

# vetted<sup>TM</sup>

VetEc + VetMed, shaken not stirred




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ring a  
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"I'm *not* a trainer." Sure.  
But here's why you should  
employ a little learning  
theory in the exam room.  
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## GI DISEASE

Let's take  
**GI relief** a step  
forward



Clinically proven, highly digestible nutrition helps **RESOLVE DIARRHEA** in as little as 3 days



**NEW! PREBIOTIC FIBER**, shown to significantly increase beneficial gut bacteria, promoting a healthy GI microbiome balance



**NEW! PSYLLIUM** to promote healthy intestinal motility and regularity

### **NEW & IMPROVED** **i/d**<sup>®</sup> PRESCRIPTION DIET<sup>®</sup>

**We took what works and made it work harder.**

The clinically proven nutrition of i/d<sup>®</sup> now features additional ingredients for enhanced digestion, plus a rich aroma, new color and disk kibble shape dogs can't resist.

**NOW AVAILABLE IN SMALL BITES!**



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# THE PICKS

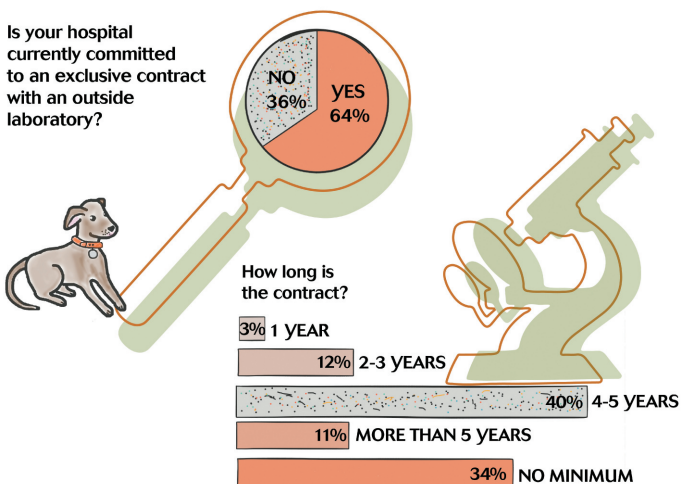
(what we care about now)

## Exclusive veterinary lab contracts: Deal or no deal?

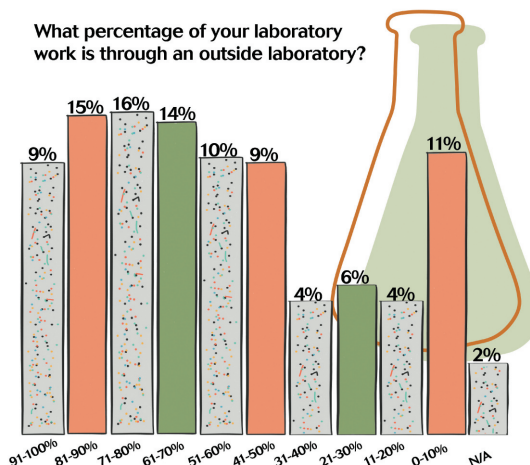
New Veterinary Hospital Managers Association (VHMA) data doesn't tell you what to do—it just tells you what other folks are doing when it comes to in-house and off-site testing.

It's a big choice to commit to an exclusive, long-term contract with an outside lab for your veterinary hospital. With contracts with outside labs such as IDEXX and Antech becoming more and more common for veterinary clinics, the details are even more important to consider when you're taking a contractual leap of faith. Enter recent data from the VHMA, with roughly 600 management professionals participating.

Is your hospital currently committed to an exclusive contract with an outside laboratory?



What percentage of your laboratory work is through an outside laboratory?



# Civil me

Civil War museums, memorabilia and history buffs abound in the Gettysburg region, which seems like a no-brainer, right? But all lack one thing ... you guessed it—cats!

Twin sisters Ruth and Rebecca Brown from Philadelphia, Pennsylvania, got hooked on the Civil War in middle school. They started making soldiers out of modeling clay when they were 11 years old and always loved cats, so naturally, their first creations were cat soldiers. In uniform. With beards.

Now the sisters are living their dream and running the Civil War Tails diorama museum in Gettysburg, Pennsylvania. Their museum boasts a series of dioramas that give museum-goers a three-dimensional look at the Civil War—the battles, the living conditions, even the heartbreak—all rendered with a one-to-one ratio of miniature cat-soldiers and supporting characters (also feline in form).

The nearly-2,000 clay kitties are meticulously constructed and stand no taller than an inch. The sisters create each figure, often sharing personal stories that stem from their production in the museum's blog, appropriately titled "Mewsings."

The museum celebrated its first anniversary in September, so in honor, we bring you some delightfully detailed images of the Civil War Tails dioramas. Go to [civilwartails.com](http://civilwartails.com) to learn more about the museum (or to visit and see the kitties in person!).

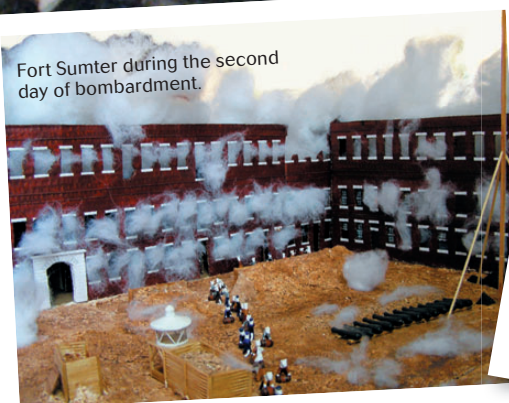


# war wsings



Your eyes don't deceive  
you. Those are cats!

Fort Sumter during the second  
day of bombardment.



Capturing a quiet moment as a  
cat-soldier writes home.





## Why you should embrace dentistry

It's hands on and offers nearly instant payoff! Listen to Matthew Lemmons, DVM, DAVDC, describe why he's enthusiastic about the discipline.

[dvm360.com/lovedentistry](http://dvm360.com/lovedentistry)

#Lemmonsmakeslemonade

#dentistryrocks



## Do clients even notice Fear Free?

You've taken notice of the Fear Free movement, you've read up on the applications in practice, you've implemented what works for your clinic—and your patients are better for it. But do your clients even have a clue? In this video, CVC educator Dr. Jonathan Bloom explains how the concept is hitting home with pet owners. [dvm360.com/stressless](http://dvm360.com/stressless)

## Pounce on good behavior

Saying “thanks” doesn't need to be mushy, sappy or awkward. Here's a quick tip (and a tool, too!) to appreciate your veterinary team members from Jessica Murphy, CVPM, a 2016 [dvm360](http://dvm360.com)/VHMA Practice Manager of the Year contestant. “We collect those orange slips for a monthly drawing for a \$100 gift certificate of the employee's choosing. The team has chosen Visa gift cards, Amazon, Papa Vinos and other restaurant cards,” Murphy says. “It's been fun giving it to them, and they're thrilled when their orange slip is picked from the hat. Actually, they vie to see who can pick the orange slip out!” Read more about how Murphy appreciates her team (and get your own appreciation forms) at [dvm360.com/thankyou](http://dvm360.com/thankyou).





# RUN TO RELIEF

Contact your veterinary products distributor or Norbrook, Inc. at (888) 705-0408 for information on availability

**Loxicom<sup>®</sup>**  
(meloxicam)  
1.5 mg/mL Oral Suspension

## LOXICOM<sup>®</sup> (MELOXICAM) ORAL SUSPENSION FOR DOGS:

- Contains the same active ingredient and is bioequivalent to Metacam<sup>®</sup> (meloxicam) Oral Suspension
- Priced to keep your clients coming back to your clinic for prolonged OA therapy
- Available in convenient 10 mL, 32 mL and 100 mL bottles with small and large syringes calibrated for accurate dosing in dogs 1-160 lbs.



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Observe label directions. **Do not use Loxicom Oral Suspension in cats. Acute renal failure and death have been associated with the use of meloxicam in cats.** As with any medication, side effects may occur. These are usually mild, but may be serious. The most common side effects reported in field studies were vomiting, soft stool/diarrhea and decreased appetite. If side effects occur, discontinue treatment immediately and consult a veterinarian. Dogs should be evaluated for pre-existing medical conditions prior to treatment and monitored during therapy. See product labeling for full product information.

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**Norbrook<sup>®</sup>**

See brief summary on page 06



# Calm down right meow

Squeeze, roll and punch your way to a calmer day in veterinary practice with these toys.

**1. ONE CUBE TO RULE THEM ALL**  
It's multipurpose! Well, maybe not multipurpose, but the Fidget Cube is multifaceted. Like clicking pens? Click the button side. Like rolling thumb joysticks? Glide side. Switch the switch back and forth on the flip side. Get your worry stone on and rub with the breathe side. Tick the tumblers on the roll side. Whiz round and round the spin side. By mid-September, this Kickstarter had reached \$3.7 million of an original \$15,000 goal. See? You're not the only obsessive fidgeter out there.

**2. PUNCH OUT!**  
There are many varieties of office-friendly punching bags. So don't bottle up your bad day and wait to take it out on your steering wheel on the drive home. If you've got a target in mind, we won't tell you whose face to tape to the bag, but you know who. When you pound it so much and so hard that the air goes out, there's a pump included. Go ahead and angrily pump it up too for even more efficient channeling of aggression.

**3. I'LL BE PUTTY IN YOUR HANDS**  
Because it is putty. We're being literal here, folks. Clever Putty can be "molded, stretched, torn, twisted and bounced." Feel the anxiety drain away as you squeeze it long and squish it short, as you ball it up or throw it at the wall. Watch for hair and fur, though. I bet hair gets in this thing. But then it turns into petting putty, so is that a bonus?



NUM\_SKYMAN/SHUTTERSTOCK.COM, GETTY IMAGES/HEMERA

## Loxicom® (meloxicam) 1.5 mg/mL Oral Suspension

Non-steroidal anti-inflammatory drug for oral use in dogs only

**Warning:** Repeated use of meloxicam in cats has been associated with acute renal failure and death. Do not administer additional injectable or oral meloxicam to cats. See Contraindications, Warnings, and Precautions for detailed information.

**Brief Summary:** Before using Loxicom Oral Suspension, 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.

**Description:** Meloxicam is a non-steroidal anti-inflammatory drug (NSAID) of the oxicam class.

**Indications:** Loxicom Oral Suspension is indicated for the control of pain and inflammation associated with osteoarthritis in dogs.

**Contraindications:** Dogs with known hypersensitivity to meloxicam should not receive Loxicom Oral Suspension. **Do not use Loxicom Oral Suspension in cats. Acute renal failure and death have been associated with the use of meloxicam in cats.**

**Warnings:** Not for use in humans. Keep this and all medications out of reach of children. Consult a physician in case of accidental ingestion by humans. **For oral use in dogs only.** As with any NSAID all dogs should undergo a thorough history and physical examination before the initiation of NSAID therapy. Appropriate laboratory testing to establish hematological and serum biochemical baseline data is recommended prior to and periodically during administration. To report suspected adverse reactions, to obtain a Material Safety Data Sheet, or for technical assistance, call Norbrook at 1-866-591-5777.

**Precautions:** The safe use of Loxicom Oral Suspension in

dogs younger than 6 months of age, dogs used for breeding, or in pregnant or lactating dogs has not been evaluated. As a class, cyclo-oxygenase inhibitory NSAIDs may be associated with gastrointestinal, renal and hepatic toxicity. Sensitivity to drug-associated adverse events varies with the individual patient.

Patients at greatest risk for renal toxicity are those that are dehydrated, on concomitant diuretic therapy, or those with existing renal, cardiovascular, and/or hepatic dysfunction. Concurrent administration of potentially nephrotoxic drugs should be carefully approached. NSAIDs may inhibit the prostaglandins that maintain normal homeostatic function. Such anti-prostaglandin effects may result in clinically significant disease in patients with underlying or pre-existing disease that has not been previously diagnosed. Since NSAIDs possess the potential to induce gastrointestinal ulcerations and/or perforations, concomitant use with other anti-inflammatory drugs, such as NSAIDs or corticosteroids, should be avoided or closely monitored. The use of concomitantly protein-bound drugs with Loxicom Oral Suspension has not been studied in dogs. Commonly used protein-bound drugs include cardiac, anticonvulsant and behavioral medications. The influence of concomitant drugs that may inhibit metabolism of Loxicom Oral Suspension has not been evaluated. Drug compatibility should be monitored in patients requiring adjunctive therapy.

**Adverse Reactions:** Field safety was evaluated in 306 dogs. Based on the results of two studies, GI abnormalities (vomiting, soft stools, diarrhea, and inappetence) were the most common adverse reactions associated with the administration of meloxicam. Of the dogs that took meloxicam (n=157), forty experienced vomiting, nineteen experienced diarrhea/soft stool, five experienced inappetence, and one each experienced bloody stool, bleeding gums after dental procedure, lethargy/swollen carpus, and epiphora. Of the dogs that took the placebo (n=149), twenty-three experienced vomiting, eleven experienced diarrhea/soft stool, and one experienced inappetence. In foreign suspected adverse drug reaction (SADR) reporting over a 9 year period, incidences of adverse reactions related to meloxicam administration included: auto-immune hemolytic anemia (1 dog), thrombocytopenia (1 dog), polyarthritis (1

dog), nursing puppy lethargy (1 dog), and pyoderma (1 dog).

**Effectiveness:** The effectiveness of meloxicam was demonstrated in two field studies involving a total of 277 dogs representing various breeds, between six months and sixteen years of age, all diagnosed with osteoarthritis. Both of the placebo-controlled, masked studies were conducted for 14 days. All dogs received 0.2 mg/kg on day 1. All dogs were maintained on 0.1 mg/kg oral meloxicam from days 2 through 14 of both studies. Parameters evaluated by veterinarians included lameness, weight-bearing, pain on palpation, and overall improvement. Parameters assessed by owners included mobility, ability to rise, limping, and overall improvement. In the first field study (n=109), dogs showed clinical improvement with statistical significance after 14 days of meloxicam treatment for all parameters. In the second field study (n=48), dogs receiving meloxicam showed a clinical improvement after 14 days of therapy for all parameters; however, statistical significance was demonstrated only for the overall investigator evaluation on day 7, and for the owner evaluation on day 14.

### How Supplied:

Loxicom Oral Suspension 1.5 mg/mL: 10, 32 and 100 mL bottles with small and large dosing syringes.

**Storage:** Store at controlled room temperature 68-77°F (20-25°C).

Excursions permitted between 59°F and 86°F (15°C and 30°C). Brief exposure to temperature up to 104°F (40°C) may be tolerated provided the mean kinetic temperature does not exceed 77°F (25°C); however such exposure should be minimized.

Made in the UK.

Manufactured by:  
Norbrook Laboratories Limited  
Newry, BT35 6PU, Co. Down, Northern Ireland

Loxicom® is a registered trademark  
of Norbrook Laboratories Limited







*"I really just want to wake people up, to shock them, even if it doesn't make them feel good, because it makes them think."*

## Follow your heart

Advice from the creator of the Vet Confessionals Project.

Secrets have power. They have a strange ability to both grant and consume emotional energy. What if veterinarians could share secrets about their professional struggles and find comfort in seeing that they were not alone? In 2014, Hilal Dogan, BVSc, created the Vet Confessionals Project to address this quandary. Since then, [dvm360.com](http://dvm360.com) has received hundreds of secrets, many of which present a painful reality of life as a veterinarian.

Dr. Dogan doesn't let that discourage her. Here she explains how mindfulness and meditation go a long way toward finding peace.

### Hopping around

I definitely feel that working relief and moving into new positions at various clinics has been beneficial for my growth as a veterinarian. I know it "looks bad" when you hop around so much, but it's so important to keep on moving. I'm always teetering on the edge of my comfort zone, sometimes stepping in and then out again.

### Checking that ego

I let go of judgment and check my ego at the door. It surprisingly helps me enjoy my work more ... although there are moments where my ego sneaks back in, so that is a daily decision I have to practice.

### No guilt

I make sure I take lots of time to sleep, meditate, relax and make my life outside of work a priority too (and not feel guilty about it!). Most of all I try and lead my life through following my heart and intuition. If I stick by that, everything is manageable.

### Spacing out

I've always been extremely fascinated with outer space and the cosmos. I probably would've become an astrophysicist ... or some sort of job that involved studying the universe. Sometimes I think being a veterinarian is such a small scale of work when you think of how big the universe is ... but then again there is a place for it in this world that is just as important.

## VET CONFESSIONS

Awesomely entertaining Internet time-suck

Meaningful reflection on life as a vet



Um, what are we talking about? If you're still in the dark, scan the code or get thee over to [dvm360.com/vetconfessionals](http://dvm360.com/vetconfessionals) to see the confessions and read more about this inspiring project. Want the real deal? See the Vet Confessionals booth live at major veterinary conferences around the country, including, of course, CVC. Go to [theCVC.com](http://theCVC.com) for more.



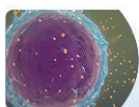


# MONOCLONAL ANTIBODIES:

## A New Treatment Option For Canine Atopic Dermatitis

**Monoclonal antibody therapy is the fastest growing therapeutic area in human medicine. In recent years, research has focused on how these therapies can be translated to animal health. Specifically, Zoetis has invested in bringing an innovative biological therapy to the treatment of canine atopic dermatitis.**

While many therapeutic options are available for canine atopic dermatitis, there is room for improvement. Dog owners are seeking treatments that allow greater flexibility to suit their needs and lifestyles—and with few side effects. Treatment protocols may need to be customized for dogs suffering from an acute condition compared to dogs with seasonal allergies or those affected year-round. Special consideration may need to be given to dogs with atopic dermatitis that are under 12 months of age, those already on medications (such as NSAIDs) that limit additional therapies or those with co-existing diseases (such as neoplasia or serious infections) that may impact therapeutic options.



**Harnessing the power of the immune system**

Monoclonal antibodies (mAbs) are developed in a laboratory from a single cell line and, when administered to patients, target and neutralize specific antigens. Unlike some biological therapies such as vaccines, mAbs mimic the activity of the animal's own naturally produced antibodies without provoking an immune response from the host.

### Stopping the itch cycle before it starts

To create an effective mAb therapy, you first have to determine the specific target(s) of most relevance to the disease process. Research over the past decade has shown that cytokines play an important role in the cycle of itch and inflammation in canine atopic dermatitis. Cytokines are proteins produced

by cells that act as messengers between cells to promote and drive allergic inflammation.

Research at Zoetis has focused on the pruritogenic cytokine interleukin (IL)-31. A key function of IL-31 is to stimulate the neuronal itch pathway by activating peripheral sensory nerves in areas of allergic dermatitis. Additionally, the most recent research would suggest that IL-31 may have effects on the immune functions and its possible role in other inflammatory diseases.<sup>1</sup>

A study has shown that IL-31 can be identified in the serum of dogs with atopic dermatitis, but not in healthy dogs; and when IL-31 is injected into laboratory dogs, pruritic behaviors are induced.<sup>2</sup>

Through this research, Zoetis has discovered and manufactured an anti-IL-31 monoclonal antibody that will target and neutralize only this cytokine to rapidly and effectively help reduce clinical signs of canine atopic dermatitis. Because of the exquisite specificity in the targeting of IL-31, other cellular functions and immune responses are not adversely affected.

### Introducing Canine Atopic Dermatitis Immunotherapeutic\*

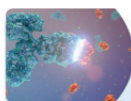
A conditional license from the USDA was granted to Zoetis in August 2015 for Canine Atopic Dermatitis Immunotherapeutic\*, a new treatment for canine atopic dermatitis. Veterinary dermatologists across the United States have since been using this product—an injectable monoclonal antibody that aids in the reduction of clinical signs associated with atopic dermatitis in dogs.

**“This is a first-of-its-kind antibody therapy in veterinary medicine to help break the itch cycle and provide relief for dogs that suffer from atopic dermatitis. It also helps pet owners enjoy their pets and avoid daily medications for itch relief,”**

said Andrew Hiller, BVSc, MANZCVS, Dipl ACVD, Veterinary Specialty Operations and Medical Lead Allergy, Dermatology at Zoetis. This anti-IL-31 mAb was initially developed in the mouse. However, mouse

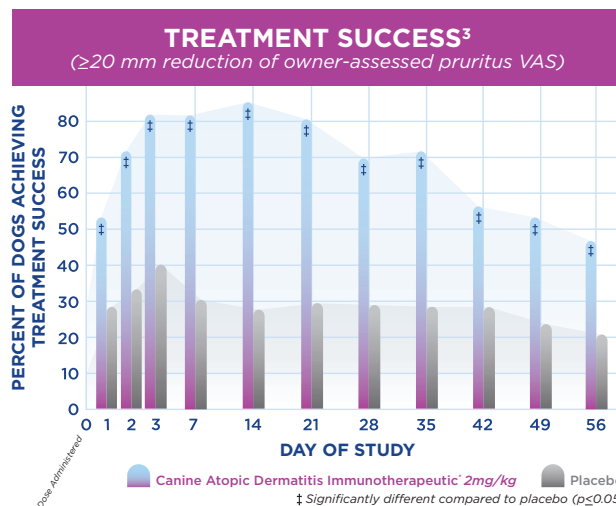


antibodies are recognized as “foreign” proteins by dogs and will be rapidly eliminated by the immune system, thus losing efficacy. This anti-IL-31 mAb has been engineered to mimic dog antibodies, a process referred to as “caninization.” As a result, the mAb is not seen as “foreign” and is accepted by the dog’s immune system, thus maintaining efficacy even when used repeatedly over the long term.

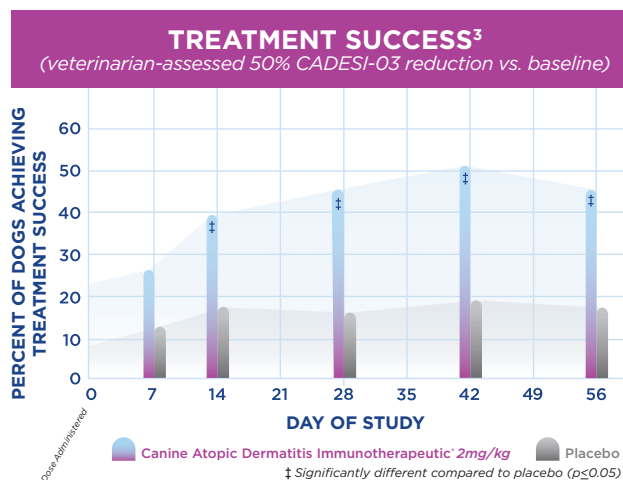


**Fast, safe and long-lasting relief for canine patients**

Once injected in the patient during an office visit, Canine Atopic Dermatitis Immunotherapeutic\* begins to reduce clinical signs of atopic dermatitis within one day. On average, patients will experience 30 days of relief of itch and the clinical signs of atopic dermatitis. Dogs may receive additional monthly treatments, as needed, for continued relief.



Along with itch relief, the mAb also leads to improvement in skin condition, giving the skin a chance to heal.



Canine Atopic Dermatitis Immunotherapeutic\* is safe for dogs of all ages. Since the mAb mimics the dog’s own antibodies, it is eliminated via normal protein degradation pathways that do not involve the kidneys or liver, thus avoiding potential side effects associated with traditional pharmacotherapy.

There are no known drug interactions or contraindications, thus the mAb can be administered with other common medications, including parasiticides, antibiotics, antifungals, corticosteroids, vaccines, allergen-specific immunotherapy, antihistamines and other antipruritics, such as oclacitinib and cyclosporine.

### Want to learn more?

Visit [canineantibodytherapy.com/vetted](http://canineantibodytherapy.com/vetted) for more information about how Canine Atopic Dermatitis Immunotherapeutic\* can help relieve the clinical signs of atopic dermatitis and improve the quality of life for dogs with atopic dermatitis as well as for their owners.

\*This product license is conditional. Efficacy and potency test studies are in progress.

<sup>1</sup> Cornelissen C, Lüscher-Firzlaff J, Baron JM, Lüscher B. Signaling by IL-31 and functional consequences. *Eur J Cell Biol*. 2012;91(6-7):552-566.

<sup>2</sup> Gonzales AJ, Fleck TJ, Humphrey WR, et al. IL-31-induced pruritus in dogs: a novel experimental model to evaluate anti-pruritic effects of canine therapeutics. *Vet Dermatol*. 2016;27(1):34-e10.

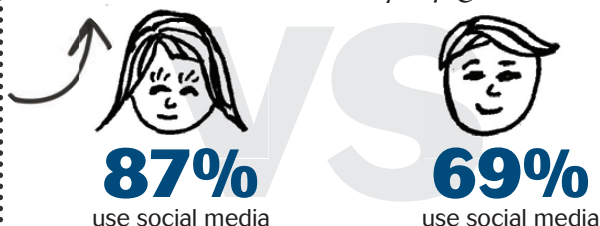
<sup>3</sup> Data on file, Study Report No. C863R-US-12-018, Zoetis Services LLC.

# SPECIAL REPORT: The brave new world of social networks

**80**  
percent

**of veterinarians use social media**, according to a new study conducted by the team at dvm360.com. Here's what your colleagues say about what they're using social tools to do, and how often they're logging in to their networks.

How does that vary by gender?



## How you're using social media

Educate and connect with veterinary clients

52%

Connect with veterinary peers

52%

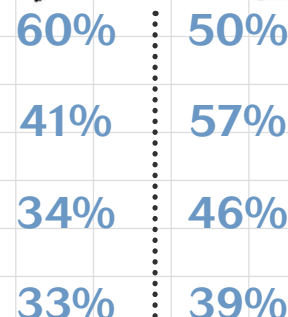
Get veterinary news updates

42%

Follow information sources about veterinary events

37%

How does that vary by gender?



## TOP 3 sites for professional social use

**70%**  
of DVMs say they use



**50%**  
of DVMs say they use



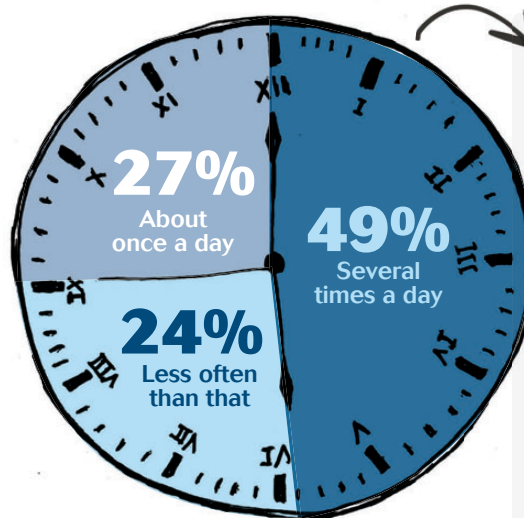
**46%**  
of DVMs say they use



### OPPORTUNITY KNOCKING?

**11% of veterinarians** say they use social media for practice recruitment, while **19% of team members** say they use social media for job searching.

## How often you're using social media



How does that vary by generation?

**65%**  
Millennials  
**54%**  
Gen X  
**37%**  
Boomers

Speaking of social media ... We're dvm360 and Firstline on Facebook, @dvm360mag and @firstlinemag on Instagram and @dvm360 and @Firstline on Twitter. See ya there!

Source: 2016 "What veterinarians think" study, by dvm360.com, which surveyed 1,200 veterinarians and veterinary team members in February.



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# Pavlov— ring a bell?

## A little learning theory for your exam room

**“I’m a veterinarian, not a trainer.” This might be true, but just like the laws of gravity, your patient will experience the effects of learning theory whether you’re aware of them or not.**

*By Jeannine Berger, DVM, DACVB, DACAW, CAWA, and Ariel Stephens*

**K**nowledge of animal behavior and learning theory is required in everyday veterinary practice to avoid injuries to staff, to provide good customer service and to practice welfare-centered medicine. We all want the best for our patients. We want them to succeed, and even more so, we want to succeed with them. When holding onto one end of a leash with a dog attached to the other end, a handler has to be aware that the dog is adapting its behavior based on the environment and circumstances. Intentions aside, your patients are constantly learning, whether the handler is aware of it or not.

Veterinarians have the power to significantly impact their patients’ stress levels and overall emotional and mental health by being aware of a few simple principles

of learning theory as they apply in their daily practice. While most trainers are focused on operant conditioning, we as veterinarians should be very aware of classical conditioning. Small changes in our own behaviors can make a huge difference in our patients’ experience at our clinic.

### **Does this ring a bell?**

You may remember learning about Pavlov in school. Classical, or Pavlovian, conditioning happens when a previously neutral stimulus (such as the sound of a bell) is paired with an unconditioned stimulus (such as food) that elicits an involuntary response (such as salivation). Sound complicated? Just remember that if the bell reli-





ably predicts food, then after a few pairings, the bell alone predicts something good to happen and elicits the salivation—no food is required.

## Here's the parallel in your clinic

The good news: No puppy or kitten is born with an innate fear of veterinarians—this is a conditioned response. (Sadly, we see the results of such conditioning every day in our exam rooms. A previously neutral stimulus of a trip to the veterinary clinic now elicits the prediction to a scary, dreaded place.)

The even better news: Classical conditioning works both ways. Wouldn't you rather be the predictor of "Yay, good things are coming my way!" in your patients' minds, instead of "Oh no, pain/discomfort is coming—defense mechanism please kick in fast!"

Every day, you have the opportunity to become the place of good things happening, even if you have to give vaccines or take rectal temperatures.

If you understand the simple, but not easy, principle of pairing a positive experience with a previously neutral stimulus, you can make every visit just a little bit better for your patients, your clients and yourself.

## Why you should care

The big picture: Behavior issues are one of the leading reasons that owners surrender their pets to shelters. If you can help the pets in your care experience less fear and stress and if you teach their owners about the power of training and positive associations, you can help keep the pets in the home. By using the power of classical conditioning coupled with low-stress techniques to your advantage, you'll also reduce the number of bites you see in your clinic, save money on things such as worker compensation claims, retain clients by helping reduce behavior-related euthanasias and surrenders, and have calmer, more efficient visits with your patients! Owners will respect and mimic your compassionate approach, strengthening their bond with their pets and making their relationship (and their patronage of your facility) longer-lasting.



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- ✓ 4 letters of recommendation

### STEP 2: APPLY

Candidates must complete and submit the program application through the VHMA.



Scan to application

### STEP 3: TAKE EXAM

Upon application approval candidates have two years to take the electronic examination offered through local test centers.

### STEP 4: CONTINUING EDUCATION

Once certified, CVPMs commit to ongoing continuing education standards.

## Make this YOUR year to shine as a CVPM

For complete information about the CVPM process, go to [www.vhma.org](http://www.vhma.org) or scan the QR code for pre-recorded informational webinar.



Veterinary  
Hospital  
Managers  
Association



## So what can you do with your *next* patient?

Don't loom over your patients. Instead, get down on their level and approach from the side. Let them make the first contact with you. Use quiet, happy talk and have plenty of very palatable treats (not the dry, hard dog biscuits) ready.

Time to put the thermometer you-know-where? Make it rain treats!

Injection time? Keep the treats coming!

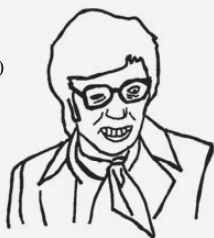
Remember, the number one cause of bites is fear. Dogs and cats in veterinary offices are often in pain or discomfort and will remember previous unpleasant experiences. A slow, gentle approach, paired with treats that elicit a positive emotional response from the animal, will help you get what you need to do done more efficiently, calmly, and with more positive long-lasting impacts, for you and your patients.

*Dr. Jeannine Berger obtained her veterinary degree in 1991 in Zurich, Switzerland. She attained board certification with the American College of Veterinary Behaviorists from UC Davis in 2007. In 2014, she attained board certification from the American College of Animal Welfare. Since 2011, she has been with the SPCA as director of behavior resources where she oversees all aspects of behavior within the society. Dr. Berger and her life partner, Jeff, live in Vacaville, California, with their dogs, cats, horses, sheep and chickens. Her hobbies include trail riding, hiking, skiing, and (red) wine tasting.*

*Ariel Stephens is the dog training program manager at the San Francisco SPCA. She has a bachelor's degree in animal science from the University of Massachusetts and has been working in animal rescue and welfare for the past eight years. She lives in Oakland, California, with three cats, plotting to move somewhere dog-friendly soon.*

### OH, BEHAVE

Get pets (and their owners) in check. View a selection of behavior modification products from top companies at [dvm360.com/ohbehave](http://dvm360.com/ohbehave).



# Don't half-ass your trainer recommendations

**Is your veterinary team giving dog trainer recommendations without even realizing it?**

*By Melissa Spooner, LVT, VTS, BS, KPA-CTP*





When clients see those brochures for local dog services that litter your reception counter, they perceive them as recommendations and referrals, whether they're for a doggy daycare, a trainer or any other pet service. So treat them as recommendations! Ask yourself:

- 1 **Is the person/business/facility professional?**
- 2 **What does your gut tell you about the business or businessperson?**
- 3 **If it's a dog trainer, does he or she use positive reinforcement and reward-based techniques?**
- 4 **If it's a dog trainer, is the person a good teacher? Does he or she explain information in a way that others can receive it? The ideal trainer will ask their clients how they learn best—by videos, verbally, by reading or with visuals, for example.**

Finally, remember that your clients will consult Dr. Google. You can't stop them but you can direct them to the sources you trust for advice.

*These insights were provided by Melissa Spooner, LVT, VTS (behavior), BS, KPA-CTP, a technician with Leader Dogs for the Blind in Rochester Hills, Michigan.*

## The punisher

Punishment teaches an animal what you don't want it to do but fails to teach it what you expect of it. Scan the code below or visit [dvm360.com/punish](http://dvm360.com/punish) to download this handout on what methods pet owners can use that work better than punishment.



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# How ultrasound-guided biopsy is like a classic martini

Here's a Q&A on ultrasound-guided samples and aspirates from Tod Drost, DVM, DACVR, who recently addressed CVC attendee questions about bowel samples, lesion quality, hemorrhage and more.

**A**fter a CVC session instructing attendees on how to collect ultrasound-guided samples and aspirates, veterinary radiologist Tod Drost, DVM, DACVR, of Ohio State University, entertained a host of questions from the audience. Here's your chance to eavesdrop.

## **Q. How would the type of lesion affect whether you would sample it?**

"Solid lesions are probably not going to be a problem. One challenge is a cat with hepatic lipidosis. Those livers tend to be more friable and prone to bleeding. I'll ask the clinician, 'How important is it to luse this sample[?] to find out?'"

We often have a lot of information before we aspirate to say the cat has hepatic lipidosis.

"Another challenge is a big cavitated lesion; if it's a spleen, we might not. One reason we wouldn't is, if it turns out to be a hemangiosarcoma or a hematoma or a hemangioma, we're going to remove the lesion. We don't sample it, we just realize we need to take it out. If I have to sample a cavitated lesion with fluid, I'll try to find somewhere on the edge where there's less."

What's this archetypal cocktail got to do with obtaining a diagnostic sample?

**Read on.**

Make it a double!

**Q. How many patients have hemorrhage that is significant?**

"I would say less than 10 percent. We try to cull them before. Some animals we don't immediately sample, because they have a coagulopathy or the blood work's bad or they have very low platelets. We'll try to get that problem under control, then I'll come back and try then."

**Q. How do you sample the bowel?**

"Yeah, the bowel is not really fixed in place very well. Sometimes I get my needle right up against it and the bowel starts swimming away from me. That gets to be very frustrating. What I do is, I get the needle right up against it and do a sharp, quick thrust instead of a slow, deliberate one. Once I've gotten the needle in it, it's analogous to a toothpick in an olive in your favorite beverage—you just need to attach something to use the suction method."

**Q. Will you aspirate lung?**

"If I can see a lesion, I'll go ahead and stick a needle in it if I know it's right up against the body wall and the chance of introducing air into the pleural space is much less. When I was a resident at North Carolina State, one of the oncologists I worked with said, 'Tod, how do I treat this lung disease if I don't know what it is?' I was like, 'I don't know.' Then he asked, 'How do I treat a pneumothorax?' I said, 'Well you stick a tube in it ...' He interrupted, 'I know how to treat a pneumothorax, no problem. So if you give him a pneumothorax, I can handle that. But I need to know what it is.' Obviously if I can't see the lesion sonographically, if it's surrounded by gas, we'll take those animals to CT. If I aspirate lung, most of the time we do introduce a little bit of gas, so we watch those animals and they usually compensate and reseat and eliminate that air on their own."

**Q. Do you ever get asked for more cells because you didn't get enough in the sample?**

"Honestly, no. I would say 10 to 15 percent of the time, they'll want me to resample it. They say, 'A 25-gauge needle—that sucker's pretty small!' No, it does a nice job. If I need to resample, then I'll choose a 22-gauge needle."

**Q. How do you choose which nodule to sample within structures?**

"Liver's a common one. One of our assumptions is, all the nodules are the same thing. I don't know if that's true or not. Most of the time, I hope it's true, because we don't sample them all. How do I choose which one to sample? The one that's closest. I do prefer to use the left liver, because the gallbladder lives in the right. I'd like to stay as far from the gallbladder as possible."

Drink up more advice with "I have an ultrasound machine. How do I aspirate stuff?" at [dvm360.com/aspiratestuff](http://dvm360.com/aspiratestuff).



# Vets and techs: Serve up ultrasound together

**A**ccording to Anthony Pease, DVM, MS, DACVR, having veterinary technicians perform ultrasounds just plain makes sense on several levels.

Most states allow licensed veterinary technicians to perform them as part of performing a medical service as long as a veterinarian is present. So while the veterinary technician is taking images, the doctor can see other patients. This leads to (see where this is going?) increased revenue for the practice and potentially greater earnings for everyone involved.



## Biggest hurdle

Ultrasound is a technical skill, says Dr. Pease.

There are 12 organs in the abdomen, and they're always in the same spot. The hard part is recognizing normal vs. abnormal. If you can't recognize abnormalities, you'll never take a picture of them. While it can be difficult to find time to practice taking ultrasounds of normal animals, Dr. Pease says it's key for establishing a baseline reference for what's normal and what isn't. For example, if you know what a normal liver looks like and you come across a liver mass, you're going to stop and think, "That's the worst case of 'whatever-it-is' I've ever seen!" and take a picture.

## Not my job

The best part about performing ultrasound as a technician? You're never wrong. While you may be asked what something is on an ultrasound, you never have to make a diagnosis. "The liver looks strange" is as detailed as you need to get.



## Learn it live

At CVC San Diego, Dr. Kathy Spaulding will be lecturing on ultrasound of the thorax, bladder, lymph nodes, musculoskeletal system and adrenal glands. Plus, there's a full-day abdominal ultrasound lab. Visit [thevcv.com/sd](http://thevcv.com/sd) to learn more and register.



## ULTRASHOPPING

To scope out the ultrasound products and accessories that you might want to skewer for your veterinary practice, visit [dvm360.com/ultrasoundproducts](http://dvm360.com/ultrasoundproducts).

“

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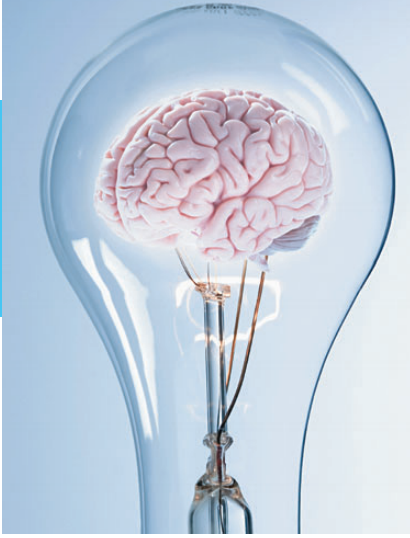
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# HELPFUL STUFF

## Bright idea: Try giving sets for foreign body removal

Thin, linear intestinal foreign bodies can be tricky to remove, as excessive traction can end up tearing them into small pieces. But rather than making multiple incisions to remove small segments of embedded material, I've found it's often possible to free up much larger segments using lengths of plastic giving sets.

First, tie a knot between the free end of the foreign body and a couple of feet of nylon or other firm suture material, then feed the suture material through the length of the giving set. Next, gently advance the giving set along the foreign body to free it from the intestinal wall. Using this method, I've been able to manage most foreign bodies of this kind through a single enterotomy incision.

—Stuart Fitzgerald, MVB, MANZCVS  
Thurles, Ireland



## 'Ugh—why does my dog always pull on the leash?'

**Help your clients understand this normal behavior in dogs—and how to fix it.**

"Dogs are social creatures living in inconsistent and confusing social systems where inadequate attention to their social needs is the norm."

E'Lise Christensen, DVM, DACVB, dropped this sobering statement during her recent CVC presentation on unruly behavior in dogs. The very definition of "unruly behavior" is normal behavior that owners don't like. One example she discussed is pulling on a leash, which is one of the more difficult habits to fix. Factors involved include:

- People walk too slow for a dog's natural pace.
- The world is much more interesting than staying by the owner's side.
- To fix it, both the owner *and* the dog must be patient and have good impulse control. (We did mention this behavior is a hard one to fix, right?)

Here are some basic interventions for owners facing this problem: Try a head halter, a harness that attaches at the front of the dog (don't use one that attaches at the back; Dr. Christensen says this enhances a dog's desire to pull) or even a leash that goes around the client's waist. Clients can also reward the dog with a treat every few steps while the dog is walking at an appropriate distance from the owner. And they should walk faster and keep the walk interesting. How? Allow the dog to periodically stop and sniff.

"To never allow a dog to sniff on a walk is denying a dog's primary sense of the world," says Dr. Christensen. Letting them get a noseful once in a while is one small way you can restore a little of dogs' denied social needs.



Dr. E'Lise Christensen will be speaking at CVC San Diego on this topic, along with thunderstorm phobia, redirected aggression and more. Visit [thevcv.com/sd](http://thevcv.com/sd) to register.





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#### IMPORTANT SAFETY INFORMATION:

Do not use REVOLUTION on sick, weak, or underweight cats. Use only on cats 8 weeks and older. Side effects may include digestive upset and temporary hair loss at application site with possible inflammation. In people, REVOLUTION may be irritating to skin and eyes. Wash hands after use. See Brief Summary of full Prescribing Information on page 22.

\*VetInsight<sup>™</sup> Analytics January 2016. Zoetis data on file.

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# revolution® (selamectin)

## Topical Parasiticide For Dogs and Cats

### BRIEF SUMMARY:

See package insert for full Prescribing Information.

### CAUTION:

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

### INDICATIONS:

Revolution is recommended for use in dogs six weeks of age or older and cats eight weeks of age or older for the following parasites and indications:

#### Dogs:

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

#### Cats:

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

### WARNINGS:

**Not for human use. Keep out of the reach of children.**

**In humans, Revolution may be irritating to skin and eyes.** Reactions such as hives, itching and skin redness have been reported in humans in rare instances. Individuals with known hypersensitivity to Revolution should use the product with caution or consult a health care professional. Revolution contains isopropyl alcohol and the preservative butylated hydroxytoluene (BHT). Wash hands after use and wash off any product in contact with the skin immediately with soap and water. If contact with eyes occurs, then flush eyes copiously with water. In case of ingestion by a human, contact a physician immediately. The material safety data sheet (MSDS) provides more detailed occupational safety information. For a copy of the MSDS or to report adverse reactions attributable to exposure to this product, call 1-888-963-8471.

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

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

### PRECAUTIONS:

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

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

### ADVERSE REACTIONS:

#### Pre-approval clinical trials:

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

#### Post-approval experience:

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

### SAFETY:

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

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

**CATS:** In safety studies, Revolution was applied at 1, 3, 5, and 10 times the recommended dose to six-week-old kittens. No adverse reactions were observed. The safety of Revolution administered orally also was tested in case of accidental oral ingestion. Oral administration of the recommended topical dose of Revolution to cats caused salivation and intermittent vomiting. Revolution also was applied at 4 times the recommended dose to patent heartworm infected cats, and no adverse reactions were observed.

In well-controlled clinical studies, Revolution was used safely in animals receiving other frequently used veterinary products such as vaccines, anthelmintics, antiparasitics, antibiotics, steroids, collars, shampoos and dips.

### STORAGE CONDITIONS:

Store below 30°C (86°F).  
**HOW SUPPLIED:** Available in eight separate dose strengths for dogs and cats of different weights (see **DOSEAGE**). Revolution for puppies and kittens is available in cartons containing 3 single dose tubes. Revolution for cats and dogs is available in cartons containing 3 or 6 single dose tubes.

NADA 141-152, Approved by FDA

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## I just can't quit my bad job

You gripe about it every night at dinner. You've imagined countless dramatic ways to quit (and even fantasized a bit about how the whole practice will come to a screeching halt when you do). But you just can't seem to quit that miserable, toxic, no-good job. Why?

Short answer? Self-esteem, says Shawn McVey, MSW, the veterinary profession's self-appointed therapist and life coach. Long answer? "We don't change until we're in enough pain. So what's familiar, even if it's dysfunctional, is better than what's scary," he says.

Of course, some team members don't have too many options. Considerations such as education level, work history and family obligations can all make it difficult to leave a bad job—especially for the risk-averse. But McVey cautions veterinary professionals to consider their own happiness as just as important a factor as any other consideration.

The other reason people don't leave, McVey says, is that they get promoted financially—even if it's small and after many years—and they find out that if they leave their practice and start over again, they'll probably go back to a starting salary. "That's another reason people put up with a lot of crazy," McVey says. Scan the code to listen to our podcast featuring McVey (or visit



[dvm360.com/mcveypodcast](http://dvm360.com/mcveypodcast)). In it McVey discusses more on when you should quit (and how to be emotionally mature enough to do it) and how he's managing his own painful transitions with a struggling practice he recently purchased.

## Can you save parvo patients without that expensive hospital stay?

How often do you have clients who can't afford the hospitalization required to save their parvo puppy? Since those first few days of intensive care are so vital to survival, it can put these clients in a heart-rending spot. Justine Lee, DVM, DACVECC, DABT, says a new outpatient protocol from Colorado State resulted in survival rates (80%) almost as high as hospitalized treatment (90%). Visit [dvm360.com/parvoupdate](http://dvm360.com/parvoupdate) for more.



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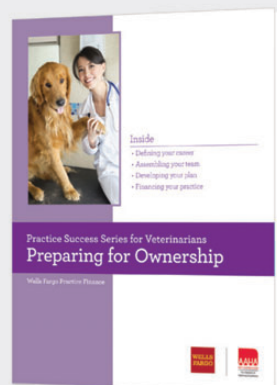
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2956-0516-DVM 360



## DIY: Service stations for your practice

From teensy tweaks to projects for the weekend warrior, these seven practice improvements will boost your clients' experience at your hospital.



### 1. Flag your doors

Need a simple signal to show whether an exam room is occupied? Bigger Road Veterinary Center in Springboro, Ohio, added mailboxes to their exam room doors. They simply raise the red flag to show the room's occupied.



### 2. Light it up!

If you're looking for a louder signal, you can use night lights to signal a client's waiting—and never forget a client in the exam room again. "I took a power strip and plugged in four night lights. I labeled each night light and have the receptionist turn on the light when someone is in the room. The technician turns off the light when the client has left the room," says practice manager Lori Woods, MBA.

### 3. Turn a bench into a DIY cat trap

The best part: Cats love it! With a few simple modifications, you can create this comfortable cat retreat that's built into a bench in the exam room like this one from Tender Touch Animal Hospital, an AAFCP Gold Level Cat Friendly Practice in Denver, Colorado. Check out the instructions here: [dvm360.com/diycattrap](http://dvm360.com/diycattrap).



### 4. Create a relaxation station for cats with pheromones at your front desk

See Chris Reilly, a customer service representative at Bigger Road Veterinary Center in Springboro, Ohio, demonstrate how she uses a feline pheromone station to greet and calm cat patients (and clients!) who visit their veterinary practice at [dvm360.com/relaxation](http://dvm360.com/relaxation).

### 5. An IKEA hack: Create a kitty parking area

IKEA's article number 103.057.41 is an eight-compartment Kallax shelving unit, available in eight colors, for \$90. "It's not only just the right height to keep cats above the line of vision of most dogs, but it's very easy to clean and has cubbies that hold IKEA boxes (also very reasonably priced) where you can store children's toys and books, along with clean towels to cover the cat carriers," says Dr. Paige Garnett of Care Animal Hospital, an AAFCP Gold Level Cat Friendly Practice in Arvada, Colorado. Check out the full instructions here: [dvm360.com/IKEAhack](http://dvm360.com/IKEAhack).





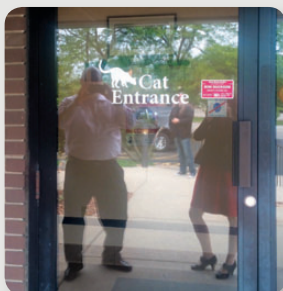
## 6. Add a cat tree to your exam room

Cats are litter-ally climbing the walls at Cary Street Veterinary Hospital in Richmond, Virginia. That's because the veterinary team added an over-the-door cat tree in their feline exam room. Purr-haps you're worried about the climber's over-the-

door location. To avoid cat-astrophes, they mounted the climber on the exam door that leads into the lobby—not the door to the treatment area, where the veterinary team enters and exits. This way kitties enjoy their catwalks undisturbed.

## 7. Got two doors? Label one cat-only

Kitties will appreciate their exclusive dog-free entrance, and cat owners will enjoy the opportunity to enter without scooting past the overly friendly Lab who wants to give their kitties kisses through the carrier door. (Pictured above: Bigger Road Veterinary Center's first location in Kettering, Ohio.)



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## Just finished a bigger project?

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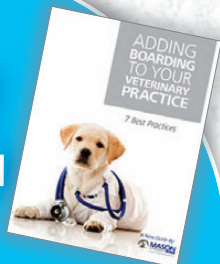
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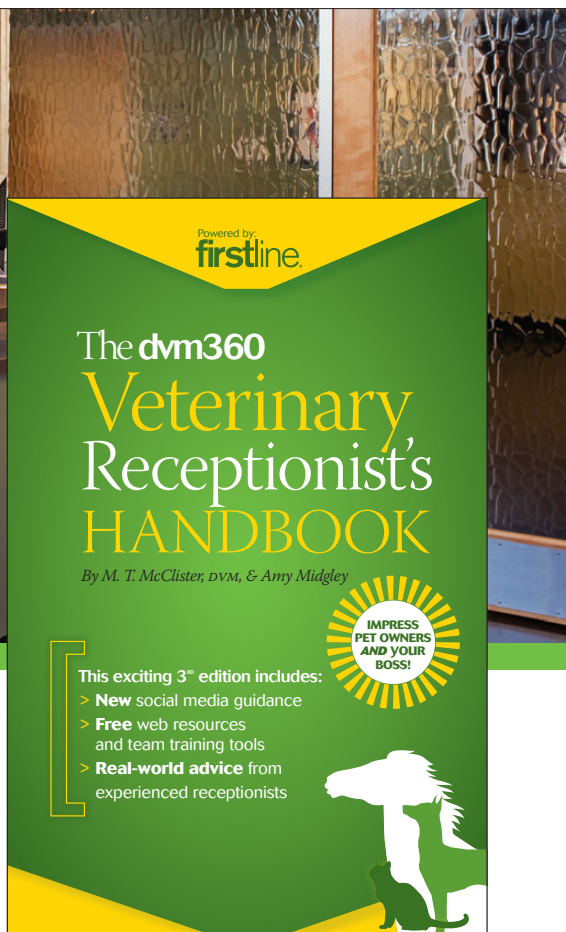


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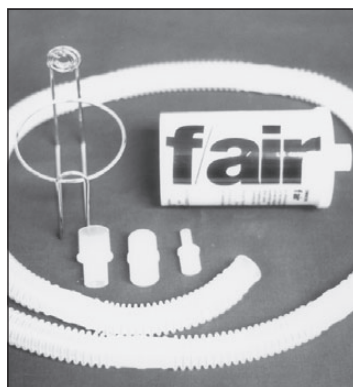
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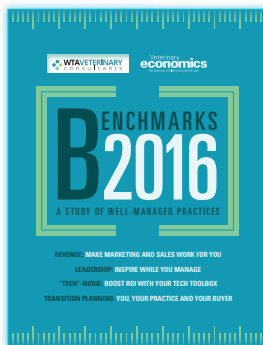


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On second thought, don't, because it's a downer. Instead, scan the code or go to [dvm360.com/protectmyrep](https://dvm360.com/protectmyrep) for five ways to protect your online reputation. No time for that? There's a product that might help at [dvm360.com/review](https://dvm360.com/review). Finally, we get that this is emotional. If feeling discouraged about how clients view you is starting to affect your communication, check out Dr. Kimberly Pope-Robinson's upcoming CVC San Diego session, "How to manage emotions in tough conversations with clients." Details are at [thecvc.com/sd](https://thecvc.com/sd).



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