says. “The customer is always right—even if they’re wrong. You have to say you’re sorry this happened.”

You don’t, however, have to take abuse. “If they say something really bad that’s not true and you have proof, you can contact the website and have it pulled,” he says. “You can threaten legal action.”

Still, he says, you can never be too proud to apologize. “No matter how good you are, not everybody is going to love you. It’s tough, but get used to it,” he says.

Yelp

No stranger to Yelp, Leonard Donato, VMD, owner of Radnor Veterinary Hospital in Wayne, Pa., especially took notice when news spread of the death of Shirley Koshi, DVM, a New York practice owner who committed suicide in February amidst a very public ownership dispute with a community cat advocate. The advocate’s sup-

porters mounted a nasty online campaign against Koshi—one that continued even after her death.

Donato says he too has been the target of a cat advocate group. He was inundated with what he says were falsified reviews he traced back to a group unhappy with the Radnor Township Board of Health, on which Donato serves.

Donato says he’s currently weighing whether he wants to take legal action against Yelp. He recognizes the unsuccessful suits previously undertaken against the website and he’s not sure if he wants to invest tens of thousands of dollars fighting what could be a losing battle.

Right now, he says, all he wants is for Yelp to better police fictitious reviews and allow his real clients to comment. “They’re not allowing the good reviews to show up,” Donato says.

Yelp uses a proprietary algorithm to organize its contributor content. As the site puts it, the goal of this algorithm is to “recommend the most helpful and reliable reviews.”

What this means for Werber is that a good review can be up for less than 24 hours while a bad one can be up for years. He says he’s asked for details about the algorithm to no avail. His conclusion: “They like dirt. They don’t want to print the good stuff.”

Also, there’s a perception among business owners that if a business advertises with Yelp, the site will promote more favorable reviews.



Dr. Leonard Donato

two of which are seniors, I do know what you are going through, and I apologize profusely for not delivering the message as I intended to do. We have a number of internal medicine specialists on our staff and would be happy to set up a call with you, your general practice clinician and one of our specialists to see what more may be done to keep your cat comfortable.

2. Look for ways to improve

Review: Every time I’ve tried to go here (as it’s very conveniently located!) I feel like I’m burdening the staff. I was told today that I couldn’t buy cat food from them because I wasn’t a client. Excuse me?? Do you or do you not sell cat food? How is it a problem that I want to pay your exorbitant markup without you having to do any actual work? No thanks. I’ll drive the three miles to the veterinary staff that’s actually nice.

Response: I’m sorry your experience with our office didn’t meet your expectations. Having read of your visit, I admit that I too am a bit disappoint-

ed in how my front office staff treated you, but a brief explanation is in order. The receptionist you dealt with is fairly new and was trained that a “doctor-patient” relationship is legally required in order for us to prescribe, sell or refill prescription medications. She thought that since we did not have a medical relationship with your pet, she was not allowed to sell you the prescription food you needed. The truth is, we would have been OK with her calling your veterinarian for confirmation to make sure the food you requested was the correct one (there are so many similar-sounding diets that it’s often confusing).

At this point I can only apologize, but since you did mention we are a bit closer to your home, I would be happy to offer you a courtesy exam for your pet to give us a chance to establish that “relationship” so that if you need our services in the future, we will be ready to help you. In addition, when you run out of your cat’s food again, we will be happy to sell you your next bag at our discounted “rescue organization” rate. And thanks




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**- Douglas Neal, DVM
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To register a complaint with Yelp, go to yelp.com/contact.

Werber says says don't fall for it—advertising won't help you get rid of reviews. In fact, Yelp states on its website, “Paying advertisers can never change or reorder their reviews.”

Werber says Yelp employs a double standard that favors the reviewer over the responder. He says he's been notified by Yelp that he cannot use proper

names in his responses to clients despite the fact that reviewers can use his name and clinic. And while Yelp points its reviewers to content guidelines, many believe that Yelp shirks responsibility for abusive or even false content by saying reviews are simply the opinion of their contributors. “It pretty much gives them carte blanche,” Werber says.

Both Werber and Donato have had some luck getting Yelp to take down reviews where they can prove false information, but Donato says it's hard to keep up with it. He's tried to create a positive campaign to balance the negative reviews on Yelp, but he says the good reviews rarely stay up. In fact, his clients complain about it.

On its FAQs page Yelp explains that it's “looking for people who are intrinsically motivated to share the wide range of rich and detailed experiences they have every day with local businesses.” Translated, this means that people who contribute often to the site have a better chance of seeing their review featured. If a client who has never used Yelp before posts one positive review with few specifics, it's likely to be overlooked by the Yelp software.

Werber takes a “two can play at this game” approach always encouraging clients to write reviews. Clients who have an enjoyable experience are invited to share their review on their favorite review site—including Yelp—from links provided on the Century Veterinary Group page. Dissatisfied clients are told to contact the clinic directly by e-mail or phone.

Werber's favorite trick is to send the

for your comments—they are actually very helpful in training our staff.

3. Educate

Review: We have taken our dog to Century Veterinary Group since 2009. Although we have never been particularly enamored with them (the office staff is always in disarray, the charges are high, the wait times are long), the office is close to our house. So we kept going there. Recently, however, our dog has had ongoing skin issues and as a result we have brought him to CVG twice since Labor Day weekend. Each time, Dr. Gale prescribed steroids and antibiotics, and each time they did not work as well as they should have. After these two visits (and nearly \$600 in charges) and our dog's constant scratching and itching, I called the office on Saturday morning to see if there was anything else that could be done. The office

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reviews received through his website to a reputation management company. “We send them to Review Boost and it feeds them to all these websites,” he says. “The fact that we read them and choose the ones we want—it’s a luxury we have.”

However, Donato has looked at his numbers and he thinks Yelp reviews have affected his business. “Granted we’re doing OK—we grow every year,” he says. But after three years of battling negative online reviews, his client pull from the Internet pales compared with word of mouth. “We’re down about 15 percent and I think that’s totally because of Yelp,” he says.

You can’t make everyone happy

Werber says when he was young and scared, he learned a valuable lesson: “No matter how good you are, how nice, how caring you are, people are not going to like it,” Werber says. “You can’t please everybody.”

Shawn Finch, DVM, an associate at Gentle Doctor Animal Hospitals in Omaha, Neb., agrees. She says that in veterinary medicine you can do everything right and, still, not everything goes well. “You can do a good job all the time and people can still get mad,” she says.

Donato gets that. “I can’t make everyone happy,” he says. “I understand we’re going to have negative reviews—that’s OK—we’ll handle those appropriately.” It’s the reviews he knows to be false that bother him.

Plus, Finch says, not everyone can let negative

online attacks roll off their backs emotionally. “I can see how it would hurt someone even if it didn’t hurt their business,” she says.

Finch says many negative reviews essentially amount to cyberbullying—a word that’s been used frequently in association with Koshi’s suicide in New York. “Emotionally it’s such a hard thing,” she says. “Not every veterinarian is like this, but we do tend to be tenderhearted and easy to wound.”

Finch recalls a bad review from a client who—luckily—didn’t bother to remember her name. “It made me sad that they didn’t think I had their best interest at heart. I won’t go back and read that one,” Finch says. “It upsets me.”

In fact, veterinarians who worry too much about negative reviews can go down a bad spiral, she says. For that reason she quit reading them. “I do insulate myself,” Finch says. “If I started it would totally depress me so I just don’t.”

Werber says he’s built up a thick skin in his nearly 30-year career. “It doesn’t bother me anymore—it used to,” he says. “My clients will come in and laugh at those reviews. I have clients who will respond for me.”

He hopes others will focus on the positive and learn to let it go as well. “Don’t let it bug you—you can’t,” Werber says. “At least have the majority love you and leave it at that.” **dvm360**



Dr. Shawn Finch

staff—as usual—was overwhelmed and claimed to be too busy to deal with me. They said that someone would call me back on that day. Days later I have yet to receive a return call. Tired of waiting and on the recommendation of friends, we took our dog to another vet, who IMMEDIATELY saw that he has a staph infection. Dr. Gale on two occasions completely missed this. Given all of this incompetence, we will not be returning to Century Veterinary Group.

Response: We wish to correct any confusion this reviewer, Steven N., has about his dog’s treatment at our hospital. Steven’s dog was treated by Dr. Gale for pyoderma, commonly known as a bacterial ‘staph’ infection of the skin. The diagnosis was not missed. In fact, the cycles of antibiotics and corticosteroids she prescribed are precisely the defense of choice in these types of infections. Pyoderma can be persistent and often takes time to resolve if the underlying cause is not addressed, and we must trust that clients are compliant. Typically, these infections are secondary to an allergic reaction from any number of sources, including food, fleas, environmental allergens or airborne

irritants. The allergy can be temporary or, more commonly, recurrent. Yet the treatment of the secondary pyoderma (staph infection) must always come first to bring the animal relief. Again, it often takes time and repeated attempts. We are happy the infection was ultimately resolved. Steven’s dog was treated properly by Dr. Gale and it appears by the successor veterinarian as well. We are, however, disappointed that a call placed to our hospital went without a return call. We are embarrassed by that oversight and we have apologized sincerely to this client. **dvm360**

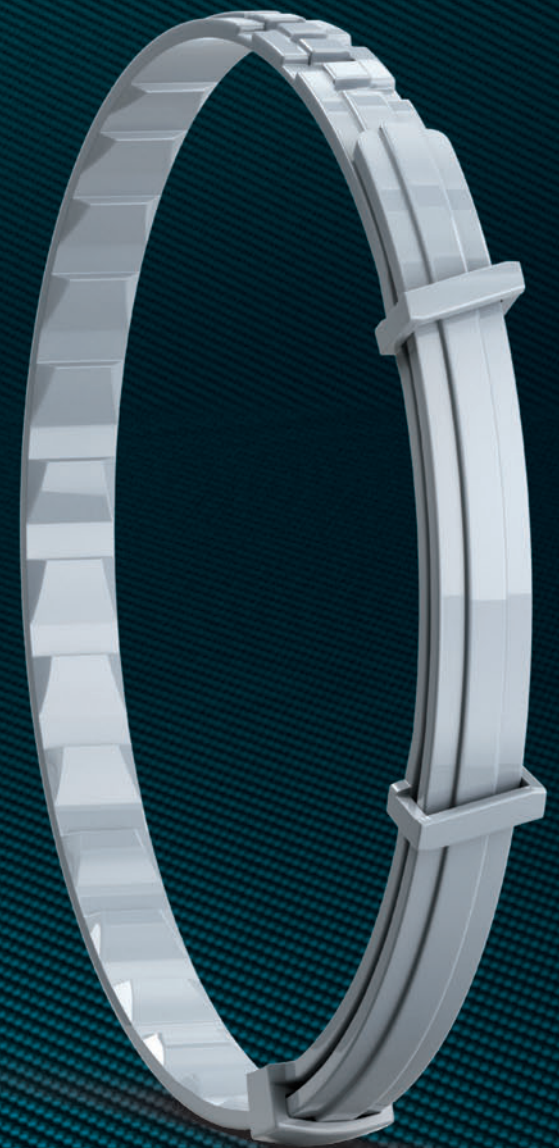
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Ticks, other parasites encroaching on new territories, CAPC says

Year-round prevention continues to be strong recommendation.

In what appears to be a continuing trend, the Companion Animal Parasite Council (CAPC) is warning of expanding tick territories and a higher risk of vector-borne diseases to previously less-susceptible pet populations this year, urging veterinarians nationwide to recommend year-round parasite prevention for pets.

CAPC is currently finalizing its 2014 parasite forecast maps, which will be made available to veterinarians and pet owners at the onset of what is commonly considered prime season for parasites such as fleas, ticks and mosquitoes. Using a model similar to the one meteorologists use to predict U.S. hurricanes, CAPC develops these forecasts based on factors such as temperature, precipitation and population density.

2014 parasite forecast

Here are some of the nationwide trends the organization is predicting for parasites this year:

- > Ticks that spread Lyme disease are expanding their territory from the

Northeastern states westward into areas of the Midwest and southward into the Mid-Atlantic states. Lyme disease will continue to be a threat in New England and the Pacific Northwest.

- > The risk of ehrlichiosis will be very high from Virginia to Texas and as far west as Texas.

- > Heartworm disease is also expected to be a substantial threat, with Texas, the Southeast and Pacific Coast areas from Northern California to Washington state seeing higher than normal levels of infection.

CAPC is launching a satellite media tour, scheduled for the month of April, to talk to pet owners about these issues directly. The campaign, which features Cathy Lund, DVM, president of the CAPC board of directors, and practitioner Craig Prior, BVSc, of Murphy Road Animal Hospital in Nashville, Tenn., will focus on the following points:

- > Contrary to popular belief, parasites—particularly ticks—are a year-round problem.
- > Ticks and the threat of diseases

they carry are no longer a “not in my backyard” issue. There are multiple species of ticks with tremendous geographic reach and greater periods of activity that pose a threat.

- > The zoonotic disease threat these parasites pose goes beyond pets, so preventive measures should be applied to the whole family, not just dogs and cats.

- > Consult a veterinarian for the best parasite prevention plan for your pet.

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**Coming soon to
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CAPC will be delivering more need-to-know information about these parasites, including:

- > A tick of the month
- > Monthly parasite updates with timely facts and data bites
- > Nationwide forecast maps

Prevalence tools

CAPC also continues to update its online parasite prevalence maps, which indicate the incidence and risk of tick-borne diseases, intestinal parasites and heartworm disease, on a monthly basis. Each interactive map is broken down by species (dog and cat), if applicable, and state, allowing veterinarians to view the number of cases of a specific disease not only on a national level but also in their local area—even down to the county level. This information can then be shared with pet owners to raise awareness about the importance of parasite prevention and control.

CAPC's ongoing emphasis—and that of most veterinarians—is that year-round preventives for pets are key. The importance of that message, however, can sometimes be hard to convey to clients. “Pet owners like to make their own assessments about what parasites need to be prevented based on what they see,” says Andrew Rollo, DVM, an associate veterinarian at Madison Veterinary Hospital in Madison Heights, Mich. “If they can't see *Ehrlichia* or *Giardia*, then their pet must not have it.” Rollo points out that this is where the parasite prevalence maps and forecasts can help clients understand the risk of what's actually in their area.

Ernie Ward, DVM, a practitioner at Seaside Animal Care in Calabash, N.C., takes advantage of the free monthly reports CAPC offers veterinarians as well. Ward uses the reports to keep parasite prevention and other parasite issues, such as zoonotic disease threats, top of mind for both his staff and his clients. “If I have a client who's become lax about his pet's heartworm and flea prevention, I can show him the maps and reports on a tablet in the exam room and remind him of the risk in our area,” he says.

“Clients like scientific verification,” Ward continues. “They don't need particulars, but they like seeing that their veterinarian is showing them a report. It's not just my recommendation—it's backed by data.”

For more information on the 2014 parasite forecasts and guidelines for parasite prevention and control, visit capcvet.org. **dvm360**

Ohio, Arizona veterinary hospitals win AAHA's Practice of the Year honors

Prescott Animal Hospital, MedVet Medical and Cancer Centers for Pets named top accredited practices at this year's AAHA conference.

During the opening session of its annual conference, the American Animal Hospital Association (AAHA) announced Prescott Animal Hospital of Prescott, Ariz., and MedVet Medical and Cancer Centers for Pets of Worthington, Ohio, as the winners of the fifth annual AAHA-Accredited Practice of the Year awards, according to an association release.

Prescott Animal Hospital received first place in the general practice category, while MedVet Medical and Cancer Centers for Pets won first place in the referral practice category.

The awards recognize and

celebrate the achievements of accredited practice teams, the release states. Entries were evaluated according to their most recent AAHA accreditation score, mission and vision, practice design, practice team compensation, continuing education and training, community service and more.

AAHA accreditation, which is voluntary, is based on more than 900 individual standards in the categories of patient care, pain management, surgery, pharmacy, laboratories, exam facilities and more. “AAHA believes that the success of a veterinary practice depends on the entire team working together to

provide excellent care for pets and their people,” says AAHA CEO Mike Cavanaugh, DVM, DABVP, in the release. “All of these accredited practices are staffed by high-performing veterinary teams who demonstrate a passionate commitment to veterinary excellence.” To maintain accreditation, hospitals must be evaluated regularly.

Second, third and finalist places were also announced. In the general practice category, New Frontier Animal Medical Center of Sierra Vista, Ariz., was awarded second place; Kew Beach Veterinary Hospital of Toronto, Ontario, took third; and Jefferson Animal Hospital and Emergency Center of Louisville, Ky., was the finalist. The finalist in the referral practice category was Saint Francis Veterinary Center of Woolwich Township, N.J. **dvm360**

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>>> Dr. David Haworth, CEO of Morris Animal Foundation, with his own golden retriever, Bridger, a participant in the Golden Retriever Lifetime Study. Haworth hopes this cancer study will improve the health of all dogs.

Golden retriever study confronts heartbreak of cancer with unparalleled research effort

Recognizing a large hole in this area of veterinary medical knowledge, Morris Animal Foundation has pioneered the largest study of its kind—and given hope to veterinarians and pet owners alike. *By Jessica Vogelsang, DVM*

// I need to make an appointment to euthanize my golden,” says the hesitant voice on the other end of the phone line. “Lymphoma.”

I express my condolences, the same way I did earlier in the day to the family of the golden with melanoma and the one last week with osteosarcoma. My sympathy is genuine. I have lost retrievers of my own to each one of these diseases. As a veterinarian working in a home hospice practice, I see the grim canine cancer statistics played out every day in goodbyes and tears.

“Why does this have to happen?” pet owners ask, and while I can say, “Genetics, probably,” with some degree of confidence, no one knows exactly why certain breeds are more predisposed than others to neoplasia. We know even less about the influence of outside factors such as nutrition and environment. Given that cancer is the leading cause of death in dogs older than 2, our lack of understanding surrounding this disease process represents a large hole in our veterinary medical knowledge base.

What’s missing from our database?

Enter the Morris Animal Foundation, a nonprofit that has invested more than \$70 million in veterinary research since its inception in 1948. Although it has about 240 studies it’s funded going on at any given time, there’s one that stands out. This latest project is unlike anything Morris has taken on before, according to Morris President and CEO David Haworth, DVM, PhD.

In 2009, at a meeting of veterinary oncologists, the question was asked:

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IMPORTANT SAFETY INFORMATION: For use in dogs only. The most common adverse reaction is vomiting. Other adverse reactions reported are dry/flaky skin, diarrhea, lethargy, and anorexia. The safe use of NexGard in pregnant, breeding, or lactating dogs has not been evaluated. Use with caution in dogs with a history of seizures.

See brief summary on page 42.

What’s missing from our database? The answer, said the oncologists, was just too big to take on. “They said, there’s this really big thing but nobody can do it, so Morris asked, why don’t you give us a try?” recalls Haworth. After more than three years of intense planning, the Golden Retriever Life-time Study was born.

NexGard™ (afoxolaner) Chewables

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

Description:
NEXGARD™ (afoxolaner) is available in four sizes of beef-flavored, soft chewables for oral administration to dogs and puppies according to their weight. Each chewable is formulated to provide a minimum afoxolaner dosage of 1.14 mg/lb (2.5 mg/kg). Afoxolaner has the chemical composition 1-Naphthalenecarboxamide, 4-[5- [3-chloro-5-(trifluoromethyl)-phenyl]-4, 5-dihydro-5-(trifluoromethyl)-3-isoxazolyl]-N-[2-oxo-2-[(2,2,2-trifluoroethyl)amino]ethyl].

Indications:
NEXGARD kills adult fleas and is indicated for the treatment and prevention of flea infestations (*Ctenocephalides felis*), and the treatment and control of American Dog tick (*Dermacentor variabilis*) infestations in dogs and puppies 8 weeks of age and older, weighing 4 pounds of body weight or greater, for one month.

Dosage and Administration:
NEXGARD is given orally once a month, at the minimum dosage of 1.14 mg/lb (2.5 mg/kg).

Dosing Schedule:

Body Weight	Afoxolaner Per Chewable (mg)	Chewables Administered
4.0 to 10.0 lbs.	11.3	One
10.1 to 24.0 lbs.	28.3	One
24.1 to 60.0 lbs.	68	One
60.1 to 121.0 lbs.	136	One
Over 121.0 lbs.	Administer the appropriate combination of chewables	

NEXGARD can be administered with or without food. Care should be taken that the dog consumes the complete dose, and treated animals should be observed for a few minutes to ensure that part of the dose is not lost or refused. If it is suspected that any of the dose has been lost or if vomiting occurs within two hours of administration, redose with another full dose. If a dose is missed, administer NEXGARD and resume a monthly dosing schedule.

Flea Treatment and Prevention:
Treatment with NEXGARD may begin at any time of the year. In areas where fleas are common year-round, monthly treatment with NEXGARD should continue the entire year without interruption.

To minimize the likelihood of flea reinfestation, it is important to treat all animals within a household with an approved flea control product.

Tick Treatment and Control:
Treatment with NEXGARD may begin at any time of the year (see **Effectiveness**).

Contraindications:
There are no known contraindications for the use of NEXGARD.

Warnings:
Not for use in humans. Keep this and all drugs out of the reach of children. In case of accidental ingestion, contact a physician immediately.

Precautions:
The safe use of NEXGARD in breeding, pregnant or lactating dogs has not been evaluated. Use with caution in dogs with a history of seizures (see **Adverse Reactions**).

Adverse Reactions:
In a well-controlled US field study, which included a total of 333 households and 615 treated dogs (415 administered afoxolaner; 200 administered active control), no serious adverse reactions were observed with NEXGARD.

Over the 90-day study period, all observations of potential adverse reactions were recorded. The most frequent reactions reported at an incidence of > 1% within any of the three months of observations are presented in the following table. The most frequently reported adverse reaction was vomiting. The occurrence of vomiting was generally self-limiting and of short duration and tended to decrease with subsequent doses in both groups. Five treated dogs experienced anorexia during the study, and two of those dogs experienced anorexia with the first dose but not subsequent doses.

Table 1: Dogs With Adverse Reactions.

	Treatment Group			
	Afoxolaner		Oral active control	
	N¹	% (n=415)	N²	% (n=200)
Vomiting (with and without blood)	17	4.1	25	12.5
Dry/Flaky Skin	13	3.1	2	1.0
Diarrhea (with and without blood)	13	3.1	7	3.5
Lethargy	7	1.7	4	2.0
Anorexia	5	1.2	9	4.5

¹Number of dogs in the afoxolaner treatment group with the identified abnormality.
²Number of dogs in the control group with the identified abnormality.

In the US field study, one dog with a history of seizures experienced a seizure on the same day after receiving the first dose and on the same day after receiving the second dose of NEXGARD. This dog experienced a third seizure one week after receiving the third dose. The dog remained enrolled and completed the study. Another dog with a history of seizures had a seizure 19 days after the third dose of NEXGARD. The dog remained enrolled and completed the study. A third dog with a history of seizures received NEXGARD and experienced no seizures throughout the study.

To report suspected adverse events, for technical assistance or to obtain a copy of the MSDS, contact Merial at 1-888-637-4251 or www.merial.com/nexgard. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or online at <http://www.fda.gov/AnimalVeterinary/SafetyHealth/ProductSafetyInformation>.

Mode of Action:
Afoxolaner is a member of the isoxazoline family, shown to bind at a binding site to inhibit insect and acarine ligand-gated chloride channels, in particular those gated by the neurotransmitter gamma-aminobutyric acid (GABA), thereby blocking pre- and post-synaptic transfer of chloride ions across cell membranes. Prolonged afoxolaner-induced hyperexcitation results in uncontrolled activity of the central nervous system and death of insects and acarines. The selective toxicity of afoxolaner between insects and acarines and mammals may be inferred by the differential sensitivity of the insects and acarines' GABA receptors versus mammalian GABA receptors.

Effectiveness:
In a well-controlled laboratory study, NEXGARD demonstrated 100% effectiveness against adult fleas 24 hours post-infestation for 35 days, and was ≥ 93% effective at 12 hours post-infestation through Day 21, and on Day 35. On Day 28, NEXGARD was 81.1% effective 12 hours post-infestation. Dogs in both the treated and control groups that were infested with fleas on Day -1 generated flea eggs at 12- and 24-hours post-treatment (0-11 eggs and 1-17 eggs in the NEXGARD treated dogs, and 4-90 eggs and 0-118 eggs in the control dogs, at 12- and 24-hours, respectively). At subsequent evaluations post-infestation, fleas from dogs in the treated group were essentially unable to produce any eggs (0-1 eggs) while fleas from dogs in the control group continued to produce eggs (1-141 eggs).

In a 90-day US field study conducted in households with existing flea infestations of varying severity, the effectiveness of NEXGARD against fleas on the Day 30, 60 and 90 visits compared with baseline was 98.0%, 99.7%, and 99.9%, respectively.

Collectively, the data from the two studies (one laboratory and one field) demonstrate that NEXGARD kills fleas before they can lay eggs, thus preventing subsequent flea infestations after the start of treatment of existing flea infestations.

In well-controlled laboratory studies, NEXGARD demonstrated >97% effectiveness against *Dermacentor variabilis* 48 hours post-infestation for 30 days.

Animal Safety:
In a margin of safety study, NEXGARD was administered orally to 8- to 9-week-old Beagle puppies at 1, 3, and 5 times the maximum exposure dose (6.3 mg/kg) for three treatments every 28 days, followed by three treatments every 14 days, for a total of six treatments. Dogs in the control group were sham-dosed. There were no clinically-relevant effects related to treatment on physical examination, body weight, food consumption, clinical pathology (hematology, clinical chemistries, or coagulation tests), gross pathology, histopathology or organ weights. Vomiting occurred throughout the study, with a similar incidence in the treated and control groups, including one dog in the 5x group that vomited four hours after treatment.

In a well-controlled field study, NEXGARD was used concomitantly with other medications, such as vaccines, anthelmintics, antibiotics (including topicals), steroids, NSAIDS, anesthetics, and antihistamines. No adverse reactions were observed from the concomitant use of NEXGARD with other medications.

Storage Information:
Store at or below 30°C (86°F) with excursions permitted up to 40°C (104°F).

How Supplied:
NEXGARD is available in four sizes of beef-flavored soft chewables: 11.3, 28.3, 68 or 136 mg afoxolaner. Each chewable size is available in color-coded packages of 3 or 6 beef-flavored chewables.

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While this has never been done in veterinary medicine, there is a precedent that has been set in human medicine: The Framingham Heart Study, which has been running continuously since 1948. “The Framingham study,” Haworth says, “is the longest running longitudinal study in human medicine. It’s now in its third generation, and there have been 2,400 publications out of it.” The goal of the Golden Retriever Lifetime Study is similar: to create a comprehensive database of 3,000 purebred golden retrievers during the course of their lifetime.

The depth of detail covered in the study is ambitious. “We know 66 percent of those currently enrolled get their primary water from the municipal water supplies,” Haworth says, and most of that obtained from one particular bowl per dog. “The U.S. Geological Survey has data on all

heavy water contamination, and we can overlay this. That tells you the level of detail we’re looking for.”

A lifelong commitment

Haworth concedes that participation in the study is a big commitment. Once a potential participant is found to fit the inclusion criteria of being under 2 years of age and in possession of a three-generation pedigree, both the dog owner and the veterinarian must commit to the entire study process.

Veterinarians will perform annual exams for the life of the pet and collect blood, urine, hair, feces and nail clippings in designated containers at each of those visits. They may also be asked to collect samples at other visits associated with illness or injury, particularly in evaluation of any masses or suspected cancers. The client is responsible for all costs associated with



>>> Haylee, a 10-week-old golden retriever, is examined by Dr. Julie McCormick for eligibility into the study.



Do dogs appease each other—or *us*?

Watching and labeling canine interactions

Careful observation can provide clues about how a dog may react in specific situations.

By Karen L. Overall, MA, VMD, PhD, DACVB, CAAB

Interactions between dogs and people as well as dogs and other dogs have become an area of intense research focus in recent years. This is true partly because people like to watch their own dogs and partly because, given their evolutionary (and possible co-evolutionary) history with us, dogs' brains and neurodevelopment patterns may be excellent models for humans.

By studying the development of

canine interactive sequences, we can learn about the ontogeny of signaling, how we make decisions, and which parts and functions in the brain are involved in these aspects of cognition. As emerging research is suggesting, there is no better model for human cognition than the domestic dog.

What exactly are social signals?

Inherent in all studies of communi-

cation is this tenet: *The currency of social interaction is information, and the more accurate the information, the better.* Accurate information facilitates risk assessment, and risk assessment affects how we decide to spend our time and other currencies.

The tool that provides access to this desired information is the social signal, which can be visual, tactile, auditory or olfactory. Cues and signals differ—cues provide information (for example, the sun rose) but exist for reasons other than providing that information. Signals are usually defined as actions or structures that benefit an individual by altering the behavior of others

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Table 1:
Nonspecific signs of anxiety

> Urinating
> Defecating
> Expressing the anal sacs
> Panting*
> Increasing respiratory and heart rates
> Trembling or shaking*
> Muscle rigidity (usually with tremors)
> Lip-licking
> Nose-licking
> Grimacing (retraction of lips)
> Head-shaking
> Smacking or popping the lips and jaws together
> Salivating (hypersalivation)
> Vocalizing (excessive or out of context)*
> Yawning
> Immobility, freezing or profoundly decreased activity
> Pacing and profoundly increased activity
> Hiding or attempting to hide
> Escaping or attempting to escape
> Body language of social disengagement (turning head or body away from signaler)
> Lowering of head and neck
> Inability to meet a direct gaze
> Staring at some middle distance
> Lower body posture (in fear, the body is extremely lowered and the tail is tucked)
> Lowered and possibly droopy ears because of changes in facial muscle tone
> Mydriasis
> Scanning
> Hypervigilance or hyperalertness (may be noticed only when touching or interrupting a dog or cat; the animal may hyperreact to stimuli that otherwise would not elicit this reaction)
> Shifting weight from leg to leg
> Lifting paw in an intention movement
> Increased closeness to preferred associates
> Decreased closeness to preferred associates
> Profound alterations in eating and drinking (acute stress is usually associated with decreases in appetite and thirst; chronic stress is often associated with increases in appetite and thirst)
> Increased grooming, possibly with self-mutilation
> Decreased grooming
> Possible appearance of ritualized or repetitive activities
> Changes in other behaviors including increased reactivity and increased aggressiveness (may be non-specific)*

**Behaviors that were shown by at least 40 percent of dog owners surveyed to indicate anxiety in dogs, according to Mariti C, Gazzano A, Moore JL, et al. Perception of dogs’ stress by their owners. J Vet Behav: Clin Appl Res 2012;7:213-219.*

Source: Overall KL. *Manual of clinical behavioral medicine*. St. Louis, Mo. Elsevier, 2013.

around that individual as a result of the information provided.¹ Social signals open and close discussions, specify the types of interactions (*e.g.* play or fight), reveal how well participants know each other and generally determine the quality of the interaction.

Sending and receiving signals

Individuals sending signals do so because it benefits them. The choice and timing of the signal are determined by context: patterns of signals are not random, and using them in an inappropriate circumstance won’t help and may hurt the signaler. This is one way we recognize behavioral pathology—the signal is given in a context where it is not needed or in an intensity or frequency that does not match the ongoing social situation.

Those receiving the signal, the receivers, alter their behaviors when the signal carries information indicating that there is value to them in behavioral change—for example, dog No. 1 growls upon dog No. 2’s approach; dog No. 2 withdraws rather than be bitten. Reliability of a signal can be gauged by rarity, repeated pattern and redundancy. Even within one signaling system—let’s say visual signaling—congruence of the signals given by the tail, ears, eyes, mouth and overall posture all lead to enhanced reliability. If a vocal signal (*e.g.* a whine) reinforces an understanding of the signaler’s state, such redundancy has made the message of the signal clear.

Who’s appeasing whom?

It has become increasingly common among people who own dogs to talk about their dog “appeasing” them. Descriptions of dog to dog behavior are frequently couched in terms of who “appeased” whom. Unfortunately, what we’ve given up in behavioral information may have far more value than what’s provided by the “appeasement” label. So how accurate is such labeling, and does it have a role in how we talk about dogs?

Appeasement signals have been said to advertise peaceful intentions and are thought to be present *only* when such information is relevant—for example, in situations when fighting may establish, even temporarily, a hierarchy, pecking order or other social rule that avoids injury or death.²

What does it mean?

In a general sense, the word *appease* is associated with a couple of definitions that apply to the canine appeasement discussion:

- (1) to please someone or make him or her less angry by giving or saying something desired
- (2) to make a pain or a problem less troubling; to bring to a state of peace, quiet or calm.

More specifically, appeasement behaviors in dogs have been defined in an additional two ways:

- 3) postures and attitudes exhibited by a dog to calm himself or herself and others in situations of potential conflict³
- 4) signals such as yawning, moving in an arch, lifting a paw, licking the lips, laying down and looking away⁴ that occur in agonistic encounters and that decrease the probability of the agonistic behavior continuing at the same or a higher level.

It should be noted that proof of any true appeasing effect is rare,⁵ and the signals being evaluated are not just of emotional arousal but also the physiological processes that contribute to the stress response.⁶ The co-varying patterns of emotional arousal (often called a nonspecific stress response) and physiological responses may reflect different neurobehavioral responses to stressful or distressing situations.⁶ (See Table 1 for a list of nonspecific signs of anxiety.)

Examining behavior patterns

In a study seeking to examine the co-varying patterns of behavioral arousal and stress and its underlying physiology, the response of dogs to different types of contact with humans was evaluated using 28 client-owned dogs.⁸ All of the tests were videotaped, and the video was analyzed to measure the frequency and duration of each behavioral response. Nine different human and dog interactions were performed for 30 seconds each, separated by 60-second rest periods (see Table 2).

The dogs’ responses were grouped in three categories: redirected and social approach behavior (sniffing or licking the floor or playing with inanimate objects), displacement activity (yawning, stretching) and appeasement gestures (flicking the tongue, lifting the paw). Freezing and withdrawing—passive

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¹ FRONTLINE TRITAK For Dogs Product Label.

² Bren, L. Taking the Bite Out of Fleas and Ticks, *FDA Veterinarian Newsletter*, 2001;16(5)11-13.

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and active behavioral responses to an uncomfortable situation, respectively—were also noted but not included in the three main categories. The behavioral data were analyzed along with cardiac response data (heart rate and heart rate variability) obtained from a Polar Systems heart monitor.

Analyzing the results

Appeasement gestures (flicking the tongue, licking the paw) differed statistically in duration and frequency among the sequences (see Table 2) and were primarily seen during the paw and muzzle test sequences. Displacement activities also differed significantly among the test sequences and were highest during the shoulder, ground and tail sequences. Dogs showed redirected behavior for a longer period of time and more frequently if being petted on the shoulder, chest, paw and tail. Heart rate differed significantly among the test sequences and was highest during the muzzle, neck and collar sequences.

The authors concluded that being petted on the head, shoulder or paw resulted in the dogs’ initiating an increasing number of appeasement gestures and redirected behaviors and engaging in them for longer durations. Simply put—where you choose to pet a dog matters.

Petting dogs and holding them around the head (neck, muzzle or collar) resulted in an increased standard deviation of normal-to-normal R-R intervals (SDNN), indicating that both sympathetic and the parasympathetic effects on heart rate were affected by location of petting. Dogs manipulated in such regions may feel more entrapped and less able to make behavioral choices. Furthermore, appeasement gestures (lifting a paw, looking or moving away, licking the lips) were positively correlated with heart rate, some of which might be due to the motor activity involved in these behaviors.

In this case, the appeasement gestures exhibited by these dogs in relation to the SDNN and heart rate measures are more in line with definition 4 above: signals, such as yawning and licking the lips, may decrease the probability of an agonistic behavior continuing. However, appeasement gestures also were negatively associated with root mean square of successive

Table 2:

Behaviors exhibited by humans toward dogs	
>	Petting the dog on its shoulder
>	Petting the dog on the lateral side of the chest
>	Petting the dog on the ventral part of the neck
>	Petting and holding the laying dog on the ground
>	Holding a forepaw of the dog
>	Petting the dog on the top of the head
>	Scratching the dog at the base of the tail
>	Holding the dog on its collar
>	Covering the dog’s muzzle with one hand

Source: Kuhne F, Höblier JC, Struwe R. Behavioral and cardiac responses by dogs to physical human-dog contact. *J Vet Behav: Clin Appl Res* 2014. In press

heartbeat interval differences (RMS-SD) and RMSSD/SDNN ratio, suggesting that the lower the vagal tone and sympathovagal balance (reduced vagal tone and balance are thought to be markers of increased stress), the more common the appeasement gestures. If these gestures are more common when stress levels are higher, definition 3—postures and attitudes exhibited by a dog to calm himself and others—may be more appropriate. This explanation may especially fit if the change in vagal tone was associated with dogs tolerating gestures they disliked, as the authors suggest.

Do true appeasement signals exist?

At least two of the four common definitions of appeasement may fit responses of dogs in controlled situations established to cause stress or anxiety. The behaviors identified most consistently as appeasement behaviors in such research (lifting a paw, looking or moving away, licking the lips)^{4,8} are all commonly reported stress- and anxiety-related behaviors.

Ethological definitions of these behaviors routinely characterize them as intention movements, withdrawal from social interaction indicators, and indicators of uncertainty, respectively.⁷ Such descriptions may be more unbi-

ased than a label such as “appeasement gesture,” especially when in a controlled study these behaviors are associated with such a complex physiological profile. However, in the restrictive context of this careful study, there is a pattern of relatively narrow behavioral responses and activity that appears to meet two of the four definitions of *appeasement*. In this study, one could justify the carefully restricted use, as do the authors.

But should we in the world at large accept that appeasement is driving all canine behaviors and accept the term as a descriptor of canine behavior in the absence of more nuanced information? Absolutely not. We can see in Table 1 the wide number of possibly co-varying responses that are part of any anxiety, stress or distress response.

The message from all of these studies is that patterns of co-variation of all behavioral, physiological and neurochemical responses matter, and the context in which they are exhibited is key. If we can start to think this way, we may be able to figure out how to measure and compare individual responses in a practical way that allows us to anticipate when certain interactions or situations will change a dog’s behavior in ways injurious to the dog. And that would be priceless. [dvm360](#)

References

1. Maynard Smith J, Harper DGC. Animal signals: models and terminology. *J Theor Biol* 1995;177:305-311.
2. Hasson O. Emotional tears as biological signals. *Evol Psychol* 2009;7:363-370.
3. Rugaas T. *On talking terms with dogs: calming signals*. Wenatchee, Wash. Dogwise Publishing, 1997.
4. Pastore C, Pirrone F, Balzarotti F, et al. Evaluation of physiological and behavioral stress-dependent parameters in agility dogs. *J Vet Behav: Clin Appl Res* 2011;6:188-194.
5. Wosegien A, Lamprecht J. Nodding: an appeasement behaviour of pigeons (*Columba livia*). *Behaviour* 1989;108:44-56.
6. Koolhaas JM, Korte SM, De Boer SF, et al. Coping styles in animals: current status in behavior and stress-physiology. *Neurosci Biobehav Rev* 1999;23:925-935.
7. Overall KL. *Manual of clinical behavioral medicine*. St. Louis, Mo. Elsevier, 2013.
8. Kuhne F, Höblier JC, Struwe R. Behavioral and cardiac responses by dogs to physical human-dog contact. *J Vet Behav: Clin Appl Res* 2014. In press



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ORAL SURGERY SOLUTIONS:

An unerupted canine tooth and a challenging full mouth extraction

Unexpected complications can surprise even experienced veterinary specialists. Consider referring complex surgery cases to avoid taking on more than you bargained for.

By Brett Beckman, DVM, FAVD, DAVDC, DAAPM

In the February issue of *dvm360*, we looked at two difficult cases in veterinary dentistry. In this second article in this series examining challenging oral surgery cases, we'll discuss how to know when referral is appropriate. If your dental surgery skills are less than refined, especially complex or unusual oral surgery cases are best left to board-certified experts.

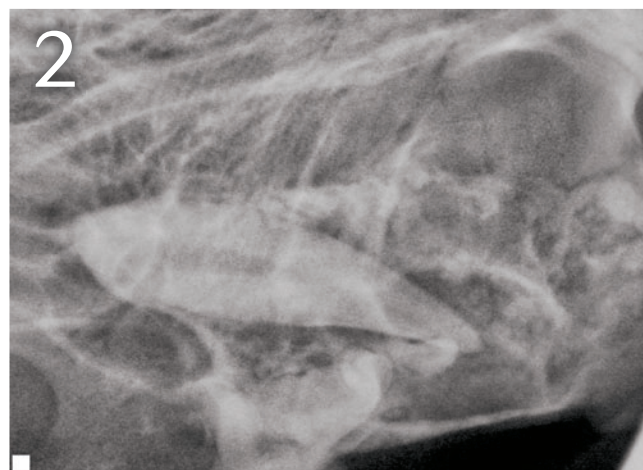
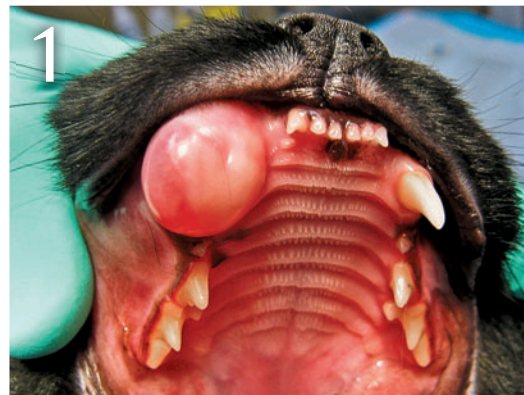
Unerupted canine tooth in a cat and subsequent complications

A 2½-year-old domestic shorthaired cat was presented for evaluation of a mass at the site of a missing right maxillary canine tooth (104). History was unclear as to whether a tooth ever was present at the site of the mass. The mass was fluctuant and had a bony rim around its base (Figure 1). Dental radiographs were taken and revealed a canine tooth within the right maxilla (Figure 2). The apical extent of the

tooth extended to the level of the furcation of the right maxillary fourth premolar (108). The presumptive diagnosis was a dentigerous cyst associated with the unerupted canine tooth. The mass was likely a result of the cyst impingement on the gingiva and bone at this location.

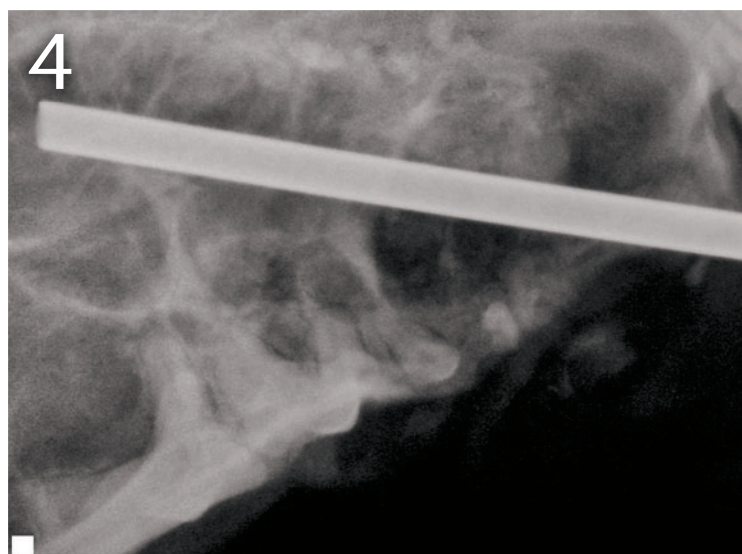
The surgical approach was similar to that utilized in a maxillary canine tooth extraction, with a mesial vertical releasing incision and a distal envelope incision in the sulcus (Figure 3). The bony rim was removed at the base of the mass, increasing exposure. The caudal portion of the cyst extended ventral to the orbit (Figure 4). The bone adjacent to the nasal cavity and the rostral maxillary recess was destroyed. No fluid existed within the defect, which was lined by a fibrous tissue consistent with that of a cyst (Figure 5, p. M6).

Careful removal of all discernible cyst material was difficult due to



>>> **Figure 1:** Image of a 2½-year-old domestic shorthaired cat presented for evaluation of a mass at the site of a missing right maxillary canine tooth.

>>> **Figure 2:** A dental radiograph demonstrating a canine tooth within the right maxilla.



>>> **Figure 3:** The surgical approach was similar to that utilized in the maxillary canine tooth extraction.

>>> **Figure 4:** A dental radiograph demonstrating a suction wand extending to the caudal extent of the defect.

>>> **Figure 5:** An example of the material that was removed and submitted for histopathologic examination.



>>> **Figure 7:** The surgical site 30 days after surgery showing dehiscence of a portion of the flap along with a small lip lesion secondary to canine tooth impingement.



>>> **Figure 9:** The patient six months after the 30-day recheck with a space-occupying mass ventral to the orbit.



>>> **Figure 6:** The closure was accomplished by excising excess marginal and palatal gingiva and suturing with 5-0 monocril.



>>> **Figure 8:** Image demonstrating healing at the subsequent recheck.

hemorrhage and obscurity of normal architecture. The pet owner was informed that although recurrence was possible, an aggressive approach involving complete removal provided a good prognosis. Closure was completed by excising excess marginal and palatal gingiva and suturing with 5-0 monocril (Figure 6).

Histopathologic examination confirmed a dentigerous cyst. Dehiscence of a portion of the flap was recognized at the 30-day recheck, along with a small lip lesion secondary to canine tooth impingement (Figure 7). The lip lesion was not clinically significant and palpation revealed no discomfort. The defect was debrided and closed.

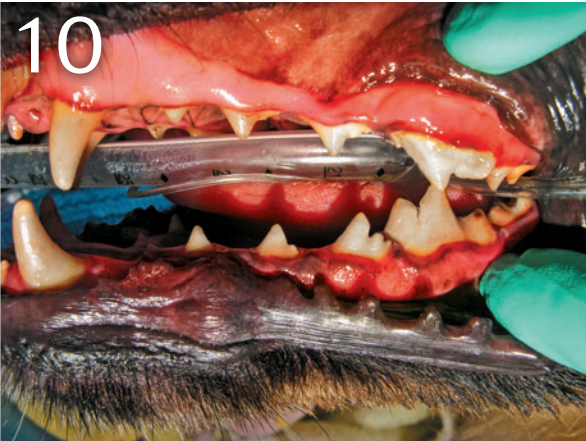
Healing was complete at the subsequent recheck (Figure 8).

Six months after the recheck, the patient presented with a space-occupying mass ventral to the orbit (Figure 9). Attempted excisional biopsy of what was thought to be residual cyst epithelium surprisingly revealed very aggressive undifferentiated neoplasia on histo-

pathologic examination. Classification by immunohistochemical staining was declined due to a very poor prognosis based on pathology. The patient was euthanized several weeks later due to progression of the mass.

Atypical generalized tooth discoloration in a Caribbean rescued setter mix

A rescued setter mix from a Caribbean island, age unknown, with no significant history was referred to our Atlanta office by a veterinary dental colleague who had examined the patient while on vacation. The patient presented with generalized yellow and



>>> **Figure 10:** The left maxillary and mandibular teeth of a rescued setter mix presented for generalized tooth discoloration.



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brown tooth discoloration (Figure 10). Generalized tooth discoloration is a common presentation in patients that have undergone a febrile event during the development of the enamel, also called amelogenesis. This results in enamel hypocalcification and hypoplasia. These cases generally demonstrate patchy discoloration and irregular defects, often reaching the level of the dentin. However, in this patient, the enamel was smooth with no irregularities. This more often is associated with an ingested substance, usually fluoride or tetracycline, and frequently this results in no other tooth aberrations.

Despite the contention that this condition was likely due to an ingested substance, full mouth radiographs are indicated in all cases of tooth discoloration. Dentin dysplasia in particular may occur in combination with enamel defects since the genesis of both tissues overlap. The patient was anesthetized and oral examination revealed a fistulous tract apical to the mucogingival junction (Figure 11, p. M8). A lesion at or apical to the mucogingival junction is commonly secondary to a nonvital tooth and indicates bone lysis secondary to pulp necrosis.

Radiographs of that region demonstrated a large lucency associated with the mesial and distal roots of the right mandibular first molar (409) (Figures 12A and 12B, p. M8). The pulp cavity diameter of 409 was much larger than that of the adjacent teeth. Most of the remaining teeth had similar defects (Figures 13 and 14, p. M8).

Due to the extensive involvement of the majority of the teeth and the difficulty in obtaining adequate follow-up for the few radiographically normal teeth that remained, full mouth extraction was recommended. Four quadrant nerve blocks were administered. Full quadrant, full thickness mucogingival flaps (excluding the incisors) for surgical exposure were extremely difficult to raise. The periosteum was thickened and attached very firmly to the underlying bone.

It was thought that the event that resulted in discoloration also altered the interface of the bone, periosteum or both, making the interface of the bone and periosteum difficult to separate. Teeth were unusually difficult to remove, requiring exposure to the apex in most instances (Figures 15 and 16, p. M8). These factors added

considerably to the time for extractions. Two hours and forty minutes were required to remove two quadrants plus the incisors. Hand fatigue, cramping and patient temperature concerns necessitated waking the patient and completing the extractions the following day. The nerve blocks were repeated and an opiate added to

extend the duration of the blocks. This was repeated the next day prior to completion of the extractions.

One hour and forty minutes were needed to complete the second procedure. Although antibiotics are not generally needed for most oral surgical procedures, this case included a high level of bone involvement, and a



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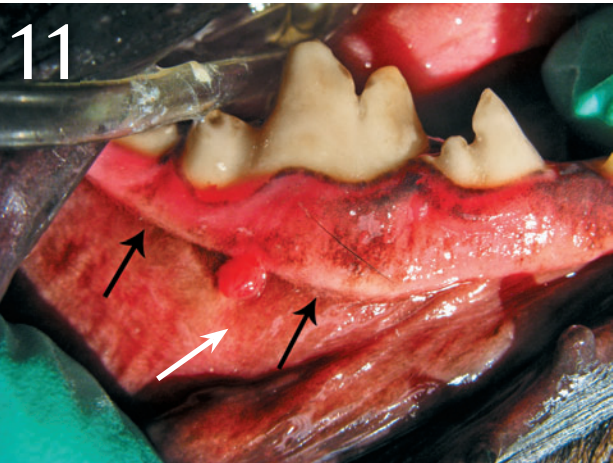


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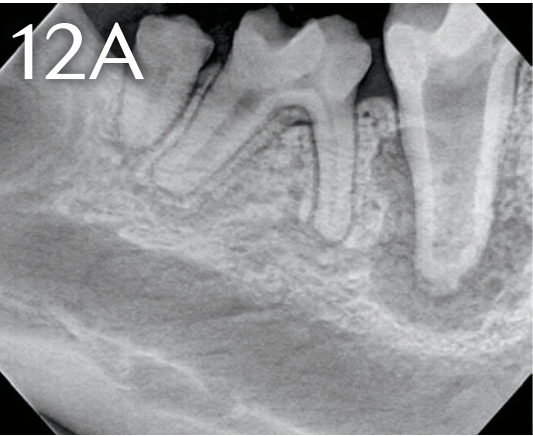
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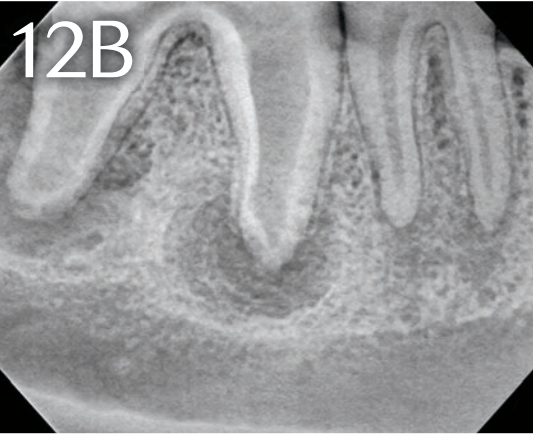
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>>> **Figure 11:** A fistulous tract (white arrow) apical to the mucogingival junction (black arrows).

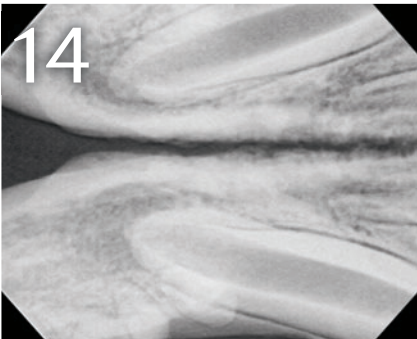


>>> **Figure 12A:** A radiograph of the region associated with the fistula (tooth 409) demonstrating a large lucency associated with the distal root.

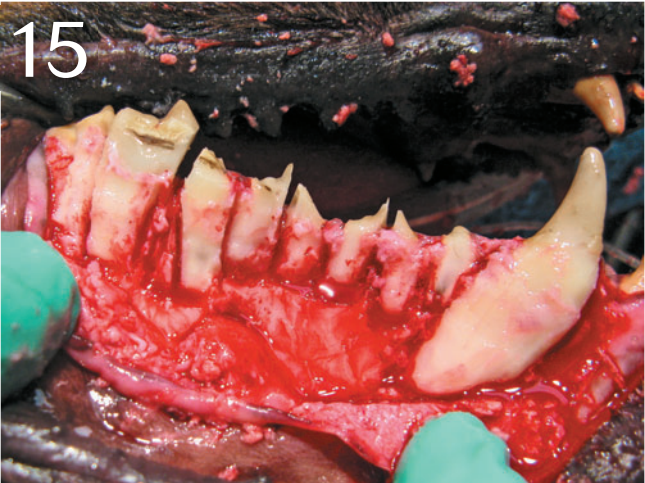


>>> **Figure 12B:** A radiograph of the mesial root of tooth 409 showing a large lucency.

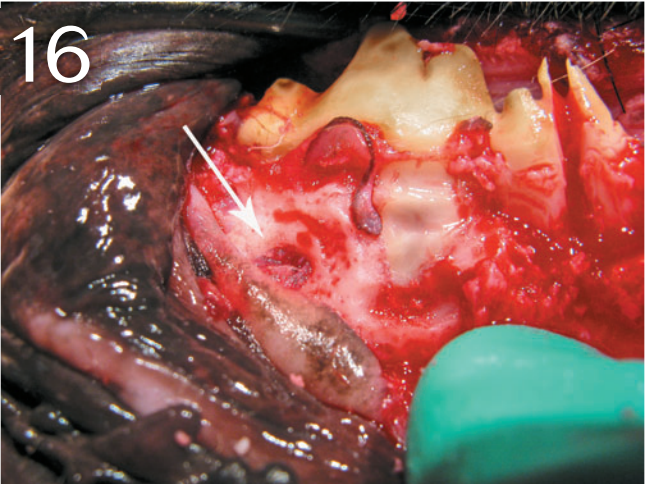
>>> **Figure 13:** Four of the five incisors in this radiograph showing increased pulp cavity diameter versus that of the right maxillary first incisor (arrow) indicating non-vitality.



>>> **Figure 14:** Large pulp diameters and periapical lucencies are present on both mandibular canine teeth.



>>> **Figure 15:** Surgical exposure of the right mandibular quadrant was needed to aid in efficient extraction.



>>> **Figure 16:** A bone defect was present adjacent to tooth 409 and the region of fistulation (arrow).

dose of clindamycin appropriate for treating osteomyelitis was administered for three weeks. The day after the second procedure, the owner returned for a recheck prior to the trip back to home. Although no discomfort had been recognized at home previously, the owner reported a significant difference in his dog's demeanor, indicating that he was more energetic and ate very well. Palpation of all quadrants was tolerated and revealed minimal to no discomfort. In follow-up communication with the owner, he has described an extremely happy patient that plays constantly with significantly improved demeanor and activity levels compared with before the surgery.

Full mouth extractions in veterinary patients should be performed only by board-certified veterinary dentists or those with extensive experience in extractions. In this case, the difficulty with flap exposure and removal was unexpected and added considerable time to the procedure. In the hands of an inexperienced operator, this procedure could have resulted in numerous complications. [dvm360](#)



Dr. Brett Beckman lectures and sees patients at Affiliated Veterinary Specialists, Orlando, Fla.; Florida Veterinary Dentistry and Oral Surgery, Punta Gorda, Fla.; and Animal Emergency Center of Sandy Springs, Atlanta. Visit [veterinarydentistry.net](#) for more information.

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“This is a chance to think beyond our practice and look at the potential impact for generations—to be a part of something bigger than our little community of pet owners.”

—Stephanie Riner Ensley, DVM

these visits, but Morris does provide \$75 a year to help offset those costs.

Although the study was initially conceived by veterinary oncologists, it is hoped the data will give insight into many diseases, from hypothyroidism and heart failure to renal disease and epilepsy. “Our study is set up to find risk factors for cancer in goldens, but I really believe it will have a strong impact on common diseases in all breeds of dogs,” says Haworth.

A chance to help

Veterinarians receive no compensation other than their usual charges for the visits, but Haworth hopes the potential to participate in such an expansive study will inspire veterinarians to sign up and recruit their eligible clients.

Stephanie Riner Ensley, DVM, a practitioner at Sugar Creek Animal Hospital in Bentonville, Ark., is one such veterinarian. “I see so many goldens with cancer—too many, really,” she says. “Here is a chance to provide data for a lifelong observational study.” Ensley has enrolled three goldens to date, with four more owners considering it.

As someone actively recruiting clients to participate, Ensley has seen firsthand what works and what doesn’t work when it comes to convincing pet owners to sign up. “One of the greatest concerns owners express is that they are afraid someone will experiment with the dog,” she says. “They are much more receptive when we discuss the meaning of ‘observational’ in the study. I tell them that nobody will dictate how they raise their dog—just be willing to share that information.”

Both veterinarians and pet owners also complete a comprehensive questionnaire, covering many aspects of a pet’s routine activities. “It’s a long one,” says Haworth with a laugh, “but the veterinarian one is a little shorter.” As both a veterinarian and a golden owner with a pet enrolled in the study, he would know.

“I do think the first round is a little intimidating,” says Ensley, but she is

quick to add she does not view that as a deterrent. “It really amounts to a physical exam with a few little extras, like the height of the dog. I expect this to become more time consuming as our patients age, but we will be more and more familiar with the data collection forms online, so I do not anticipate a problem or ‘time sink’ there.” She also has a sample collection process worked out in her clinic to keep that aspect of the exam running as smoothly as possible.

Benefits for all breeds and generations to come

Both Ensley and Haworth are excited about the possibilities this study has for improvements in health for all dogs. “One of the criticisms we receive is how applicable these results can be,” Haworth says. “But a golden retriever is a pretty good model for dogs. Let’s not fool ourselves that cancer is limited to golden retrievers.”

Ensley agrees. “I love the thought that this body of data has the potential to help *all* breeds,” she says. “My granddaughter wants to be a ‘pet doctor.’ I hope she will ultimately be able to offer more evidence-based advice to pet owners based on the findings from the data collected.”

Since enrollment began in August 2012, about 1,100 of the 3,000 total dogs needed have signed on. “One of the things we are focusing on right now is recruitment,” says Haworth, noting that although enrollment has been a bit slower than anticipated, the retention has exceeded expectations. Morris has put the word out about the study in traditional press, through breed clubs and—with great success, Haworth notes—veterinarians.

“We believe this is the biggest study in veterinary medicine to date,” Haworth says. “We’ve had a great response from breed clubs, who are interested in healthy goldens, and the veterinarians are interested in what it can do for the field.” The study team is counting on the enthusiasm of vet-

erinarians like Ensley to actively solicit participation from clients.

“I do encourage other veterinarians to participate in the study,” says Ensley. “I think this is a chance to think beyond our practice and look at the potential impact for dog generations beyond the ones we are seeing now—to be a part of something bigger than our little community of pet owners.” She even hands out information about the study to golden owners she sees while out and about and tells them to talk to their veterinarian. “Sadly, a few have talked to the veterinarian they use and they are not interested,” she says.

That aside, Ensley is heartened by comments she has heard from owners of dogs other than goldens. She says the most common comment she hears is, “when are they going to do this study for (whichever breed they own)?

“Every little bit helps get the word out,” Ensley says. “Cancer touches people’s hearts.”

Including our own—as both veterinarians and dog lovers. Tomorrow, I am euthanizing a dog with metastasized hemangiosarcoma. “I haven’t told the children yet,” says the owner with a sigh. “I’m not sure how to explain this to them.” Perhaps, one day, we won’t have to.

For more information about the Morris Animal Foundation’s Golden Retriever Lifetime Study, visit caninelifetimehealth.org. **dvm360**

Dr. Jessica Vogelsang, known as Dr. V. among her readers, is a regular contributing author for a number of well-known publications. Read more from her award-winning blog at pawcurious.com.

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Brief Summary: Before using PREVICOX, please consult the product insert, a summary of which follows:
Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian.

Indications: PREVICOX (firocoxib) Chewable Tablets are indicated for the control of pain and inflammation associated with osteoarthritis and for the control of postoperative pain and inflammation associated with soft-tissue and orthopedic surgery in dogs.

Contraindications: Dogs with known hypersensitivity to firocoxib should not receive PREVICOX.

Warnings: Not for use in humans. Keep this and all medications out of the reach of children. Consult a physician in case of accidental ingestion by humans.

For oral use in dogs only. Use of this product at doses above the recommended 2.27 mg/lb (5.0 mg/kg) in puppies less than seven months of age has been associated with serious adverse reactions, including death (see Animal Safety). Due to tablet sizes and scoring, dogs weighing less than 12.5 lb (5.7 kg) cannot be accurately dosed.

All dogs should undergo a thorough history and physical examination before the initiation of NSAID therapy. Appropriate laboratory testing to establish hematological and serum baseline data is recommended prior to and periodically during administration of any NSAID. **Owners should be advised to observe for signs of potential drug toxicity (see Adverse Reactions and Animal Safety) and be given a Client Information Sheet about PREVICOX Chewable Tablets.**

For technical assistance or to report suspected adverse events, call 1-877-217-3543.

Precautions: This product cannot be accurately dosed in dogs less than 12.5 pounds in body weight. Consider appropriate washout times when switching from one NSAID to another or when switching from corticosteroid use to NSAID use.

As a class, cyclooxygenase inhibitory NSAIDs may be associated with renal, gastrointestinal and hepatic toxicity. Sensitivity to drug-associated adverse events varies with the individual patient. Dogs that have experienced adverse reactions from one NSAID may experience adverse reactions from another NSAID. Patients at greatest risk for adverse events are those that are dehydrated, on concomitant diuretic therapy, or those with existing renal, cardiovascular, and/or hepatic dysfunction. Concurrent administration of potentially nephrotoxic drugs should be carefully approached and monitored. NSAIDs may inhibit the prostaglandins that maintain normal homeostatic function. Such anti-prostaglandin effects may result in clinically significant disease in patients with underlying or pre-existing disease that has not been previously diagnosed. Since NSAIDs possess the potential to produce gastrointestinal ulceration and/or gastrointestinal perforation, concomitant use of PREVICOX Chewable Tablets with other anti-inflammatory drugs, such as NSAIDs or corticosteroids, should be avoided. The concomitant use of protein-bound drugs with PREVICOX Chewable Tablets has not been studied in dogs. Commonly used protein-bound drugs include cardiac, anticonvulsant, and behavioral medications. The influence of concomitant drugs that may inhibit the metabolism of PREVICOX Chewable Tablets has not been evaluated. Drug compatibility should be monitored in patients requiring adjunctive therapy. If additional pain medication is needed after the daily dose of PREVICOX, a non-NSAID class of analgesic may be necessary. Appropriate monitoring procedures should be employed during all surgical procedures. Anesthetic drugs may affect renal perfusion, approach concomitant use of anesthetics and NSAIDs cautiously. The use of parenteral fluids during surgery should be considered to decrease potential renal complications when using NSAIDs perioperatively. The safe use of PREVICOX Chewable Tablets in pregnant, lactating or breeding dogs has not been evaluated.

Adverse Reactions:
Osteoarthritis: In controlled field studies, 128 dogs (ages 11 months to 15 years) were evaluated for safety when given PREVICOX Chewable Tablets at a dose of 2.27mg/lb (5.0 mg/kg) orally once daily for 30 days. The following adverse reactions were observed. Dogs may have experienced more than one of the observed adverse reactions during the study.

Adverse Reactions Seen in U. S. Field Studies		
Adverse Reactions	PREVICOX (n=128)	Active Control (n=121)
Vomiting	5	8
Diarrhea	1	10
Decreased Appetite or Anorexia	3	3
Lethargy	1	3
Pain	2	1
Somnolence	1	1
Hyperactivity	1	0

PREVICOX (firocoxib) Chewable Tablets were safely used during field studies concomitantly with other therapies, including vaccines, anthelmintics, and antibiotics.

Soft-tissue Surgery: In controlled field studies evaluating soft-tissue postoperative pain and inflammation, 258 dogs (ages 10.5 weeks to 16 years) were evaluated for safety when given PREVICOX Chewable Tablets at a dose of 2.27 mg/lb (5.0 mg/kg) orally approximately 2 hours prior to surgery and once daily thereafter for up to two days. The following adverse reactions were observed. Dogs may have experienced more than one of the observed reactions during the study.

Adverse Reactions Seen in the Soft-tissue Surgery Postoperative Pain Field Studies		
Adverse Reactions	Firocoxib Group (n=127)	Control Group* (n=131)
Vomiting	5	6
Diarrhea	1	1
Bruising at Surgery Site	1	1
Respiratory Arrest	1	0
SO Crepitus in Rear Leg and Flank	1	0
Swollen Paw	1	0

*Sham-dosed (pilled)

Orthopedic Surgery: In a controlled field study evaluating orthopedic postoperative pain and inflammation, 226 dogs of various breeds, ranging in age from 1 to 11.9 years in the PREVICOX-treated groups and 0.7 to 17 years in the control group were evaluated for safety. Of the 226 dogs, 118 were given PREVICOX Chewable Tablets at a dose of 2.27 mg/lb (5.0 mg/kg) orally approximately 2 hours prior to surgery and once daily thereafter for a total of three days. The following adverse reactions were observed. Dogs may have experienced more than one of the observed reactions during the study.

Adverse Reactions Seen in the Orthopedic Surgery Postoperative Pain Field Study		
Adverse Reactions	Firocoxib Group (n=118)	Control Group* (n=108)
Vomiting	1	0
Diarrhea	2**	1
Bruising at Surgery Site	2	3
Inappetence/Decreased Appetite	1	2
Pyrexia	0	1
Incision Swelling, Redness	9	5
Oozing Incision	2	0

A case may be represented in more than one category.

*Sham-dosed (pilled).

**One dog had hemorrhagic gastroenteritis.

Post-Approval Experience (Rev. 2009): The following adverse reactions are based on post-approval adverse drug event reporting. The categories are listed in decreasing order of frequency by body system:

Gastrointestinal: Vomiting, anorexia, diarrhea, melena, gastrointestinal perforation, hematemesis, hematachezia, weight loss, gastrointestinal ulceration, peritonitis, abdominal pain, hypersalivation, nausea

Urinary: Elevated BUN, elevated creatinine, polydypsia, polyuria, hematuria, urinary incontinence, proteinuria, kidney failure, azotemia, urinary tract infection

Neurological/Behavioral/Special Sense: Depression/lethargy, ataxia, seizures, nervousness, confusion, weakness, hyperactivity, tremor, paresis, head tilt, nystagmus, mydriasis, aggression, uveitis

Hepatic: Elevated ALP, elevated ALT, elevated bilirubin, decreased albumin, elevated AST, icterus, decreased or increased total protein and globulin, pancreatitis, ascites, liver failure, decreased BUN

Hematological: Anemia, neutrophilia, thrombocytopenia, neutropenia

Cardiovascular/Respiratory: Tachypnea, dyspnea, tachycardia

Dermatologic/Immunologic: Pruritis, fever, alopecia, moist dermatitis, autoimmune hemolytic anemia, facial/muzzle edema, urticaria

In some situations, death has been reported as an outcome of the adverse events listed above.

For a complete listing of adverse reactions for firocoxib reported to the CVM see: <http://www.fda.gov/AnimalVeterinary/SafetyHealth/ProductSafetyInformation/ucm055394.htm>

Information For Dog Owners: PREVICOX, like other drugs of its class, is not free from adverse reactions. Owners should be advised of the potential for adverse reactions and be informed of the clinical signs associated with drug intolerance. Adverse reactions may include vomiting, diarrhea, decreased appetite, dark or tarry stools, increased water consumption, increased urination, pale gums due to anemia, yellowing of gums, skin or white of the eye due to jaundice, lethargy, incoordination, seizure, or behavioral changes. **Serious adverse reactions associated with this drug class can occur without warning and in rare situations result in death (see Adverse Reactions). Owners should be advised to discontinue PREVICOX therapy and contact their veterinarian immediately if signs of intolerance are observed.** The vast majority of patients with drug-related adverse reactions have recovered when the signs are recognized, the drug is withdrawn, and veterinary care, if appropriate, is initiated. Owners should be advised of the importance of periodic follow up for all dogs during administration of any NSAID.

Effectiveness: Two hundred and forty-nine dogs of various breeds, ranging in age from 11 months to 20 years, and weighing 13 to 175 lbs, were randomly administered PREVICOX or an active control drug in two field studies. Dogs were assessed for lameness, pain on manipulation, range of motion, joint swelling, and overall improvement in a non-inferiority evaluation of PREVICOX compared with the active control. At the study’s end, 87% of the owners rated PREVICOX-treated dogs as improved. Eighty-eight percent of dogs treated with PREVICOX were also judged improved by the veterinarians. Dogs treated with PREVICOX showed a level of improvement in veterinarian-assessed lameness, pain on palpation, range of motion, and owner-assessed improvement that was comparable to the active control. The level of improvement in PREVICOX-treated dogs in limb weight bearing on the force plate gait analysis assessment was comparable to the active control. In a separate field study, two hundred fifty-eight client-owned dogs of various breeds, ranging in age from 10.5 weeks to 16 years and weighing from 7 to 168 lbs, were randomly administered PREVICOX or a control (sham-dosed-pilled) for the control of postoperative pain and inflammation associated with soft-tissue surgical procedures such as abdominal surgery (e.g., ovariohysterectomy, abdominal cryptorchidectomy, splenectomy, cystotomy) or major external surgeries (e.g., mastectomy, skin tumor removal <8 cm). The study demonstrated that PREVICOX-treated dogs had significantly lower need for rescue medication than the control (sham-dosed-pilled) in controlling postoperative pain and inflammation associated with soft-surgery. A multi-center field study with 226 client-owned dogs of various breeds, and ranging in age from 1 to 11.9 years in the PREVICOX-treated groups and 0.7 to 17 years in the control group was conducted. Dogs were randomly assigned to either the PREVICOX or the control (sham-dosed-pilled) group for the control of postoperative pain and inflammation associated with orthopedic surgery. Surgery to repair a ruptured cruciate ligament included the following stabilization procedures: fabellar suture and/or imbrication, fibular head transposition, tibial plateau leveling osteotomy (TPLO), and ‘over the top’ technique. The study (n = 220 for effectiveness) demonstrated that PREVICOX-treated dogs had significantly lower need for rescue medication than the control (sham-dosed-pilled) in controlling postoperative pain and inflammation associated with orthopedic surgery.

Animal Safety: In a targeted animal safety study, firocoxib was administered orally to healthy adult Beagle dogs (eight dogs per group) at 5, 15, and 25 mg/kg (1, 3, and 5 times the recommended total daily dose) for 180 days. At the indicated dose of 5 mg/kg, there were no treatment-related adverse events. Decreased appetite, vomiting, and diarrhea were seen in dogs in all dose groups, including unmedicated controls, although vomiting and diarrhea were seen more often in dogs in the 5X dose group. One dog in the 3X dose group was diagnosed with juvenile polyarteritis of unknown etiology after exhibiting recurrent episodes of vomiting and diarrhea, lethargy, pain, anorexia, ataxia, proprioceptive deficits, decreased albumin levels, decreased and then elevated platelet counts, increased bleeding times, and elevated liver enzymes. On histopathologic examination, a mild ileal ulcer was found in one 5X dog. This dog also had a decreased serum albumin which returned to normal by study completion. One control and three 5X dogs had focal areas of inflammation in the pylorus or small intestine. Vacuolization without inflammatory cell infiltrates was noted in the thalamic region of the brain in three control, one 3X, and three 5X dogs. Mean ALP was within the normal range for all groups but was greater in the 3X and 5X dose groups than in the control group. Transient decreases in serum albumin were seen in multiple animals in the 3X and 5X dose groups, and in one control animal. In a separate safety study, firocoxib was administered orally to healthy juvenile (10-13 weeks of age) Beagle dogs at 5, 15, and 25 mg/kg (1, 3, and 5 times the recommended total daily dose) for 180 days. At the indicated (1X) dose of 5 mg/kg, on histopathologic examination, three out of six dogs had minimal periportal hepatic fatty change. On histopathologic examination, one control, one 1X, and two 5X dogs had diffuse slight hepatic fatty change. These animals showed no clinical signs and had no liver enzyme elevations. In the 3X dose group, one dog was euthanized because of poor clinical condition (Day 63). This dog also had a mildly decreased serum albumin. At study completion, out of five surviving and clinically normal 3X dogs, three had minimal periportal hepatic fatty change. Of twelve dogs in the 5X dose group, one died (Day 82) and three moribund dogs were euthanized (Days 38, 78, and 79) because of anorexia, poor weight gain, depression, and in one dog, vomiting. One of the euthanized dogs had ingested a rope toy. Two of these 5X dogs had mildly elevated liver enzymes. At necropsy all five of the dogs that died or were euthanized had moderate periportal or severe panzonal hepatic fatty change; two had duodenal ulceration; and two had pancreatic edema. Of two other clinically normal 5X dogs (out of four euthanized as comparators to the clinically affected dogs), one had slight and one had moderate periportal hepatic fatty change. Drug treatment was discontinued for four dogs in the 5X group. These dogs survived the remaining 14 weeks of the study. On average, the dogs in the 3X and 5X dose groups did not gain as much weight as control dogs. Rate of weight gain was measured (instead of weight loss) because these were young growing dogs. Thalamic vacuolation was seen in three of six dogs in the 3X dose group, five of twelve dogs in the 5X dose group, and to a lesser degree in two unmedicated controls. Diarrhea was seen in all dose groups, including unmedicated controls. In a separate dose tolerance safety study involving a total of six dogs (two control dogs and four treated dogs), firocoxib was administered to four healthy adult Beagle dogs at 50 mg/kg (ten times the recommended daily dose) for twenty-two days. All dogs survived to the end of the study. Three of the four treated dogs developed small intestinal erosion or ulceration. Treated dogs that developed small intestinal erosion or ulceration had a higher incidence of vomiting, diarrhea, and decreased food consumption than control dogs. One of these dogs had severe duodenal ulceration, with hepatic fatty change and associated vomiting, diarrhea, anorexia, weight loss, ketonuria, and mild elevations in AST and ALT. All four treated dogs exhibited progressively decreasing serum albumin that, with the exception of one dog that developed hypalbuminemia, remained within normal range. Mild weight loss also occurred in the treated group. One of the two control dogs and three of the four treated dogs exhibited transient increases in ALP that remained within normal range.

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The One Health Center for Zoonoses and Tropical Veterinary Medicine at Ross University in Basseterre, St. Kitts, will now be under the direction of Arve Lee Willingham, DVM, PhD. According to the university, Willingham will promote collaborative research opportunities with organizations around the world and encourage interdisciplinary research between the School of Veterinary Medicine’s research centers and other veterinary medicine and public health institutions.

“At our One Health Center, we plan to study such diseases to understand how different infectious agents affect people’s health and livelihoods, especially within the tropical and lesser-developed Caribbean region,” Willingham says.

Elaine Watson, dean of the Ross School of Veterinary Medicine, says, “The new center is an important component in our mission to educate the next generation of veterinarians, while improving the health and sustainability of the Caribbean region, crucially located on the doorstep of the Americas. Dr. Willingham’s wide international experience and his research background are central in its development.”

The university touts Willingham’s more than two decades of global travel and dedication to understanding and combating parasitic zoonotic diseases. Between 2010 and 2013, Willingham worked at the World Health Organization’s Special Programme for Research and Training in Tropical Diseases in Geneva, Switzerland. There, he identified global research needs for the environment, agriculture and infectious diseases, as well as helminth and zoonotic diseases. His research has received numerous awards, including a Fulbright Fellowship and recognition from the American Veterinary Medical Association and the American Association of Veterinary Parasitologists. **dvm360**

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Important Safety Information: As a class, cyclooxygenase inhibitory NSAIDs may be associated with gastrointestinal, kidney or liver side effects. These are usually mild, but may be serious. Pet owners should discontinue therapy and contact their veterinarian immediately if side effects occur. Evaluation for pre-existing conditions and regular monitoring are recommended for pets on any medication, including PREVICOX® (firocoxib). See brief summary on page 44.

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Veterinary toxicology alert: Oils used in 'scent training' can harm dogs

Researchers from Michigan State confirm toxicity of birch oil, warn that nontoxic scents may lead pets to food sources with xylitol.

Canine "scent training," or "nose work," in which dogs are coached to locate target-scented objects, may lead to accidental poisoning, researchers say. Faculty

at the toxicology laboratory of the Diagnostic Center for Population and Animal Health at the Michigan State University College of Veterinary Medicine say that targets scented with essential oils—specifically birch—create serious concern.

Cheryl Swenson, DVM, PhD, DACVP (clinical pathology), Angie Davison and John Buchweitz, PhD, recently confirmed that a highly toxic concentration of methyl salicylate is present in birch oil.

The aromatic compound is reminiscent of wintergreen with a similar structure and toxicity profile to aspirin (acetylsalicylic acid). Clinical signs of possible birch oil toxicosis include a wintergreen smell coming from the pet (hair coat, skin, breath, vomitus), face rubbing, vomiting, diarrhea, gastrointestinal erosions, anemia, acute kidney failure, respiratory depression, lethargy, seizures, coma and death.

Birch oil, as well as anise and clove, are often used in canine scent training and are easily obtained from online sources. MSU researchers say that, typically, small amounts of these oils (diluted to 25 percent or less of their original concentration, per label instructions) are used in enclosed containers to reduce the chance of accidental ingestion. However, if dogs come across the bottle of undiluted product they may investigate it extensively, including by mouth, which may lead to oral ingestion as well as dermal absorption. Plus, many manufacturers emphasize the human health benefits of these oils on the label and downplay their toxicity, which may result in dog owners and handlers not taking proper precautions.

In addition to the toxicity of these

oils, there is also potential for dogs to target items of a similar scent that are also toxic. Researchers found that birch scent is frequently incorporated into sugar-free chewing gum, which often contains xylitol, a compound that is safe for human consumption but toxic to dogs.

"In fact, all three commonly used training scents have been incorporated into chewing gums and thereby may promote the unanticipated risk of xylitol poisoning," the MSU researchers state in their report. "Therefore, it is recommended that alternative nontoxic scents be actively sought to ensure safety for people and pets during the enjoyable human-animal bond activity of training dogs to locate odors."

MSU researchers recommend that pet owners and trainers working with scent training use floral or other scents that don't encourage dogs to seek food sources with similar odors. They recommend that owners and trainers identify safe scents by making sure the plant form of the scent is not poisonous and that candidate scents are tested to rule out the presence of unanticipated toxins. [dvm360](#)



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Ralph Richardson to step down as dean of K-State veterinary school

Ralph C. Richardson, DVM, dean of Kansas State University's College of Veterinary Medicine, has announced his plans to step down, according to a university release. He will leave his position no later than July 2015 and will assume a faculty position.

"I plan to continue in a faculty role with the college and the university, hoping to use my abilities in program building and my background in comparative medicine to continue strengthening collaborative programs that benefit K-State," Richardson says in the release. "I have a real sense of ur-



Dr. Ralph Richardson

Richardson received his DVM from K-State in 1970. He completed an internship in small animal medicine and surgery at Purdue in 1973, a residency in small animal internal medicine at the University of Missouri in 1973, and a training program in clinical oncology at the University of Kansas Medical Center in 1978. In 1998, Richardson became the 11th dean of K-State's College of Veterinary Medicine after serving as the head of the clinical sciences department at Purdue, according to the release.

Under Richardson's guidance, enrollment in the veterinary program at K-State grew and more than \$72 million has been raised in private support, which includes more than 150 new scholarships and seven permanently endowed professorships. The college's early admission program was started in 1999 to ensure opportunities for K-State undergraduate students and enhance recruitment. Richardson also had a role in helping promote the Veterinary Training Program for Rural Kansas, which has a debt repayment incentive for graduates who work in rural practices in Kansas.

During Richardson's time as dean, the college also began a DVM/PhD

Longtime dean known for One Health initiatives and national biolab planning. He will take faculty position by July 2015.

See us at these upcoming conferences: ACVIM, June 2014, Nashville; IVECCS, Sept. 2014, Indianapolis; VCS, Oct. 2014, St. Louis; ACVS, Oct. 2014, San Diego; NAVC, Jan. 2015, Orlando; and WVC, Feb. 2015, Las Vegas.



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program to provide alternate career paths, such as working in research laboratories or academia. The college is also a part of the university's interdisciplinary master of public health program, which allows students to work in one of four areas of emphasis, including infectious diseases and zoonoses, according to the release.

Richardson also helped integrate K-State's College of Veterinary Medicine into university programs that protect the health of the nation's livestock and help ensure food safety. Faculty members are involved in research at the university's BioSecurity Research Institute, which provides an environmentally

safe and secure location to study pathogens that threaten humans and livestock, according to the release. The college and faculty also played a role in the university's selection for the site of the National Bio and Agro-Defense Facility, a biosafety level-4 facility that will be located close to the college. [dvm360](#).

Arizona animal massage therapists sue state veterinary board

Therapists challenge state law requiring a veterinary license to practice massage on pets.

A civil suit has been filed in Arizona against the state Veterinary Medical Examining Board in an effort to challenge the state's licensing requirements, according to a complaint filed by the Institute for Justice in the Superior Court of Arizona. Under Arizona law, veterinary medicine is limited to practice by licensed veterinarians,



Celeste Kelly

the scope of which includes animal massage.

The three plaintiffs, Celeste Kelly, Grace Granatelli and Stacey Kollman, have all been privately certified in animal massage. Kollman and Kelly are equine massage therapists and Granatelli is a canine massage therapist.

They don't claim to be veterinarians and also advise their clients that animal massage isn't a replacement for veterinary care, according

to the lawsuit. However, the plaintiffs say, the Arizona law is so broad that almost anything done for a fee, like animal massage, is classified as veterinary medicine, which can be practiced only by a licensed veterinarian.

Kelly and Granatelli have received cease-and-desist orders from the board, and while Kollman had not received one at the time of the filing, she was concerned that she would also face enforcement from the board, according to the complaint. As the law currently stands, animal massage therapists must provide their services for free or go to veterinary school, the suit states.

The plaintiffs are arguing that, as with human massage,

animal massage is noninvasive and all-natural—plus, human massage therapists aren't required to go to medical school. "It does not take years of medical education to become a qualified massage therapist for animals or humans," says Diana Simpson, one of the Institute for Justice lawyers on the case. "Veterinary schools are not even required to teach massage, and our Arizona clients would have to uproot their entire lives because there are no accredited veterinary schools in the state. Becoming a licensed veterinarian adds no additional knowledge of or training in massage, so it is outrageous to require animal massage therapists to move out of state and spend hundreds of thousands of dollars to attend four years of veterinary school."

If Kelly, Granatelli and Kollman were to continue their massage practices without a license, they could be penalized up to \$1,000 per violation and also face jail time. Their lawsuit seeks a ruling stating that the restriction of animal massage to licensed veterinarians is unconstitutional and permanently stop the board from enforcing such a restriction. The plaintiffs are not seeking monetary damages.

Some states, such as Colorado, Georgia and Washington, do allow animal massage by nonveterinarians, according to a report from the American Veterinary Medical Association listing state practice act exemptions covering complementary and alternative veterinary medicine.

The Institute for Justice, which is representing the plaintiffs in this case, is a civil liberties organization known for challenging licensing laws across the country. The group is also handling the case of Ron Hines, DVM, in Texas, in which it argues that an inability to provide veterinary advice on the Internet is a violation of Hines' right to free speech. "Victories in these types of lawsuits will force the government to take a good look at regulations and decide if they genuinely protect public health and safety, or if they only protect already licensed members from competition," Simpson says.

The Arizona Veterinary Medical Examining Board declined to comment to [dvm360](#) for this article. [dvm360](#)

Three women elected to head restructured AAHA Board of Directors

AAHA members voted in 2013 to reduced the board from 14 to eight positions for 2014.

The American Animal Hospital Association (AAHA) has introduced a newly restructured board of directors for 2014, according to an association release. The board welcomed four new officers and one new director during its annual meeting at the 2014 AAHA yearly conference.

In 2013, AAHA members voted to reduce the board from 14 members to eight, and 2014 will be the first year for this format to be in place. This is the second year that the president, president-elect and vice president roles are all filled by women.

The four new officers and director for the 2014-2015 year are: Kate Crumley, MS, DVM; Tracey Jensen DVM, DABVP (C/F), CVA; Nancy Soares, VMD, and Hilary Mellor, DVM.

Crumley is the association's 2014-2015 president. She has been an AAHA member since 1988 and has served on the board of directors since 2007, according to the release. She completed her DVM at North Carolina State and has practiced both companion animal and farm animal medicine.

Jensen is the AAHA's president-elect for 2014-2015. She earned her DVM from Colorado State University in 1996. Since 1999, Jensen has owned Wellington Veterinary Clinic in Wellington, Colo., which won the AAHA Accredited Practice of the Year Award in 2012, according to the release.

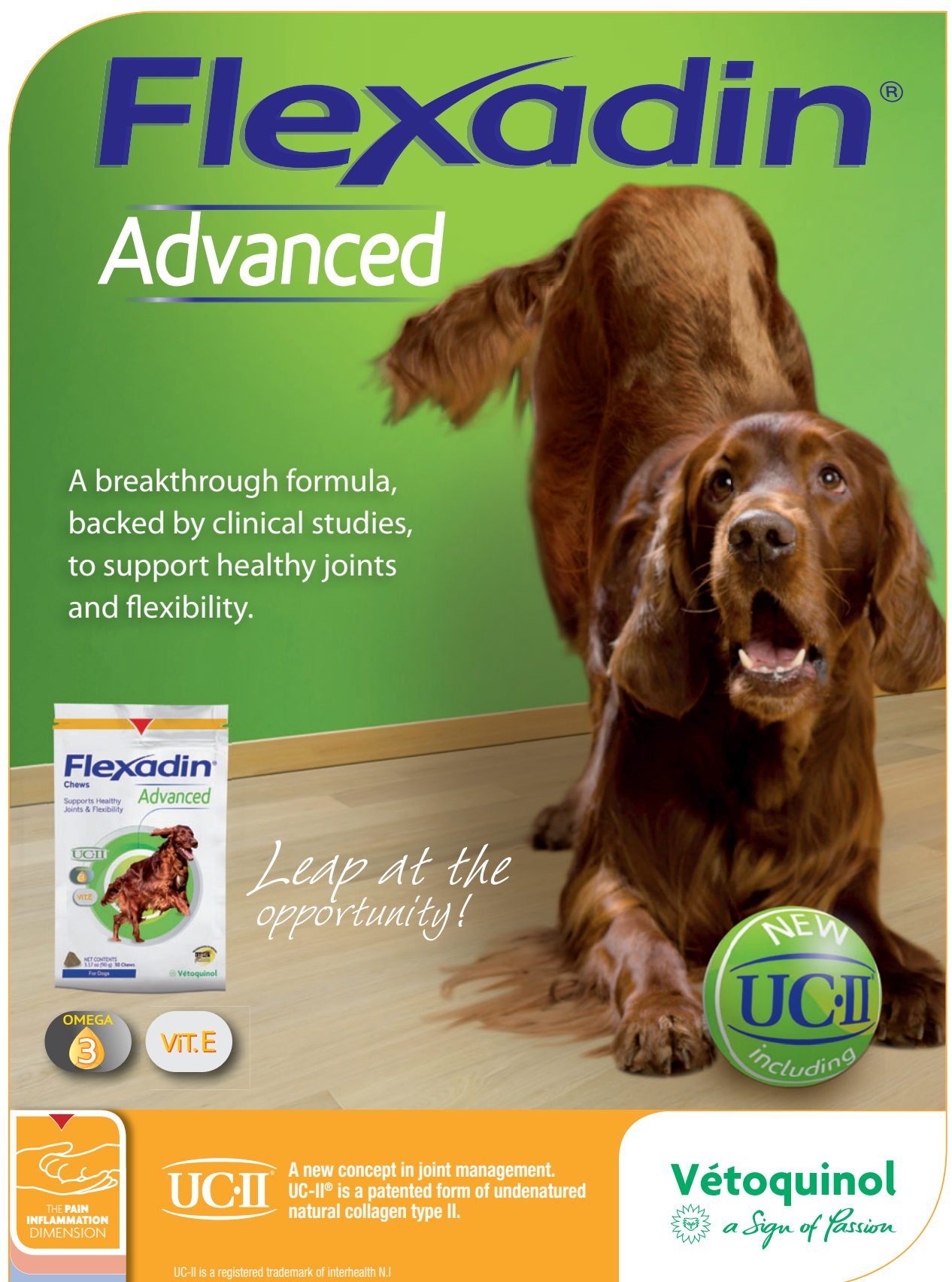
Soares will be the vice president for the 2014-2015 year. She earned her VMD in 2002 from the University of Pennsylvania and has her own practice, Macungie Animal Hospital, according to the release. Macungie Animal Hospital won the AAHA Accredited Practice of the Year Award in 2013.

Mellor is the new secretary-treasurer. Her DVM was earned in 1988 from Ontario Veterinary College. She worked at Bayview Animal Hospital in Ottawa, Ontario, for more than 21 years, according to the release.

Mellor is also a member of both the Canadian and Ontario Veterinary Medical Associations.

Heather Loenser, DVM, is joining

the board as director. She earned her DVM from Iowa State University in 2003 and works in emergency medicine, according to the release. [dvm360](#)



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Ohio State poised to launch \$30 mil. expansion of VMC

Dean looks to break ground on ‘desperately’ needed facility by year’s end.

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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	Chewables 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 Plus 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 Veterinary Medical Center’s Enhancement and Expansion Project at Ohio State University’s College of Veterinary Medicine has raised approximately \$8.5 million toward its \$30 million goal. Despite the current gap in funds, the veterinary college’s dean, Lonnie King, DVM, hopes to break ground by the end of the year.

The college’s current veterinary medical center is more than 40 years old. Companion animal visits at the facility have increased 30 percent in the past five years. The university says demand for improvements in diagnostics, equipment and technology has created a “desperate” need for new facilities.

The enhanced facility is designed to create a larger, friendlier reception area and add more examination rooms, update and expand the

surgical suites and recovery rooms, and create enriched teaching and learning spaces. The new facility will also feature a special waiting area for feline patients, a larger intensive care unit and specialty services with their own treatment areas.

Still, the majority of the money to fund the project is yet to be raised. The college will seek a \$10 million loan from the central university business office to be repaid with philanthropy and increases in operating income.

Last year, the university opened a new \$2 million specialty and 24-hour emergency satellite clinic in Dublin, Ohio, to generate additional income. According to local news reports, the facility has fallen short of revenue projections by more than half. From July through December, the clinic lost \$130,000 a month in revenue. **dvm360**



>>> Conceptual renderings depict the \$30 million enhancement of Ohio State University’s Veterinary Medical Center. The project will add more exam rooms, updated surgical suites and an expanded intensive care unit, as well as a larger client- and patient-friendly reception area and lobby.

IN BRIEF | News

South Dakota passes law to make animal cruelty a felony

South Dakota has adopted state Senate Bill 46, making malicious acts of animal cruelty a felony offense. Gov. Dennis Daugaard signed the bill in March, which makes the state—a longtime hold-out—the 50th state to adopt such legislation.

Under the new law, animal cruelty is a felony punishable by up to two years in prison and a \$4,000 fine. It also makes owning, possessing, keeping or training any animal with the intent to use it in animal fighting a felony as well. Spectators at animal fighting exhibitions are subject to a misdemeanor violation. Animal neglect, abandonment and mistreatment remain misdemeanor offenses.

With the passage of S.B. 46, every state in the United States including the District of Columbia has some form of felony animal cruelty law. North Dakota was the second-to-last state to make animal cruelty a felony, passing its legislation in 2013.

KS Board of Veterinary Examiners merged into state's department of ag

Kansas Gov. Sam Brownback has merged the Kansas Board of Veterinary Examiners into the Kansas Department of Agriculture in a two-year trial established by Senate Bill 278. State legislators believe the move will allow for greater efficiency within the animal health industry.

"This trial merger for the next two years will demonstrate the effectiveness and efficiency that can be possibly be achieved by working under the umbrella of the Kansas Department of Agriculture," says Bill Brown, DVM, Kansas animal health commissioner, in a release from the department of agriculture. "The intent of the merger is to promote consistency and efficiency in policy making and administration of the veterinary and animal health industries, while allowing the board to continue to retain responsibility and authority in regulating the practice of veterinary medicine. It is important that we provide the utmost service to the working veterinarians in Kansas."

The Kansas department of agriculture says the ag industry contributes \$10.6 billion to the state's economy annually. The state will also be home to the National Bio and Agro-Defense Facility (NBAF) currently under construction on the campus of Kansas State University. The high-risk research facility will be built on

a 500,000-square-foot site with a price tag of approximately \$1.255 billion.

Veterinary Mobility Act seems to have clear path to President's desk

The Veterinary Medicine Mobility Act, H.R. 1528, continues to gain momentum after being passed out of the House Energy and Commerce Committee April 3. The bill has been at the top of the American Veterinary Medicine Association's legislative agenda. Ashley Morgan, DVM, assistant director for the AVMA's Governmental Relations Division, says a vote on the bill before the full House is imminent.

The bill to amend the Controlled Substances Act (CSA) to exempt mobile veterinarians has significant bipartisan support. At the urging of Rep. Joseph Pitts (R-Pa.), the chairman of the Subcommittee on Health, H.R. 1528 was approved by the full committee with unanimous consent without further discussion or dissent. Morgan considers this a huge victory for the veterinary profession, as there seems to be a clear path to passage. "The Senate has already unanimously passed its version of the bill back in January, so once H.R. 1528 gets passed out of the House, it will pave the way for the bill to get signed into law by the president," Morgan says.

The passage of the Mobility Act will allow veterinarians to carry and use controlled substances in the usual course of practice outside of locations registered with Drug Enforcement Agency. It will also alleviate legal burdens the CSA creates for veterinarians practicing in multiple states. The founders of the U.S. House Veterinary Medicine Caucus—Reps. Kurt Schrader, DVM, (D-Ore.) and Ted Yoho, DVM, (R-Fla.)—introduced the legislation last spring after veterinarians received notices of noncompliance from DEA field officers. [dvm360](http://dvm360.com)

Find it all here.
dvm360

Breaking ground

For more breaking news, including ongoing coverage of the Veterinary Medicine Mobility Act, go to dvm360.com/news.

To read about the controversial opening of Ohio State University's specialty and 24-hour emergency clinic in Dublin, Ohio, go to dvm360.com/dublin.

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>>> A horse on padded shoes was seized from the Maryville, Tenn., barn of well-known Tennessee walking horse trainer Larry Wheelon in 2013. Wheelon was indicted on animal cruelty charges related to soring. He was an active director of the Walking Horse Trainers Association (that presently supports Rep. Marsha Blackburn's bill) and sat on its ethics committee. He had been cited by inspectors at least 15 times for Horse Protection Act violations between 1993 and 2012. He was also an AAA-rated judge with S.H.O.W, one of the largest horse industry organizations that self-police competitions.

Bill introduced to counter anti-soring legislation

AVMA cites bipartisan support for PAST Act, says new bill that would still allow for chains and weighted shoes just a diversion. *By Julie Scheidegger*

Supporters of training techniques associated with Tennessee walking horse “big lick” showmanship now have a champion in U.S. Rep. Marsha Blackburn (R-Tenn.). Blackburn recently intro-

duced House Resolution 4098, or the Horse Protection Amendments Act of 2014, to counter HR 1518, the

Prevent All Soring Tactics (PAST) Act. The PAST Act is the result of efforts by the American Veterinary Medical Association (AVMA), the American Association of Equine Practitioners (AAEP) and others not just to minimize soring—a practice that creates the exaggerated “big lick” gait through pain—but to bolster the 1970 Horse Protection Act in a way that extinguishes soring from the Tennessee walking horse arena.

Blackburn’s bill, endorsed by the walking horse industry’s premier show, the Tennessee Walking Horse

National Celebration, addresses soring not as an industry epidemic but the sin of a few.

The AVMA is not buying it. “This legislation is nothing more than an attempt to maintain the status quo in an industry riddled with abuse and will ensure that the broken system of seeing horses sored at an alarming rate does not have to answer for its crimes,” reads an AVMA letter to its members.

The Blackburn bill calls simply for an increased use of technology to identify soring during horse show inspections. It also dials back the restrictions of the PAST Act to allow for the continued use of stacked, weighted shoes and chains to train horses in the walking horse gait.

AVMA Executive Vice President Ron DeHaven, DVM, MBA, said last year during his testimony before a

“This legislation is nothing more than an attempt to maintain the status quo in an industry riddled with abuse and will ensure that the broken system of seeing horses sored at an alarming rate does not have to answer for its crimes.”

—Letter to AVMA members

duced House Resolution 4098, or the Horse Protection Amendments Act of 2014, to counter HR 1518, the

U.S. House subcommittee that banning the use of pads and chains—often used in congruence with soring—would eliminate much of the incentive to sore a horse.

Those in support of Blackburn's bill contend the shoes and chains do not harm the horses and doing away with them would eliminate a whole segment of the show horse industry. Further, they claim that PAST Act restrictions would destroy the culture and commerce of states heavily involved in walking horse shows.

What proponents of the PAST Act hope it will destroy is a culture of soring. Forty years after the Horse Protection Act became law—banning the transport, exhibition or sale of a sore horse—soring violations still cast a shadow, say veterinary and animal welfare leaders, and some of the industry's most well-known trainers have been indicted for the practice. The result? The PAST Act is absolutely necessary, DeHaven says.

The AVMA's Governmental Relations Division sees the introduction of HR 4098 as a diversionary tactic by the "big lick" crowd. The PAST Act has received bipartisan support in Congress with 268 cosponsors in the House and 50 in the Senate. "AVMA's Governmental Relations Division is working hard to get at least 100 Republican cosponsors on the PAST Act in the House because we have been told by leadership that then the bill may receive consideration," says Whitney Miller, DVM, assistant director of the division. At press time, the Republican tally was up to 96.

"At the AVMA, it is still our top priority to work on getting the PAST Act passed and signed into law," Miller says. "We are happy to see

even more people, even within the walking horse industry, rally behind us in this cause."

Since the introduction of Rep. Blackburn's bill, U.S. Senator Lamar Alexander (R-Tenn.) introduced a companion bill, S. 2193. The bill is co-sponsored by Mitch McConnell (R-Ky.), Johnny Isakson (R-Ga.)

and Rand Paul (R-Ky.) and has been referred to the Committee on Commerce, Science and Transportation.

Go to dvm360.com to see a list of organizations and individuals that endorse the PAST Act, read Blackburn's HR 4098 or Alexander's S. 2193. Go to avma.org for more information on the PAST Act. **dvm360**



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State of soring
To examine soring in the walking horse industry and efforts to end the practice, go to dvm360.com/horsesoring.
To see photos from the raid that led to trainer Larry Wheelon's animal cruelty indictment, go to dvm360.com/wheelon.

Senators request disaster assistance as veterinarians attempt to quell PEDv

It's yet to be seen if a vaccine will be the answer to combat the virus that's killed millions of pigs so far in the U.S. and Canada. *By Julie Scheidegger*

As the reach and mortality rate of porcine epidemic diarrhea virus (PEDv) continues to grow across the United States and into Canada, U.S. Senators Debbie Stabenow (D-Mich.), chairwoman of the Senate Committee on Agriculture, Nutrition and Forestry, and Kay Hagan (D-N.C.) penned a letter to Agriculture Secretary Tom Vilsack about the financial toll the disease is taking on the pork industry. The senators urged Vilsack to approve disaster assistance—available through the recently passed farm bill—for small pork producers affected by the virus.

It's estimated that more than 4 million pigs—mostly piglets under 2 weeks old—have perished from PEDv. The mortality rate is nearly 100 percent for young naive pigs. “If this disease persists, pork herds will continue to diminish and producers risk going out of business,” the sena-

tors' letter states. “Much like the rest of the livestock industry that suffered drought, fires and blizzards, these pork producers have no safety net to help compensate for their losses.”

Veterinarians and researchers alike are racing for ways to stem the spread of the disease. The University of Minnesota College of Veterinary Medicine's Veterinary Diagnostic Laboratory developed a PEDv rapid diagnostic test last summer after the virus first presented in the United States in April. Purported to be the first of its kind, the test provided a way to quickly identify the presence of domestic PEDv strains. Other private labs followed suit.

This winter, the Veterinary Diagnostic Lab went on to develop an ELISA test to detect evidence of the virus. This provided producers a better understanding of exposure in a herd, James Collins, DVM, PhD, director of the University of Minnesota Veterinary Diagnostic Laboratory explains, allowing them to separate pigs that had been exposed to the virus from naive pigs.

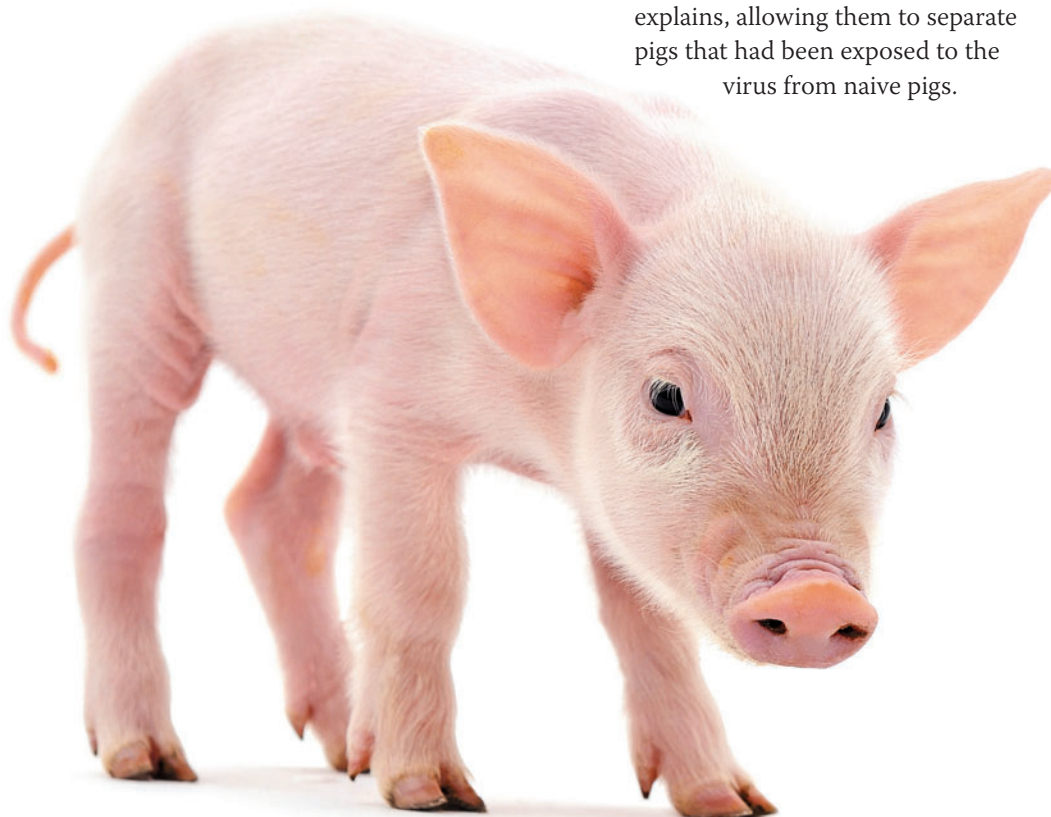
At the end of March, cases of PEDv were confirmed in 28 states, with Arizona and Vermont being the most recent additions to the list. Sen. Hagan's home state of North Carolina has nearly 500 cases confirmed with the National Animal Health Laboratory Network; Stabenow's Michigan has 55. Minnesota and Iowa top the list with 701 and 1,521 respectively.

“It's a highly infectious virus shed in massive amounts in the feces of pigs,” Collins says. “Wherever you find pig manure, there's a risk.”

And with the copious amounts of waste pigs amass during production, biosecurity is essential. “Biosecurity is the best way to keep it out of your farm,” Collins says. The virus can be spread by transportation means—from facility to facility—on boots. “Humans are always the weakness,” he says.

Mixed response

Veterinarians on the ground are trying to combat spread by manipulating herd immunity. “Some are saying it's being effective; some are saying it's not,” Collins reported at the end of 2013. The method entails introducing the virus to a gilt or sow with good immunity, with the hope that immunity



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will pass on to the piglets and protect them from disease.

Iowa-based vaccine manufacturer Harrisvaccines says that it has developed a vaccine to boost immunity against PEDv. According to Joel Harris, head of sales and marketing, the company has already shipped producers well over a million doses of the vaccine, which it calls iPED. “It’s really unique and new and novel compared to anything else used in the swine industry,” he says. “We do a lot of molecular biology. Instead of taking the whole PEDv virus, we took a gene sequence and inserted it into our production platform.” Harris goes on to say that this system creates particles that look like PEDv to stimulate the immune system and allows Harrisvaccines to produce herd-specific vaccines in just four to six weeks.

Harrisvaccines—created and run by its CEO, D.L. “Hank” Harris, DVM, PhD, a former Iowa State University animal sciences professor—is working toward a conditional license from the U.S. Department of Agriculture (USDA). The company anticipates approval from the USDA this summer. Currently, iPED is an unlicensed vaccine. At \$3 a dose, it is available through veterinary prescription only.

Harrisvaccines believes it has achieved what laboratories across the country have been racing to develop since the disease’s outbreak last April. However, Albert Rovira, DVM, MS, PhD, of Minnesota’s Veterinary Diagnostic Lab, says he has not seen any data to date—including from Harrisvaccines—that shows vaccine effectiveness against PEDv.

Harris counters that his company is gathering the data to prove the effectiveness of iPED. “We’re monitoring product data in systems that are using the vaccine,” he says—mostly in herds that have been chronic with the disease. “In those instances where people are struggling with high mortality numbers, they’ve seen an improvement in those numbers.”

He admits, however, that the jury is still out regarding efficacy in naive herds. “Customers are kind of seeing mixed results,” he says. Harris says getting good field data has been complicated. New strains of the virus keep emerging mid-outbreak, and customers are not always willing to run controlled field studies, he says. “A

vaccine is only a tool—no vaccine is 100 percent. Biosecurity is an absolute must,” he says.

Despite all of these efforts, the industry has watched PEDv continue to devastate herds this winter. “It’s definitely a virus that we think survives best in the cold, but there’s some evidence that it could be a problem year

round,” warns Collins of the Minnesota Veterinary Diagnostic Lab.

Experts agree that with or without an efficacious vaccine, the pork industry has no option but to figure out how to live with the presence of PEDv. As temperatures begin to rise, there is hope—but no guarantee—that the disease will yield to spring. **dvm360**

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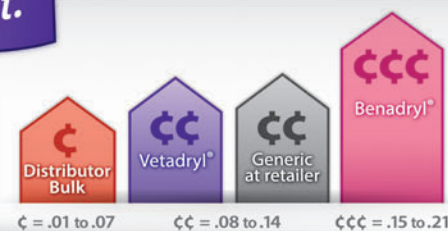
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Boarding client's feeding mishap still isn't kosher

Rosenberg column draws responses from both sides of the issue.

In regard to Dr. Marc Rosenberg's April column, "Something is not kosher," my opinion is that it's almost never acceptable to be less than 100 percent honest with a client. The only thing we have is the trust we build with our clients. In most cases they have no idea if our recommendations are appropriate; they have to trust that we are acting in the best interest of their pets.

Even more important in this case is the potential situation it creates with the staff. We have the expectation and right to expect that our staff will be 100 percent honest with us—to do what they're asked to do when they are asked to do it, to be honest with our clients, and not to misappropriate goods, services or funds. At my clinic this is the only absolute policy. If you lie or fail to disclose something, you are immediately terminated, period. No exceptions, no matter how small the infraction. How else can I know that they're doing treatments as instructed, not stealing and not being dishonest with the clients? The converse of this is also true. Our staff has the right to expect we

will be 100 percent honest with them. Evaluations should be fair, paychecks should be done correctly and on time, and so on.

In this case the clients obviously cared about the diet their pet was fed. Mistakes can and do happen. If a kosher diet is fed, the fecal matter will only contain kosher stuff. I don't know for sure, but if a pet is fed a nonkosher food, wouldn't the waste also contain this matter? Couldn't this contaminate the owner's residence? What kind of ritual cleansing would need to be done and at what expense?

There is always the chance of the client finding out. If and when they do, I can't see how they could trust the clinic again. Telling the truth, with an honest apology, is always the best policy. In this case, this one little white lie has the potential to erode clinic morale and cause a loss of more than one client (people do talk). It's simply not worth it. As Mark Twain once said, "The truth stands alone. A lie requires a supporting cast of thousands."

*Jeffrey R. Moll, DVM
Christensen Animal Hospital and Minimally Invasive Laser Surgery Center, Wilmette, Ill.*

enter into decisions.

I believe the staff is correct. It is one thing to "just not tell the owner," but this situation means that someone (and we know it won't be the veterinarian) has to throw away the individual day rations for the pet. Requiring someone on staff to physically throw the food away in order to hide the mistake is doubly over the ethical line. Great way to train your staff to know how to tell lies and cover up mistakes!

If there is already a good veterinary-client-patient relationship, the majority of clients will forgive, but not if they are lied to. Plus, "no harm" is not quite true. Harm to the owner's religious beliefs is still harm. I say tell the truth.

Karen Norton, LVT, Seattle, Wash.

I agree with Dr. Rosenberg. We have an ethical obligation not only to our clients but also to our staff. We are the ethical compasses in our practices. Our employees look to us for leadership. If we stray down the slippery slope of rationalizing unethical behavior, our staff won't be far behind.

*M. Scott Carhart, DVM
Scripps Parkway Veterinary Hospital
San Diego, Calif.*

I agree with the doctor and would not have told the clients. If the pet had developed any vomiting or diarrhea from the diet change, I would have disclosed it.

*Patty Berchtold, DVM
Chelmsford Animal Hospital,
Chelmsford, Mass.*



I think this is a classic example of a clinic owner having a different opinion from his employees. Unfortunately, it's impossible for a veterinarian to completely ignore the profit motive, and it does

'Upselling' controversy continues

dvm360 readers disagree on whether true abuses exist—and why.

The biggest surprise for me in the "upsell" controversy ("Attack of the upsell," January 2014) is not that some disgruntled, vengeful former DVM looking to make an easy buck off his Internet service collaborated with the media to "ex-

pose" veterinarians. We all know there are bad veterinarians in more than one respect out there, just as there are in any profession. The surprise is that some veterinarians are piping up to say they think upselling is a significant problem. Dr. Michael Riegger's letter

to the editor (April 2014) suggests he holds data that says up to 25 percent of practices are involved! I feel neither my competitors nor my practice are guilty of this, but just how in the world does one define an "upsell"?

Dr. Riegger defines: "One tactic is for

a veterinarian to offer only the most expensive options and not other options with equal or similar success." Who knows exactly which path will result in "similar" success for each patient with the least expense to the owner? I highly doubt there are compelling statistics on this in veterinary medicine; otherwise medicine would not evolve.

The second-opinion cases I get most often involve owners dissatisfied with outcomes and feeling not enough has been done for their pet. When I do see a case where they think their DVM "recommended too much," I agree with the veterinarian 95 percent of the time. I've learned that owners often don't agree to what has been recommended until their pet isn't improving or is sicker. Would that earlier ear culture by the other DVM have been an "upsell" in the chronic *Pseudomonas* otitis I inherited?

I was quite taken aback by the letter in the March issue from a DVM who decried modern dentistry as an upsell, waxing nostalgic about the good old dentals where we "cleaned teeth and pulled loose ones." Really? I wouldn't subject my own pet to walking around with painful dental disease until the tooth gets rotten enough to be "loose"—why would I wish that on others? You don't know how much you have missed until you take those "upselling" dental radiographs.

After practicing for 29 years I can see how far our profession has come and I welcome it. Our clients trust us to help them decide, and we can't pass judgment on their decisions. But I'm not going to be untruthful because it is easier or a path of least resistance when clients ask what the "best" option is. This "best" option may differ from what I would personally do for my pet and in a good client-DVM relationship I'll help them make their decision that way.

There are probably some unethical DVMs who recommend unnecessary procedures, but it is our obligation to do our best for clients or recommend someone who can as an option. In my opinion the main problem of excessive recommendations stems not from this supposed "upsell" phenomenon but from good veterinarians—feeling obligated by state boards and the fear of malpractice claims—who are afraid to truthfully give our opinion at times when discussing all the "options."

Pam Geiken, DVM
Milwaukee, Wis.

It was with great sadness that I read Dr. Peter Henriksen's letter regarding the reality of upselling in the March issue. All professions have their bad apples, and we are certainly no exception. However, I too watched the segment and was left feeling no more slighted than I should have. I believe I heard at the end of the segment a few words that described most veterinarians as forthright and honest but that the consumer needed to be aware of violators of that code of ethics.

There is strong evidence that the profession is

suffering economically. I have been observing this for years and am no exception to the malaise. I believe the problem is multifocal, but costs are the underlying cause of our problem.

First, we have too many veterinary schools charging too much for tuition, encumbering students with outrageous levels of debt. The schools seem to be more preoccupied with the expansion of their respective

campuses than providing the quality education they purport at a more affordable expense to students. Taking in more students at higher fees is the only way they can justify the expenditure of millions upon millions annually for more research and classroom space. In my opinion, they are putting campus development ahead of student development with financially catastrophic results for both.

Second, among the culprits of our problem are the veterinary laboratory service companies. In a world with virtually no inflation for at least five years, the leading companies have shown no reluctance to increase their service fees by 6 to 7 percent on an annual basis. It is difficult indeed to imagine they are experiencing operating cost increases of a magnitude that justifies these pricing decisions.

How do we cover the ever-increasing costs of hiring an associate and services and supplies? We raise our fees and by doing so we increase the distance between the inclination of our clients to seek veterinary services and our desire to provide them. In short, I believe our profession is experiencing consumer pushback at the fees we must charge to make ends meet.

Jon Wolfson, DVM
Sacramento, Calif.



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6 things they failed to tell me about emergency veterinary practice

People gave me lots of helpful advice when I was making the switch to emergency medicine. Here's what I didn't know. *By Alicia Grasso, DVM*

When I decided to leave day practice at a very successful 24-hour facility and move halfway across the world (OK, five hours north) to begin a career in emergency medicine, I received a lot—a lot—of advice. Some of it was good. But mostly I received ominously foreshadowing warnings, really. I was sufficiently prepared, thanks to my

However, while I am still in the early phases of this new career subspecies, I have learned an immeasurable number of lessons that *no one bothered to tell me*. For those of you who may find yourselves in my “new” shoes in the future, I will not keep these lessons to myself. Let me share.

See! You saw those, right? *THOSE WERE ON MY PILLOW!*”

3 The level of the client's calm is not equally correlated with the severity of the illness/injury.

I was strolling through the front lobby the other evening after walking a client to his car. Upon returning to the building, I glanced over and saw a dog with an arrow penetrating her chest—yes, *penetrating her chest*. I immediately told the owner I was going to take his pet to the back for an initial assessment, to which he responded, “That’s fine. Looks like she may have come a little too close to the hunters yesterday.” *Yesterday?*

4 The technicians can do CPR better than any doctor.

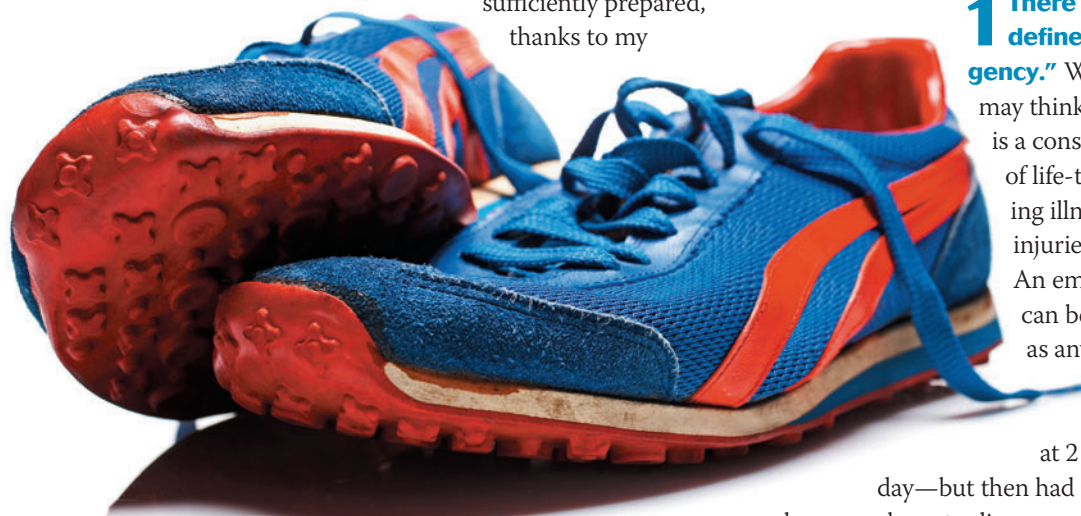
And place IV catheters better. And bandage anything anytime (at least in comparison to myself—mostly).

5 The Chihuahua was accidentally bred.

6 When the owner has a theory about what happened, no matter how bonkers it may sound, he or she is usually correct.

The only exception being the worldwide veterinary condition known as “flea-nial.” These are just a few of the lessons I have learned over the past few months, and I hope no offense is taken to any of these inferences. Emergency medicine is wonderful and I cannot imagine going back to daytime practice—at least for a decade or so. **dvm360**

Dr. Alicia Grasso, DVM, worked in a 24-hour hospital before moving to the Jacksonville Fla., area to practice emergency medicine in December 2013. She blogs on dvm360.com as “erdoggydoc.”



>>> This doc needed new shoes to keep up with all the ER drama.

concerned peeps, for the long hours, lack of sleep, financial limitations and a ghostly graveyard staff.

I was prepared for the emergency surgeries, the hit-by-cars and the midnight dog scrapping. I had visions of high-speed runs, sprints really, to the front—rushing the critical patients to the back, pumping oxygen, placing tubes, dumping fluids, exploring abdomens and saving puppies. I got new shoes for all the sprinting. I packed energy drinks (OK, OK—highly caffeinated sodas) and nuts for snacking between these lifesaving procedures. Easy to pop in the mouth during a glove change for a boost of protein-driven charge.

Yes, I was prepared. For the emergencies. And I continue to be grateful for this emergency preparedness.

1 There is no pre-defined “emergency.”

While one may think ER work is a constant flow of life-threatening illnesses or injuries, it is not. An emergency can be defined as anything an owner notices at 2 p.m. that day—but then had to do

homework, go to dinner, maybe even clubbing—and upon returning home, discovered that the issue had not spontaneously resolved. This is usually but not limited to scratching, rice-like wormies peri-rectally, a fatty lump or a pigmented area on the gums.

2 The level of the client's panic is not equally correlated with the severity of the illness/injury.

Referring to any condition mentioned in No. 1, these can be introduced with *all-out hysterics!* The kind of hysterics that put my new shoes to good use—only for me to sprint to the front to watch the owner chase this critical patient around the lobby while “Fluffy” bounces off the wall smelling each individual scent while the owner repeatedly attempts to lift the pet’s tail to show my assistant the “moving rice.” “See? See? Can you—*FLUFFY!* STOP!”

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Issuing a credit for emergency services could be perceived as an admission of guilt

Legally sound alternatives exist for handling surgical complications.

I am compelled to respond to Dr. Marc Rosenberg's article "Surgery bill surprise" in the March 2014 issue of *dvm360*.

As a small animal practitioner for the past 30 years, I have been through numerous situations that didn't have the best outcomes; we all have. Doing the right thing, even if services are delivered at no cost, is often the way to save the day and the reputation and your esteem in the eyes of your staff.

But I think we should reflect on Dr. Lu's decision to remove the patient from his hospital that fateful afternoon. Yes, his practice closes at 5 p.m., but it is also a healthcare facility. A better decision would have been to speak to Dr. Hanks and have him return to correct the hemorrhage (which he should do at no charge) with the help of Dr. Lu or one of the staff who was willing to stay late.

I realize none of us lives in a vacuum. Dr. Lu may have had plans in place for the evening that may have played a role in his decision. I admit that if he had had a long-overdue dinner with his wife planned, that may have affected his thinking, for example.

Another way out for Dr. Lu would have been to rely on his or Dr. Hanks' malpractice coverage as appropriate. He could have told the client how sorry he was about the outcome. He could have said his insurance forbade him from returning any money (which is true) but that he would help the client by submitting claim information on the client's behalf. This may have saved the situation and, with luck, retained the client.

I believe either of the solutions above would have been better for Dr. Lu and less costly than giving the client a credit for the emergency charges. Lawyers are trained to twist the perception of evidence in their direction. A crafty one could easily convince a jury that issuing a credit is tantamount to admitting guilt.

Lorin D. Lawrence, DVM
Ebenezer Animal Hospital
Rock Hill, S.C.

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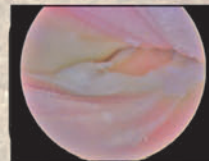
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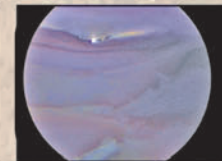
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Arthroscopic image of CUE 7 months post-op



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Take the **BITE** out of negative client interactions

Implement this action plan to deal with your volatile clients—and avoid any dangerous situations in the process.

Dissatisfied clients, unhappy clients, irrational clients—they all present a challenge to professional practitioners. But unlike instances where a customer of a traditional business is unhappy with a

product or service, a coupon or store credit usually isn't the silver bullet that will keep the disenchanted member of the public from going on a rampage.

Veterinary hospital clients can become emotional when they perceive

that they or their pet's been treated inappropriately. When they let those emotions get the better of them, they may become highly agitated, inconsolable or even violent. Here are some tips to attempt to prevent the escalation of an unhappy client encounter into a miserable or dangerous event:

Preemptive action

- Try to identify your volatile clients. If they create unnecessary confrontations with you or your staff over minutiae, consider asking them to use another practice before more serious trouble starts during a subsequent visit.
- If a threat or serious disagreement occurs, review the record thoroughly and interview any staff members who were involved. Get their written statements if it seems necessary, especially before memories blur.
- Review the strategies below and be comfortable with how you plan to respond before a client confrontation or belligerent phone call occurs.

When things derail

- Control emotions and choose words with precision. President Obama, in unscripted speaking, selects words with great care and sometimes even pauses to collect his thoughts mid-sentence. This is the mark of a skilled and diplomatic debater.
- Establish and understand your position clearly. Don't develop it during a phone call or client conversation.
- With respect to the problem's main issues, know the law, know your policy, know the AVMA and your state board's position on the topic. (If medication is involved, fully familiarize yourself with the label).
- Don't be condescending or arrogant

>>> Ouch! Volatile client interactions can leave a mark on your practice and your peace of mind. Guard against them with these tips.



with the other party. The temporary satisfaction isn't worth the headaches you may end up with by sounding or behaving in a haughty manner.

➤ Consider implying that you agree with the opposing party's position. For example, if your client thinks you have overcharged for a patient's hospitalization, say, "I hospitalize this type of case for three days because that is the widely accepted protocol. Some researchers say fewer days would be just fine, and although I personally think they may well be correct, we must follow the published best practices until well-established science directs a different course."

➤ If the client is just not rational, consider simply blaming somebody else (somebody invulnerable to your wacky client). For example, occasionally one of my clients will go ballistic when his or her pet has bitten somebody and the law requires that I report the bite to health authorities. Sometimes in response, I just start whining that the client is absolutely right: the law is absurd and the government is poking its nose into everybody's business. I also tell them that "they will arrest me" if I don't comply with that idiotic rule. Once the client and I are on the same side, a "win-win" prevails—they leave quietly and a few days later I can send them copies of their records and bid them *sayonara*. It doesn't matter that the fools think I agreed with them.

After it's all over

➤ Use the trouble as a learning experience. If a client claims he was not fully informed, improve documentation of client contacts. If a staff member made an error, review the proper way to deal with such cases with the entire staff.

➤ Develop or hone your security plan. I have had displeased clients huddle in the parking lot waiting for a staff member to come outside so they can badger them further. We have had clients threaten violence. A few times physical altercations have occurred. Your practice should know what you want them to do, who to call and how to diffuse any potential threat. **dvm360**

Dr. Christopher Allen is president of Associates in Veterinary Law PC, which provides legal and consulting services to veterinarians. Call (607) 754-1510 or e-mail info@veterinarylaw.com.

Find it all here.
dvm360
.com

When things get heated

Emotional clients and difficult situations will always be a part of veterinary practice. Learn more about the toll this takes on **page 32**. For more on how a client interaction spun out of control in the case of Dr. Shirley Koshi, check out dvm360.com/koshi.

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The case of the **EMBEZZLING EMPLOYEE**

You catch a trusted employee with her hand in the till. Once you've recovered from the horror, how do you respond?

Dr. Lee Summers started his small-animal practice 12 years ago. He has had his ups and downs, but now his practice is thriving and growing. He has a staff of 14: three veterinarians, including himself, as well as a trustworthy office and support staff. He pays and treats his staff well, and he is proud that

there is little turnover among them.

As is often true with veterinarians, Dr. Summers has trouble delegating responsibilities. As his practice grows, he is reluctant to let go of payroll duties, scheduling obligations and book-keeping details; however, he eventually concedes and turns these duties over to in-house employees.

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Dr. Summers was shaken. He had lost his self-confidence in his ability to judge the character and honesty of his employees. He was no longer certain he could trust anyone else with his practice's financial security but himself.

The practice is now grossing more than \$1 million per year, and Dr. Summers' accountant says it's important to put some financial fail-safes in place as a check-and-balance precaution.

Recently, two separate clients called Dr. Summers stating that they'd received bills for services they'd already paid for. Dr. Summers apologized and said he would look into these transactions. He promptly checked the books and found that both clients had outstanding balances.

He called them and asked if they could each send him a copy of the check or receipt that indicated they had paid for their services. Within a week he received copies of two checks that the pet owners had given to his clinic in payment for the services in question. They went on to tell Dr. Summers that when they paid their bills, the receptionist told them she would stamp the hospital name on the check in preparation for deposit. Dr. Summers discovered that the canceled checks did not have the hospital name on the deposit line but rather the handwritten name of the receptionist who had taken the check. He was horrified that a trusted employee had embezzled \$600 from his practice.

He confronted the employee, showed her the misdirected checks and asked for an explanation. Suffice it to say, he heard a tale of woe that did not justify the theft. He considered firing her on the spot but then realized that such an action would make it difficult for him to recoup his money in a timely fashion. She promised to pay, begged for forgiveness and promptly stopped coming to work.

At this point, Dr. Summers contacted the authorities and had his employee arrested. Ultimately, her attorney reached an agreement with the town prosecutor, and she paid back her ill-gotten gains in 20 separate pay-

ments over the next two years.

Dr. Summers was shaken. He had lost his self-confidence in his ability to judge the character and honesty of his employees. Instead of hiring a bookkeeper, accountant and payroll service to assist him in preventing any future employee indiscretions, he redoubled his own efforts to oversee the cash flow and monetary functions of his practice. He was no longer certain he could trust anyone else with his practice's financial security but himself.

Rosenberg's response

Regardless of whether you are in a single- or multiple-doctor veterinary practice, if you practice long enough you'll experience some type of undetected financial loss. Hopefully it will not be a result of embezzlement as was the case at Dr. Summers' clinic. Other causes include computation error, negligence, client deception and even vendor fraud.

While Dr. Summers' decision to hunker down and personally oversee his finances to prevent similar occurrences is admirable, it's not feasible in a continually growing practice. It makes more sense to put fail-safes in place that will trigger warnings when money strays from the appropriate

destinations. Payroll companies track hours, rates and tax deductions. An outside bookkeeper will balance the books frequently to account for all transactions. Finally, meeting frequently with your accountant allows you to search for abnormalities and set realistic financial expectations.

Veterinary practitioners are expert doctors, but they are rarely expert financiers. Expending money to avoid potential financial problems before they happen in your clinic is just what the doctor ordered. **dvm360**

Dr. Marc Rosenberg is director of the Voorhees Veterinary Center in Voorhees, N.J., and is a member of the New Jersey Board of Veterinary Medical Examiners. Although many of his scenarios in "The Dilemma" are based on real-life events, the veterinary practices, doctors and employees described are fictional.

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Dear Dr. Rosenberg: Is this a *kickback*?

A reader considers the moral implications of an out-of-state veterinarian collecting commission on local cattle producers' distributor purchases—and turns to our ethics expert for an answer.

QUESTION: There's a veterinarian in a state more than 1,000 miles away from me who has signed up many local cattle producers for what is called the "Veterinary Advantage Program." This allows a producer to purchase any products other than perscriptions directly from the distributor.

Both the producers and veterinarian must sign a form that confirms the veterinarian has a state license (it does not specify which state) and asks the producers how long they have had a "relationship" with the veterinarian.

This particular veterinarian doesn't have a license in the state where the producers live and has never even set foot on their farms, but he makes a small commission on their orders. Technically no laws are being disobeyed, but what about the ethics of this type of activity?

I know how I feel about it. I feel it is unethical and morally wrong. The veterinarian does not and cannot help these producers make the best decisions in purchasing preventive healthcare products for their herds.

As I was looking over the form, it appears that it was meant for dairy, feedyard and other consulting veterinarians who make regular visits to the businesses so that they can guide the veterinary healthcare decisions in these operations. I believe that the original intent of this program is being abused.

Rosenberg's response

I have to agree that your instincts are correct. It always gives me reason for concern when a veterinarian is making a commission on the indirect sale of pharmaceutical products. The word "kickback" may be harsh, but how else can you describe a fee paid to a veterinary healthcare professional who simply puts a drug distributor



together with a cattle producer and has no legitimate veterinary-client relationship with the cattle producer and the needs of the herd?

I agree that it sounds like the intent of the program is to facilitate the cattle producer's pharmaceutical purchases with veterinary guidance based on herd health needs. Unfortunately greed can often taint a well-intentioned program. "Immoral" may be too strong a condemnation, but "unethical" does fit the bill.

Any veterinarian who has practiced for a period of time has encountered

colleagues who flirt with unethical and unprofessional behavior. One can only hope there are enough veterinary professionals who recognize ethical practice parameters, honor the profession and allow pet and livestock owners to fully trust their veterinarians' recommendations. **dvm360**

From time to time, Dr. Marc Rosenberg, who writes the dvm360 ethics column "The Dilemma," answers reader questions. Do you have a question you'd like Dr. Rosenberg to address? Send it to dvmnews@advanstar.com.

Kansas State develops tests to identify circovirus in dogs

Researchers still uncertain about severity of the disease, its involvement in the deaths of several dogs.

The Kansas State Diagnostic Laboratory at the College of Veterinary Medicine has recently developed tests to identify circovirus, a virus that has been known to cause vomiting, diarrhea and even death in infected dogs.

Canine circovirus, also called dog circovirus, was discovered in 2012, but researchers are still uncertain about the severity of the disease, according to Jianfa Bai, molecular diagnostician and assistant professor at Kansas State University's College of Veterinary Medicine. It's suspected that the disease may have been responsible for the deaths of several dogs in 2013.

"Last year in Ohio and California, some dogs died of diarrhea, and they

couldn't figure out the causing agent because those routine diagnostics could not pick up any pathogens that are potentially causing the diarrhea deaths," Bai says.

While some dogs show clinical signs, 3 to 11 percent of the dogs tested at the diagnostic laboratory have been confirmed as carrying the pathogen but are healthy and do not show clinical signs. Bai says they can't rule out that circovirus is causing deaths. It's also possible that the deaths are caused by a combination of circovirus and another disease.

Samples can be sent to the Veterinary Diagnostic Laboratory to test for canine circovirus. For more information, contact the laboratory at (866) 512-5650. [dvm360](#)

IN BRIEF | News

Dan Aja joins Banfield as new medical VP

Banfield Pet Hospital has named Daniel Aja, DVM, senior vice president of medical operations, the new Chief Medical Officer (CMO), according to a company release. He will take the place of Jeffrey Klausner, DVM, MS, DACVIM, who will remain with Banfield in the role of senior vice president and chief medical officer until he retires at the end of 2014.

As the incoming CMO, Aja will lead medical operations and advancement, and his role will expand to include strategic leadership for the practice, selection and retention of veterinarians, and ensuring quality medicine and the cultivation of strategic relationships within the profession. "Dr. Aja shares Banfield's passion for helping pets live happier and healthier lives, and we believe he will continue to instill these core values throughout Banfield and the larger veterinary profession," says Jeffrey Klausner, DVM, in the release.

Watchdog group recommends Blue Buffalo modify claims

The National Advertising Division (NAD) has recommended that Blue Buffalo Co., the maker of BLUE Brand Pet Food Products, modify advertising claims to avoid disparaging competing pet food makers, according to an Advertising Industry Self-Regulation release. The Blue Buffalo claims at issue were challenged by Hill's Pet Nutrition.

The ads being investigated depict a pet owner who is shocked to find out "big name pet foods" contain chicken by-product meal. Consumers are also encouraged to compare their pet's food to BLUE by taking the "True BLUE Test," an online comparison with other pet foods.

NAD has recommended that Blue Buffalo alter the advertisements to avoid references to competing manufacturers misleading consumers with their ingredients. Further changes have been recommended for the online test. [dvm360](#)

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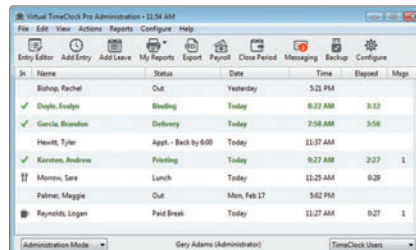


IM3

Dental radiography unit

iM3 has introduced a veterinary-specific dental radiography system, the Revolution 4DC. Offering a 0.4mm focal spot and operating with D C technology, the unit is designed to produce high-resolution images consistently and effortlessly. The spherical mount ensures flexibility during positioning and eliminates movement. Touch sensitive areas on the tube head allow the head to be locked into place with precision. The wireless controller offers portability and a range of exposure scenarios and technique settings.

For fastest response visit im3vet.com or call 800-664-6348



Redcort Software

Time clock update

Redcort Software's Virtual TimeClock 14 provides a more streamlined and modernized user experience than earlier versions. New features make managing employee time tracking easier and more secure with enhanced timecard editing, integrated configuration options and the ability to use administrative passwords to directly access the status of any employee. Updated messaging and a streamlined user experience make Virtual TimeClock 14 easier to learn and use for employees and managers alike.

For fastest response visit redcort.com/timeclock



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Inspection magnifiers

Vision USA's Task-Vision LED inspection magnifiers provide optical-quality magnification devices for dental, medical and science industries. The magnifiers are used for inspection and are designed for high powers ranging from 4X to 20X magnification. They use aspheric lenses that are distortion free and ergonomic, designed for sight enhancement. The rectangular head tilts for viewing and the bright, low-heat bulb is flicker-free and lasts for 10,000 hours.

For fastest response visit visionusasupplies.com or call 800-257-5782



Equashield

Closed-system syringe

Equashield has launched the SU-1, a 1-ml closed system syringe unit designed to be used by veterinarians treating cancer in animals. The SU-1 is a closed system transfer device with closed pressure equalization and "dry" connectors integrated into a unique syringe. The encapsulated syringe barrel prevents plunger contamination and accidental disconnections. The pre-assembled syringe connects with a single motion to corresponding adaptors for vials, IV bags and tubing.

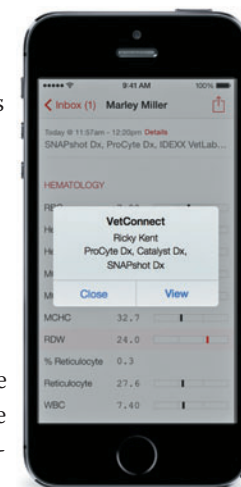
For fastest response visit equashield.com

IDEXX Laboratories

Diagnostics iPhone app

IDEXX Laboratories has released the VetConnect Plus app for iPhone. The new app notifies veterinarians the moment diagnostic results are ready and displays those results immediately, whether generated from IDEXX in-house analyzers or IDEXX Reference Laboratories. The app allows veterinarians to filter results so they see only the cases they're monitoring at any given time. Practitioners get a view of quantitative and qualitative results, including reference intervals and comments.

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DoveLewis Emergency Animal Hospital Training website

DoveLewis Emergency Animal Hospital, a nonprofit 24-hour emergency and intensive care animal hospital in Portland, Ore., has launched On the Floor @Dove, an on-demand training website for veterinary professionals. On the Floor @Dove provides 24/7 online access to the knowledge of DoveLewis professional staff and features educational content such as high-quality video of real-time procedures, informational articles and blogs. The training platform is designed to help veterinary practices improve patient care, save time and money, and enhance team training and efficiency.

For fastest response visit atdove.org

IDEXX introduces new program to improve cat healthcare

Advance Care for Cats designed to address veterinarians' desires to improve feline care.

IDEXX Laboratories has launched a new pilot program aimed at improving feline care in the veterinary industry, according to a company release. The Advance Care for Cats pilot program is designed to gauge whether the system will improve feline care or increase feline business in participating veterinary practices.

The program includes hands-on support, protocol guidance and educational resources, and features three feline diagnostic tests. The effectiveness of the program will be monitored in the coming months to determine when it will be available to more practices.

At the same time IDEXX has introduced two new feline diagnostics tests, which are also being used in the pilot. The SNAP Feline proBNP Test allows veterinarians to assess the stress and stretch of the heart during a patient visit, and the Catalyst fructosamine slide gives veterinarians information needed to manage diabetes, according to the release. Those tests join the existing SNAP Feline Triple Test, which provides infectious disease results with a single blood draw.



IDEXX Laboratories Equine diagnostics

IDEXX Laboratories has introduced new diagnostic products for the equine market, including three new RealPCR reproductive panels, the Strangles RealPCR Screen and a RealPCR test for *Corynebacterium pseudotuberculosis*, or pigeon fever. These new diagnostics help equine veterinarians quickly and accurately diagnose individuals or herds and enable them to more proactively manage the health of horses under their care. These new panels cast a wider net to identify more pathogens, provide better accuracy and produce more rapid results than current tests.

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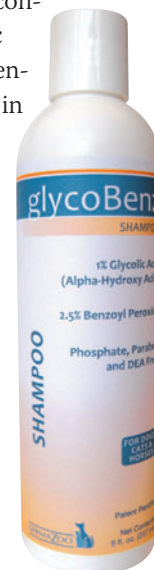
Dechra Veterinary Products has added Orthokine Vet Irapi 10 to its veterinary regenerative medicine line. The product, which utilizes interleukin-1 receptor antagonist protein therapy for acute and chronic joint disease, offers the same technology for processing autologous conditioned serum (ACS) as Irapi Plus. Orthokine Vet Irapi 10 can be processed in most centrifuges used in veterinary clinics without a special rotor. It offers practitioners a smaller collection volume and a shorter incubation period than Irapi Plus.

For fastest response visit dechra-us.com or call 866-933-2472

DermaZoo Therapeutic shampoo

DermaZoo Pharma has released GlycoBenz Shampoo for dogs, cats and horses. The shampoo contains 1 percent glycolic acid and 2.5 percent benzoyl peroxide and aids in the topical treatment of seborrhea oleosa, pyoderma, Demodex, staphylococcal folliculitis, Malassezia and other conditions where a broad-spectrum shampoo may be beneficial. The glycolic acid is keratolytic (smoothing and softening to the skin), lipolytic and epidermotrophic. The benzoyl peroxide is degreasing, follicular flushing, drying and antimicrobial, and it has keratolytic effects.

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Novartis New pain medication label claims

Novartis has announced that Onsiar (robenacoxib) tablets are approved for use in cats 4 months of age and older. Now younger feline patients can benefit from Onsiar, which delivers 24 hours of safe and effective pain relief for up to three days in a single daily dose. The tablets are indicated for the control and relief of postoperative pain and inflammation associated with orthopedic surgery, ovariohysterectomy and castration in cats 5.5 lb or greater and 4 months of age or older for up to three days.

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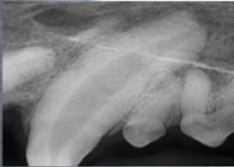


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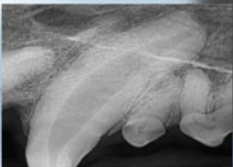
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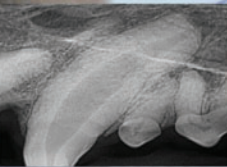
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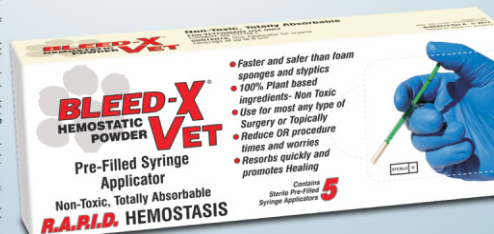
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Romans 12:12
- » Patience—the will or ability to wait or endure without complaint.
- » The fruitage of the spirit is ... self control.
Galatians 5:22,23
- » Supply to your self control, endurance.
2 Peter 1:6,7
- » For all things that were written aforetime were written for our instruction, that through our endurance and through the comfort from the scriptures we might have hope.
Romans 15:4
- » Endure under tribulation.
Romans 12:12
- » Of course you get no credit for being patient if you are beaten for doing wrong; but if you do right and suffer for it, and are patient beneath the blows, God is well pleased.
1 Peter 2:20
- » Be patient and you will finally win, for a soft tongue can break hard bones.
Proverbs 25:15
- » A wise man controls his temper. He knows that anger causes mistakes.
Proverbs 14:29

Please send contributions
to Dr. Carl A. Osborne:
fax (612) 624-0751
e-mail osbor002@tc.umn.edu
mail 2585 Cohansey Street
Roseville, MN 55113.

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August 22-25
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2014 Canine Acupuncture Class
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tcvm.com

May 28-30
International Conference on Disease of Zoo & Wild Animals
Warsaw, Poland
(0049) 30-5168127
zoovetconference.org

June 7-8
Clinical Advantage TechnicianMays Workshop
Baltimore, MD
(410) 828-1001
AnimalDentalCenter.com

June 15-21
France Bicycle 2014
Avignon, France
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KeepUpYourPACE.com

June 18-22
Emerald Coast Veterinary Conference 2014
Miramar Beach, FL
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May 20-23
Animal Care Expo 2014
Daytona Beach, FL
(800) 248-EXPO
animalsheltering.org/training-events/expo/animal-care-expo-2014.html

June 4-7
2014 American College of Veterinary Internal Medicine Forum
Nashville, TN
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June 8
Veterinary Dentistry and Radiology for the Veterinarian and Technician
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June 18
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Wyoming VMA Meeting
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June 19-21
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June 22-25
Southeast Veterinary Conference
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July 17-20
Mississippi VMA 2014 Summer Meeting
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October 9-12
North Carolina Academy of Small Animal Medicine Great Smokies Veterinary Conference
Asheville, NC
(910) 452-3899
ncasam.org

October 17-18
Massachusetts VMA 2014 Fall CE Conference
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(508) 460-9333
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June 19
Minnesota VMA Summer Seminar on Emergency Medicine
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June 27-28
2014 Alaska Gathering for Ferrets Sponsored by International Ferret Congress
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October 9-11
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October 24-26
Alaska Annual Symposium
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June 22-24
Idaho VMA Annual Summer Meeting
Post Falls, ID
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June 29- July1
Montana VMA Summer Meeting
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STAMPEDE | Bo Brock, DVM



Help from a client I'll *never* forget

A farm call took an unusual turn after I ended up flat on my back in a hog barn.

I was lying on my back on the concrete, focusing on the flies crawling on me in an attempt to take my mind off the pain. I had wrenched my lower back three days prior to this moment trying to escape from a mad bull. It was the immobilizing kind of backache, one that makes motion of the torso in any direction agonizing.

My city-girl sister was with me. She was visiting from Dallas, and I'd asked her to come with me on this little trip in mid-July for an emergency pig delivery. It was hot. Oh my, it was hot. The thermometer in the pickup read 110 as we pulled into the hog farm.

The people who owned the farm were

Here's the picture: I'm lying half-naked on a slab of fly-laden concrete with four giant men and my sister watching as a giant Swedish woman named Inga worked me over with hands so strong I thought she might rip parts of my anatomy off.

Swedish. And they were huge. The four men who greeted us at the fly-covered door leading to the farrowing house were all over 6-foot-5 by my estimate, with the tallest closer to 6-foot-10. Not only were they tall, they were big-boned and beefy. They all spoke at once as my sister and I entered the building. I had trouble deciphering their speech but got the gist as they pointed to a down-eared sow with a sad look on her face.

It sounded like this sow had been struggling to deliver her babies since midnight. The giant Swedes had been trying to get their enormous arms into her birth canal to relieve the blockage with no luck. The sow was looking at me intently—probably to determine if my forearms were as huge as theirs. When she saw

that they weren't, I believe she smiled at me.

I got the equipment assembled and squatted down behind the sow to begin the tedious process of dislodging a stuck piglet. There was a bar running horizontally across the back of the farrowing crate that was in just the wrong spot. It was perfectly level with her birth canal as she stood there. I was either gonna have to go under it and get a bad angle at her cervix or go over it and run the risk of her lying down and torquing my arm with her 400-lb frame.

I could feel the stuck baby and was just about to get a grip on it when the ole girl flopped down, taking my arm, shoulder and sensitive back with her. Now we're back to where the story started.

I glanced at my sister. She was perched on a chair looking totally grossed out.

One of the giant men came over to see if I was OK. My sister informed him that I had hurt my back and was probably going to have to lie there for a while. One of the giant men smiled and told his brother to go get Inga. Inga? Who was Inga? The giant man informed me that his wife was a massage therapist and would make my back better in just a few minutes.

When Inga arrived, I knew I was in trouble. She was nearly as big as the men, with white-blond hair and eyes as clear and blue as ice. She told me to get up, move to another pad of concrete and lie on my stomach. She told me to take off my shirt and unbutton my britches. I was about to argue, but she cut me off with a stern look and pointed at the pad.

When my sister heard the words "unbutton your britches," she stopped swatting flies and looked at me. The look on her face was the same one she used to get when I was in trouble and about to get a spanking from our dad. I tried again to argue—to no avail.

Here's the picture: I'm lying half-naked on a slab of fly-laden concrete with four giant men and my sister watching as a giant Swedish woman named Inga worked me over

with hands so strong I thought she might rip parts of my anatomy off. She twisted and stretched me like I was made out of rubber and then kneaded and pounded on me until all the breath in my lungs was gone. She would stop occasionally and ask if I felt better. No matter what I answered, she just went right back to torquing me.

About 10 minutes into the session I heard one of the men say in a thick Swedish accent, "I think shee iz a gonna do it." My mind went into overdrive. What was *it*? This lady had already done just about every imaginable move on me and I was ready to be finished. My sister heard it too and came a few steps closer.

Inga informed me that my back was out of alignment and that she was going to have to put it back in place. Before I had a chance to tell her I was all better and didn't need any more rubbing, she slipped her right hand down the back of my pants and got my left bun in her hand. I looked over at my sister. She was smiling—the kind of smile that said, "I'm gonna be talking about this moment for the rest of our lives, Bo."

Inga grabbed my right ankle in her other hand and began bending it backwards while she squeezed and pushed mercilessly on my poor butt cheek. I felt things shift all over. She performed this maneuver three times with the force of an elephant. She then stood up and told the men I was better now and could deliver the pigs. She told my sister and me that it was nice to meet us, then she left the barn to go back to lifting weights or whatever it was we had taken her from.

I rolled over and sat up. Much to my surprise, I was better. I delivered the pigs and my back was as happy as it had been in days. The entire drive home my sister laughed. She would stop giggling just long enough to give me a play-by-play of the look on my face when that lady grabbed my bun. **dvm360**

Dr. Bo Brock owns Brock Veterinary Clinic in Lamesa, Texas.

ILLUSTRATION BY MATT COLLINS

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A close-up photograph of a man and a light-colored dog lying in bed. The man is on the right, smiling with his eyes closed, wearing a dark t-shirt. The dog is on the left, looking up at the man. They are both covered by a green and yellow striped blanket. The background is a blurred blue and white striped pillow.

I haven't needed an alarm clock
since Brody came along.

And I wouldn't want it any other way.

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