June 2016

UBM



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#### TWELVE-WEEK\* PROTECTION

# YOU WANT BETTER COMPLIANCE. THEY WANT BETTER FLEA & TICK PROTECTION.

0)

#### **GET IT ALL IN 1 EASY CHEW**

- Longest length of protection in a chew—up to 12 weeks!1\*
- Less frequent dosing for fewer gaps in protection<sup>1,2</sup>
- Revolutionary technology with proven safety and efficacy<sup>1,3</sup>

#### Order vet-exclusive BRAVECTO® for your clinic.

Contact your MERCK Animal Health Rep or distributor partner.

#### BravectoVets.com

\*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<sup>™</sup> (fluralaner) against Frontline<sup>™</sup> (fipronil) in flea- and tick-infested dogs. *Parasit Vectors*. 2014;7:83. 3. Freedom of Information Summary, NADA 141–426. Approved May 15, 2014.

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- > Cat care catastrophes
- > 3 tips for a better life
- Canine calorie conundrums
- > DIV exam room makeover 6





# Cranial

cruciate ligament: No cookiecutter treatment plan



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# Meanwhile, in exam room 3 ...

Bust clients' biggest misperceptions about #fleapreventives #dentalpain #celebritytrainers #noexcuses



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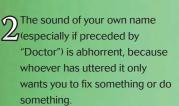
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## Top 10 signs you *need* a vacation

Jour cell phone rings and your only thought is, "What now?!"



3 Your morning is back-to-back surgeries and your serum chemistry machine has broken down.

A client you haven't seen in two years calls to say your treatment "just never worked," but they need a refill so they don't need to come in to see you.

5 The groundbreaking treatment you've been pitching to everyone who would listen goes on infinite FDA-ordered backorder ... 7



Your last appointment of the day always seems to be an emergency surgery.

Someone at the clinic talks about their next vacation and you can't remember whether your last vacation was before or after the Age of the Dinosaurs.

B you've explained federal prescription laws and why you can't just fill medications over the phone 14 times (today).

The Internet says you're overvaccinating while you're treating five parvo cases and a suspected case of distemper.

Dr. Google is seeing more of



your patients than you are, but you're still fixing his mess-ups.

> Life is too short. Make that vacation happen even if it's only a short one.

SOURCE: KATHRYN PRIMM, DVM

#### GETTY IMAGES/ILLUSTRATIONS ADRIENNE WAGNER

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#### NADA 141-426, Approved by FDA



#### 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) Summit, NJ 07901

Made in Austria

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141487 R2 Reference: Bravecto [prescribing information] Summit, NJ: Merck Animal Health; 2014 Available by veterinary prescription only.



#### Dr. Dave Nicol having an authentic moment.

#### You were never cut out to be a surgeon, it seems.

I was always a generalist. I still enjoy general practice and being in the exam room, because that's where the relationship happens. To me that's the most exciting part of what we do. For me, the exam room was where the business and the medicine really met each other and became transformational.

#### What do you say to veterinarians who think marketing is sleazy?

There's a difference between selling and helping. Often when you're doing one well, you're also doing both. I think the missing ingredient is whether you give a \*&%! about clients or not, whether you really care, deep down. If your core motivation is good, is to help people, then it comes across naturally. I can tell when someone cares about me; so can pet owners. There's no substitute for authenticity.

#### So we hear you do something unique with your help wanted ads ... I put a *Dr. Who*

reference in every one of my job ads. I know this sounds stark-raving bonkers, but it helped me build a team based on shared values. Typically, you identify with characters you aspire to be like. So I thought it would be a reasonable assessment of values, and, heck, you gotta start somewhere. Prior to that I was doing zero assessment of values. But as it went, it was remarkably accurate, and our team was constantly complimented on our vibe.



#### Nerd alert: Dr. Nicol put a TARDIS in his hospital

Dr. Who's TARDIS was a place of safety and a vehicle for adventure which was the perfect metaphor for how Dr. Nicol wanted his clients (and his coworkers) to feel when they set foot inside his practice. Life's a journey, after all. Want to learn more about Dr. Nicol? Check out Your Veterinary Voice, our new podcast, at **dvm360.com/podcast**.

#### Be authentic. Period.

Dave Nicol, BVMS, once a practice owner in Australia and now chief veterinary officer of practice chain Love That Pet, gets real.

#### How did you become "Dr. Dave," most famous veterinarian in Australia?

The early part of my career was all about survival, you know, just trying not to get sued. But one of the things that became obvious to me early on was that I was able to communicate with pet owners on their level.

Clients would do things on my recommendation more than some of the senior vets, just because of the way I could connect with them.





## PROVEN. TRUSTED.

# THANK YOU ...

for protecting millions of dogs with A Happy Vaccine Experience™

Bronchi-Shield<sup>®</sup> ORAL is backed by published, peer-reviewed data. You made it America's #1 oral *Bordetella* vaccine with over 17 million doses and counting!<sup>1</sup>

#### Bronchi-ShieldORAL.com

Reference: 1. CEESA Q4 2015: CIRD Market Q4 YTD. Boehringer Ingelheim Vetmedica, Inc. March 2016.



#### CAT care -astrophes

More than half of veterinarians say 25 percent or more of feline patients show signs of arthritis, but 44 percent report that less than 25 percent of their clients follow their recommendations to manage their cats' pain.

#### What percentage of your feline patients do you think show signs of arthritis?\*

Less than 25 percent	42%
About 25 to 50 percent	45%
About 50 to 75 percent	11%
More than 75 percent	1%

## What percentage of pet owners with cats that show signs of arthritis follow your recommendations for pain management?\*

Less than 25 percent	44%
About 25 to 50 percent	28%
About 50 to 75 percent	20%
More than 75 percent	9%

#### Which of the following treatments do you recommend for older cats with arthritis?

NSAIDs	65%
Opioids	42%
Gabapentin	39%
Tramadol	38%
Acupuncture	29%

com

11%

GETTV IMAGES

Dried milk protein concentrate

\*NUMBERS DO NOT EQUAL 100 PERCENT DUE TO ROUNDING SOURCE: 2015 DVM360 FELINE CARE STUDY

Vetted / dvm

# Cats take the world

One monument at a time. No pussyfooting around, these could be the purrfect enrichment for refined felines bent on world domination. (Aren't they all?)

PHOTO COURTESY OF POOPYCATS.COM

6 / June 20

# over

They say imitation is the sincerest form of cattery. And if that's the case, these Landmark playhouses for cats just might be the purrfectly pawsome solution for the bored housecat. The AVMA advises indoor living for cats in urban and suburban areas

of the United States. But, as you know, the upscale life of an indoor cat also requires opportunity for cats to engage in their most basic investigatory and communication behaviors, including scratching, chewing and elimination. Could these impawsably adorable playhouses be the purrfurred meowt-let for cats to take over the world, one amazing locale at a time? From the Sphinx in Egypt and the Eiffel Tower in France to the Taj Mahal, St. Basil's Basilica in the Kremlin and even the White House, these made-from-recycledcardboard playhouses seem poised to be at least the second product people think of when they see it's made in Amsterdam, The Netherlands.

Fun fact: The company, called Poopy Cat, claims it is as Dutch as cheese: Employees charge their phones with windmills, their office would be flooded without the dams and tulips are valid currency. A cause for applawse: they encourage shelter adoptions by offering free litter boxes to new caretakers. While the playhouses, available on Kickstarter, can also be used for supervised dogs, rabbits, guinea pigs and other house pets, we think it's going to be a purrfurred place for kitties who think inside the box.

> Looking for more enrichment ideas for cats? Serve up the client form at dvm360.com/ catenrich



#### THE PICKS

#### 3 tips for a better life (really!)

Associate and veterinary business wonk Dr. Jeremy Keen offers this advice for new graduates:

- 1. Look for a position in a hospital that has access to an emergency clinic.
- 2. Know what kind of schedule you want when you're interviewing so you can match up with the right practice for you.
- 3. Do what you enjoy best. Look for hobbies you enjoy outside of work and find places in the community where you can meet people with similar interests.

#### Cat pain management: speak strong, think volume

Strengthen your recommendations to clients (stronger language ... no, not that kind of language) and then, if you're still not seeing improved compliance with feline pain management protocols, consider the fact that you could make up for in volume what you lose in a price drop in the pain management part of any procedure cost. Dr. Karen Felsted explains: dvm360.com/ painfulcats. Check out page 22 for more on pain.

#### Canine calorie conundrums



help that BCS 5/5 golden retriever in your exam room? Diet, sure, but what about exercise? Check out the study results at dvm360.com/caninecalories.

DIY exam room makeover

Learn how to transform that "out of use" exam room into a comfort room at dvm360.com/comfortroom.







# Juby Ath Scondown Fireworks are a top trigger for canine noise aversion,<sup>1</sup> a fear and

anxiety condition that leads to distress and suffering.<sup>2,3</sup> Now there's a sound solution—SILEO<sup>®</sup> (dexmedetomidine oromucosal gel), the only FDA-approved treatment indicated for noise aversion that calms dogs without sedating. Just in time for the fireworks.



Visit **sileosoundsolution.com** or ask your Zoetis representative about SILEO.

**IMPORTANT SAFETY INFORMATION:** Do not use SILEO in dogs with severe cardiovascular disease, respiratory, liver or kidney diseases, or in conditions of shock, severe debilitation or stress due to extreme heat, cold or fatigue or in dogs hypersensitive to dexmedetomidine or to any of the excipients. SILEO should not be administered in the presence of preexisting hypotension, hypoxia or bradycardia. Do not use in dogs sedated from previous dosing. SILEO has not been evaluated in dogs younger than 16 weeks of age or in dogs with dental or gingival disease that could have an effect on the absorption of SILEO. SILEO has not been evaluated for use in breeding, pregnant or lactating dogs. Transient pale mucous membranes at the site of application may occur with SILEO use. Other uncommon adverse reactions included emesis, drowsiness or sedation. Handle gel-dosing syringes with caution to avoid direct exposure to skin, eyes or mouth. See Brief Summary of full Prescribing Information on page 10,

<sup>1</sup> FR Market Research – Noise Aversion; February 2016; N=472 Dog Owners, N=454 General Practitioners.

<sup>2</sup> Sherman BL, Mills DS. Canine anxiety and phobias: An update on separation anxiety and Noise Aversions. *Vet Clin Nor Amer: Small Anim Pract*, 2008; 38: 1081-1106. <sup>3</sup> Shull-Selcer EA, Stagg W. Advances in the understanding and treatment of noise phobias. *Vet Clin Nor Amer: Small Anim Pract*, 1991; 21: 353-367.

SILEO\* is trademark owned by Orion Corporation Orion Pharma Animal Health. It is manufactured by Orion Corporation and distributed by Zoetis under license from Orion Corporation Orion Pharma Animal Health. © 2016 Zoetis Services LLC. All rights reserved. SIL-00091E



#### **Brief Summary of Prescribing Information**

NADA 141-456, Approved by FDA

#### **eo**

(dexmedetomidine oromucosal gel)

Each mL of SILEO contains 0.09 mg dexmedetomidine

(equivalent to 0.1 mg dexmedetomidine hydrochloride). For oromucosal use in dogs only. Not intended for ingestion.

#### CAUTION:

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

INDICATIONS: SILEO is indicated for the treatment of noise aversion in dogs.

#### **CONTRAINDICATIONS:**

Do not use SILEO in dogs with severe cardiovascular, respiratory, liver or kidney disease, or in conditions of shock, severe debilitation, or stress due to extreme heat, cold or fatigue. Do not use in dogs with hypersensitivity to dexmedetomidine or to any of the excipients.

#### WARNINGS:

#### Human Safety: Not for human use. Keep out of reach of children.

Avoid administering the product if pregnant, as exposure may induce uterine contractions and/or decrease fetal blood pressure.

Appropriate precautions should be taken while handling and using filled syringes. Impermeable disposable gloves should be worn when handling the syringe, administering SILEO, or when coming in contact with the dog's mouth after application.

If skin is damaged, dexmedetomidine can be absorbed into the body. In case of skin contact, wash with soap and water. Remove contaminated clothing.

SILEO can be absorbed following direct exposure to skin, eyes, or mouth. In case of accidental eye exposure, flush with water for 15 minutes. If wearing contact lenses, eyes should be rinsed first, then remove contact lenses and continue rinsing, then seek medical advice immediately.

Accidental exposure may cause sedation and changes in blood pressure. In case of accidental exposure, seek medical attention immediately. Exposure to the product may induce a local or systemic allergic reaction in sensitized individuals.

Note to physician: This product contains an alpha-2 adrenoceptor agonist.

The safety data sheet (SDS) contains more detailed occupational safety information. To report adverse reactions in users or to obtain a copy of the SDS for this product call 1-888-963-8471.

Animal Safety: SILEO should not be administered in the presence of pre-existing hypotension, hypoxia, or bradycardia. Sensitive dogs may experience a drop in body temperature and heart rate, and may appear sedated. These dogs should be kept warm and not offered food or water until SILEO's effects have worn off (usually within a few hours). Do not use in dogs sedated from previous dosing.

#### **PRECAUTIONS:**

SILEO is not meant to be swallowed. Instead, it must be placed onto the mucosa between the dog's cheek and gum. If SILEO is swallowed, the product may not be effective. If SILEO is swallowed, do not repeat the dose for at least two hours. Feeding and giving treats within 15 minutes after administration should be avoided.

The use of other central nervous system depressants may potentiate the effects of SILEO.

As with all alpha-2 adrenoceptor agonists, the potential for isolated cases of hypersensitivity, including paradoxical response (excitation), exists.

SILEO has not been evaluated in dogs younger than 16 weeks of age or in dogs with dental or gingival diseases that could have an effect on SILEO's absorption. SILEO has not been evaluated for aversion behaviors to thunderstorms.

The safety and effectiveness of SILEO in breeding, pregnant, and lactating dogs has not been evaluated. Administration to pregnant dogs may induce uterine contractions and/or decrease fetal blood pressure.

#### **ADVERSE REACTIONS:**

In a well-controlled European field study, which included a total of 182 dogs ranging from 2 to 17 years of age and representing both mixed and pure breed dogs (89 treated with dexmedetomidine oromucosal gel and 93 treated with control), no serious adverse reactions were attributed to administration of dexmedetomidine oromucosal gel.

Table 2 shows the number of dogs displaying adverse reactions (some dogs experienced more than one adverse reaction).

Table 2. Adverse Reactions - Number (%) of dogs

Adverse Reaction	Control N = 93	Dexmedetomidine 125 mcg/m <sup>2</sup> N = 89
Emesis	1 ( 1.1)	4 ( 4.5)
Gastroenteritis	0	1 ( 1.1)
Periorbital edema	0	1 ( 1.1)
Drowsiness	0	1 ( 1.1)
Sedation	0	1 ( 1.1)

Pale mucous membranes were frequently seen in dogs treated with dexmedetomidine oromucosal gel. In most cases, the effect was transient and no adverse reactions due to mucosal irritation were reported.

In a second well-controlled European field study which included a total of 36 dogs ranging from 2 to 17 years of age and representing both mixed and pure breed dogs (12 treated with dexmedetomidine oromucosal gel at 125 mcg/m<sup>2</sup>, 12 treated with dexmedetomidine oromucosal gel at 250 mcg/m<sup>2</sup>, and 12 treated with a vehicle control), no serious adverse reactions were attributed to administration of dexmedetomidine oromucosal gel. Table 3 shows the number of dogs displaying adverse reactions (some dogs experienced more than one adverse reaction).

Table 3. Adverse Reactions - Number (%) of dogs

Adverse Reaction	Control N = 12	Dexmedetomidine 125 mcg/m <sup>2</sup> N = 12	Dexmedetomidine 250 mcg/m <sup>2</sup> N = 12
Sedation	0	2 (16.7)	4 (33.3)
Lack of effectiveness	4 (33.3)	0	1 (8.3)
Urinary incontinence	0	1 (8.3)	1 (8.3)
Emesis	0	2 (16.7)	0
Head tremor	0	0	1 (8.3)
Inappropriate urination	0	1 (8.3)	0
Ataxia	0	0	1 (8.3)
Mydriasis	0	0	1 (8.3)
Anxiety disorder	0	0	1 (8.3)
Tachypnea	1 (8.3)	0	0
Lethargy	1 (8.3)	0	0
Tachycardia	1 (8.3)	0	0

To report suspected adverse events, for technical assistance or to obtain a copy of the SDS call 1-888-963-8471.

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:**

SILEO is packaged in HDPE dosing syringe enabling doses from 0.25 to 3 ml. The syringe is fitted with plunger, dosing ring and end cap. Each syringe is further packed into a carton with a label and a leaflet.

Package sizes: (1 syringe per carton) 1 x 3 ml, 3 x 3 ml, 5 x 3 ml, 10 x 3 ml, 20 x 3 ml.

Not all package sizes may be marketed.

#### **STORAGE INFORMATION:**

Store unopened and opened syringes in the original package at controlled room temperature 20-25°C (68-77°F) with excursions permitted to 15-30°C (59-86°F). Use syringe contents within 2 weeks after opening the syringe. SILEO® is a trademark of Orion Corporation.

Mfd by:

Orion Corporation Turku, Finland

**DRION** 



Zoetis Inc. Kalamazoo, MI 49007

Made in Finland Revised: April, 2016



#### For your clients: 5 furry facts about hairballs in cats

#### Hacking & health

Your client's feline friend frequently grooms, swallowing fur. Most the fur passes through the cat's digestive system to decorate the litter box. Kitties who hork up frequent hairballs may need to see the veterinarian.

#### Furball fun

for everyone While furry felines frequently take the fall for hairball surprises, cows, rabbits, ferrets and deer are other common culprits.

#### Furr-ociously fastidious

Longhaired cats, including Persians and Maine coon kitties, are more prone to hairballs, especially if they're fastidious groomers

GETTY IMAGES

#### T is for trichobezoar

When that cold, slimy mess makes first contact with your foot, you might shout "hairball," "furball" or "cat barf"—or some other word we won't mention here—but its technical name is *trichobezoar*.

#### 5

Get with grooming Dearly devoted feline worshipers can appreciate their kitties with regular grooming to remove excess hair. The veterinarian may also recommend diets or remedies if the kitty's a frequent hairball sufferer.

## **Redefining Surgery Recovery**

Fiberglass kennels and cages from Mason Company are quieter softer, warmer, attractive and more durable than cold metal.

#### Mason's Quiet Cottages and Heated Recovery Cages are the stacked caged system of the future.

- Molded, solid-surface fiberglass cage bodies.
- Available with individual built-in drains to ensure sanitary conditions.
- Available in a variety of colors.



#### The UltraBase<sup>™</sup> Above Floor system is available only from Mason Company.

- One piece fiberglass floor with 6" sides eliminates leaks.
- Individual drains to prevent cross contamination.
- Stainless steel side panels for durability and ease of cleaning.



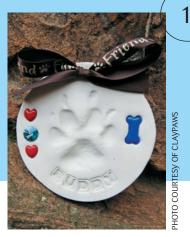
(800) 543-5567 www.MasonCo.com/surgery info@MasonCo.com Visit our website to download this helpful guide!



# Low-tech memories in a high-tech practice

As technology in veterinary medicine moves forward, it may be the simplest gestures of all that still touch the hearts of our clients. *By Marty Becker, DVM* 

Do two things with a new puppy or kitten.



#### CLAYPAWS.

Make an imprint of a puppy's or kitten's paw print for a memory that will last a lifetime. You can give it to the client as a welcome, but it's even better if you file it away to be used when it's time for the pet's final grace.

Losing a pet is painful, but you can help clients through the grieving process. Check out four ways to do so at dvm360.com/inmemoriam.



ost veterinary hospitals have practice software that makes it easy to personalize treatment plans and invoices. While this is a nice high-tech touch, there are two things I recommend that are about as low-tech, hands-on and emotionally powerful as you can get.

When it comes time to say goodbye, retrieve the ClayPaws paw print and snippet of the hair and present it to the pet owner to represent the relationship you've shared over the years. Those two visible items of the pet's beginning, along with stories you share of all the times your lives intersected, will not only make this painful process much better, but may mean clients are more likely to come back to your hospital.

Mrs. Phillips and I recently said goodbye to her teacup poodle, Folger, who had lived to 16 years SNIPPET OF HAIR.

As you know, infantile hair has a certain look and feel that changes as pets age. Cut off a piece of the pet's hair and put it in a little recloseable plastic bag inside a bigger bag that contains the ClayPaws.

of age before going downhill fast. When it was time for the final grace to be performed, I took his puppy ClayPaws, another ClayPaws to do an impression now, a snippet of his still-apricot puppy hair and a Polaroid we'd taken so many years before. The whole process of gentle sedation, our shared stories, and these mementos were just beautiful.

Less than two months later, I saw another beautiful apricot toy poodle named Folger II. Don't you just get a special skip in your heart for pets named with a "II" or "III"? And yes, we did the ClayPaws and trimmed a snippet of hair. I hope with Folger II, as with all our patients, that we have again honored that unique family-petveterinarian bond.

Dr. Marty Becker is a renowned speaker, TV personality and author. He practices at North Idaho Animal Hospital in Sandpoint, Idaho.

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# Nutrition leaving a bad taste in *your* mouth?

You may find diet discussions distasteful, but there's value in making nutrition the 5th vital sign. By Heather Lewellen, DVM

> want to feed my dogs a homemade gluten-free paleo diet with no GMOs. How do I do that?" Ah, nutrition ... the topic that sometimes leaves a bad taste in your mouth. But you've gotta have this talk with clients. Pet owners are starving for nutrition information, and if they don't get it from you, the expert, they're going to get it from somewhere. And that source just might be the Twitter handle @PaleOMGpet who bases all her nutritional

knowledge on her "extensive" study of wolves on Discovery channel docutainment or the French bulldog blogger who pushes a raw-food pet diet because she claims it provides enzymes essential to the pooch's healthy digestion. *Scary*.

You are the expert. When you talk nutrition, it's time to beef up your confidence to match your competence. Try these quick tidbits from Julie Churchill, DVM, PhD, DACVN, to make a big impact on disease prevention for your patients. Face it: Assessing nutrition and serving up solid recommendations is vital to keep your veterinary patients healthy—and your "foodie" clients happy.

#### Tools: an entrée into foodie talks

Don't let Dr. Google tip the scales on what your patients eat! Take a few minutes at every visit to focus on every patient's nutrition. Use the tools from reputable sources, including the American Animal Hospital Association 2010 Nutritional Assessment Guidelines for Dogs and Cats, available at **dvm360.com/ AAHAnutrition**.

> Remember, there's a person on the other end of the leash selecting and preparing that patient's food. Something Dr.

Churchill asks her clients is, "What are your goals?" And then she explains to them, "Your pet is my priority, but you're my partner in helping your pet stay as healthy and happy as he can be for as long as he can be." So let's practice this recipe for success and dig in!

#### How to dish on nutrition

One respectable resource Dr. Churchill recommends to simplify this process: the 2011 World Small Animal Veterinary Association (WSAVA) Nutritional Assessment Guidelines. WSAVA promotes a global initiative to include nutritional assessments as the fifth vital sign (temperature, pulse, respiration, pain assessment and nutritional assessment) as a standard protocol when performing physical examinations and histories for all small animals.

Check out the WSAVA nutritional screening form to identify nutritional risk. (This is an extract from the WSAVA's Global Nutrition Toolkit at **dvm360.com/WSAVA**.) In general, the more of these risk factors a patient has, the more you need to explore the current nutritional status of that animal and the more details you will need.

#### The 5th vital sign: Nutritional screening



Check out the free nutrition assessment tool at dvm360. com/5thsign.

#### Change any cat's Change Chang Chang Change Change Change C

Dennis Chew, DVM, DACVIM, offered this advice at a recent CVC to help any cat transition to any new diet:

Place two food bowls for kitty one with mostly old food and one with a bit of the new food.



Gradually, over the next few weeks, serve less of old food in the first bowl and more of the new food in the second.



**Patience!** Remind cat owners this will take time.

You can transition any cat to any diet with this approach.



Get more tips at CVC Elizabeth Colleran, DVM, MS, DABVP,

discusses the role of home environments as a therapeutic component at CVC Kansas City, Aug. 26 to 29. **Visit thecvc.com/kc**.

#### Lick compliance issues with this guide to help your team reinforce your food recommendations at the front desk

**Team member:** The doctor prescribed a therapeutic diet as part of the treatment plan for Fluffy's urinary calculi. Would you like to purchase this food now?

Client: Sure!

**Client:** That sounds expensive. I'm going to see if I can get it cheaper online.

**Team member:** We price our food competitively, and buying the food here helps us monitor your pet's health.

**Option 1:** We're happy to match the price of any online retailer. Remember, this isn't just food. It's something the doctor recommended as an important part of your pet's treatment protocol. **Option 2:** If you find a convenient Internet retailer with lower pricing, use it. Just be sure to use a reputable website that will provide us with renewal information so we can do medical monitoring.

¥

**Team member:** Before changing your pet's diet, check with us. This is a special diet recommended by Dr. Jones to treat Fluffy's urinary calculi. If you're unable to find it for a reasonable price, let us know so we can help look for alternative sources that may be less expensive.

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What courses of management do you employ for patients with osteoarthritis, degenerative joint disease and/or joint health issues?

> Oral joint health supplements for animals ranks first

of respondents use these most often.

Physical therapy and/or weight reduction ranks second

> Veterinary NSAIDS (oral and/or injectable) ranks third.

of respondents say they employ human OTC analgesics least often.

Data courtesy of Nutramax generated as part of custom research study on veterinary use of supplements. The study received 1,300 responses and was fielded in January 2016.

#### If you give a client a cookie ...

Your clients are going to consult Dr. Google. A study shows that if you have them Google "canine cranial cruciate ligament," rather than "dog ACL," the quality of information provided to them goes way up.<sup>1</sup>

Reference

1. Taggart R, Wardlaw J, Horstman CL, et al. An analysis of the quality of canine cruciate ligament disease information available on the Internet. *Vet Surg* 2010;39:278-283.

# No cookie-cutter treatment plan

No, one size does not fit all when it comes to cranial cruciate ligament repair. Here are a few pointers to make your decision process a

little easier. By Jennifer L. Wardlaw, DVM, MS, DACVS

re you tired of having the debate about what method is best for returning stability to a knee joint with a torn cranial cruciate ligament (CCL)? Goodness knows I can get that way, but like so many things in veterinary medicine, there is no one best answer for all our patients.

Our patients are quite a varied lot, so you can't treat them with a cookie-cutter approach. Plus, surgical techniques keep getting tweaked, and new ones are coming out all the time! But how do you know if the new procedures are really better? Many surgical options and implants are on the market before they have biomechanical or long-term clinical studies performed. The existence of so many variations on how to solve the same surgical problem yet no concrete superior method being established means the debate rages on. And when there are more than a dozen ways to solve one problem,

chances are not a single one of them is perfect.

As in other aspects of veterinary medicine, being aware of your available treatment options and the most current data published about them is necessary to make the most educated decisions for your patients. The key is to find the balance of what the surgeon (that's you!) is comfortable with and what the best option is for that particular patient.

#### A word about conservative management

Yes, that's rest, nutraceuticals, nonsteroidal anti-inflammatory agent administration, pain medications and physical rehabilitation. The veterinary literature will tell you that this approach works for animals that weigh 15 kg (about 33 pounds) or less, but I recommend an upper weight limit of 15 pounds for attempting this. Also, if the dog has a meniscal tear or a patella luxation, do not waste time trying conservative therapy—surgery is needed. And while conservative management may take three to six months, if you do not see some improvement in the first month, I recommend surgery.

#### **Cut into the problem**

When a pet owner opts for surgical stabilization, you are faced with a plethora of options. Research is ongoing to illustrate the pros and cons of the newer techniques and newer generation implants to determine the best options. Kinematic and objective, controlled, multicenter prospective trials are needed. But individual patient needs and variation in fibrosis, activity level, meniscal damage and arthritis along with owner time and financial constraints will



Dr. Jennifer L. Wardlaw is an ACVS board-certified veterinary surgeon and lecturer. She has a passion for soft tissue surgery, orthopedics and physical rehabilitation (and bingewatching cartoons—we won't tell!).

all play into the decision of the "right" treatment modality for that patient.

Long-term outcomes with intracapsular repair are not as good as extracapsular techniques. For this reason, tibial plateau leveling osteotomy (TPLO), lateral suture and extracapsular braided suture techniques are now the mainstays in small animal cruciate disease. A couple studies have found similar results six months postoperatively when comparing the extracapsular lateral suture and the TPLO. However, the dogs that had their CCL repaired with lateral suture technique tended to be lighter and begin physical rehabilitation earlier than the TPLO group. It is possible that larger dogs treated with a lateral fabellar suture technique may have had a worse outcome.<sup>1</sup> More recent studies with equally matched cases showed at any time point up to one year, the TPLO patients functionally did significantly better.<sup>2</sup>

The current extracapsular technique is usually a lateral fabellar suture. Despite positive clinical results, these techniques do not achieve normalization of stifle biomechanics to the cruciate-deficient stifle and may not be the best option, especially in large or overweight dogs. It also appears that the lateral suture technique leads to more rapid progression of stifle arthritis.<sup>3,4</sup>

Clinically dogs that have had a TPLO surgical repair are thought to bear more weight than dogs that have undergone extracapsular repair, which holds the leg up for one to two weeks. However, the TPLO surgery involves specialized equipment and is described as having a steep learning curve.

#### Some finer points of surgery

> Absolutely do not perform two TPLO

#### This is gonna go straight to the hips

I advocate radiographing the hip joints on all dogs with injured knees that necessitate surgical repair so you can adjust pain medication protocols and increase your physical rehabilitation as necessary to compensate and prevent muscle loss. It's good to know what all is going on in there!

surgeries on both knees of the same patient during the same surgical visit. Do one knee and then do the other. The complication rate will be much lower—dogs are up and walking and on the new knee and ready for the second surgery in about four weeks.

> I make a small incision (from the

#### **Veterinary supplements:** The uncertainty of the add-ons?

Help clients navigate the murky information about supplements and keep their pets feeling their best. There is a mountain of information some reputable, some not—about supplements and their use in pets. Here's a sample of a Q&A with Alice Jeromin, RPh, DVM, DACVD:

How often do clients ask about oral dietary supplements, nutraceuticals or probiotics for their pets?

Probably 30 to 50 percent of my clients ask about supplements. Most of the time they've purchased them first via Internet advice and then ask me about them after! As we all know, there is a lot of incorrect information on the Internet, since most retailers want to sell their products, so I think owners need guidance about these products which companies are reliable, and the few that have been tested to ensure what is listed as in the product is actually in it. To read the rest of the Q&A and download a client handout on supplements, **scan the code below.** 



#### **Remote monitoring: Icing on the cake**

Robin Downing, DVM, DAAPM, DACVSMR, CVPP, CCRP, takes advantage of the Voyce Pro collar remote monitoring system (the PetPace collar works great for home monitoring too!) to help with her postsurgical cases: "I've had the privilege of working with a handful of patients over a year's time—dogs with chronic pain issues, and one astounding athlete with an acute rupture of her ACL with subsequent surgery. It's been terrific to be able to monitor her movement, restful sleep patterns and gradually increasing activity remotely with a shared dashboard with her owner. He's been diligent about recording details of her walks, activity—all kinds of stuff! Then we can match those comments to the dashboard with the objective data that's being captured.

"All in all, this promises to open a door to an entirely new way of knowing (objectively) what is going on with our patients in ways we could previously only imagine," she continues. "And, it provides owners with that same objective data so that they can now know some of what's going on while they are away at work or asleep at night."

femur to tibia, about 1 in long, total) on the medial surface for a "miniarthrotomy." Why? Because the medial meniscus is the one that typically tears, and you can see it better from there. However, identifying and treating a meniscal tear is one of the hardest parts about cruciate surgery. Do not give up adequate visualization if you are struggling. Hemostasis, tissue handling and exposure are the three vital components to a successful surgery.

- > Joint lavage flushes out inflammatory mediators and helps immensely. I always flush with at least 1 L using an isotonic, balanced solution.
- > Did you know? Most postsurgical infections are from the patient's own bacterial flora. Never let any braided suture touch the skin. If I am using braided suture to stabilize the knee, I accomplish everything else before I even take the suture out of its last wrapper.

#### A few words about the postoperative period

All of the osteotomy techniques require strict confinement while the bone heals. This may be a deciding factor for choosing a repair technique in ill-mannered or outdoor-only dogs. While physical rehabilitation is started early in all dogs, the postoperative exercise restrictions for dogs that have undergone an osteotomy procedure can be weeks to months longer than those that have had a lateral suture technique performed. But early return to function is vital for joint health and to rebuild muscle mass and regain lost bone density.

#### Find your comfort zone

Keep in mind that when selecting a procedure for an individual patient you need to do what you're comfortable with. Your experience and preferences matter. Patient attitude and activity matter. And individual patients' anatomies matter. Yes there has actually been an anatomic mess or two that even I referred to someone else!

#### References

 Au KK, Gordon-Evans WJ, Dunning D, et al. Comparison of short- and long-term function and radiographic osteoarthrosis in dogs after postoperative physical rehabilitation and tibial plateau leveling osteotomy or lateral fabellar suture stabilization. *Vet Surg* 2010;39(2):173-180.
 Nelson SA, Krotscheck U, Rawlinson J, et al. Long-term functional outcome of tibial plateau leveling osteotomy versus extracapsular repair in a heterogeneous population of dogs. *Vet Surg* 2013;42:38-50.

**3.** Lazar TP, Barry CR, Dehaan JJ, et al. Long-term radiographic comparison of tibial plateau leveling osteotomy versus extracapsular stabilization for cranial cruciate ligament rupture in the dog. *Vet Surg* 2005; 34:133-141.

**4.** Gordon-Evans WJ, Griffon DJ, Bubb C, et al. Comparison of lateral fabellar suture and tibial plateau leveling osteotomy techniques for treatment of dogs with cranial cruciate ligament disease. J Am Vet Med Assoc 2013;243:675-680.

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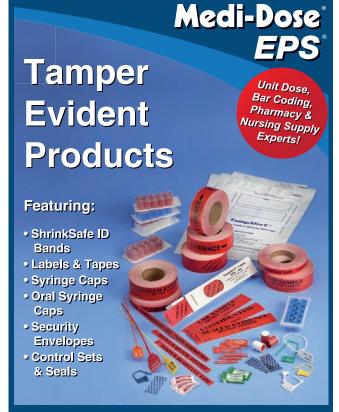
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# **This guy hurts.** What will you SAY to FIX it?

The words you use to frame the importance of pain control in veterinary patients can make all the difference in their world.

By Heather Lewellen, DVM, and Brendan Howard



# <section-header><section-header>

# Send the message home

Find these helpful client handouts, "5 signs of dental pain in pets" and "Identifying pain: The enigmatic ways pets show—and hide—pain," plus others, at **dvm360 com/painhandouts**. here's you—lab coat or scrubs, looking down at an animal you know is in pain.

There's the client—heart in the right place but weighed down by her own financial fears or confusion about all the medical jargon.

> And then there's the pet—furry, scared, limping, unable to eat or painful under your palpating

> > fingers, trying its best to hide how much it hurts because of a biological imperative not to show weakness.

> > > The trick is to translate your compassion for the animal and the some-· times-complicated scientific processes in play to the pet owner. How to do so to fruitful effect can be gleaned from a recent CVC session in which veterinary pain expert Andrew Claude, DVM, DACVA, joined with veterinary business guru Karen Felsted, CPA, MS, DVM, CVPM, CVA.

#### Be painfully clear

Both Drs. Claude and Felsted believe the most ethical way to handle pain management is to communicate unambiguously with the client. One study shows that clients are seven times more likely to follow veterinarians' recommendations when clear language is used.<sup>1</sup>

Dr. Felsted's thought on what to say? Try this: "Unless we use the right medications, surgery can be painful for animals, just like for people. That's why we've included pain medication in this estimate—we give it during the procedure and

#### Pain assessment at home

A good working knowledge of nociception, pain assessment and preventive pain management is important when educating clients about pain in their pets, says Dr. Andrew Claude—changes in behavior, appetite, urination or defecation habits, and reactions to being touched should all be noted. He advises adapting published pain assessment protocols for clients to use at home. These include:

- > The Glasgow Short Form (dogs)
- > Colorado Pain Charts (dogs and cats)
- > UNESP Botucatu Multidimensional Composite Pain Scales (cats)
- > The Oxford Chronic Pain Assessment Chart.

Another important detail? The at-home pain assessment should be performed by the same person, in the same place, under similar circumstances and at the same time every day, Dr. Claude says.

send some home with you afterward. Have you had surgery before? Do you remember what it was like?"

Or, "Bella isn't eating because she has an infected mouth and it hurts. Fortunately, cleaning her teeth and extracting the diseased ones will help. We'll also use some pain medication during and after the procedure."

#### Advocate without regret

According to Dr. Felsted, "Part of the reason clients are wishy-washy on things is that they're picking out the things they don't think have value." It's up to you to clearly and concisely show them the value of pain control for their pet.

So don't mince words. Say something like this: "Without pain medication, this is a painful procedure. Fortunately, we have excellent medications to control Max's pain. We've included our pain management package in this estimate to make sure Max stays comfortable."

#### Show the pain

People believe what they see, so get clients involved in pain assessment. Often pet owners don't know what to look for, Dr. Felsted says. They may think Daisy can't jump up to the counter anymore because she's old, but it's really because she hurts. Go over specific signs: unwillingness to move, moving in a stilted or unusual way, out-of-character aggressiveness, increased panting, changes in vocalization and lack of appetite. Follow this up with a client handout (see examples on the facing page).

Once they have some education, "clients are uniquely qualified to assess pain in their pets because they know what the normal behavior is," says Dr. Felsted. "Tell them to trust their instincts. If they think Buddy is in pain, he probably is. And make it clear what you can do to help, both now and if they think the pain is increasing after they leave the practice."

Dr. Claude adds that educating clients about how to assess pets' pain is essential for two reasons: 1) It's beneficial for the pet, and 2) it requires clients to become active participants in their pets' recovery. (See "Pain assessment at home," above.)

#### Save pets, save the profession

Dr. Claude is adamant that veterinarians take the lead in pain control. "Either our industry is going to make strides and continue to help move us forward in pain management and patient welfare," he warns, "or the federal or state government is going to do it for us."

According to their oath, Dr. Claude says, veterinarians have an obligation to prevent and relieve animal suffering, including pain. "One of the ways we can do that," he says, "is through providing for patient wel-, fare vigilantly, which includes analgesics whenever and wherever needed."

#### Reference

**1.** Kanji N, Coe JB, Adams CL, et al. Effect of veterinarian-client-patient interactions on client adherence to dentistry and surgery recommendations in companion-animal practice. *J Am Vet Med Assoc* 2012;240:427-436.

## Tracking pain control is not a pain let your software help By Kathryn Primm, DVM

Diagnosis is the easy part. Making sure clients comply can be the hard part: Here are three easy tips: Just like the cooking spray, PAM makes compliance less sticky.



#### P is for Protocol

Use select diagnostic codes on any pet with a diagnosis (such as osteoarthritis) that could require pain control. Those codes will "flag" the chart and make pets searchable for future interactions regarding refills, rebates or special pricing.



#### A is for Automatic

Use your reminder system to automatically generate postcards and emails for clients. For example, if your hospital recommends blood work every six months for all pets receiving pain medication, send reminders automatically so that treated pets stay safe and their pain is continuously managed.



#### M is for Memo

Have your software remind you to follow up with clients whose pets are prescribed drugs with the potential to be long-term. Then follow up by phone to reinforce the importance of ongoing pain control. Make sure everyone making the calls is on the same page. (This probably starts with a staff-wide meeting.)

Don't beat yourself up if clients question you the first time—or the first 10 times—you advocate for pain control. Sometimes they need to hear about pet pain more than once and need time to decide to do something. They will be more likely to think it's important if you think it's important enough to follow up on.

#### **4 keys** to communicate clearly about pain in pets

*By Andrew Claude, DVM, DACVA* The key to owner communication is to discuss pain management in veterinary patients using clear, understandable, scientific and ethical explanations. Here are four ways to do so:

Never allow clients the choice of whether to use pain management in their pets. First, clients don't understand how pain is caused and how to manage it in their pets like you do as a veterinarian. Why then should they be forced to make that decision? Present a brief tutorial of the physiology of pain in dogs or cats and how it is similar to that in people.

Relate a personal surgical or other painful experience the client has had to the procedure that will be performed on the pet. For example: "Mrs. Jones, have you ever had surgery before, or an invasive dental procedure? The surgery we're going to perform on Shadow will produce similar pain and discomfort for her as it did for you. We are going to employ current methods of analgesia to help you take care of Shadow's postoperative recovery at home in addition to managing her pain here."

Apply the principles of preventive pain control when you're preparing for a painful procedure: > **Preemptive:** Preanesthetic medication, locoregionals.

> Intraoperative: Additional pain medication, constant-rate infusions, locoregionals.

> Postoperative: Immediately after surgery, administer postoperative medication. For the short term at home, describe to clients the expected levels of discomfort, pharmaceutical choices, patient welfare and comfort. For the long term, recommend modalities such as physical therapy and low-level laser therapy.

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# Meanwhile, in exam

FLEAS: Clients not buying flea preventives to protect their pets? You don't have to buy their excuses. By Ciera Miller, CVT Most veterinary teams probably have 100 reasons owners have given them for not needing flea prevention for their pets. But what can we do? We can't force them to use it, and we know Bella won't be stopping in the office to buy it on her own. This is the roadblock most of us face when recommending products to an uninterested pet owner. Let's start with a few things we can let clients know that might just change their minds.

#### Not a commentary on your cleanliness

When we mention fleas, some pet owners think we mean that their house is less-than-clean, and that can make them defensive. But even the cleanest home can be the target of a flea infestation. In fact, infestations usually start because the fleas were picked up outside of the home and brought inside unknowingly. If a pet has access to a yard, dog parks, nature areas or kennels, he is at risk of picking up these pesky hitchhikers who make the

> owner's home their next bed and breakfast.

> > The false protection of the home bubble Many owners say their pets stay indoors and, therefore, are not at any

risk of having a parasitic infection. We can laugh at the "indoor dog" claim, but many pet owners honestly believe it. Unless a dog strictly uses pee pads and never goes on a single trip outside a client's home, he really isn't an "inside" dog. And even if this is the case, an indoor pet (whether dog or cat), is still at risk for a flea infestation. The chance is obviously lower, but there's no such thing as zero risk.

#### "Nope, not seeing fleas" doesn't mean "no worries"

Never seeing a flea on their pet is a major reason pet owners think flea products are not necessary. This is where it becomes very important for veterinary staff to refer to these products as flea prevention, not flea treatment. This distinction stresses the fact that the clients should use these products before they see a flea infestation so that the pet stays flea-free. Unfortunately, a flea problem can manifest before a single flea is even seen on a pet.

26 / June 2016 / Vetted / dvm360.com

# room 3

No more excuses: Our experts examine your top three examroom battles and offer tips to get you better results—**really**.

#### **DENTAL CARE:** Confused clients, a cat that needs urgent dental care and how to extinguish misperception in real time.

Doctor in an appointment with the owners of Miss Kitty:

**Doctor:** Hi, guys. So, here's the deal: Miss Kitty has severe inflammation of her gums, which is causing her a lot of pain. The infection in her gums is also traveling to her intestines, which is causing the diarrhea. At this point, she needs a steroid shot and a full extraction of her teeth, you need to get her on these medications [*hands over a couple of prescription bottles*], and you need to get her on a high-quality GI-sensitivity food. We have an opening for her for surgery for Friday morning, so we'll just have you talk to the front desk about getting her scheduled ...

**Clients:** Well, we guess we'll make the appointment, but is there any way we can get an estimate on the expenses for something like this?

**Doctor:** Sure! I'll draw up the paperwork, the front desk will give you the preoperative instructions and we'll give you information on payment. See you early Friday! [*Leaves the exam room.*]

Client 1: What just happened here?!

**Client 2:** I think surgery is happening? Maybe? But, like, couldn't we call around? Maybe we could find a better deal? Worst case scenario, we could always cancel, right? **Client 1:** Yeah, OK. Let's just get Miss Kitty home and see if we can get her feeling better.

#### Wait, what just happened?

The clients' perception in this case is absolutely going to influence whether or not Miss Kitty gets care. Which ... yikes, that's scary. So we asked our two experts: dvm360 contributors Sarah Wooten, DVM, and Karen Felsted, CPA, MS, DVM, CVPM (you know her, you love her, and she'll whip your practice into shape before you can say "extract that tooth").

Their biggest takeaway from this example? It doesn't matter what happened in the exam room if that's not how the client perceived it, says Dr. Wooten. Dr. Felsted agrees—what matters is how they see it.

"Here's the thing: We have to make sure that not only are we talking to the clients in the best way, but that they hear us, they understand it, and they see how it benefits the pet," Dr. Felsted says.

Unfortunately, depending on how you communicate a problem with a pet, it's often not perceived or understood exactly how you meant it to be. Dental care is a prime example.

"What we have to realize is that talking about things on a cellular level may be fascinating for us as veterinarians, but what clients want to understand is: What is the benefit of what you're recommending I do for my pet?" says Dr. Felsted.

#### 3 WAYS TO GET YOUR CLIENTS TO SAY YES TO DENTAL PROCEDURES

Dr. Dave Nicol has had great success getting clients to agree to dental care for their pets, and he says you can too if you follow these three steps:

- 1. Get your price points right.
- 2. Show clients dental disease in action.
- **3.** Position your clinic as the go-to dental solution.

Listen as he explains to Dr. Sarah Wooten.



Scan the code to watch now or visit dvm360.com/sayyes. BEHAVIOR: Don't judge pet owners who get their advice from TV trainers—guide them toward a better outcome with these thoughtful tips.



**Question:** What can I say to a client who comes in treating a pet incorrectly or even harshly based on tips and tricks she's picked up from a TV show on training pets?

**Answer:** I encounter this all the time.

Before anything else, I check myself—I try to change my tone based on the client's viewpoint and my relationship with them. The message is the same, but the tone will change so that I can best reach them.

First, I explain that many television shows featuring dog training are reality shows, and these are heavily edited. What you see on TV is not always exactly in line with reality. In addition, producers are less likely to show the cases that didn't go well. And they're unlikely to show the "after" of the cases that did go well—what is the situation six months later? So, let's start with a reality check on reality shows.

Second, let's talk about science and research. What pet owners see on TV generally is not in line with what the last 20 years of research has shown us—basically that you get more flies with

honey than with vinegar. In scientific terms, techniques that use positive punishment, such as rolling a dog over or being physical, are more likely to cause bites to the owner than those that use positive reinforcement techniques (yes, there is research to prove this).

Third, I ask my clients if they could hold their dog up on a choke



#### **REALITY BITES**

So many dog-training television shows focus on entertainment—not actual, helpful training. Veterinary behaviorist Dr. John Ciribassi shares his opinions on the popular shows currently handing out advice on dog training. **Scan the code to watch now or visit dvm360.com/realitybites.** 

chain until he turns blue or hold him down and get bitten themselves until he urinates on himself. The pet owners who come to see me could *never* hurt their dogs purposefully. They look at me with astonishment. Why would I ask such a thing? Well, I explain, that is what you are seeing on TV. I tell them that I know they love their dogs too much and too deeply to ever hurt them the way that some reality stars do on TV.

> Finally, in the instance that they have tried the TV-training methods before and they didn't work for their dog, I ask them, "How did it work for *you*?" Most clients will admit that those techniques didn't work. We usually can all agree that we can abandon what doesn't work for our patients.

#### TALK TO ME

Money can't buy you love, but the right product for you or your clients might get you a little further in the exam room. We've got the top products and services to help with client education and communication at **dvm360/talktome**.

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# HELPFUL STUFF



#### must-dos for practice success

Highlights from a list of 10 "must-do" actions Mark Opperman, CVPM, shared at CVC Virginia Beach are essential in veterinary practice.

**1** We're on a mission from Dog. Or, simply put, know your mission statement (and be able to recite it). Yeah, maybe it's corny, but you're special and your practice is special. Time to figure out why and make sure you're living up to patients'—and clients' expectations.

#### Frou-frous or frugal?

Any practices try, but can anyone really meet everyone's expectations? Superior service and economical pricing and anytime availability and warm cookies in the reception area? He repeated his advice here twice: "Identify your niche, be true to your niche, and then don't only meet, but exceed your clients' expectations."

**3 Hire 10s, fire 7s.** Opperman was fired up the most during his hourlong session talking about employees and the concept of 10.

The idea? Rate your employees 1 to 10. 10s are perfect. Keep 'em. 8s and 9s can be coached to 10. Anything 7 or lower?

"I want you actively seeking to replace that individual," Opperman said. "They bring everyone else down to their level."

Get seven more tips at Opperman's sessions at CVC Kansas City, Aug. 26 to 29. Visit **thecvc.com/kc**.



#### Client communication: Try a Frisbee, not a shot put

It's good to know something and help someone with it! But at CVC in Virginia Beach, Andy Roark, DVM, explained that eagerness to barrel through tough medical information is a "data dump" or, to put it in sports metaphors, a "shot put."

Dr. Roark's co-speaker, Sue Ettinger, DVM, DACVIM (oncology), offered perspective for science-minded veterinarians. "We go to veterinary school, and we're taught to present to each other very clinically. I remember in one internship, I met a doctor telling a client with a cat with urinary obstruction, 'Your cat is a UO times three.' I told him, 'You can't talk like that to owners,'" she said.

Instead, Dr. Ettinger recommended tossing a Frisbee.

"Give a little information, ask some questions," Dr. Ettinger said. "Always remember, our clients can be emotional and scared."

#### **Enclosed ETs stay debris-free**

In preparation for our AAHA review, we enclosed our endotracheal (ET) tubes. We purchased a 28-qt clear storage box that the ET tube rack fits inside of. We anchored the box to the wall by using standard molly screws and attached the ET rack to it. By closing the storage box, the ET tubes remain clean of airborne debris. *Dr. Thomas Polehinke Farmingdale, New York* 



# 

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Observe label directions. For oral use in dogs only. Do not use in cats. As with other NSAIDs, rare but serious side effects involving the digestive system, kidneys or liver may occur. Such signs may include appetite loss, vomiting and diarrhea. Some of these side effects, in rare instances, may be serious, resulting in hospitalization or even death. Regular monitoring is required for pets on medication. Pet owners should be advised to discontinue treatment if side effects occur and contact their veterinarian. See product labeling for full product information.



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Please see Brief Summary on following page.32

#### In memory of ...

The moment you learn of the death of a pet, ask your receptionist to remove the pet and all vaccination reminders pertaining to that pet from your computer files. It's very painful for the owner to receive a reminder



for a pet who is gone and embarrassing for you when you ask about the health of a pet who died several months ago. Some clinics have a large erasable board that lists all recently deceased pets to help staff members remember who has died. This helps prevent slip-ups. Naturally, this board should be kept out of view of clients and might be titled "In Memory Of" in case clients see it.

*Find more client communication tips and tools for your team in the newly updated* Veterinary Receptionist's Handbook. *Visit* **dvm360. com/receptionisthandbook** *for more.* 

#### Chew on this: How to talk

to clients about dog bites Aggressive dogs can be scary and uncomfortable (not to

mention painful for all involved. Help clients understand why dogs bite and how the veterinary team can help them prevent it.

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#### **Chew on this**

Help clients understand why dogs bite and train your team to stop aggressive behavior in its tracks—with the free training tool at **dvm360.com/dogbitetool**.

#### CARPRIEVE<sup>®</sup> CAPLETS

(carprofen)

Non-steroidal anti-inflammatory drug

For oral use in dogs only

**Brief Summary:** Before using 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:** For the relief of pain and inflammation associated with osteoarthritis and for the control of postoperative pain associated with soft tissue and orthopedic surgeries in dogs.

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

**PRECAUTIONS:** As a class, cyclooxygenase inhibitory NSAIDs may be associated with gastrointestinal, renal and hepatic toxicity.

The most frequently reported effects have been gastrointestinal signs. Events involving suspected renal, hematologic, neurologic, dermatologic, and hepatic effects have also been reported. Patients at greatest risk for renal toxicity are those that are dehydrated, on concomitant diuretic therapy, or those with renal, cardiovascular, and/or hepatic dysfunction.

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

#### WARNINGS:

Keep out of reach of children. Not for human use. Consult a physician in cases of accidental ingestion by humans. For use in dogs only. Do not use in cats. All dogs should undergo a thorough history and physical examination before initiation of NSAID therapy. Appropriate laboratory tests to establish hematological and serum biochemical baseline data prior to, and periodically during, administration of any NSAID should be considered. **Owners should be advised to observe** 

#### for signs of potential drug toxicity (see Information for Dog Owners, Adverse Reactions, Animal Safety and Post-Approval Experience). ADVERSE REACTIONS:

During investigational studies of osteoarthritis with twice daily administration of 1 mg/lb, no clinically significant adverse reactions were reported.

#### Post-Approval Experience:

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

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

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

Neurologic: Ataxia, paresis, paralysis, seizures, vestibular signs, disorientation. Urinary: Hematuria, polyuria, polydipsia, urinary incontinence, urinary tract infection, azotemia, acute renal failure, tubular abnormalities including acute tubular necrosis. renal tubular acidosis. alucosuria.

Behavioral: Sedation, lethargy, hyperactivity, restlessness, aggressiveness.

Hematologic: Immune-mediated hemolytic anemia, immune-mediated thrombocytopenia, blood loss anemia, epistaxis.

Dermatologic: Pruritus, increased shedding, alopecia, pyotraumatic moist dermatitis (hot spots), necrotizing panniculitis/vasculitis, ventral ecchymosis. Immunologic or hypersensitivity: Facial swelling, hives, erythema.

In rare situations, death has been associated with some of the adverse reactions listed above. To report a suspected adverse reaction call 1-866-591-5777.

Norbrook Laboratories Limited Newry, BT35 6PU, Co. Down, Northern Ireland 102 OCT 2014



# The nightmare of the midnight serenade

**Q.** What medical and behavioral conditions may cause senior cats that previously slept all night to start excessive vocalization—or yowling—in the middle of the night?

**A.** Medical issues related to a change in the pattern of a cat's vocalization can include:

> Reduced hearing acuity

> Osteoarthritis, making it difficult for the cat to perform activities it was previously accustomed to performing, such as jumping up in bed with the owner or climbing stairs

> Any condition causing pain, such as otitis, osteoarthritis and oral pain

> Conditions causing polyuria/polydipsia, such as renal disease, lower urinary tract disease and diabetes mellitus

> Hyperthyroidism, causing hyperactivity and polyphagia. Once you've ruled out these medical issues, look into behavioral causes.

#### "Land of confusion"

The primary behavioral reason for abnormal vocalization in cats is feline cognitive dysfunction. This condition is commonly seen in senior cats, with the greatest percentage showing up in cats over 15 years of age. Pacing and disorientation can accompany the vocalization. Treatment can include using antioxidant supplements such as Novifit (Virbac) or Senilife (Ceva). Adding selegiline to the treatment plan might be needed as well (note: this is extralabel usage).

Increasing the cat's enrichment level can also be beneficial by adding regular periods of interactive play and self play opportunities. Some cats like to be walked outside on harnesses (yes, really)—an activity that can help stimulate cognitive activity.

#### "Don't come around here no more"

Cats can vocalize in response to animal activity outside the home. Covering the windows with a stick-on, opaque window film can help decrease visibility to reduce this behavior. The Scarecrow animal deterrent (Contech) can be used to reduce animal activity around the home. This is a motion-activated water spray device that can be positioned near the area where animal activity is occurring.

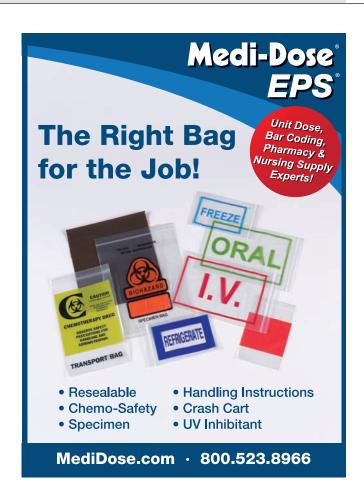
#### "Hungry like the wolf"

A vocalizing cat may just want some love and attention (or food!). To manage attention-demanding or food-



demanding behavior, it can be effective to suggest that your clients close the door to the bedroom, if this is an option. If not, see my answer at **dvm360.com/nightkitten** about handling fluffy bundles of energy at night.

John Ciribassi, DVM, DACVB Chicagoland Veterinary Behavior Consultants Carol Stream, Illinois



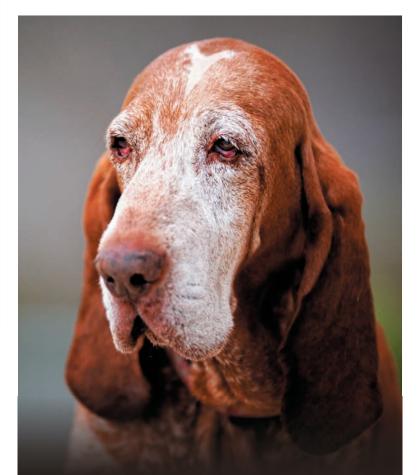
# **SURVEY**

#### How should you ask clients questions?

Simply having your CSR ask clients, "How was your visit today?" is not enough, and finding out about a bad experience online should make every practice owner or manager cringe because you were the last to know. Automatic email or paper surveys handed out right after every visit help you fix problems immediately, praise coworkers, improve the client experience and keep up with how protocols need to change. Practice manager Veronica Hanley explains what to ask (and how to ask it) **at dym360.com/surveythis.** 



To help establish low-stress visits before cat owners head out, give them this handout: **dvm360.com/lowstresscats**.



## Get prepped for PRP in your veterinary practice

Have you been hearing the buzz about platelet-rich plasma (PRP) therapy? Sherman Canapp, DVM, DACVS, DACVSMR, says it is taking off in small-animal medicine.

What started in equine and human medicine for the treatment of osteoarthritis and soft-tissue injury can now be applied to canine patients. What do you need? Start with a blood sample from a dog or a cat. Spin it down in a centrifuge. (Note: Before you try this in your veterinary clinic, find out more on the specifics of PRP, and make sure your centrifuge has been clinically validated for canine use.) Within minutes, you have your final PRP product, and then you can perform your injection. It's a low financial investment for you and for the client and offers substantial benefits. Dr. Canapp explains at **dvm360.com/PRP**.



Cautions: Safe use in pregnant animals or animals intended for breeding has not been proven. If lameness worsens, discontinue use and contact your veterinarian. Administer during or after the animal has eaten to reduce incidence of gastrointestinal upset.

Safayhi H, Mack F, Sabieraj J, et al. (1992). Boswellic acids: novel, specific, nonredox inhibitors of 5-lipoxygenase. J Pharmacol Exp Ther. 261(3):1143-1146. \*Dickinson DA, Iles KE, Zhang H, et al. (2003). Curcumin alters EpRE and AP-1 binding complexes and elevates glutamate-cysteine ligase gene expression. FASEB J. 17(3):473-475.

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# Dress to kill it (in the exam room)

Sure, life as a veterinary professional may get a little dirty (OK, sometimes smelly and gross, too!) but that doesn't mean you have to sacrifice your sense of style. Here's how to keep your look fresh.



SWEET STETHOSCOPE Ren-Lor believes your stethoscope should look as good as it sounds. Their durable acrylic heads look great and are virtually indestructible. They feature hand-painted chestpieces available in colorful designs or jewel-toned solids with laser imaging. The stethoscopes are lightweight and have soft, comfortable earpieces.

### And because we want you to look your best ....

We worked out a special deal just for *Vetted* readers enter code **RL360** at checkout when you purchase from renlor. com for 10 percent off your order! This special promotion is valid through August 2016.

## IT'S ALL FUN AND GAMES ...

Dog lifestyle company Dog Is Good offers scrub tops with cute messages that are sure to resonate with pet owners. Our favorite? "It's all fun and games until someone ends up in a cone ... " Tops are cottonpoly blend with durable construction. They feature a loose-fitting v-neck, two front pockets and side slits.



FASHIONABLE FEET

Who says your socks have to be boring? The designs at For Bare Feet will keep your tired dogs looking fresh. These made-in-the-USA socks feature knit-in graphics and are made of Technifit polyester, stretch nylon, Spandex and rubber. Our pick? The delightful "Cat eyes" pair. So chic.

Find more great looks at dvm360.com/apparel.



### 4 NICE NAME

Don't forget the most important accessory of all—your name badge! The Mighty Badge kit lets you instantly create and personalize badges with names, colors and logos. The metallic finish looks engraved yet is much more affordable. When a new team member arrives, just replace the old insert with a new one. Voilà!

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## eterinarians pledge to provide "relief of animal pain and suffering," yet only 17 percent of veterinarians are satisfied with available feline pain management therapies.<sup>1</sup>

There are more than seven million procedures performed each year on cats where analgesia can be used. But fewer than three million of those cats are treated with some form of analgesia; and of those, fewer than two million are treated with an opioid.<sup>2</sup> Coupled with the difficulty of recognizing feline pain, which often leaves pet owners feeling helpless and clinic staff frustrated, there is a clear opportunity for improved feline pain management options.

# Pain Game Changer

According to a recent survey of 255 general practice veterinarians, 100 percent state that the duration of pain experienced by cats after spays, neuters or dental extractions lasts at least 24 hours.<sup>2</sup> Furthermore, the 2015 AAHA/AAFP Pain Management Guidelines<sup>3</sup> states that anticipatory analgesia provided prior to pain onset is more effective than analgesia provided once pain has occurred. These insights affirm the need for pain treatment therapies that manage feline pain for longer durations.

One such treatment is SIMBADOL<sup>™</sup> (buprenorphine injection), which is the first and only FDA-approved buprenorphine for cats. It contains 1.8 mg/mL of buprenorphine hydrochloride and has been specifically formulated so that one dose of 0.24 mg/kg administered subcutaneously (SQ) will provide 24 hours of continuous surgical pain control. Moreover, SIMBADOL can be given for a total 72 hours of pain control with three once-daily doses. Because SIMBADOL is an immediate-release product, it is guickly absorbed and begins to take effect within one hour after administration. This new combination of dose and concentration is a one-of-a-kind formulation. It meets the veterinarian's unmet need for a once-daily opioid pain control option, provides relief to feline patients and gives peace of mind to concerned owners.

# One Dose to Manage Pain is Good for the Patient and Practice

In addition to providing 24-hour pain control, SIMBADOL is also practice friendly. Unopened, a SIMBADOL vial has 21 months of shelf life: each 10 mL vial provides approximately 15 doses based on an average cat weight of 5 kg; and after first puncture, it can be used for up to 28 days. With once-a-day dosing, SIMBADOL is competitively priced, as well. When compared to products that require three doses during the same 24-hour period, SIMBADOL is both cost and labor effective.



"I noticed a significant cost savings to pet owners with the once-a-day dosing (versus TID to QID) of buprenorphine," said Justine Lee, DACVECC, DABT. "I always try to work within the pet owner's financial limitations, and this is just one way of helping provide analgesia while keeping costs down for the pet owner."

# **Convenience for Your Patients** and Practice

An added benefit to single dosing is the reduced time requirements for staff to administer repeated doses.

"SIMBADOL allows us a safe method of providing 24-hour comfort and pain control in feline patients that otherwise can be very difficult to medicate," said Cindy Eaton, DVM. "Owners enjoy how relaxed and comfortable their pets are after surgery."



### **IMPORTANT SAFETY INFORMATION**

Due to serious human safety and abuse concerns, including physical or psychological dependence, life-threatening respiratory depression and additive CNS depressant effects, read the full prescribing information before using this drug, including the complete Boxed Warning. Not for use in humans. Hospital staff should be trained in the handling of potent opioids and should avoid accidental exposure. SIMBADOL has not been evaluated in breeding, pregnant, or lactating cats, in cats younger than 4 months of age or moribund cats. Do not use in cats with known hypersensitivity to buprenorphine hydrochloride or any of the components of SIMBADOL, or known intolerance to opioids. Use with caution in cats with impaired hepatic function. Adverse reactions may include hyperthermia, tachycardia, hypotension, hypertension, hypothermia, anorexia, and hyperactivity. For more safety information, see Brief Summary of full Prescribing Information on page 40.

<sup>1</sup>Brakke Consulting, Pain Management Products in Dogs and Cats, April 2013.

<sup>2</sup>Data from Fall 2015 Pain, Anesthesia and Sedation study of 255 companion animal veterinarians conducted by Encuity Research. <sup>3</sup>Epstein ME, Rodan I, Griffenhagen G, et al. 2015 AAHA/AAFP pain management guidelines for dogs and cats. *J Feline Med Surg.* 2015;17(3):251-272. doi:10.1177/1098612X15572062.

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The novel combination of dose and concentration found in SIMBADOL is a unique formulation, proven by safety and efficacy studies. Additionally, SIMBADOL meets the veterinarian's unmet need for a once-daily

FIRST AND ONLY BUPRENORPHINE FDA APPROVED FOR CATS

opioid pain control option, allowing them to provide feline patients the pain control they need and pet owners the pain control they desire for their cats.

For more information about SIMBADOL, ask your Zoetis representative or visit **www.Simbadol.com**.





Brief Summary of Prescribing Information See package insert for full Prescribing Information.

(Ш)

For Use in Cats Only



### 1.8 mg/mL

For subcutaneous use in cats Opioid Analgesic

#### CAUTION:

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

#### HUMAN SAFETY WARNING Abuse Potential

SUBBADOL contains buprenorphine (1.8 mg/mL), an opioid agonist and Schedule III controlled substance with an abuse potential similar to other Schedule III opioids. Buprenorphine has certain opioid properties that in humans may lead to dependence of the morphine type. Abuse of buprenorphine may lead to physical dependence or psychological dependence. The risk of abuse by humans should be considered when storing, administering, and disposing of SIMBADOL. Persons at increased risk for opioid abuse include those with a personal or family history of substance abuse (including drug or alcohol abuse or addiction) or mental illness (suicidal depression).

Life-Threatening Respiratory Depression Respiratory depression, including fatal cases, may occur with abuse of SIMBADOL.

### Additive CNS Depressant Effects

SIMBADOL has additive CNS depressant effects when used with alcohol, other opioids, or illicit drugs that cause central nervous system depression.

### Accidental Exposure

Because of the potential for adverse reactions associated with accidental injection, SIMBADOL should only be administered by veterinarians or veterinary technicians who are trained in the handling of potent opioids.

### See Human Safety for detailed information.

### INDICATION:

SIMBADOL is indicated for the control of postoperative pain associated with surgical procedures in cats. CONTRAINDICATIONS:

SIMBADOL is contraindicated in cats with known hypersensitivity to buprenorphine hydrochloride or any of the components of SIMBADOL, or known intolerance to opioids.

### WARNINGS:

For subcutaneous (SQ) injectable use in cats.

*Human Safety:* Not for use in humans. Keep out of reach of children.

### Adult Human User Safety while handling SIMBADOL in the hospital:

Mucous membrane or eye contact during administration:

Direct contact of SIMBADOL with the eves, oral or other mucous membranes could result in absorption of buprenorphine and the potential for adverse reactions. If accidental eye, oral or other mucous membrane contact is made during administration, flush the area with water and contact a physician.

Skin contact during administration:

If human skin is accidentally exposed to SIMBADOL, wash the exposed areas with soap and water and contact a physician. Accidental exposure could result in absorption of buprenorphine and the potential for adverse reactions.

#### Drug Abuse, Addiction, and Diversion of Opioids:

#### Controlled Substance:

SIMBADOL contains buprenorphine, a mu opioid partial agonist and Schedule III controlled substance with an abuse potential similar to other Schedule III opioids. SIMBADOL can be abused and is subject to misuse, abuse, addiction, and criminal diversion. SIMBADOL should be handled appropriately to minimize the risk of diversion, including restriction of access, the use of accounting procedures, and proper disposal methods, as appropriate to the clinical setting and as required by law.

### Abuse:

Abuse of SIMBADOL poses a hazard of overdose and death. This risk is increased with concurrent abuse of alcohol and other substances including other opioids and benzodiazepines. Buprenorphine has been diverted for non-medical use into illicit channels of distribution. All people handling opioids require careful monitoring for signs of abuse. Drug abuse is the intentional non-therapeutic use of a prescription drug for its rewarding psychological or physiological effects. Abuse of opioids can occur in the absence of true addiction. Storage and Discard:

SIMBADOL is a Class III opioid. Store in a locked, substantially constructed cabinet according to DEA and local controlled substance guidelines. Discard broached vials after 28 days. Any unused or expired vials must be destroyed by a DEA registered reverse distributor; for further information, contact your local DEA field office or call Zoetis Inc. at 1-888-963-8471.

### Information for physician.

SIMBADOL injectable solution is a mu opioid partial agonist (1.8 mg buprenorphine/mL). In the case of an emergency, provide the physician with the package insert. Naloxone may not be effective in reversing respiratory depression produced by buprenorphine. The onset of naloxone effect may be delayed by 30 minutes or more. Doxapram hydrochloride has also been used as a respiratory stimulant.

### PRECAUTIONS:

Hyperactivity (opioid excitation) has been observed up to 8 hours after anesthetic recovery (see ADVERSE REACTIONS).

Safety has not been evaluated in moribund cats (i.e., those not expected to live more than 24 hours with or without surgery). Use in such cases should be based on the risk-benefit assessment of the veterinarian. Use with caution in cats with impaired hepatic function.

The use of SIMBADOL has not been evaluated in breeding, pregnant, or lactating cats, or in cats younger than 4 months of age.

### ADVERSE REACTIONS:

ht we controlled field studies, a total of 450 male and female cats 4 months to 16 years old, weighing between 2.6 – 20.0 lb were included in the field safety analysis. In one study, cats underwent a soft tissue surgical procedure (soft tissue). In the other study, cats underwent onychectomy, onychectomy and castration, or onychectomy and ovariohysterectomy (orthopedic). The following tables (one table for each study) show the number of cats exhibiting each observation.

#### Adverse Reactions in the Soft Tissue Field Study

	SIMBADOL (N = 109)		Control (N = 112)	
Adverse Reaction <sup>a</sup>	During Surgery <sup>b</sup>	After Surgery	During Surgery <sup>b</sup>	After Surgery
Hypotension <sup>c</sup>	39 (35.8%)	29 (26.6%)	33 (29.5%)	24 (21.4%)
Tachycardiad	26 (23.9%)	29 (26.6%)	15 (13.4%)	20 (17.9%)
Hypothermia (≤98.0°F)	30 (27.5%)	1 (0.9%)	31 (27.7%)	0
Hyperthermia (≥103.0°F)	0	40 (36.7%)	0	19 (17.0%)
Hypertension <sup>e</sup>	7 (6.4%)	20 (18.3%)	9 (8.0%)	6 (5.4%)
Anorexia	0	18 (16.5%)	0	15 (13.4%)
Hyperactivity	0	10 (9.2%)	0	4 (3.6%)
Reduced Oxygen Saturation of Hemoglobin (pulse oximetry ≤90%)	5 (4.6%)	1 (0.9%)	8 (7.1%)	0
Bradycardia (≤90 beats/min)	2 (1.8%)	1 (0.9%)	1 (0.9%)	0
Tachypnea (≥72 breaths/min)	0	3 (2.8%)	0	2 (1.8%)
Arrhythmia	1 (0.9%)	0	1 (0.9%)	0
Hyperesthesia	0	1 (0.9%)	0	0
Blindness	0	1 (0.9%)	0	0
Apnea/Death	0	1 (0.9%)	0	0

a. Cats may have experienced more than one type or occurrence of an adverse reaction. Cats experiencing the same

Traction both during and after surgery are presented in both time periods. During surgery is the time from the administration of the anesthetic induction agent until discontinuation of the gas b. anesthetic

Hypotension is defined as a mean blood pressure of ≤60 mmHg during surgery and ≤90 mmHg after surgery. Tachycardia is defined as a heart rate ≥180 beats per minute during surgery and ≥200 beats per minute after surgery. C. d

e. Hypertension is defined as a mean blood pressure of ≥120 mmHg during surgery and ≥160 mmHg after surgery.

#### Adverse Reactions in the Orthopedic Field Study

	SIMBADOL (N = 115)		Control (N = 114)		
_	During		During		
Adverse Reaction <sup>a</sup>	Surgery <sup>b</sup>	After Surgery	Surgery <sup>b</sup>	After Surgery	
Tachycardiac	29 (25.2%)	44 (38.3%)	15 (13.2%)	24 (21.1%)	
Hypotension <sup>d</sup>	29 (25.2%)	22 (19.1%)	27 (23.7%)	16 (14.0%)	
Hyperthermia (≥103.0°F)	1 (0.9%)	51 (44.3%)	0	14 (12.3%)	
Anorexia	0	22 (19.1%)	0	20 (17.5%)	
Hypertension <sup>e</sup>	3 (2.6%)	20 (17.4%)	8 (7.0%)	12 (10.5%)	
Hypothermia (≤98.0°F)	8 (7.0%)	0	16 (14.0%)	0	
Hyperactivity	0	16 (13.9%)	0	7 (6.1%)	
Bradycardia (≤90 beats/min)	0 (0 00/)	0	0 (0 00/)	1 (0 00/)	
	3 (2.6%)	U	3 (2.6%)	1 (0.9%)	
Tachypnea (≥72 breaths/min)	0	2 (1.8%)	1 (0.9%)	4 (3.5%)	
Reduced Oxygen					
Saturation of Hemoglobin (pulse oximetry $\leq 90\%$ )	3 (2.6%)	0	3 (2.6%)	0	
Arrhythmia	0	1 (0.9%)	1 (0.9%)	0	
Blindness	0	1 (0.9%)	0	1 (0.9%)	
Ataxia	0	1 (0.9%)	0	0	
Apnea/Death	1 (0.9%)	0	0	0	

a. Cats may have experienced more than one type or occurrence of an adverse reaction. Cats experiencing the same reaction both during and after surgery are presented in both time periods.
 b. During surgery is the time from the administration of the anesthetic induction agent until discontinuation of the gas

anesthetic.

Tachycardia is defined as a heart rate ≥180 beats per minute during surgery and ≥200 beats per minute after surgery. Hypotension is defined as a mean blood pressure of ≤60 mmHg during surgery and ≤90 mmHg after surgery. с d.

e. Hypertension is defined as a mean blood pressure of ≥120 mmHg during surgery and ≥160 mmHg after surgery.

The two cats with apnea in the SIMBADOL™ (buprenorphine injection) group died from the adverse reaction. The cat in the soft tissue study underwent a necropsy and a specific cause of death was not found, although other remarkable findings included metastatic neoplasia affecting multiple systems. The cat in the orthopedic study experienced apnea during endotracheal intubation. The cat was healthy and a specific cause of death was not found.

Two cats in the SIMBADOL group and one cat in the placebo control group were reported with presumptive post-anesthetic cortical blindness. Both cats in the SIMBADOL group received blood pressure intervention during surgery for low blood pressure. All cats regained vision within 7 to 84 days after surgery; however, one cat in the SIMBADOL group continued to have some visual and balance deficits.

One cat in the SIMBADOL group in the soft tissue study was euthanized after completion of the study due to pulmonary complications. The complications were considered likely related to the severity of the cat's injuries prior to surgery.

To report suspected adverse events, for technical assistance, or to obtain a copy of the MSDS, contact Zoetis Inc. at 1-888-963-8471.

For additional information about adverse drug experience reporting for animal drugs, contact the FDA at 1-888-FDA-VETS or online at http://www.fda.gov/AnimalVeterinary/SafetyHealth.

### **STORAGE INFORMATION:**

Store at temperatures up to 25°C (77°F). Protect from light and excessive heat (above 40°C or 104°F). Use within 28 days of first puncture.

#### HOW SUPPLIED:

SIMBADOL (buprenorphine injection) is supplied in a carton containing one 10 mL amber glass vial. Each multidose vial contains 1.8 mg/mL of buprenorphine. NADA 141-434, Approved by FDA

### zoetis

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Revised: August 2015

# Scaling Mt. Vet Our recent survey uncovered your most pressing

problems—high peaks you struggle to summit. Here's the breakdown of the top problems. Go to **dvm360.com/mtvet** for some advice to help.

No. 1 problem 14%	Working with staff (finding quality people, keeping staff positive, scheduling issues)	No. 6 problem 8%	Getting older and slowing down
No. 2 PROBLEM (TIE) 10%	Work-life balance (long hours, no time for family or personal life)	<u>рговлем</u> (тте) <b>7.8%</b>	Terrible pay
No. 2 PROBLEM (TIE) 10%	The economy (revenue loss, higher costs)	No. 7 PROBLEM (TIE) 7.8%	Clients who can't or won't pay
No. 4 PROBLEM (TIE) 8.3%	Stress (burnout, compassion fatigue)	No. 9 problem 6.3%	Client education (Dr. Google and compliance problems)
No. 4 PROBLEM (TIE) 8.3%	Managing the business (keeping clients, keeping up with social media)	No. 10 PROBLEM 6.1%	Time management

Other reported problems

- 5.4% New competition (nonprofits, pet stores, online pharmacies)
- 2.2% None (We found our optimists!)
- 1.9% Keeping up with the medicine

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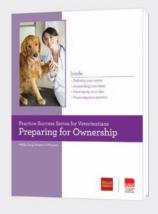
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# **HOSPITAL DESIGN**

You can even take it a step further, like some *Veterinary Economics* Hospital Design Competition Merit Award winners did. John Talmadge, DVM, of Bigger Road Veterinary Center in Springboro, Ohio, included the practice's mission statement in addition to their logo. Not only does it look good, but Dr. Talmadge says it really sums up the passion the entire team has for the practice in one easy—and eye-catching—phrase.

"I can take 45 minutes to tell you everything about this clinic, but the reality is that we don't have that long to talk to everyone," Dr. Talmadge says. "So when you have a little sound bite, those are the things that people start to remember, and if you do it right it communicates what you're all about."

Check out these examples of logo walls in action.



1st Pet Veterinary Centers, Mesa, Arizona.



Finan Animal Hospital, Darien, Illinois.



Atwater Veterinary Center, Atwater, California.



Center for Veterinary Specialty + Emergency Care, Lewisville, Texas.



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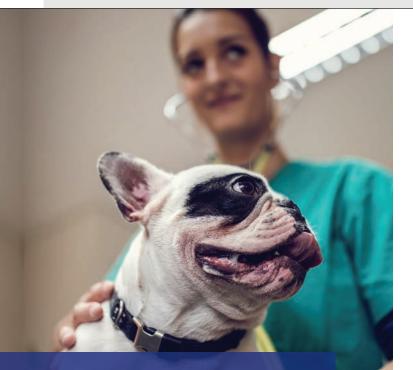
# **HOSPITAL DESIGN**



Bigger Road Veterinary Center, Springboro, Ohio.



Dr. John Talmadge, co-owner of **Bigger Road Veterinary Center** in Springboro, Ohio, knows the power of a catchphrase. So when a client came up with a slogan for his practice that hit the nail on the head, he nailed it to the wall. Dr. Talmadge explains his philosophy at dvm360.com/logowalls.



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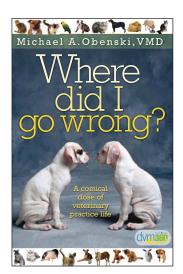
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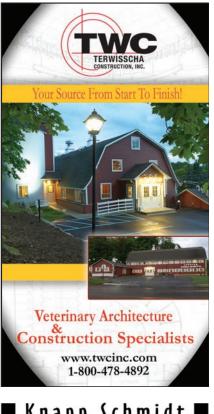
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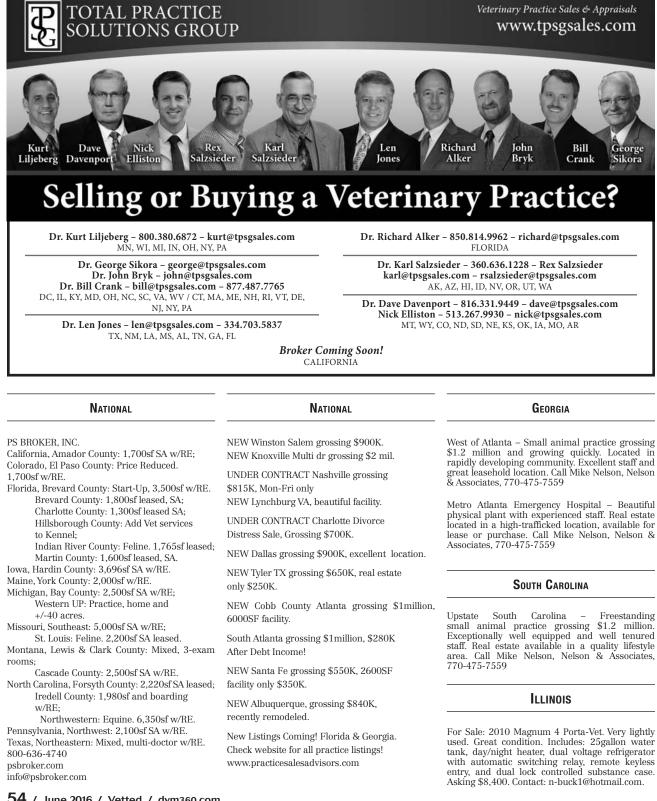
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<sup>1</sup>Floerchinger AM, et al. Effects of feeding a weight loss food beyond a caloric restriction period on body composition and resistance to weight gain in cats. *J Am Vet Med Assoc*. 2015;247(4):365-374.

<sup>2</sup>Kruger JM, et al. Comparison of foods with differing nutritional profiles for long-term management of acute nonobstructive idiopathic cystitis in cats. *J Am Vet Med Assoc*. 2015;247(5):508-517. ©2016 Hill's Pet Nutrition, Inc. ®/™ Trademarks owned by Hill's Pet Nutrition, Inc.

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