



VettedTM

VetEc + VetMed



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Is the gold
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standard?
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From the leader in canine influenza vaccines **Canine Influenza Vaccine H3N2***

Recommended for dogs 6 weeks or older as an aid in the control of disease associated with canine influenza virus H3N2 infection

- A minimum of 2 doses is required for primary immunization
- Initial dose may be given at 6 weeks of age or older. A second dose is given 2 to 4 weeks later
- Annual revaccination is recommended

Canine Infectious Respiratory Disease Complex Vaccines

Vaccines for Lower Respiratory Tract Infections:

- Canine Influenza Vaccine H3N2
- Nobivac® Canine Flu H3N8

Vaccines for Upper Respiratory Tract Infections:

- Nobivac® Intra-Trac® KC
- Nobivac® Intra-Trac®₃
- Nobivac® Intra-Trac®₃ ADT

| | Bordetella (Avirulent live) | Parainfluenza (MLV) | Adenovirus Type 2 (MLV) | Canine Influenza Virus (Killed) | Non-adjuvanted |
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| Nobivac® Canine Flu H3N8 | | | | ● | |
| Nobivac® Intra-Trac® KC | ● | ● | | | ● |
| Nobivac® Intra-Trac® ₃ | ● | ● | ● | | ● |
| Nobivac® Intra-Trac® ₃ ADT | ● | ● | ● | | ● |

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MLV=modified live virus.

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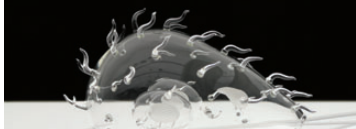
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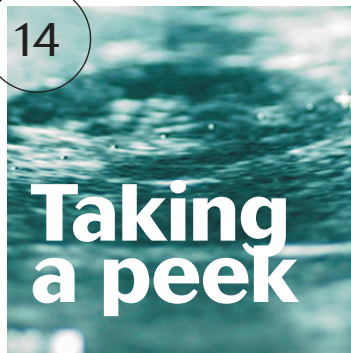
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Help yourself to help others

My first job was at a large private practice in Cincinnati, Ohio. After about a year, and with no business experience, I started my own practice. About eight years ago I left my practice, possibly at its pinnacle, to pursue a career in academia at Mississippi State University's College of Veterinary Medicine.

One of the things I stress to students is how important it is to be able to make a good living and have a successful business. It paves the way to be able to help the local animal shelter, or a favorite charity, without hurting the practice. Most of the time the person you're not fair to is yourself—and your staff. So think about how you're impacting your practice.

Read more advice from Dr. Burt at dvm360.com/burt.

Good business is good medicine

By Joey Burt, DVM, MPH (HSA)

Most of us went into veterinary medicine because we're empathetic and caring, but sometimes we help in ways that hurt ourselves: We discount services or do whatever is necessary to assist the pet, but it hurts the business. Over time I've learned that a solid business foundation is the key to a successful practice.

Vetted™

Content

Editor/News Channel Director | Kristi Reimer
kristi.reimer@ubm.com

Editor/Team Channel Director | Portia Stewart
portia.stewart@ubm.com

Editor/Business Channel Director | Brendan Howard
913-871-3823 | brendan.howard@ubm.com

Editor/Medicine Channel Director | Mindy Valcarcel
mindy.valcarcel@ubm.com

Content Manager | Adrienne Wagner

Senior Content Specialist | Jennifer Gaumnitz

Associate Content Specialists | Katie James and Sarah Dowdy

Clinical Content Manager | Heather Lewellen, DVM

Technical Editor | Jennifer Vossman, RVT

Digital Content Director | Jessica Zemler

Digital Design Director | Ryan Kramer

Digital Design Manager | Alison Fulton

Multimedia Producer | Troy Van Horn

Sales

Sales Director | David Doherty

913-871-3870 | david.doherty@ubm.com

Account Manager | Angie Homann

913-871-3917 | angie.homann@ubm.com

Account Manager | Angela Paulovcin

440-891-2629 | angela.paulovcin@ubm.com

Account Manager | Terry Reilly

913-871-3871 | terry.reilly@ubm.com

Account Manager | Heather Townsend
 913-871-3874 | heather.townsend@ubm.com

Digital Data Analyst | Jenny Shaffstall

913-871-3854 | jenny.shaffstall@ubm.com

Sales Coordinator | Anne Belcher

913-871-3876 | anne.belcher@ubm.com

Books/Resource Guide Sales | Maureen Cannon

440-891-2742 | maureen.cannon@ubm.com

Marketing

Marketing Director | Brenda Andresen

brenda.andresen@ubm.com

Marketing Designer | Andrew Brown

UBM Life Sciences, Veterinary

Vice President & Managing Director | Becky Turner Chapman

913-871-3810 | becky.turnerchapman@ubm.com

Vice President, Digital Product Management | Mark Eisler

Group Content Director | Marnette Falley

Medical Director | Theresa Entriiken, DVM

CVC Director | Peggy Shandy Lane

Business Manager | Chris Holston

UBM Americas

Executive Vice President &

Senior Managing Director | Tom Ehardt

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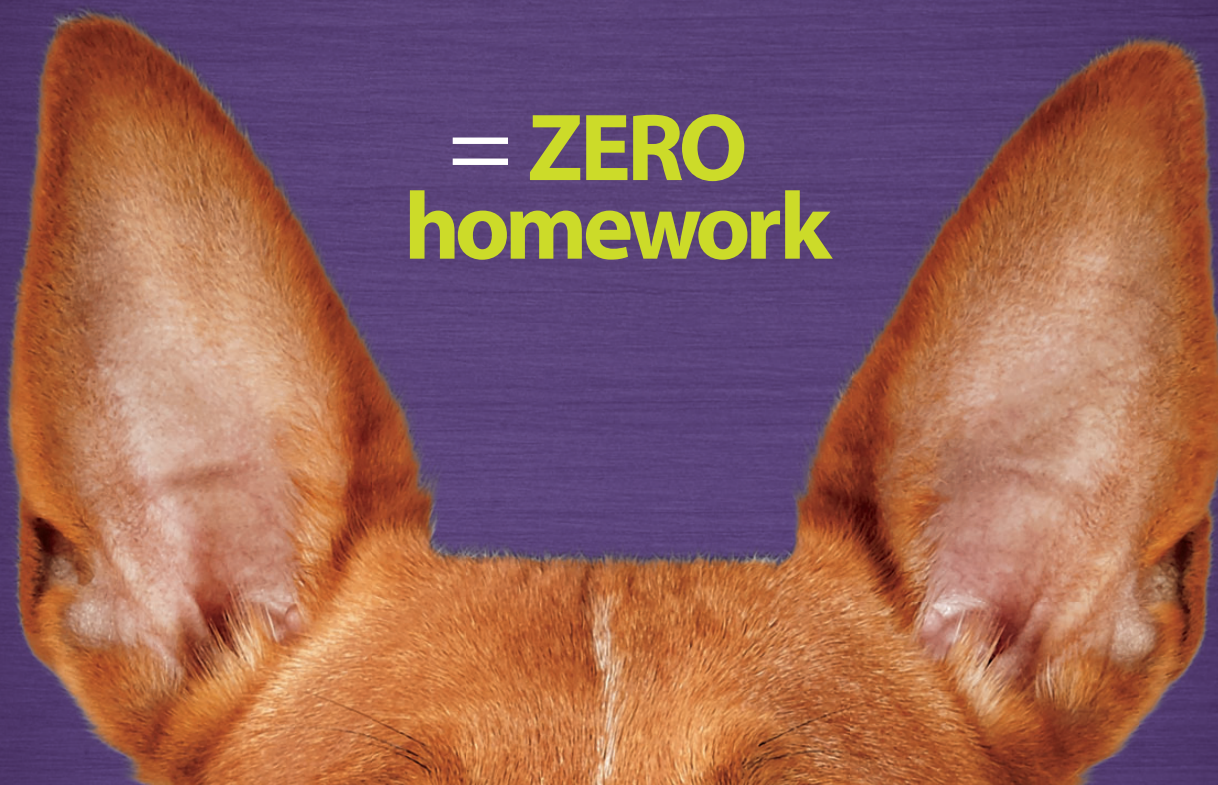


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Introducing



**(florfenicol, terbinafine, mometasone furoate)
Otic Solution**

**the only veterinarian-administered,
single-dose regimen** for canine otitis externa.

CAUTION: Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian. **CONTRAINDICATIONS:** Do not use in dogs with known tympanic membrane perforation. CLARO™ is contraindicated in dogs with known or suspected hypersensitivity to florfenicol, terbinafine hydrochloride, or mometasone furoate.

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OneDoseZeroHomework.com

See brief summary on page 05

THE PICKS

(what we care about now)

It's not just *your* clients



The Veterinary Hospital Managers Association (VHMA) surveyed members about the kinds of changes they perceive in veterinary clients today compared to how they feel they behaved in the past. Respondents picked all the changes they thought applied. Bet you can identify.

GETTY IMAGES

What traits do you see your clients exhibiting more often now than they have in the past?

Clients are more likely to shop around to find the best price for a product or service.

59%

Clients are seeking more payment options.

47%

Clients do more research and are better educated, and they are more selective in how they spend their funds.

45%

Clients are attempting to negotiate prices of shopped and non-shopped services.

29%

Clients think they should check all price options to be a smart shopper.

22%

Clients shop for emergency services, as well as general and specialty.

19%

Easy to say that a combination of better value and good price (whatever that means) is important to attract and retain these consumers. But here's one recommendation that is (relatively) easy. According to another study, conducted by Trone Brand Energy, using language clients understand is one key way veterinarians get a boost in pet owner loyalty. Time to break out that pet owner translator!

Don't drink the *wa*

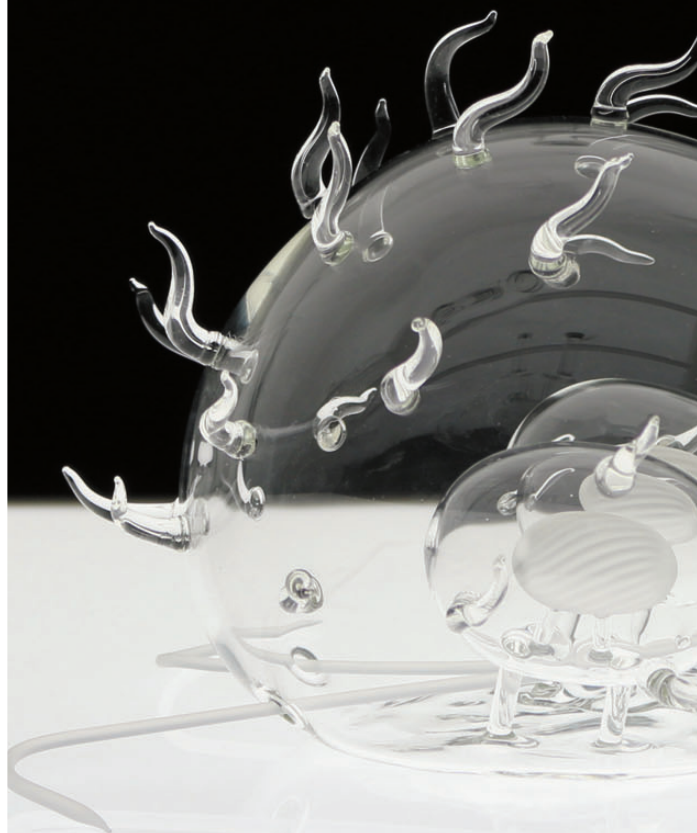


PHOTO: LUKEJERRAM.COM

ter



This glass sculpture of *Giardia duodenalis* (also known as *Giardia intestinalis* and *Giardia lamblia*) shows the pear-shaped, binucleated, flagellated protozoan parasite in a way you've likely never seen before. Beautiful, no? Despite the fact that it infects the small intestine, impairs mucosal absorption and causes diarrhea, of course.

Artist Luke Jerram created this piece 20,000 times larger than the actual parasite for Artis Royal Zoo in Amsterdam. The sculpture is part of his Glass Microbiology series—which features a range of viruses that also includes swine flu, avian flu, and foot and mouth disease. His goal: To harness tension between the beauty of the pieces and the global impact of the diseases. The award-winning Glass Microbiology sculptures are in museum collections around the world, including The Metropolitan Museum in New York, The Wellcome Collection in London and The Museum of Glass in Shanghai. They are also regularly displayed in exhibitions around the globe and sold to private collectors.



CLARO™

(florfenicol, terbinafine, mometasone furoate)

Otic Solution

Antibacterial, antifungal, and anti-inflammatory
For Otic Use in Dogs Only

The following information is a summary of the complete product information and is not comprehensive. Please refer to the approved product label for complete product information prior to use.

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

PRODUCT DESCRIPTION: CLARO™ contains 15.0 mg/mL florfenicol, 13.3 mg/mL terbinafine (equivalent to 15.0 mg/mL terbinafine hydrochloride) and 2.0 mg/mL mometasone furoate. Inactive ingredients include purified water, propylene carbonate, propylene glycol, ethyl alcohol, and polyethylene glycol.

INDICATIONS:

CLARO™ is indicated for the treatment of otitis externa in dogs associated with susceptible strains of yeast (*Malassezia pachydermatis*) and bacteria (*Staphylococcus pseudintermedius*).

DOSAGE AND ADMINISTRATION:

CLARO™ should be administered by veterinary personnel. Administration is one dose (1 dropperette) per affected ear. The duration of effect should last 30 days. Clean and dry the external ear canal before administering the product. Verify the tympanic membrane is intact prior to administration. Cleaning the ear after dosing may affect product effectiveness. Refer to product label for complete directions for use.

CONTRAINDICATIONS:

Do not use in dogs with known tympanic membrane perforation (see **PRECAUTIONS**).

CLARO™ is contraindicated in dogs with known or suspected hypersensitivity to florfenicol, terbinafine hydrochloride, or mometasone furoate, the inactive ingredients listed above, or similar drugs, or any ingredient in these medicines.

WARNINGS:

Human Warnings: Not for use in humans. Keep this and all drugs out of reach of children. In case of accidental ingestion by humans, contact a physician immediately. In case of accidental skin contact, wash area thoroughly with water. Avoid contact with eyes. Humans with known hypersensitivity to florfenicol, terbinafine hydrochloride, or mometasone furoate should not handle this product.

PRECAUTIONS:

Do not administer orally. The use of CLARO™ in dogs with perforated tympanic membranes has not been evaluated. The integrity of the tympanic membrane should be confirmed before administering the product. Reevaluate the dog if hearing loss or signs of vestibular dysfunction are observed during treatment. Use of topical otic corticosteroids has been associated with adrenocortical suppression and iatrogenic hyperadrenocorticism in dogs. Use with caution in dogs with impaired hepatic function. The safe use of CLARO™ in dogs used for breeding purposes, during pregnancy, or in lactating bitches has not been evaluated.

ADVERSE REACTIONS:

In a field study conducted in the United States, there were no directly attributable adverse reactions in 146 dogs administered CLARO™.

To report suspected adverse drug events and/or obtain a copy of the Safety Data Sheet (SDS) or for technical assistance, contact Bayer HealthCare at 1-800-422-9874.

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>.

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THE PICKS



Not a shoe but it'll do

Patricia March, RVT, VTS (dentistry), recommends that you arm your practice team with these three simple suggestions to keep puppies occupied and ease discomfort during teething.

1. **Offer frozen mini bagels.** (Reminder: no onion or garlic!)
2. **Offer cold carrots,** but not more than one whole carrot a day, because of its high fiber content.
3. **Wet a dishrag or towel, twist it into a ropelike shape and freeze.** The cold helps relieve oral discomfort, and the chewiness of the towel encourages proper biting behavior.

Of course, no toy (or food distraction) should be offered to a pet without supervision. So make sure you tell clients to keep that third eye peeled. And not every idea will work for every pup. Darn it.



Pro bonding tip: Take time to talk to kids

By Andrew Rollo, DVM

GETTY IMAGES

With some children, of course, you don't have a choice about whether to chat. They have 10 prepared questions and think up another three on the spot, including, "Who's your favorite superhero?" Other kids sit quietly in the corner, trying to disappear because they're not entirely sure whether you're the kind of doctor who's going to stick them with a needle. Maybe the child's perception of the veterinary experience isn't quite as crucial as the grown-up's, but you still need to address kids.

Before you get all worried, I'm not saying veterinarians need to go as far as dentists and pediatricians, with their multiple video game consoles and menu of cartoons and huge stuffed bears in the exam rooms. (Besides, that poor bear would get chewed up after only a few visits from a rambunctious Labrador puppy.)

But what about just keeping some unused coloring books and crayons handy? (You can keep them for you too—I won't tell.) It's also easy to take note of kids in the medical record so that after a visit or two you can talk to them by name. That helps bring down some barriers.

I know some children prefer to be ignored; they just want to mimic their cat and tuck their head away until the door to the lobby opens once again. But for other children, a little extra time and effort can go a long way in cementing the bond with them, their parents and the pets they love.

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A cool gadget that stops grazers from scarfing another pet's diet.



Portion-controlled

Your cat clients likely have more than one pet, whether of the feline or canine persuasion. And those pets likely have very different health or weight issues. When your clients ask for advice about the best way to make sure each pet is getting the nutrition it should, rather than delving into a sibling's slice, consider this innovative gadget.

Case closed

The device—the SureFeed Microchip Pet Feeder from SureFlap—is a food bowl with a lid that automatically slides open only when the right pet is close by. Thus, curious dogs—even children—are denied access to a pet's special diet.

A smart bowl

The feeder can, of course, be used to feed dogs as well. The bowl will either recognize a previously placed microchip in a pet or a radio-frequency identification chip embedded in a collar tag that comes with the feeder.

NOM NOM

The time delay on the lid closure can be adjusted for more cautious pets (slower) or pets that live with particularly greedy brothers and sisters (faster). And there are different-colored mats and bowls for households needing more than one feeder. The right food. The right amount. Just the right thing for your clients?



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Is the gold standard the *old* standard

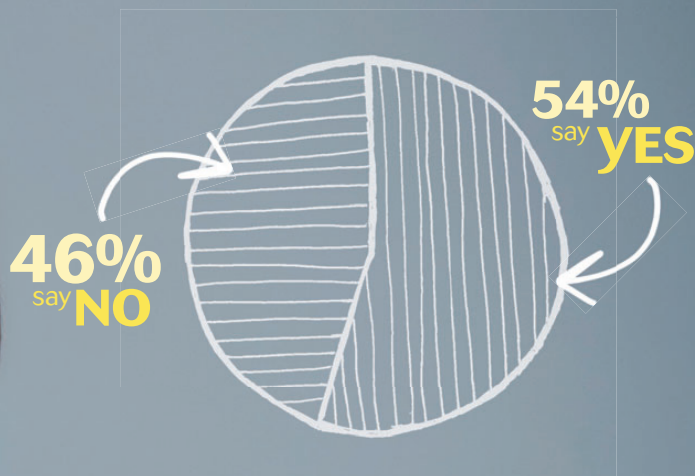
What happens when the highest level of care just isn't an option for most of the clients you serve? Answers from the dvm360 Spectrum of Care survey point to a new world order: The days of providing nothing less than the gold standard might be numbered.

In an ideal world, pet owners would say, "Yes!" to whatever it took to keep their pets healthy. You would recommend the gold standard of care for every condition you diagnose and every preventive step. But that's not reality. So, how do you adjust care to varying levels of financial means and pet owner commitment? (For your own sanity, keep in mind the wise words of one associate's boss: "You can't care more than the client does.") With medical and technological advances taking place every day in terms of diagnosis and treatment—some of which are more costly than

the older options—are we pricing people out of owning pets? In the pages that follow, we explore these intricate issues in one specific condition: separation anxiety. Our board-certified practitioner explains the common spectrum of care, while in-the-trenches practice owners and associates offer some of their thoughts about the day-to-day struggles of matching their abilities, their clients' money and their patients' needs in private practice. Plus, we peppered in exclusive data and responses from the dvm360 Spectrum of Care survey—because it's your world, doc, we're just living in it.



Do you think the increased opportunity to provide high-quality veterinary medical care is putting pet ownership out of financial reach for average middle class people?



Here's what you said about it...

"I consider mine as an average middle class family and know the estimates I give clients would significantly impact my quality of life if I was to spend the money."

"I couldn't afford our clinic's prices for veterinary care for all of my animals without the clinic discount. I'm priced out of my own services, even though I believe they are exceptional and necessary."

"My clients are shaping my answer. And no, they don't stop owning animals—they just stop seeking care from 'greedy veterinarians who want to sell them everything under the sun.'"

"All day every day I have clients asking about price of procedures whether over the phone or during an exam. I've had many clients say that they'll just get a new dog instead of fixing their current dog."

"The majority of my clients have no interest in pursuing advanced care or are unwilling to prioritize that care, they want some medication and a quick fix. At the same time I find it increasingly difficult not to offer the 'gold standard' care for fear of risk to my license or under-serving the client."

dvm360 leadership CHALLENGE VET 2.0

Check it: Here's what Vetted's sister publications are up to:

dvm360 On the wild path to serving the pet owner of the future, some veterinarians may need help seeing creative career solutions—and learning to appeal to folks who want veterinary care in a different way. That's where this dvm360 Leadership Challenge comes in. If the traditional path doesn't work for you, create a new one. You just might discover that the people and animals you want to serve have been waiting for you for a long time.

firstline *Firstline* focuses on leveraging your veterinary team to care for the pet owner, including paths to offering the higher-quality service clients expect, transforming team members' jobs to reflect the changing needs of pet owners, how practice size influences the challenges veterinary team members face and the outlook on the new nurse practitioner role.

To find all of this coverage, plus online-exclusive content, visit dvm360.com/vet2point0.

Supported by an educational grant from:



In what percentage of wellness visits do you believe you actually discuss potential behavior problems with clients?

36%

All by myself

Clients have different levels of investment when it comes to canine separation anxiety. Here's how to handle it.

By John Ciribassi, DVM, DACVB

You've just finished your annual visit appointment, and the dog's owner begins with an "Oh, by the way" line. You know what's coming, yet your mind is swimming with the string of appointments waiting as well as medications that need to be made up for the last client, and there is an emergency call you have to take. Now this person wants you to cure his or her dog of what seems like separation anxiety in the one minute you have left for the visit. What you say next depends on many things, including the emotional and financial investment the client puts in the pet.

In my opinion, it is in the patient's best interest for veterinarians to first offer what they think is the best approach to treating any condition, and this includes behavioral issues. Alternative strategies can be presented if the client thinks the ideal approach

is not a direction that they can pursue. It would be wrong for a veterinarian to assume what the client will choose ahead of time. We cannot predict or anticipate—nor should we—what a person's level of attachment or financial investment would be with a particular patient at a particular point in time.

However, if it is a situation in which there is not adequate time to manage a behavior problem presented by a client, such as when the issue is presented at the end of an annual visit, there is nothing wrong with a veterinarian suggesting a treatment option that does not involve a lot of time to explain or risk to the patient. This would be an ideal time to recommend a nutraceutical or pheromone product. It is *imperative* in these instances that the veterinarian explain that there are other options as well and these can be explored in more depth during a scheduled behavior visit.

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The delicate dance of care and compassion

"I don't believe anyone truly knows they'll be financially stable for the 10-to-20-year lifespan of a pet. So if we really believe the incredibly judgmental saying, 'If you can't afford a pet, you shouldn't get one,' not one of us should have a pet. That's not right. Being judgmental takes away energy you could be using to solve problems."

— *Shawn Finch, DVM*

"You don't want to make the client feel guilty but you do want to make it clear that cheaper options generally aren't as good. While you shouldn't make clients feel bad for not doing the gold standard, you also don't want them walking away thinking that options A, B, and C are equivalently good but C costs less."

— *Karen E. Felsted, CPA, MS, DVM, CVPM*

My top-level separation anxiety treatment plan

The best option: "I'm all in!"

1. Perform a full physical examination.
2. Perform laboratory testing, including a complete blood count (CBC), serum chemistry profile, thyroid profile and urinalysis, as well as additional testing if indicated by the initial test results.
3. Start behavior modification immediately. Have the client ignore the pet's attempts to solicit attention since anxious dogs often use human contact to manage anxiety, and this strategy is not available to the pet when it is away from the owner. All contact should be on the owner's initiative.
4. No interactions should occur between the owner and pet for 30 minutes

before departure to help the pet adapt to the owner not being present. The only exception would be the presentation of a treat-dispensing device or other long-lasting treat at the time of departure to keep the pet's attention during the departure.

5. To reinforce relaxed behavior, the owner should ignore the dog when arriving at home until the pet is relaxed.

6. The owner should habituate the pet to departure cues. This involves performing any departure activities that seem to elicit increased anxiety from the pet at times when the owner has no intention of leaving so that these activities do not serve as a reliable predictor of departures.

7. Implement independence training, which involves teaching the dog to remain in a resting area while the owner gradually leaves the room and reinforces relaxed behavior. This often involves using a mat or bed for the dog to remain on during these exercises.

8. Implement graduated departures from the home. This involves the owner gradually increasing the time of departure from the home while reinforcing relaxed behavior as he or she returns. The owner may begin by just moving to the door, then gradually opening the door, then leaving for a few seconds and gradually increasing this time. Usually the goal is to be gone for two hours with a relaxed response by the dog. At this point, most patients can be left for more normal periods. In addition, the owner often has to use a bridge cue to indicate to the dog that these departures are practice departures (such as using a visual indicator like a light or an olfactory one like a room freshening spray). Later, this cue can be used when the dog is ready for an actual departure to help with the

Do you have a behaviorist in your area to whom you feel confident referring patients with behavior issues?

47%
say **NO**

transition.

Note: I typically only do graduated departures if there is a failure to respond to the initial treat-

ment plan. This can be a complicated and tedious process for the owner to perform, and there is good evidence to show that if too many items are included with the initial treatment plan, many owners get overwhelmed and fail to follow through on the overall plan.

9. Prescribe anti-anxiety medications. There are a few options here, and primarily I would start with either a selective serotonin reuptake inhibitor (SSRI) such as fluoxetine or a tricyclic antidepressant such as clomipramine. Additional medications such as trazodone can be added if needed. If you prescribe medication, be sure to perform a follow-up CBC and serum chemistry profile six to eight weeks after beginning the medication.

10. It is a great idea to have the owner videotape the dog when alone to help confirm the diagnosis as well as to monitor progress.

Next option: "Whoa, doc! That's a lot of steps!"

If you've established a diagnosis of separation anxiety but the owner cannot invest the time or resources into the full

The Hail Mary of behavior practice

"Just writing a script for an antidepressant and hoping for the best is not the best policy, but it's worth a shot compared to the pet ending up in the pound."

— *Andy Rollo, DVM*

The upside of it all

"Our profession sometimes emphasizes the 'best' care, and that sometimes turns into an insistence that all pet owners need to do this or a lack of understanding that this kind of care is really not affordable for a large number of pet owners. Assuming the choices are medically appropriate, I think our profession has a responsibility to offer different levels of care."

— Karen E. Felsted,
CPA, MS, DVM, CVPM

treatment plan, keep the behavior suggestions simple.

1. First, change the departure and arrival routine as outlined above. I feel this is the single most helpful piece of behavioral advice you can give.

2. Second, try to extinguish the anxious response to departure cues by using the advice (step 6) to habituate to departure cues.

3. Prescribe anti-anxiety medication. Be sure to perform laboratory work before and after initiating treatment.

Next option: "Just the basics please, doc."

Your first goal is do no harm, and your second is to let clients know there are other options if the following suggestions fail to be helpful.

1. Have clients videotape the dog to get an idea what is going on and, if the initial treatment plan is not helpful, to determine if in fact this is really separation anxiety you are dealing with.

2. Recommend nutraceuticals (such as L-theanine, tryptophan, alpha-casozepine or melatonin) or appeasing pheromones or a ThunderShirt (Thunder-

Works) or Anxiety Wrap (The Company of Animals).

3. Recommend herbal remedies such as Bach flower or lavender.

I prefer to think of these options in the same way I think of the use of antihistamines for the management of atopy. Most of the time, they are not helpful. However, they are easy to try, safe and, in a small percentage of dogs, can be

helpful. Also, as in managing atopy, it is often a combination of strategies that ultimately proves to be helpful and not a single medication or behavior modification step.

And, finally, *communicate* with your clients. How will you know what works unless you ask? Behavior is about management, not cure. It also shows you care about the progress your patient is making. And, in the end, that's what really makes veterinarians the best doctors on the face of the planet!

Do you have someone in your practice who's particularly passionate about talking to clients about behavior issues?

46%
say **NO**



John Ciribassi, DVM,
DACVB, of Chicagoland
Veterinary Behavior
Consultants.

Think we're done? Sit back—we're just gettin' started

Our super clinical specialists discuss options for periodontal disease and canine cruciate ligament repair; plus, our brilliant practice management experts weigh in with tips to handle the delicate new world order of clients who are all over the spectrum when it comes to care for their pets. Go to dvm360.com/vet2point0 to get the goods!

Curious about the data presented in this story? We surveyed 250 veterinarians as part of dvm360's Spectrum of Care study. Want to see more results? Scan the code, right.




A background image of a medical ultrasound scan, showing a dark, grainy texture with a bright, curved line and some smaller white specks, suggesting internal organs.

Taking a Peel

Four in-the-trenches tips from a university radiologist to help you gain as much info as possible when peering into your patients' innards.

By Mindy Valcarcel, dvm360 Medicine Channel Director



Imagine peering through a keyhole. You see a section of the interior room, which provides some information. But

you need to angle around with your eye to pick up on as much as you can. Anthony Pease, DVM, MS, DACVR, an associate professor at Michigan State University's College of Veterinary Medicine, uses the keyhole analogy for ultrasonography.

Dr. Pease says that at Michigan State University, ultrasonography has pretty much replaced radiography when examining the abdomen. "On a given day, we perform up to 20 ultrasonographic examinations and only three to five abdominal radiographic series," says Dr. Pease. "Ultrasonography provides better detail and more information about the abdomen compared with plain radiographs." So what are you waiting for? Go get your machine, and keep these four tips in mind.

1 Charge for your exams

In all likelihood, the first ultrasound machine in your practice is a hand-me-down you thought you'd just try your hand at. You're still experimenting with it, so you may be hesitant to charge for exams. But Dr. Pease says if you never charge, you'll never be able to afford a better machine. At first, charge just \$5 or \$10, and set aside that money each time to build up to a better machine.

2 Don't overdiagnose

"This looks weird."
"Hey, what's that?"

The temptation when you first start using an ultrasound machine is to find ab-

normality in all places. "Inexperience and lack of confidence may lead to overzealous interpretation," says Dr. Pease.

In fact, he says 80 percent of things you look at should be normal. And normal is good. But if you can catch those 20 percent of abnormalities earlier, you can intervene to prevent more dire disease. If you're unsure of your interpretation, use the magic of telemedicine to submit your images for review by an expert to get the correct diagnosis.

3 It's not pattern recognition

Speaking of the correct diagnosis, don't think that once you get comfortable interpreting ultrasonograms you'll be able to eventually make a diagnosis just by what you see. There is not a pattern for something that is benign or something that is lymphoma, Dr. Pease says. You have to collect an aspirate and examine it to see what you're truly looking at. Luckily, you can sample exactly what you need with ultrasonographic guidance.

4 Use your technicians

Don't have time in your busy schedule to master ultrasonography? A technician in your practice may be just the person to train to capture images for interpretation. Dr. Pease says in most states a technician can even do the ultrasound-guided aspirates if under the direct supervision of a veterinarian. So, let technicians take images while you see other patients. This will ultimately lead to increased revenue for the practice and potentially greater earnings for everyone involved.

NEED A NEW ULTRASOUND MACHINE—STAT?

Check out the latest equipment and accessories at dvm360.com/ecg.

5 ways to fail at ultrasound

By Stephen Tracey

You had a plan. You'd buy an ultrasound machine, improve patient care, and generate more revenue. But you're now tens of thousands of dollars in the hole. How can that be? If you charge \$450 per ultrasound, then it only takes 78 ultrasounds to pay off a \$35,000 ultrasound unit. But you need someone to read the ultrasonograms. So with a \$90 read fee, now that's 97 ultrasounds, unless you have a doctor internally who's ready to take on the job. Don't feel bad. Lots of practice owners started with great intentions and the very same plan. And many of them make these 5 mistakes:

1. Buy on impulse

You're motivated by all the right things—improved care, new skills, practice success—but the spontaneity means you didn't have a plan that matched your good intentions. Think it through. Write it down. Discuss it with someone. You know, make a plan.

2. Skimp on the training

Ultrasonography is not easy, and most practices don't want to lose the work time required for doctors to get the training they need to become really proficient. Plan for the training to come to you, either in person or through video conferencing. Ideally, negotiate this when you buy the unit.

3. Hesitate with the recommendation

Many veterinarians struggle to recommend basic diagnostics to clients consistently. So more advanced diagnostics can put a wrench in their confidence. At least one member of your team has to be ready to make a strong recommendation and use the ultrasound unit, or you're doomed. Seriously. *Doomed*.

4. Shortchange the practice

The only way to become great at ultrasound is to get the probe on patients: surgical cases, sick patients, staff pets, it doesn't matter. Use the machine every day.

5. Don't cut the cord

Does someone currently visit your practice to perform ultrasounds? Do you refer these cases? Phase out these services—and make sure you've got a terrific out-of-clinic second opinion option available. (A board-certified radiologist for example?)

Stephen Tracey is regional manager of New Jersey and New York for VetCor.



Technicians + ultrasound = a perfect match

dvm360's Mindy Valcarcel and Portia Stewart sock it to you in this explanation of how matching technicians performing ultrasound with veterinarians interpreting the images boosts business and offers high-quality medicine. Special appearance by Dr. Anthony Pease. Scan the code or visit dvm360.com/techscan

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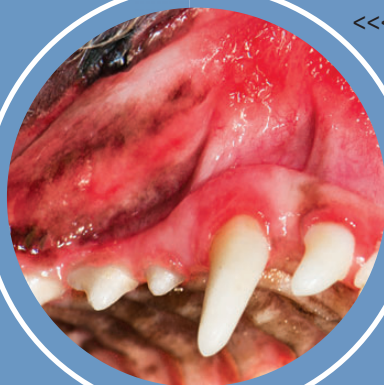
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What's wrong with this Maltese's mouth?

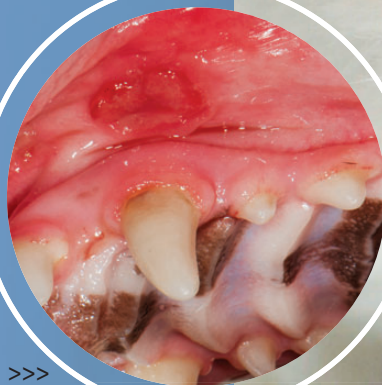
Thick, ropey saliva and a painful patient: What's the deal?

By Jan Bellows, DVM, DAVDC, DABVP, FAVD

A 14-year-old Maltese cross was brought into the clinic because it had stopped eating. Putrid saliva and severe halitosis are evident. The dog's history consists of multiple professional teeth cleanings, a few tooth extractions, antibiotics, and corticosteroid and immune modulator administration. Upon examining the dog's mouth, you see the following:



<<< Inflamed mucosa



Mucosal "kissing" inflammation >>>

Which is the most likely diagnosis?

- a) Contact mucositis with ulceration
- b) Pemphigus vulgaris
- c) Epidermolysis bullosa
- d) Squamous cell carcinoma
- e) Early effects of toxic epidermal necrolysis

Get the answer
on page 20!

All bark, no bite?

We asked nearly 600 veterinarians about their dental care protocols—here are the results.

Do you use intraoral radiography as a component of professional dental cleanings?

Of those who said

yes ...

For which of these purposes do you use intraoral radiography?

NO
38%

YES
62%

16%

To assess the oral cavity before dental cleaning

18%

To assess the oral cavity after dental cleaning and treatment

66%

To assess the oral cavity before and after dental cleaning

WHO PRIMARILY PERFORMS DENTAL CLEANINGS IN YOUR PRACTICE?

VETERINARIAN



22%

TECH



58%

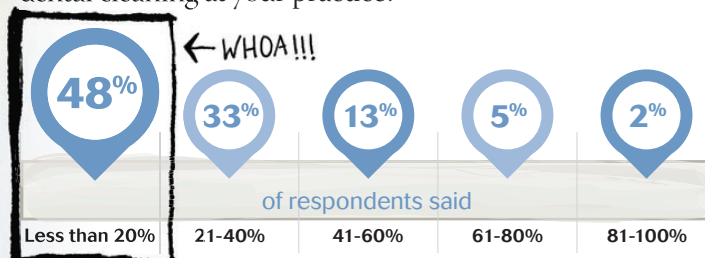
OTHER



20%

<<< Some of these answers included: an unlicensed veterinary technician, a trained veterinary assistant, and both unlicensed and licensed technicians.

What percentage of active patients who could benefit from dental care do you believe receive an annual professional dental cleaning at your practice?



The dvm360 Clinical Updates: Dentistry study was sent by email to subscribers of dvm360 magazine, *Vetted* and *Firstline*. The survey generated 736 responses, creating a margin of error of about 3 percentage points (although sample sizes—and statistical reliability—on individual questions may be considerably lower). Numbers may not equal 100% due to rounding. Respondents were offered a free article, “Go One Step Beyond in Veterinary Dental Care” by Dr. Jan Bellows, plus a package three popular handouts on dental care.

a) That's right—ulcers.

Contact mucositis with ulceration formally called CUPS (chronic ulcerative paradental stomatitis) or kissing lesions—affects the paradental mucosal tissues that lie next to the teeth.

The specific etiology is unknown. Maltese, Cavalier King Charles spaniels, Labrador retrievers and greyhounds are overrepresented. Affected animals may have a hyperimmune response to the bacteria and proteins in plaque. Other syndromes that may mimic contact ulcerative mucositis include autoimmune diseases such as mucous membrane pemphigoid, bullous pemphigoid, pemphigus vulgaris, epidermolysis bullosa and epitheliotropic T-cell lymphoma. Additionally drug reactions (early toxic epidermal necrolysis) and foreign bodies appear similar. Keep in mind that in cases of pemphigus, other mucous membranes including the inner surfaces of the eyelids and the rectum can also be affected.

Unfortunately most affected patients are in so much pain they will not allow an oral examination. As part of patient assessment, perform a complete blood count, a serum chemistry profile, a complete urinalysis and thyroid screening. In patients

in which elevated alkaline phosphatase activities are reported, also perform tests to rule out Cushing's disease.

The treatment of patients with contact mucositis with ulceration involves medical intervention, surgical intervention or a combination of the two. Initial care involves dental scaling and polishing, as well as pain relief medications. Strict home care to prevent plaque accumulation is critical. The use of corticosteroids is discouraged. Home care, including brushing the pet's teeth twice daily, applying a gel or an oral rinse containing zinc and applying plaque prevention gel (OraVet Plaque Prevention Gel—Merrial), helps with plaque control and ulcer treatment.

In advanced cases in which the owner cannot provide twice-daily plaque control or if such care does not meet with clinical success, removal of the teeth adjacent to the ulcerated areas—and in some cases all the teeth, as in the case of this dog—results in rapid elimination of inflammation and pain.

Dr. Jan Bellows owns All Pets Dental in Weston, Florida. He is a diplomate of the American Veterinary Dental College and the American Board of Veterinary Practitioners. He can be reached at (954) 349-5800 and dentalvet@aol.com.

TOP TOOLS FOR BETTER TEETH

Get the scoop on top dental imaging products on the market at dvm360.com/dentalimaging.

Value = perception ÷ price

Even dental specialists are susceptible to client pushback against recommendations.

"At my hospital we often end up finding even more severe problems than what the referring veterinarian noted," says Dale Kressin, DVM, FAVD, DAVDC, owner of Animal Dentistry and Oral Surgery Specialists in Oshkosh, Wisconsin. "So we must continually educate the owners on the value of our services." His guiding principle? **Value = perception ÷ price**. So if the price is high, then perception of value must also be high. "I educate clients to elevate their perception of the need for the services and to explain the procedures," Dr. Kressin says. "The more I educate, the higher the value rises for the client."

Use an automotive analogy with clients: If you take good care of your car with regular oil and filter changes, the cost is minimal compared to having to rebuild the engine or transmission.

Handout: Chew on this

Even veterinary dentists admit they don't brush all their pets' teeth all the time. (Let's be honest: Do you even brush your own teeth all the time? After every meal? Well, aren't you special.)

For those patients who need it and for those special clients who will do it—especially starting with their pets as puppies and kittens—this is the client handout that explains the many ways to encourage cat and dog toothbrushing and keep it going through the years.

Now we feel guilty. We're going to brush our teeth. And our kids' teeth. And our pets' teeth. Yay! Go get the handout at dvm360.com/chewonthis.

Oh, and one last thing ... Is "dental" a four-letter word at your practice? Get on that! Find top tips from veterinary dental experts at CVC Kansas City, August 26-29. For more information and to register now, head over to thevcv.com/kc. We hope to see you there!



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POSTER KID FOR MYOPATHY

Your heart sinks when a veterinary patient comes into your clinic with signs that could be related to dilated cardiomyopathy. Here's how to confirm that is what you are dealing with and some breed-specific factors that may come in to play.

By Meghan E. Burns, DVM



Dr. Meghan E. Burns owns Connect Veterinary Consulting. Her expertise includes product and business development, key opinion leader management, medical writing, and marketing.



Oh my, myopathy!?

We're all familiar with the pathophysiology—myocardial disease results in a progressive decrease in myocardial contractility and ventricular dilation. The cause in many cases has not been determined and is thus considered to be idiopathic.

In a presentation on dilated cardiomyopathy (DCM) at CVC San Diego, Barret Bulmer, DVM, MS, DACVIM (cardiology), said that Great Danes, Doberman pinschers, Irish wolfhounds, bullmastiffs, boxers and cocker spaniels are the breeds that most commonly develop DCM. Dr. Bulmer says the classic pathologic change for DCM in large-breed dogs includes a wavy fiber form or attenuation of normal myocardial fibers. This results in cardiac dilation and poor systolic function. Boxers and some Doberman pinschers have a form in which adipose tissue, fibrous tissue, or both infiltrate the myocardium at a microscopic level that may affect the clinical outcome.

According to Dr. Bulmer, the history and clinical signs will vary since these dogs don't have classic auscultatory findings. It is difficult to truly suspect the disease before a dog comes into the hospital with clinical signs. He says the initial clinical presentation will vary as well.

Some dogs will present with weakness or exercise intolerance. Some dogs present with left-sided heart failure exhibited by coughing, dyspnea or tachypnea. Others will present with abdominal distension and perceived weight gain due to right-sided heart failure. Some boxers or

Doberman pinschers will have syncopal episodes, and some may die suddenly without any preceding clinical signs.

Other breeds will present with anorexia and weight loss from cardiac cachexia and end-stage cardiac disease.

DCM is different from valvular disease in that these dogs don't have a loud murmur before they develop clinical signs. There may be a gallop sound prior to an actual murmur, says Dr. Bulmer. A gallop is a triple-cadence, low-frequency, extra sound and not an arrhythmia. With DCM, the gallop is usually an S3 sound associated with dilation or eccentric hypertrophy. As the ventricles dilate, they may distort the mitral and/or tricuspid valve annulus, thereby producing mitral or tricuspid insufficiency.

A grade II to III/VI systolic left apical murmur can be auscultated in some large- or giant-breed dogs with DCM. In Doberman pinschers with occult DCM but not in heart failure, common auscultatory findings can include arrhythmias (most commonly ventricular premature complexes [VPCs]), a gallop sound, and/or a murmur.

"It's my parents' fault!": Breed-specific presentations



Classic dilated cardiomyopathy involves Great Danes, Irish wolfhounds and bullmastiffs—the giant breeds. Dr. Bulmer

WE ♥
THIS TIP



Teach clients to watch for this

In this quick video, veterinary cardiologist Sonya Gordon, DVM, DVSc, DACVIM, discusses an easy but important way owners of pets with heart disease can catch early signs that their pets might need more intervention. Scan the QR code or watch at dvm360.com/earlysign.

TEAM TRAINING TOOL

4 steps to smooth the transition for referral patients

Help ease a potentially stressful time for veterinary clients by prepping them on what to expect when heading out for a referral appointment.

1. Use a pre-appointment checklist.

After the veterinarian makes the decision to refer a case, collect all relevant medical information for clients to take with them. Generally recommended information includes:

- The patient's complete medical history
- All recent lab work, with the most recent on top
- Any radiology information, including radiographs, ultrasound reports, CT imaging, and so on.
- A list of the patient's current medications and medication allergies, if known.
- Contact information for the referral clinic, including a map and directions, made for the client. Be sure they know where they're going and how to get there, especially if the clinic is in a different town or state.

2. Have the money talk.

Communicating expected costs of a referral is also critical. Although it can be difficult to discuss costs and payment with the owner, not discussing it can be a disservice to the client. Find out methods of payment the referral practice offers before you send your client. Most referral clinics can give estimated costs of treatment or surgery.

3. Call ahead.

Most referral clinics take appointments like general practice clinics, so calling ahead to arrange an appointment can be crucial. This ensures that team members and veterinarians know the case is coming in, including when and how critical the patient may be—especially if it's a same-day referral. It also gives the owner an idea of time and cost.

4. Offer follow-up and home care.

Depending on the location of the referral clinic and the type of case needed, follow-up care may be more realistic at the referring veterinarian's office. Be sure the client knows that they may have options about when to do follow-up care—as well as expected costs for that care—from the start.

Source: Rachael Simmons



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says that if they present with clinical signs, they often have atrial fibrillation. Right-sided heart failure is more predominant than left-sided heart failure. These dogs may battle weight loss and inappetence in some cases more than other breeds. In Dr. Bulmer's experience, they have more favorable prognosis with treatment and often live for about a year even when considered to be in congestive heart failure. These breeds are much more likely to respond to treatment than Doberman pinschers or boxers.



Doberman pinschers with DCM have a relatively high prevalence of arrhythmia and sudden death. Affected dogs typically present

with left-sided heart failure. Initially they present with a good body condition score and little muscle wasting, but they can exhibit weight loss and muscle wasting over time, even with treatment, says Dr. Bulmer. Typical survival time with treatment for Doberman pinschers with congestive heart failure is often four to six months. Although younger dogs may have the disease, Dr. Bulmer advises screening Doberman pinschers starting at 4 years of age with echocardiography and a Holter monitor to establish a baseline for future monitoring.

Boxer cardiomyopathy is more often called arrhythmogenic right ventricular cardiomyopathy (ARVC). While some boxers with ARVC exhibit the DCM phenotype with development of congestive heart failure, others may have normal cardiac dimensions and systolic function yet have severe ventricular arrhythmias



that contribute to a risk of syncope or sudden death. "In many instances both echocardiography and Holter monitoring are required to screen and manage boxers at risk for or with known heart disease," says Dr. Bulmer. "Even boxers not exhibiting clinical signs can have VPCs. Similarly VPCs can be related to diseases other than ARVC including infectious disease, metabolic disease or neoplasia." A final important consideration is that a syncopal boxer doesn't always constitute VPCs or ventricular tachycardia as a cause for the syncope, says Dr. Bulmer. "Some boxers may have vasovagal syncope, hemodynamically important bradyarrhythmias, or central nervous system, metabolic, or musculoskeletal disease," he says. "Therefore other differentials may need to be excluded."



As a breed, cocker spaniels are more likely to have valvular heart disease than DCM. But for those that do have DCM, they often respond well to treatment, says Dr. Bulmer.

The breed differences outlined here can influence what further diagnostic tests are needed and the prognosis for the patient. But, in summary, early detection of the disease through the various diagnostic tests discussed is the best means to prolong a good quality of life for our patients with DCM.

LIVE (AND HEARTFELT) LEARNING

Check out the cardiology track for more great live learning at CVC Kansas City August 26 to 29. To learn more, visit thecvc.com/kc.



MAKE REFERRALS WITH HEART

Visiting a referral practice is a new (and stressful) experience for clients. So if you're sending a cardiology patient to a specialist, Rachael Simmons, a *Firstline* Editorial Advisory Board member, says you can make the transition smooth with these tips:

1. Call ahead. You obviously want the team at the referral practice to know the case is coming in, including when and how critical the patient may be so they're ready for your client and patient.

2. Have the money talk. Give your clients a general idea of the costs before they set out to get the care as part of your recommendation, so there are no financial surprises.

3. Collect all relevant medical information for clients to take with them. We've compiled a checklist as part of the team training handout pictured above, so you can facilitate a conversation at your practice about how to manage referrals. Download it at dvm360.com/smoothreferral.

4. Follow up after the referral appointment and offer any ongoing care or support your patient and client need.

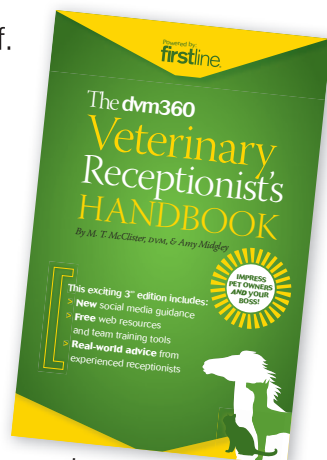
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Sunday, August 28



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Avoid the dermatology shame spiral

Tough dermatology cases make you want to hide your face? We know you've been there. We snapped up these tips and highlights from a presentation by Dr. Paul Bloom on common dermatology dilemmas. (Bonus—Dr. Bloom's a pretty funny guy.)



Mo money, mo skin problems

Pet insurers reveal the prices clients pay to relieve their pets' dermatologic miseries.

As if the constant licking, incessant scratching and sheer misery of skin conditions in pets weren't bad enough, they can be expensive to treat too. Recently, pet insurance provider Trupanion shared with *Vetted* some data from its claims databases on costs related to skin conditions in pets. **Here's what they found.**

Paul Bloom, DVM, DACVD, DABVP, is quite familiar with the wandering-in-the-dark feeling that dermatology cases can elicit in even the most updated, brilliant clinician. But that's why he's here to show you the light—or, well, get your clients to come back to their rechecks, at least. Here are some highlights from his innovative session at CVC, titled none other than “Dermatology dilemmas: What would you do?” Bonus tip—learn more about these kinds of sessions at thevcv.com/kc.



Got folliculitis? Don't reach for a steroid

We know, we know. Your client wants immediate relief (a.k.a. a corticosteroid) for the itchiness of folliculitis. But the better course is cytology and then appropriate antibacterial or antifungal therapy.



Q&A: When you do a cytology, do you quantify yeast or bacteria?

Either you've got bacteria overgrowth or you don't! Here Dr. Bloom discusses his tips for doing cytologies on *Malassezia* and other species.



So much bathing: How to keep an allergic dog moisturized

Allergic dogs benefit from lots of baths, as you know. But this dries out an already compromised skin barrier. What to do? Dr. Bloom knows.

Most common skin conditions in dogs



| Rank | Condition |
|------|--------------------|
| 1 | Allergy |
| 2 | Otitis |
| 3 | Mass |
| 4 | Dermatitis |
| 5 | Pyoderma |
| 6 | Laceration |
| 7 | Mast cell neoplasm |

Source: Trupanion

Most common skin conditions in cats



| Rank | Condition |
|------|------------|
| 1 | Otitis |
| 2 | Allergy |
| 3 | Mass |
| 4 | Dermatitis |
| 5 | Abscess |

Source: Trupanion

The ESSENTIALS

The itch. The scratch. The irritation. Atopic dermatitis is likely one of the most common dermatologic problems you see in veterinary practice. At dvm360 we've curated our best, most informative articles about this topic to help you diagnose and treat it efficiently and effectively. And we'll keep you on top of new developments as they arise. Visit dvm360.com/atopicdermatitis.



Goodness gracious, it's pemphigus foliaceus

Five pointers on managing this common autoimmune dermatologic disease from Dr. Paul Bloom.

Frustrated by this dermatologic difficulty? Paul Bloom, DVM, DACVD, DABVP, gives his top treatment tips for this most common immune-mediated skin disease in cats and dogs. Here's a quick overview.

1

Make sure it is pemphigus foliaceus. Get your differentials crossed off your list correctly.

2

Use aggressive corticosteroid treatment: 1 mg/lb twice a day for four days and then once a day for 10 days.

3

Do rechecks in person. Every two weeks is best. And no phone follow-ups for pemphigus, folks!

4

At the recheck, **don't decrease the corticosteroid too quickly**—make sure the patient is in complete remission before you start tapering.

5

Watch for secondary skin disease due to corticosteroid use, such as demodicosis or bacterial pyodermas. (Thus, those rechecks.)



CAN'T LIVE WITHOUT 'EM ...

Shampoos, rinses and topical products, that is. Shop for your dermatology patients and your practice at dvm360.com/dermproducts.



Get more details by scanning the QR code

Stop the itch! Be a hero!

Your patients can't tell you how miserable they are, but you understand the importance of minimizing and managing their skin conditions. **CVC Kansas City** offers a number of dermatology sessions, including these led by **Allison Kirby, DVM, DACVD**:

- *Demodex* on the new frontier
- Cushing's disease in the derm world
- Itchy puppies
- Fleas, fleas, and more fleas



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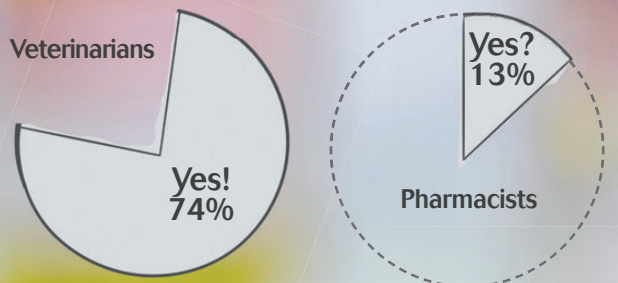
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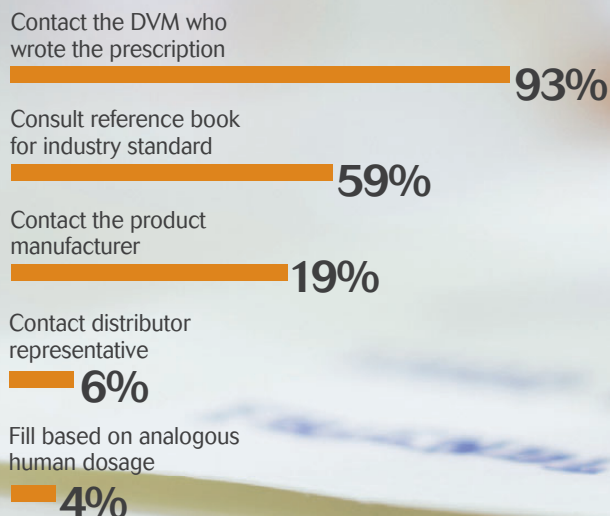
Worried?

Let's talk drug money. (No, not that kind, geez!) Clearly pet medications are increasingly available outside of veterinary practices. You've probably seen in-store promotions for pet medications right next to the signs for flu shots at your local drug store. (In fact, a recent study conducted by Brakke Consulting Inc and Trone Brand Energy shows that in store signage is the most common way pharmacies that offer pet prescriptions spread the word.) This additional data from the study shows that competition from human pharmacies is likely to heat up more—more than 50% of pharmacists responding to the study say they either fill pet prescriptions now or plan to—and that you should brace yourself for calls as they get up to speed.

Are you concerned about human pharmacists preparedness to accurately fill pet prescriptions?



Pharmacists: Which of the following are steps you'd be likely to take if you had a question about a pet prescription?



30%
Percent of additional pharmacists planning to fill prescriptions for pet medications

22%
Percent of pharmacists currently fulfilling prescriptions for FDA and CVM approved pet medications

GETTY IMAGES



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*Bravecto kills fleas, prevents flea infestations, and kills ticks (black-legged tick, American dog tick, and brown dog tick) for 12 weeks. Bravecto also kills lone star ticks for 8 weeks.

IMPORTANT SAFETY INFORMATION: The most common adverse reactions recorded in clinical trials were vomiting, decreased appetite, diarrhea, lethargy, polydipsia, and flatulence. Bravecto has not been shown to be effective for 12-weeks' duration in puppies less than 6 months of age. Bravecto is not effective against lone star ticks beyond 8 weeks after dosing.

References: 1. Bravecto [prescribing information]. Summit, NJ: Merck Animal Health; 2014. 2. Rohdich N, Roepke RKA, Zschiesche E. A randomized, blinded, controlled, and multi-centered field study comparing the efficacy and safety of Bravecto™ (fluralaner) against Frontline™ (fipronil) in flea- and tick-infested dogs. *Parasit Vectors*. 2014;7:83. 3. Freedom of Information Summary, NADA 141-426. Approved May 15, 2014.

Please see Brief Summary on following page.

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Animal Health



BRIEF SUMMARY (For full Prescribing Information, see package insert)

Caution:

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

Indications:

Bravecto kills adult fleas and is indicated for the treatment and prevention of flea infestations (*Ctenocephalides felis*) and the treatment and control of tick infestations [*Ixodes scapularis* (black-legged tick), *Dermacentor variabilis* (American dog tick), and *Rhipicephalus sanguineus* (brown dog tick)] for 12 weeks in dogs and puppies 6 months of age and older, and weighing 4.4 pounds or greater.

Bravecto is also indicated for the treatment and control of *Amblyomma americanum* (lone star tick) infestations for 8 weeks in dogs and puppies 6 months of age and older, and weighing 4.4 pounds or greater.

Contraindications:

There are no known contraindications for the use of the product.

Warnings:

Not for human use. Keep this and all drugs out of the reach of children. Keep the product in the original packaging until use, in order to prevent children from getting direct access to the product. Do not eat, drink or smoke while handling the product. Wash hands thoroughly with soap and water immediately after use of the product.

Precautions:

Bravecto has not been shown to be effective for 12-weeks duration in puppies less than 6 months of age. Bravecto is not effective against *Amblyomma americanum* ticks beyond 8 weeks after dosing.

Adverse Reactions:

In a well-controlled U.S. field study, which included 294 dogs (224 dogs were administered Bravecto every 12 weeks and 70 dogs were administered an oral active control every 4 weeks and were provided with a tick collar); there were no serious adverse reactions. All potential adverse reactions were recorded in dogs treated with Bravecto over a 182-day period and in dogs treated with the active control over an 84-day period. The most frequently reported adverse reaction in dogs in the Bravecto and active control groups was vomiting.

Percentage of Dogs with Adverse Reactions in the Field Study

| Adverse Reaction (AR) | Bravecto Group: Percentage of Dogs with the AR During the 182-Day Study (n=224 dogs) | Active Control Group: Percentage of Dogs with the AR During the 84-Day Study (n=70 dogs) |
|-----------------------|--|--|
| Vomiting | 7.1 | 14.3 |
| Decreased Appetite | 6.7 | 0.0 |
| Diarrhea | 4.9 | 2.9 |
| Lethargy | 5.4 | 7.1 |
| Polydipsia | 1.8 | 4.3 |
| Flatulence | 1.3 | 0.0 |

In a well-controlled laboratory dose confirmation study, one dog developed edema and hyperemia of the upper lips within one hour of receiving Bravecto. The edema improved progressively through the day and had resolved without medical intervention by the next morning.

For technical assistance or to report a suspected adverse drug reaction, contact Merck Animal Health at 1-800-224-5318. Additional information can be found at www.bravecto.com. 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>.

How Supplied:

Bravecto is available in five strengths (112.5, 250, 500, 1000, and 1400 mg fluralaner per chew). Each chew is packaged individually into aluminum foil blister packs sealed with a peelable paper backed foil lid stock. Product may be packaged in 1, 2, or 4 chews per package.

Distributed by:

Intervet Inc (d/b/a Merck Animal Health)
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141487 R2

Reference: Bravecto [prescribing information] Summit, NJ: Merck Animal Health; 2014
Available by veterinary prescription only.

HELPFUL STUFF

Baxter's not belligerent, bellicose or bashful—he's SCARED

When your team is working to identify signs of fear in your patients—and adjusting your approach to keep stress and anxiety as low as possible—you will likely need to help clients understand why you've made changes and what they can expect.

This handout will help your team explain how you work to reduce pets' fear—and even why you may choose to reschedule routine appointments and care if you determine it's in pets' best interest. Any education you do can help you set the tone for future recommendations, including medication for decreasing anxiety before the next visit or drop by visits that can help the pet expect time with you can be painless—and even fun!

Get it here: dvm360.com/understandfear

FROM YOUR VETERINARIAN

Understand your pet's fear

Our practice is committed to low-stress handling techniques. Here's why—and how you can help reduce your pet's stress.

Any time your pet feels threatened, whether that threat is real or imagined, changes occur immediately within his or her body to prepare for fight or flight. These changes occur because your pet's nervous system releases a variety of stress hormones that have profound effects across many different systems in the body.

The release of these hormones results in the immediate availability of energy and oxygen intake and decreases blood flow to areas not critical for movement. This can also inhibit digestion, growth, immune function, reproduction and pain perception. When your pet is under stress, the memories of any events occurring during that time will be very powerful, and how your pet is handled during veterinary visits may have long-standing consequences for our future ability to handle him or her.

Why we choose lower-stress handling

When stressors are unremitting and the stress response continues, virtually every system within the body can be pathologically affected to varying degrees—cardiovascular, metabolic, reproductive, gastrointestinal, immune and integumentary (skin). The results can include myopathy (muscle disorders), fatigue, hypertension, decreased growth rates, gastrointestinal distress and suppressed immune function, with subsequent impaired disease resistance. Chronic stress can even lead to structural and functional changes in the brain, and, when extreme conditions persist, permanent damage can result.

Why we may stop a visit and ask you to return later

When pets show subtle signs of fear or anxiety during a veterinary visit, if we proceed without attempting to ameliorate the stress, we may not change the pet's behavior at that time, but the animal will learn from the experience and will likely behave in a more fractious manner at the next visit. Anything we do to relieve the stress of the visit will pay off in future visits being less difficult for your pet. Remember that frequent, distressing experiences can negatively

impact an animal's overall health and well-being. Also, by continuing with a procedure when an animal is showing signs of anxiety, we are teaching the animal that its normal means of communication is meaningless. If we do that, what recourse might that animal have but to develop other less tolerable means of communicating its discomfort?

To avoid this scenario, when we identify signs of fear—especially during elective procedures—we may stop the visit and ask you to return at a later time when the pet is less stressed. Choices may include giving your pet medication for decreasing anxiety before the next visit or training sessions to teach your pet that veterinary procedures can be painless—and even fun!



SOURCE: VALAIRE V. TYNES, DVM, DACVP

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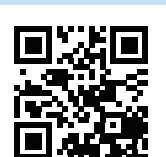


An exotic look at animal pain

Janice Huntingford, DVM, DACVSMR, CVA, CVPP, CCRT, CAVCA, president of Essex Animal Hospital in Essex, Ontario, says people often aren't thinking "Is my rabbit in pain?" "Is my ferret?" "Is my mouse?" But our rarer furry, feathered and scaly friends are finally getting some respect in respect to discomfort and misery. Recognizing the signs of pain is the first step. Dr. Huntingford points out that as prey animals, exotics typically hide pain. So it's critical to watch for more subtle signs such as reduced grooming and not eating as indicators.

Want more?

Visit dvm360.com/exoticsinpain or scan the QR code to get next-level advice about new pain control opportunities ranging from acupuncture to new drugs.





Push the easy button on vaccine compliance

Here's the deal: You at the clinic understand vaccine protocols and schedules and your clients don't. Brian Conrad, CVPM, says you should have a multi-tiered approach to assisting pet owners in need. For example:

- 1 Give them something to go on.** A handout or email will help clients understand the process.
- 2 Remind them.** A rigid plan of patient care is on your mind every day—not necessarily on clients' minds.
- 3 Follow up.** Reach out and remind clients when it's time to see them again.

If you'd rather hear the idea in his words, head over to dvm360.com/vaccinecompliance.

Just so you know, we think it's worth it to watch the video. You get a different view when you see this smart guy talk. And Brian is one of our favorite speakers.

In fact, we invited him back to CVC Kansas City so he can share more of his "I'm a real manager and I managed this stuff I'm telling you about yesterday at Meadow Hills Veterinary Center" wisdom. Plus, he's the current president of the Veterinary Hospital Managers Association. Join us in Kansas City and we'd be happy to arrange an introduction. Just sayin'.



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HELPFUL STUFF

A balance sheet for better health when clients prep food at home

Preparing homemade diets isn't so bad, as long as the owner makes an effort to provide the right amount of each nutrient the pet needs. And (come on, take a deep breath) you can help them figure it all out. It's a chance to geek out on veterinary nutrition! Or you can always refer to a veterinary nutritionist.

Sean J. Delaney, DVM, MS, DACVN, founder of DVM Consulting in Davis, California, uses balance.it, a website he developed and runs, to give clients information about the various ingredients that can make up a healthy adult dog or cat diet, as well as vet.balance.it, which looks at appropriate nutrition for various veterinary conditions or diseases. The web sites are both free to use. Here's how you'd walk a client through it.

1. Select the food or condition, depending on which URL you use, and click "Done."

2. On the results page, click on "See Nutrient Profile" in one of the recipe options that has a passing result.

3. On the next window, click the green "See Without Supplement" button to see the deficiencies graphically.

This sampling of the results page shows several deficiencies. (Look at all the red!) Which arms you for the next step for a conversation about better nutrition for that pet there on the table.

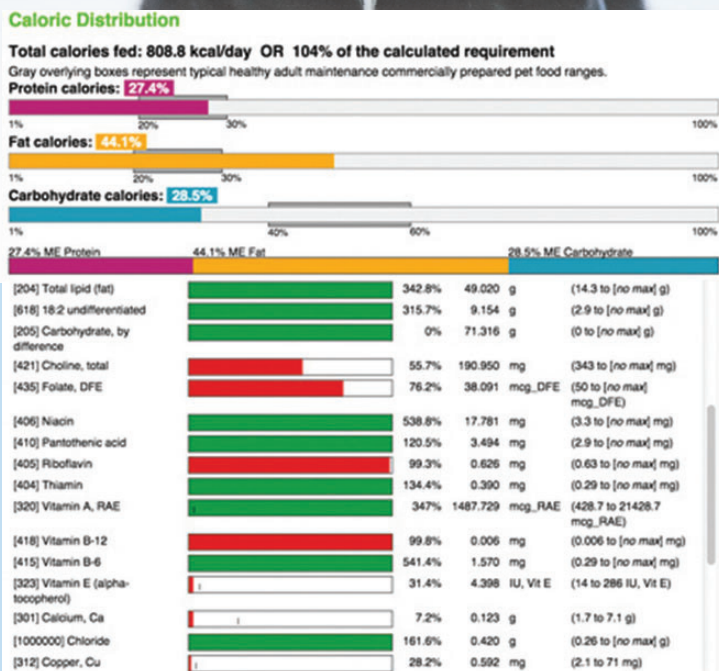
Catty issues

Vitamin B1 and taurine are common concerns in cats on homemade diets, says Dr. Delaney. If a cat is low on thiamine (vitamin B1), which can happen when feeding an all-meat diet, the cat may suffer serious neurologic signs. And taurine deficiency can cause dilated cardiomyopathy.

Dog dilemmas

For dogs, Dr. Delaney says calcium deficiency is a concern because low concentrations can cause secondary hyperparathyroidism that can lead to bone fracture.

Want more tips?
Go to dvm360.com/show to find them.





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¹ Reference on file. Bayer.

² Cole LK, Luu DH, Rajala-Schultz PJ, et al. (2006). *In vitro* activity of an ear rinse containing tromethamine, EDTA, and benzyl alcohol on bacterial pathogens from dogs with otitis. *Am J Vet Res*. 67:1040-1044.

³ Brunson EL, Weller PJ. (1994). Benzyl Alcohol. In: Wade, A. and Weller, PJ, eds. *Handbook of Pharmaceutical Excipients*. 2nd ed. Washington: American Pharmaceutical Association: 35-37.

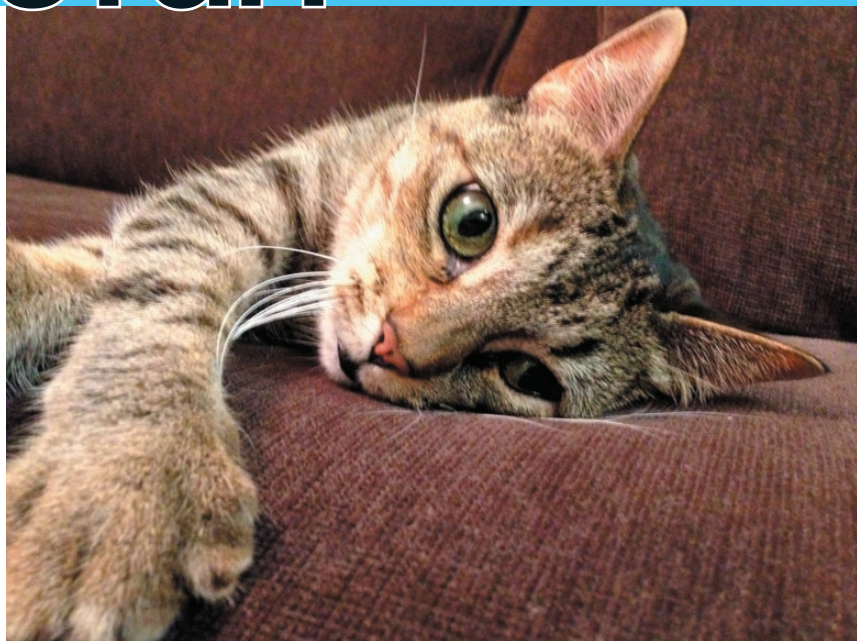
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HELPFUL STUFF

Celebrate America's favorite dog with these social media posts

The *Vetted* team researched and wrote a series of Facebook posts and tweets that your team can use (absolutely free) to reach out to pet owners on your social media feed. Some posts are just meant to provide fun and engagement. Others help Lab owners better understand their breed's specific health needs. If you haven't tackled breed-specific marketing in the past, Labrador retrievers are a great place to start, given their popularity. And if that approach works for you, you could even start a Breed of the Month theme on your social media networks. Get started at dvm360.com/postnow



Skinny cat, skinny cat. What are they feeding you?

Most practices have a website, so we're pretty sure you're letting folks know where to find you and when you're open. But with a little more work (yeah, we know, but still...) that site can help you help even more pets.

Case in point: You can use a video the dvm360 team developed to educate pet owners about sudden weight loss in older cats as a potential sign of serious disease. What a great way to get feline expert Dr. Elizabeth Colleran on your team as a cat advocate!

Just visit dvm360.com/skinnycats to watch the video and for specific instructions on how to embed it on your practice website.



We heart cats

It's always a good time to refocus on the threat of heartworm for cats. Download this free handout at dvm360.com/HWscreen to use as an educational reinforcement for the education your team provides during wellness visits.

Ticks, man. They're creepy!

These scary bloodsuckers are responsible for more diseases and they're now found in more geographical areas than ever before. How to deal?

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HOSPITAL (RE)DESIGN

TOP 10 hospital inefficiencies, as identified by dogs and cats

Heather Lewis, AIA, NCARB, is a partner at Animal Arts, an architecture firm in Boulder, Colorado, who's designed practices and shelters that range in size from 1,200 square feet to 110,000 square feet. We asked her to identify the top areas where your hospital might be hurting your ability to get stuff done. These clever critters help illustrate the top 10 areas your facility is hurting your business:

1 The area in front of the reception desk is too tight.

The result: Clients get clogged up there and then no one gets helped efficiently.



2 The exam rooms are too small.

The result: This can make things actually take longer and can create anxiety in the pet (small-room syndrome).

3 There's not enough room behind treatment tables.

The result: People's rear ends bang into other things. At the very least this is distracting.

4 There are no layout tables in treatment.

The result: Doctors have to step away to reach things, which can be really inefficient.



5 There's too much going on in the lab other than lab work.

The result: There's no quiet place to sit, so it takes longer to process samples.

6 The drainage is in front of the runs.

The result: This makes runs harder to clean and less efficient.

7 There aren't hand-washing sinks where they're needed.

The result: People have to walk to wash their hands or they skip it (ewww). Both are issues.



8 There are places to hide.

The result: Remote offices and break rooms can be places where doctors and team members can skulk instead of working. A lot of hospitals find that having a more open workspace with more casual work stations keeps people efficient and working.



9 The wards are too remote.

The result: It takes a long time to check on patients. If wards are right around treatment behind glass, patients can be monitored more efficiently.



10 You use paper files.

The truth: Electronic files take less time to manage.

Ready to start fresh (or need a redesign)? Start your building project on the right paw at the *Veterinary Economics* Hospital Design Conference at CVC Kansas City August 24 to 26. Learn more at thecvc.com/hd. And find more design advice at dvm360.com/hd.



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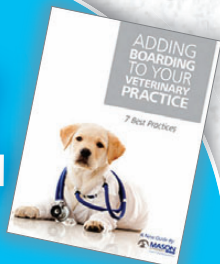
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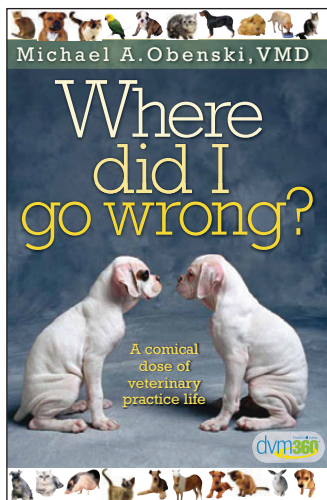
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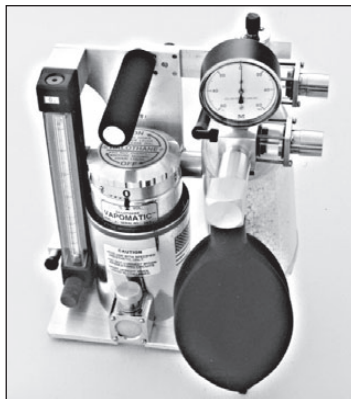
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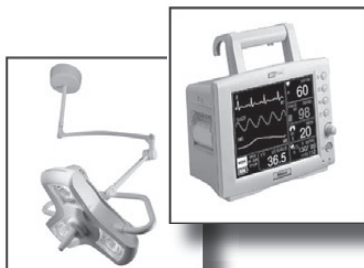
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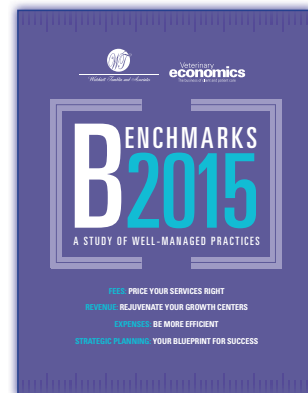
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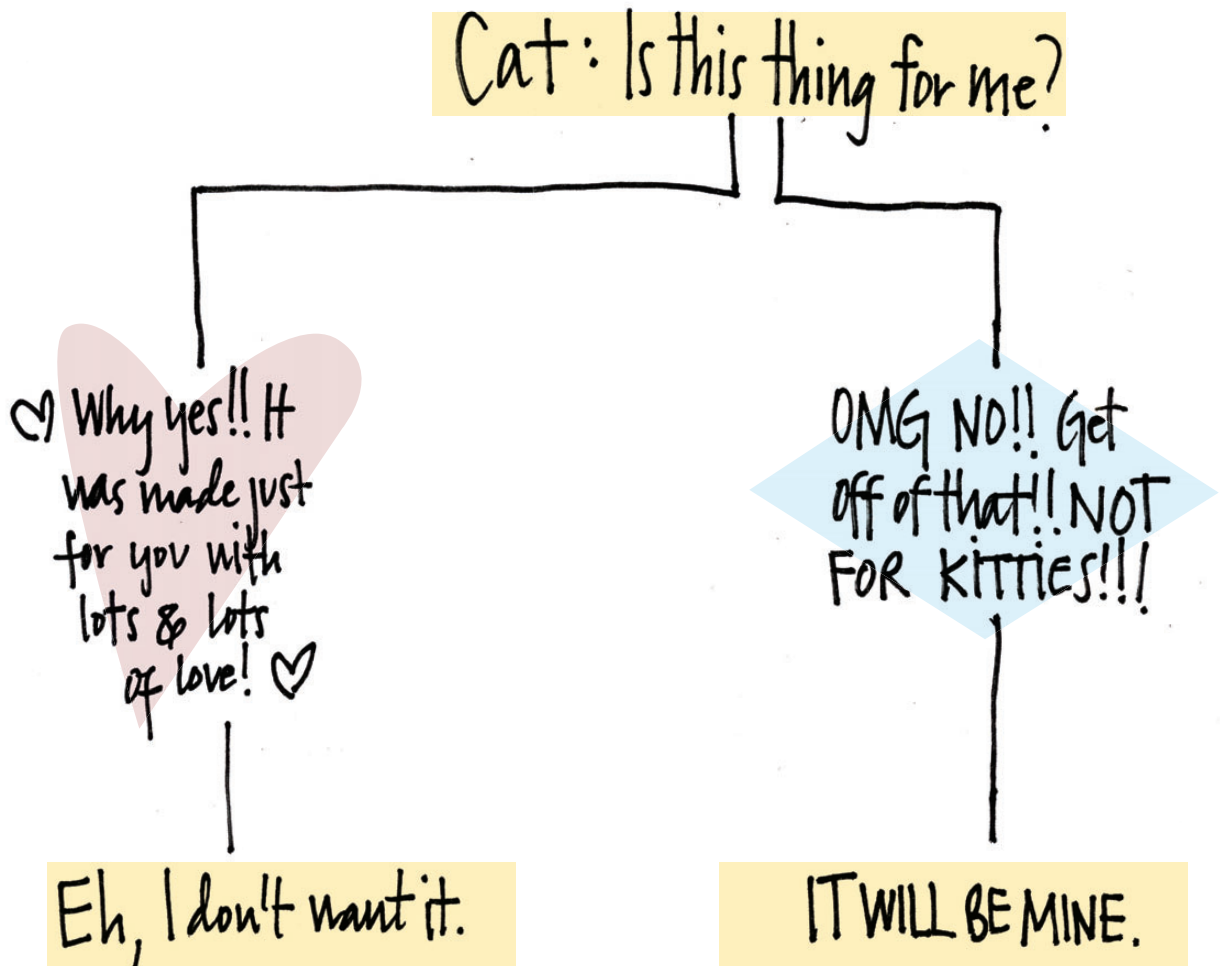
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