



CANADA'S VET TECH NEWSMAGAZINE

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## Getting puppies started off on the right paw <sup>CE</sup>



By Jessica Benoit, RVT, CPDT-KA,  
Certified Fear Free Professional

There is a misconception in parts of the veterinary and animal training world that it's safer to keep puppies away from other puppies, and even from going outdoors, until they are fully vaccinated. This thinking stems from the potential for them to contract diseases. I am not saying it is impossible for a puppy to contract diseases from other puppies, but if the dam and puppies are healthy and they are on a modern vaccine protocol, the risk of contracting disease is very low. A guide dog program with 24,000 puppies began a vaccine protocol at 6 weeks of age, and the puppies were re-vaccinated

**Puppies continues on page 4**



Kimberly Hutton, RVT, and Rollo  
Brockville Animal Hospital

Photo courtesy of: Julia Patrick Photography

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## Toxic avenger: Your dog ate what? <sup>CE</sup>

By Amy M. Oliver, LVT, VTS (ECC)

When it comes to pets, one thing that can always be counted on as veterinary professionals is the call from a frantic owner that their dog or cat has eaten something they should not have and they do not know what to do. Starting with a concise exposure history and quick physical examination, the initial approach to any intoxicated patient should be to focus on and treat the symptoms regardless of toxin. Symptomatic treatment is sometimes the only option. Knowing what the pet has ingested only helps guide treatment of toxicities if there is a known antidote.

### Decontamination

There are many decontamination techniques used in the emergency room. Emesis induction is one of the most common for patients presenting within 2-4 hours after ingestion of a known toxin. This is most safely performed by administering apomorphine (0.02-0.04mg/kg) IV in dogs or xylazine (0.44-1.1mg/kg) IM or SQ in cats. Oral administration of hydrogen peroxide can cautiously be administered PO but is only recommended in those rare situations where an owner cannot reach a veterinarian

**Toxic avenger continues on page 5**

## Tips and tricks for successful client compliance

Dermatologic disease is often chronic in nature and often requires multiple diagnostic tests, treatments and many in clinic visits, said Dr. Charlie Pye, DVM, DVSc, DACVD, speaking to vet techs at the Atlantic Provinces Veterinary Conference. This inherently brings with it frustration and decreased client compliance over time, she added. Dr. Pye shared some ways to help increase client compliance and education that she uses in her practice - ways in which, as technicians, you can help your patients and clients.

### The diet trial

A) The dreaded 'no treats' talk

- Only items on the ingredient list can be given
- Sometimes there are treats available for clients to give to their pet

### *Stress why we have to be restricted during the trial*

B) Handouts can be used and sent home to review all the do's and don'ts of a diet trial

**Client compliance continues on page 7**





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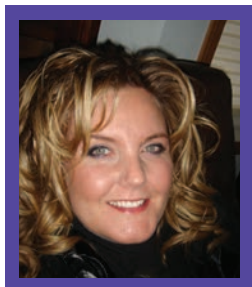
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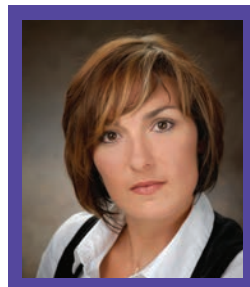
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VET  
Tech

## CANADA'S VET TECH NEWSMAGAZINE



Karen Tousignant  
Publisher, Director of Sales  
karen@k2publishing.ca



Jason Praskey  
Art Director  
praskeydesign@gmail.com

Other information, including change of address: info@k2publishing.ca

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**Telephone:** 905-607-7338 **Fax:** 905-607-0181

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## Life of a Vet Tech

### Soaking up the good days, and making a difference!

As a young Registered Vet Tech only a few years out of school, like so many, I've had to face many challenges of the career. From refining basic skills, to learning on a more personal level how to remain emotionally stable, we get hit with it all. It's a roller coaster that we all take, though everyone's ride is different!

A regular day for me starts at 7am with taking care of any hospitalized patients: walks, meds and food. If all goes routine, I can follow up with any other husbandry duties. Client interactions begin at 8am. It is my job to admit all surgery patients. These can vary from cats, dogs and, sometimes, even bunnies! Usually the surgeries are routine spays and neuters, but sometimes they can be very interesting.

In my first year in clinic, I got to be apart of 5 cystotomies, 6 splenectomies, 4 enucleations, and more than enough exploratories to go around.

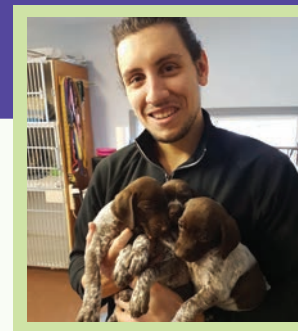
All surgical patients have vitals taken and pre-anaesthetic blood work done, before getting pre-medicated. If all results are within normal limits, and the surgeon approves everything, I can finally sedate. After sedation, it's time for the IV catheter and induction. Induction is where things get serious. At this point, the patient's life is entirely in my hands. Nothing is routine at this point because anything can happen. As soon as the endotracheal tube is placed, it's my responsibility to keep the animal under a surgical plane of anaesthesia, while the veterinarian is performing surgery. Finally, providing everything went well during surgery, the patient may be recovered. This sounds like a relieving step, and it is, but can be stressful. This is where the animal comes from an unconscious to a conscious state. As soon as the patient has been extubated, and has a

temperature within normal limits, I can relax, for a little while at least.

After lunch, my day can take a 180-degree turn. I may have to take radiographs, restrain an animal, perform diagnostic lab tests, and squeeze in a nail trim a few minutes into our shift starting again. That isn't easy on the back! Although things can get very hectic on any given day, I've learned there are certain things you have to do to remain healthy if you hope to last a long time in this profession. I think it's important to remind myself to really soak up the good days; to enjoy those darn cute puppies and kittens, smile a lot, and be resilient.

Thick skin, passion and a lot of hard work are essential for RVTs. That's how we continue to grow as a profession, and as people. Things can get physically and emotionally exhausting, and we know that. It's okay to be emotional sometimes, and we all deal with that differently. Personally, I prefer to bottle everything up until I can't handle it; I then have an emotional evening. Then get back to it. It's what works for me. It is so important to recognize how to deal with these emotions, so we can move forward and know things always get better.

At the end of the day, emotions are just one of the many walls I climb over during a day. I, like my colleagues, truly love what I do and thrive off of knowing that I am making a difference. The exhausting work is worth every moment after learning that little fluffy with the poor prognosis gets to go home feeling better. That's why we're here, and that's why we wouldn't change our career for anything else in the world.



Kevin Valdes, RVT

#### Puppies *continued from page 1*

every third week until 12-16 weeks of age. Of those 24,000 puppies, less than 6 puppies became ill, although they all had exposure to multiple environments, people and stimuli throughout this the period (Overall, 2013).

The position statement from the American Veterinary Society of Animal Behavior (AVSAB) states, "...the American Veterinary Society of Animal Behavior believes that it should be the standard of care for puppies to receive such socialization before they are fully vaccinated. Incomplete or improper socialization during this important time can increase the risk of behavioral problems later in life including fear, avoidance, and/or aggression" (AVSAB, 2018).

A puppy's sensitive period occurs between 3-12 weeks of age (Overall, 2013). This is the most important developmental period of a dog's life. They need to be exposed to the world, albeit, in a slow, controlled and positive way - but it cannot wait. If your clinic does not offer puppy classes, or have a vet tech with a special interest in behaviour, recommend trainers who are qualified and who support positive, science-based methods of training from the following certifying bodies:

- Certification Council of Professional Dog Trainers (CPDT, CBCC)
- Karen Pryor Clicker Training Academy (KPACTP)
- International Association of Animal Behavior Consultants (IAABC)
- Jean Donaldson's Academy for Dog Trainers
- Fear Free Certified Trainers

It is important to identify red flags that can alert dog owners, veterinarians and veterinary technologists to trainers' philosophies or methods that are not congruent with veterinary behaviour science. The most common of these are:

- 'Positive reinforcement' trainers who refuse to use treats, or whatever primarily motivates any given dog as an individual.
- Trainers with self-appointed titles such as, but not limited to, 'behaviouralist', 'behaviorist', 'dog behaviour specialist', and 'dog psychologist'.

- Trainers recommending that owners take on a 'pack leader' mentality or who refer to human family members as the dog's 'pack', or 'alpha'.
- Those who promote the use of potentially traumatic and archaic training tools such as choke collars, whale tails, prong collars, and shock collars.
- Trainers who use positive reinforcement but also ensure that the dogs are 'balanced' by incorporating forms of punishment and correction which cause stress to the dogs and the owners.

Ideally all classes—both private and group—would be audited prior to referral. If a referral is necessary, ensure that the owner is directed to a small puppy class; generally less than 8 puppies is recommended, with two instructors. Clean and controlled classes are structured; puppies and people are relatively calm throughout the class and puppy playtime is short and successful. Separate learning areas are crucial, as it is difficult for puppies to focus with the distraction of people and other puppies. Human-only orientation prior to class is helpful to allow owners to understand expectations set out for themselves and their puppies.

In addition to puppy class, or for puppies that are not thriving in a puppy class setting, owners can do the following to help set their puppy up for success:

1. Set up play dates with vaccinated, socially normal puppies and calm adult dogs.
2. Train the puppy using rewards to help develop a strong bond.
3. Take the puppy for short, successful walks. These walks should be training walks, as every opportunity is a chance for a puppy to learn. Manners on-leash, if not taught at a young age, can develop into frustration and even reactivity over time.
4. Visit calm and controlled environments, a friend's house for example, with small children who are well behaved. This exposes the puppy to children in a controlled manner rather than taking them to a playground and having multiple little hands trying to interact with them all at once.



One of the biggest concerns during the puppy's developmental period is understanding the difference between flooding and exposure. Puppy classes should always involve controlled, positive, stress-free exposure that enables them to learn successfully. However, flooding involves prolonged exposure to worrisome stimulus at a level that provokes the stress response. (Overall, 2013) For example, flooding can easily occur when well-meaning owners take their puppies to the dog park to socialize them with other dogs. Often, it is overwhelming for a puppy to be exposed to multiple dogs in one area, and those dogs may not all be socially normal. The same stressful responses can occur in other high-volume areas, such as visits to the pet store and attending daycares that do not have a separate, low volume puppy area and allow frequent breaks from play throughout the day.

It's important for veterinary staff to be aware that flooding can also occur during the puppy's first veterinary visit. To ensure that our puppy patients will want to come back to the veterinary clinic time and time again, the following recommendations can be implemented:

- All staff should be trained to recognize fear, anxiety and stress in dogs (Becker, 2017)
- Treats! There is no such thing as too many treats at the veterinary clinic. If the puppy is exhibiting fearful or anxious behaviour, (lip licking, panting, averting gaze, hyper-vigilance, or not taking treats), consider increasing the value of treats being used. Hot dogs, peanut butter, baby food, and Cheese Whiz are often popular choices.
- The scale should always be covered with a non-slip surface. Allow the puppy to be lured onto the scale with treats rather than being pulled onto the scale or picked up and placed on. If they are hesitant, place a trail of treats leading up to and onto the scale.

- Ensure that the exam table is covered with a non-slip surface.
- More treats! Throughout the veterinary exam and vaccines, the puppy should be given treats to make a positive association with the veterinary clinic environment and veterinary husbandry.
- If you are working with a puppy that is more motivated by toys, give regular short play break sessions between procedures.
- Teach all owners in the first visit to recognize and manage signs of fear, anxiety, and stress (Becker, 2017)
- Recommend 'Happy Visits'. These are when clients and their puppy are welcome to come by the clinic, explore the environment and get treats from the staff.

To be successful during this period of development, the veterinary staff should be advocates for the puppy. Not every interaction is going to be stress-free, but teaching owners to recognize signs of stress and to remove the puppy from stressful situations is paramount. If owners are ever concerned by their pet's behaviour in a puppy class or otherwise, they should be encouraged to seek advice from their veterinary team.

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## Toxic avenger *continued from page 1*

within a reasonable time and the pet's life is in immediate danger. Emesis induction does not eliminate the need for treatment and supportive care due to the fact that it only evacuates a portion of the stomach contents. Emesis is contraindicated in those cases who have ingested petroleum products, strong acids, and strong alkalis due to the risk of aspiration and chemical burns of the esophagus. It is also not recommended in patients with an altered mental status, decreased gas reflex, seizures, or history of megaesophagus or laryngeal paralysis due to a likely risk of aspiration.

Gastric lavage is used in those patients where emesis is contraindicated or unsuccessful. They are placed under general anesthesia and intubated appropriately to protect the airway. While positioned in lateral recumbency, the largest rubber tube for the patient should be measured and marked at the last rib for a reference point and passed into the stomach to the mark. Placement is confirmed by palpation in smaller patients or by visually verifying gastric contents in the tube. Warm water (5-10ml/kg) should be pumped into the stomach and allowed to passively drain out. Passing a stomach tube can sometimes cause trauma to the esophagus, pharynx, or stomach so care should be taken in haste. Aspiration is also still possible, though much less likely while intubated.

After emesis or if the exposure happened several hours before presentation, conscious animals can be administered activated charcoal (1-4g/kg.) This carbon-based liquid is usually combined with a cathartic such as sorbitol to speed passage of toxins in the gastrointestinal tract for quicker elimination. Repeat doses of a cathartic can cause diarrhea so it is usually limited to the first administration and repeat doses are administered without sorbitol. Activated charcoal is most effective if administered within an hour of toxin ingestion and multiple doses are usually required due to prolonged elimination of many toxins. However, it is important to note that not all toxins will bind to activated charcoal.

Lipid emulsification is a newer decontaminant in veterinary medicine, but has been established in human medicine for many years. Recommended doses are the begin with a 1.5mL/kg bolus over 15 minutes, then a continuous rate infusion of 0.25mL/kg over 1-2 hours. It is highly effective in cases where a known toxin is lipid soluble such as many human prescription medications, ivermectin, pyrethrins, and marijuana just to name a few. Many lipid preparations available are isotonic and are administered through in

intravenous catheter. Veterinary protocols are adapted from human medicine as is usually the case. Lipid infusions can be repeated if clinic signs persist, but it is contraindicated in patients with highly lipemic serum so a sample of blood should be spun down in the centrifuge to assess lipemia. Be aware that some therapeutic medications administered in hospital such as diazepam are also lipophilic and will be less effective in cases that receive lipid emulsification.

Intravenous fluid therapy is initiated in almost all toxicity cases to help flush the system and speed elimination of those that require renal excretion. The colon is very efficient in reabsorption so sometimes enemas are an important aid in decontamination. Continuous renal replacement therapy is sometimes needed for toxins that require renal elimination or those that may harm the kidneys such as ethylene glycol.

## Common toxicities

Rodenticides are common all over the world. There are different types of rodenticides and each is treated differently. Anticoagulants are the most common and are effective by inhibiting vitamin K causing bleeding several days after ingestion. There are two generations. The first generation includes warfarin and the toxic dose is 0.5mg/kg, while their duration of action is approximately 2 weeks. Second generation anticoagulants are toxic at 0.02mg/kg and have a duration of 3-4 weeks. Clotting times, namely PT and aPTT are a key indicator of ingestion. Treatment includes administration of vitamin K (3-5mg/kg/day), and in severe cases oxygen administration, fresh frozen plasma, packed red blood cells, fresh whole blood, and even autotransfusions are necessary. Another type of rodenticide is bromethalin. The toxic dose is 0.46mg/kg in dogs and 0.24mg/kg in cats. This toxin works by decreasing ATP production, which leads to hyperesthesia, tremors, seizures, circling, hyperthermia, CNS depression, and death. Many patients die within 24 hours of ingestion despite treatment. At lower doses, pets can show delayed signs or may seem only ataxic or paraparetic. Treatment includes decontamination techniques, critical nursing care, and symptomatic treatment of neurologic signs. Prognosis is poor in patients once signs develop. The last type of rodenticide is cholecalciferol or Vitamin D. The toxic dose is 0.1-0.5mg/kg. Cholecalciferol is metabolized to calcitriol causing a hypercalcemia. Treatment includes decontamination and close

monitoring of calcium and phosphorus levels. Normal saline is the fluid therapy of choice since sodium can increase excretion of calcium through the kidneys. Pamidronate can also be administered in severe cases to inhibit calcium reuptake in the bones.

Non-steroidal anti-inflammatories are readily available in human and veterinary medicine. Both human and veterinary drugs cause potential threat the dogs and cats. Toxic doses vary depending on the medication ingested. NSAIDs inhibit prostaglandin production which is important for gastrointestinal mucosal health and renal blood flow. Diarrhea, vomiting, gastric ulcers, and hematemesis can be seen in lower doses while renal failure and neuro signs can be seen at higher doses. Treatment includes decontamination and supportive therapy. Synthetic prostaglandins such as misoprostol should be administered as well as gastrointestinal protectants such as sucralfate and omeprazole for at least a week post exposure. Diuresis is also important with an isotonic fluid intravenously. Cats are 2-5 times more sensitive to NSAIDs than dogs.

**Table 1. Common human and veterinary NSAIDs with toxic doses for dogs and cats**

DRUG	GI toxic dose	Renal toxic dose	Other effects
<b>Aspirin</b>	Dogs 50mg/kg Cats 25mg/kg		Metabolic acidosis 300mg/kg
<b>Ibuprofen</b>	Dogs 25mg/kg Cats- any	Dogs 150-175mg/kg Cats 20-50mg/kg	Neuro signs 400mg/kg Lethal 600mg/kg
<b>Naproxen</b>	Dogs 5mg/kg Cats- any	Dogs 10-25mg/kg Cats any	Neuro signs 50mg/kg
<b>Meloxicam</b>	Dogs 1mg/kg Cats- any dose above label	Dogs 2mg/kg Cats 1.5x label dose	
<b>Carprofen</b>	Dogs 20mg/kg Cats 4mg/kg	Dogs 30-40mg/kg Cats 8mg/kg	
<b>Celecoxib (Celebrex)</b>	Dogs- any Cats- any	Dogs 40mg/kg	
<b>Deracoxib</b>	Dogs 15mg/kg Cats 4mg/kg	Dogs 20-30mg/kg Cats 8mg/kg	

Acetaminophen is a non-steroidal anti-inflammatory that causes toxic metabolites from the liver to be released into the body. This build up of toxins causes cellular death, which leads to multiple organ failure. Cats have a decreased ability to metabolize acetaminophen. This in addition to red blood cells that are more sensitive to oxidative damage from toxins in the bloodstream, cats are more effected than dogs. Acute signs in cats include methemoglobin formation causing an inhibition of oxygen carrying capabilities by the red blood cells and facial edema. Dogs can exhibit facial edema and are more likely to show signs of liver failure at high doses. Treatment includes decontamination, intravenous fluid therapy, gastrointestinal protectants, and other medications than encourage elimination. SAM-e or N-acetylcysteine are often used as free radical scavengers in these cases. Vitamin C can be administered to cats to convert methemoglobin to reduced hemoglobin. The toxic dose in dogs is 50mg/kg. Any dose is considered toxic in cats.

Pyrethrins are commonly used in insecticides. They work by stimulating the nervous system resulting in muscular activity and tremors/convulsions. Most toxicities in veterinary medicine occur due to application of topical flea medication, primarily on cats. Treatment includes bathing the animal to remove as much of the product as possible and supportive therapy for tremors and muscle spasms. More severe cases with sustained muscular activity may require a continuous rate infusion of propofol, methocarbamol, or phenobarbital to control convulsions. Lipids should be considered for decontamination in these patients.

Food products are common culprit of toxicities. Chocolate comes in many forms are toxic doses vary depending on the type ingested. There are many resources available on veterinary websites such as VIN to aid in quick assessment of toxicity based on body weight and amount consumed. Chocolate contains theobromine and caffeine, which lead to catecholamine

release leading to hyperexcitability with cardiovascular and neurologic effects. Tachycardia, arrhythmias, hypertension, tremors, and seizures are a few clinical signs. Treatment should include decontamination by emesis, intravenous fluid therapy, sedation if needed, and antiarrhythmics as indicated. Diuresis is important as reabsorption occurs in the bladder. Grapes and raisins are a commonplace in most households. Children are often guilty of feeding the family pet without knowing the consequences. The toxic dose of ingestion varies per animal. Some will only exhibit gastrointestinal signs while others go in to renal failure. Treatment recommendations include decontamination and diuresis since there is only a chance of toxicity in certain pets. Bloodwork should be monitored for kidney function and symptomatically treated.

Though not as common in recent years, xylitol is still a threat. The toxic dose is 0.1mg/kg and causes hypoglycemia that can be life-threatening. Xylitol is an artificial sweetener used in chewing gum, toothpaste, and mouthwash and is even found in some peanut butter brands and medication suspensions such as gabapentin. It is very important to read labels if a human drug suspension is ordered and used in a veterinary hospital. In dogs, it can cause an increase in insulin levels with subsequent drop in blood glucose levels resulting in severe hypoglycemia. At higher doses, xylitol has been linked to hepatic necrosis. Hypoglycemia can be seen within 30 minutes after ingestion due to the rapid absorption in the stomach. Emesis and activated charcoal are not very helpful in these cases. In asymptomatic cases, blood glucose monitoring while offering small frequent meals could be adequate. With hypoglycemia, intravenous dextrose should be administered while monitoring liver values. Hepatoprotectants are often used in these cases as a precaution.

Marijuana is becoming more and more popular as regulators continue to legalize its recreational and medicinal uses. Veterinary products made from cannibis are commercially available now. A toxic dose in dogs and cats is not well established as each animal reacts differently. A lethal dose has been determined to be more than 3g/kg. Tetrahydrocannabinol (THC) is eliminated very slowly leading to a prolonged intoxication in symptomatic dogs. Clinical signs vary and include hypothermia, hyperthermia (less common), hypotension, bradycardia, arrhythmias, disorientation, ataxia, vomiting, tremors, mydriasis, and urinary incontinence. Treatment is usually symptomatic and supportive including intravenous fluids and antiarrhythmics as needed. Lipid emulsification has been used as a treatment in these cases as marijuana is highly lipophilic, but more research is needed to determine if it truly is beneficial. Activated charcoal is often needed in repeat doses due to enterohepatic circulation of the drug.

## New toxicities

Human medications pose a serious potential threat to veterinary patients. Amphetamines are in ADHD medications and weight loss drugs. The toxic dose for animals is 0.1mg/kg. Clinical signs occur within 20-30 minutes after ingestion and include vocalization, agitation, hypertension, head bobbing, hyperthermia, tachycardia, tremors, and seizures. Treatment is primarily symptomatic and supportive. Emesis can be helpful if ingestion was within 30 minutes, but gastric lavage would prove to be more fruitful. Stimulation should be minimized and these patients should be kept in a quiet, dark room or under heavy sedation. Estrogen and progesterone supplementations can cause bone marrow suppression in dogs at 1mg/kg. Contraceptive tablets usually have a very low level of estrogen, but multiple tablets can pose a threat. Toxicity from these hormones can cause pancytopenia. Treatment is usually supportive with monitoring of blood cell numbers.

Psuedoephedrine is found in a number of over the counter products. The toxic dose is 2-3 mg/kg and can be lethal at 10mg/kg. It has a rapid absorption resulting in clinical signs within 15-20 minutes after ingestion. Clinical signs include hyperesthesia, mydriasis, hyperthermia, hypertension, tachycardia, arrhythmias, tremors, and panting. Treatment includes decontamination, monitoring telemetry for arrhythmias, multiple doses of activated charcoal for extended release products, and supportive care. Excretion is enhanced in acidic urine so administering ascorbic acid or ammonium chloride in severe cases may be of benefit for quicker elimination.

There are many human drugs available that can cause serotonin syndrome in veterinary patients. This occurs by either decreasing the reuptake of serotonin or enhancing it. Toxic doses vary depending on the medication that was ingested. Medications in this category include fluoxetine, alprazolam, citalopram,



welbutrin, and clomicalm. Treatment includes decontamination and supportive care. Sedation is often needed. Barbiturates are recommended for patients with seizure activity as benzodiazepines can worsen neurologic signs. **CVT**

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## Client compliance *continued from page 1*

### Giving medications

A) How are medications given - If clients have to use pill pockets or pieces of cheese, this might not be acceptable during a diet trial

B) Ask clients if they are able to give medications by mouth, injection, etc.

*If clients can't give the medications we prescribe, the treatment will fail*

### Topical treatment

A) Bathing

- Using cool water to help prevent their skin drying out
- Solve the mystery of 'how often is too often'
- How to give your pet a bath; where to start?

B) Topical ointments/sprays

- Allow a contact time
- Proper way to apply and how much to use

C) Ear cleaning

- Demonstrate in clinic the proper way to clean the ear
- Educational video's or demonstrations

- Treat afterwards (if able) - positive reinforcement

### Follow up

A) When to call back or come back for a re-check

- Some clients are unsure whether they should call you or come for a re-check unless you write it down or book it with them

B) Tech appointments for cytology, etc

- Efficient way to do re-checks for resolution of infections
- Good source of income for clinic
- Good to 'touch' base with owners

### Opening conversation with 'The team'

A) Clients feeling that they haven't been heard

- Source of frustration for clients

### Lifelong treatment

A) Educate clients that dermatology diseases are often lifelong which therefore means lifelong treatment aka preventing the "when I stopped the medications Fluffy got worse" conversation



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B) Repeated treatments

- Line of communication between DVM and client
- Repeated treatments keep occurring, maybe time to re-focus and change paths

C) Calling if they have issues

- Let owners know they can contact you if they have concerns

D) Frustration

- Acknowledge frustration of clients

**Support**

A) Be a client's 'personal cheerleader'

- Easy for clients to get frustrated when things don't go according to plan; re-assure your clients they are doing things right - dermatology just takes time!

B) Many times in dermatology, if a treatment or diet doesn't work this also gives us valuable information to move forward with

C) Education, education, education!

**Take home message**

A) Things should only get better not worse

- Clients should not continue to give a medication causing side effects or

continue to feed a diet causing diarrhea

B) Handouts

- Great way to provide at home instruction or reinforce what you discussed at the appointment

C) Longer term plan

- Having a long term plan and goals make owners feel more comfortable and less confused

**5 Key 'take home' points**

1. It is important to fully discuss all the aspects of "a diet trial" with your clients including what is allowed and what is not allowed.
2. Review how to give medications and topical treatments before clients leave so you are comfortable with them giving/applying at home.
3. Dermatology often means lifelong treatment, it is helpful to explain this to owners right from the start to give them a realistic view of what to expect.
4. Education, education, education!
5. To decrease frustration and "angry" phone calls, provide owners with a long term plan and let them know to update you as time goes by and when their next recheck should be. CVT

## Let's keep this between us: 5 unwritten rules of customer confidentiality

By Jeff Mowatt



Did you ever have a potential customer who should have been excited about doing business with you but seemed reserved? It happened in a weird way for me. The senior managers seated around the boardroom table were excited about their new technology that would disrupt their market and separate them from every competitor. They had brought me in to help craft their sales message and to eventually train their

reps on how to introduce it to their customers. Along with their excitement though, I sensed some tension. So as the VP of Marketing introduces me, my first remark to the brass is, "I know this goes without saying. I just want it known for the record that everything we discuss here will be treated by me as confidential." I immediately noticed this huge look of relief on the face of the CEO. From that point on, things went just fine.

Customers may not feel comfortable asking you for discretion, but they always appreciate it. Unfortunately, in today's world of social media over sharing, coffee shops used as offices, and cell phones that record anything anywhere, confidentiality seems to be backsliding into a state of dangerous decline. That's why you can gain tremendous trust with customers by simply following these 5 unwritten rules of customer confidentiality. Ignore them at your peril.

**Rule #1. Know that you are in a position of trust**

We've all heard of doctor/patient confidentiality and lawyer/client privilege. Doctors and lawyers are sworn to secrecy about their customers' affairs for good reason. Your customers deserve the same discretion from you. When you talk to others about your customers, assume that the customer is in the room with you, or will read everything you post or write about them. If what you're sharing isn't complimentary and publically known, then keep it to yourself.

**Rule #2. Remember Starbucks isn't a confession booth**

I once hired a consultant who was based in another city to do some work on our website. We scheduled a conversation via Zoom about my brand and target market. To my dismay, he logs into the call from a coffee shop. Throughout our conversation, I'm seeing customers come and go in the background. Not only was it distracting, it felt like a violation of my privacy as a client. There are good reasons why lawyers and accountants won't host

you in their office. Instead meetings are held in a private meeting room. One reason is that you shouldn't see files lying on their desk from other clients who may be under legal investigation, filing for bankruptcy, etc. Another is so your meeting will not be seen or overheard by others. Coffee shops are for casual coffee; not for doing business.

**Rule #3. There's a difference between small talk and prying**

Ever have this happen to you in a restaurant while you're paying for the meal? The server is standing by your table waiting for you to input your credit card on the portable device and asks, "So what are your plans for the rest of the day (evening, weekend, whatever)?" Pardon? When did our relationship as patron/ server evolve to the intimacy of me needing to share my weekend plans? The key to making small talk sound natural and appropriate is context and relevance. Unless you've been chatting about weekend plans with that person, better to stick to safe topics like the weather as in, "So you're heading outside... have you heard a forecast?"

**Rule #4. Yes, your cell phone conversation is annoying**

People who talk at length on cell phones around other people sound like fools. Seriously. It reflects a total lack of self-awareness and disdain for basic civility. It also tells people around them they don't respect the privacy of the person on the other end of the phone. They're damaging their own reputation and are too oblivious to realize it. Don't be one of them. Move to a quiet area and lower your voice.

**Rule #5. Strong feelings don't necessitate expressing them**

This is perhaps the most important confidentiality lesson at work and in life. We can't *un-say*, *un-post*, or *un-tweet* our opinions and observations. No doubt you can think of numerous examples at work and in the news where a little discretion and self-restraint would have saved significant fallout. While it's tempting to be drawn into adding our two cents to a discussion, perhaps the greatest contribution we can make to the relationship is remaining silent. We hope in turn that when we say or do something less than brilliant, others won't share it with the world. Ironically, kindness and maturity are often best reflected - and trust is sometimes most strongly earned - by simply shutting up.

*This article is based on the bestselling book, Influence with Ease by Hall of Fame business speaker, Jeff Mowatt. To obtain your own copy of his book or to inquire about engaging Jeff for your team, visit [www.jeffmowatt.com](http://www.jeffmowatt.com).*



## Case Study: Animal Welfare and Ethical Issues

### Ethical case study #3: The Rainbow Bridge

No one can fail to notice the elevated status of companion animals in our society. More than 50 years ago, I was standing outside my house when suddenly one of my neighbours, a woman in her mid-50s, began running down our quiet street wearing a bathrobe and weeping hysterically while holding the body of her dead Chihuahua. She was screaming repetitively, "First my mother, and now you!"

Her very public display quickly drew a crowd. The dominant response was "For goodness sake, it's just a dog; you can get another one!"

As Veterinary Technicians, we understand the incredible bond between humans and animals. We have witnessed our client's heartbreak over losing their pets. It is in these times of grief that the Rainbow Bridge poem comes up time after time.

#### *How do you comfort your clients in their grief?*

#### Response by Lindsay Ramage, RVT

As Registered Veterinary Technologists, we are privileged to be part of the end of an animal's life.

*In general practice, the end of life of an animal under our care goes most smoothly when we focus on the basics. As leaders on the floor, it is our responsibility to help the people involved, the communication, and the physical environment, all remain calm, simple, and focused. Even the most frantic emergency can be made calmer by taking a moment to bring focused communication and compassionate mindfulness to the animal and it's family.*

*If our team is empowered with the skills and resources to address the end of the life of our patients, our confidence will be a source of calm to each patient and their family. The support staff should be available at all times to go over details such as booking the appointment, discussing costs associated with the procedure, and offering the client a few resources, such as literature on loss of a pet. To help those team members who are not yet comfortable discussing euthanasia and aftercare, pair them with a senior team member or leadership member and role-play some common conversations. (I can feel you cringing as you read the dreaded "r" word, but I assure you, role playing is one of the most effective ways to get comfortable discussing a difficult topic).*

*Resources such as books, pamphlets, or websites, should be a few carefully selected items approved by the hospital leadership team. Avoid just handing the client a folder filled with various pamphlets and multiple handouts. A few select resources, presented with compassion, will have a much more positive impact. For instance, a family with small children may appreciate a client care team member giving them the name of an age appropriate book about pet loss. We will still read 'The Tenth Good Thing About Barney', by Judith Viorst, when my daughter and I are missing our old cat. It is a beautiful book that tells the story of the loss of a beloved pet, and although it is a simply written children's book it speaks to adults as well.*

*Details about which team member will be performing specific tasks during a euthanasia appointment need to be decided upon before the client arrives, and standardized within the practice. Quick team briefings, rounds, or huddles, can be invaluable in preparing the entire team for not only the euthanasia appointment, but the entire day. The impact on the client and patient will be the comfort of a supportive, organized, and calm appointment. Keep it calm, simple, and focused.*

*There are also many steps a team can take to make their existing space comforting, without doing extensive renovations. Make sure everyone in the practice is aware that a euthanasia is taking place. Our practice hangs big cutouts of butterflies in key doorways, out of view of the clients. They are right at face level and take effort to get around - this is the point! It is a visible cue that there is a euthanasia taking place. We also have a candle lit on our front counter during euthanasias. There is a framed text behind it that reads, "This candle is lit as we say goodbye to a beloved*

*pet. Please join us in honouring the life that is passing". It allows the waiting clients to understand why the reception area may*

*be a bit quieter, as well as make them feel more at ease as they encounter the grieving family. We have received many, many positive comments about it, both from the owners of the passing pet, and the waiting clients.*

*The most important items that we can bring to the last moments of an animal's life are skills we already have at hand. Mindfulness, calm, simple communication, and a quiet environment, all rooted in compassion. This can be challenging in our hectic, frenzied workdays, but it is there. It comes from the same place inside ourselves that drew us to caring for animals in the first place.*



Bernard Rollin,  
BA, PhD



Erica Gray,  
RVT

### Ethical case study #4: Placebo prescription

We had been working for several months with a client and their exotic pet that they were bringing in regularly for reported signs of illness and pain. Several times they were prescribed oral antibiotics and analgesia, but often came back many weeks before their prescription was due to run out, requesting never ending refills of both pain relief and antibiotics. We were highly suspicious that the medication was being administered at many times higher than the prescribed dose. Every time the pet was brought in for a physical exam, there were no signs of illness, pain, or infection. We are not a clinic that specializes in exotics, but are the only clinic in the area for many miles.

The doctor working the case expressed her concerns about improper antibiotic use and the risk of developing multi-resistant bacteria, and also ceased dispensing the pain control - despite the client's protests. The client demanded that she continue to receive refills of antibiotics until the end of the pet's life.

The doctor became exasperated by the demands of this client, and asked me to refill the antibiotics...but to fill the container with a placebo in sterile water instead and not tell the owner that it was a placebo. I felt it was wrong to lie to the client, and this made me very uncomfortable, but these were the veterinarian's directions.

#### *What would you do? Would you fill the placebo prescription and lie to the client?*

Submit your answers to [ethicalcasestudies@k2publishing.ca](mailto:ethicalcasestudies@k2publishing.ca)

Bernard E. Rollin (B.A. CCNY, Ph.D. Columbia) is University Distinguished Professor, Professor of Philosophy, Professor of Biomedical Sciences, Professor of Animal Sciences, and University Bioethicist at Colorado State University. He was a major architect of the 1985 U.S. Federal laws protecting laboratory animals. Dr. Rollin is the author of 20 books and over 600 articles. He is considered the "father of veterinary medical ethics," and has written a column dealing with veterinary medical ethics for the Canadian Veterinary Journal since 1990.

Erica Gray, RVT is an instructor in the Animal Health Technology program at Thompson Rivers University. She has worked in both large and small animal practices. She has a strong interest in animal welfare and community outreach and has spent time volunteering in Nicaragua, here at home in Kamloops, BC, and is currently the Treasurer at the BCVTA. She shares her home with a Jack Russell Terrier, Brighty, and participates in scent detection games with him. She often spends time riding her horses, Buddy and Uno, and is working on an equine behaviour research project.

# Protein-losing nephropathy: the technician's role

NATIONAL HARBOR, MD – Protein-losing nephropathy (PLN) is a term that describes diseases of the glomerulus, a complex filtration bed that allows water and solutes to pass. When damage to the glomerulus occurs, larger molecules, i.e. albumin and ATIII, can pass, causing damage that may be transient, or persistent and progressive, explained Dawn Terrill, CVT, VTS (SAIM), speaking at the American College of Veterinary Internal Medicine Forum.

Glomerulonephritis is the most common cause of PLN and is due to immune complex deposition in the glomeruli, which triggers inflammation along filtration membranes. Amyloidosis is due to a pathologic deposition of polymerized proteins called amyloids, in the kidneys.

Both glomerulonephritis and amyloidosis are triggered by inflammation elsewhere in the body, with the kidneys acting as an innocent bystander. Proteinuria can be the first sign of kidney damage; it occurs earlier than changes in urine specific gravity or bloodwork.

Ms. Terrill stressed that persistent proteinuria with an inactive urine sediment equals renal disease, even if all other values are normal.<sup>1</sup>

## Causes

Causes of PLN include infection, inflammation, corticosteroid excesses from Cushing's disease or long-term steroid use, and less commonly, neoplasia. Most commonly, PLN is idiopathic, with no known cause, noted Ms. Terrill. There are also some familial causes such as Shar-Pei amyloidosis and the hereditary PLN and protein-losing enteropathy (PLE) in soft-coated wheaten terriers.

## Clinical signs

If diagnosed early, there are usually no clinical signs. Polyuria and polydipsia are very common, and often the first signs owners note. Decreased appetite and vomiting may occur as the disease progresses. If nephrotic syndrome develops, peripheral edema will be noted. Nephrotic syndrome occurs in advanced PLN, and is characterized by proteinuria, hypoalbuminemia, hypocholesterolemia, and peripheral edema. Ms. Terrill said that the prognosis for nephrotic syndrome is very guarded.

## Diagnostics

A minimal database should consist of a CBC, chemistry panel, urinalysis, plus or minus urine culture and urine protein creatinine ratio (UPC). A three-day urine collection by the client prior to their appointment is recommended. It is also recommended to mix 2 mls of urine from each sample and submit the 6 mls. A study performed in 2010 notes that this helps alleviate the day-to-day variance that can occur from a single sample.<sup>2</sup>

If infection is suspected, a urine culture should be done first. A urinalysis with reflex UPC is not recommended as the veterinarian knows the patient better and they, not the lab, should be the ones to determine if a UPC is run or not.

Ms. Terrill stressed the importance of doing a urinalysis with every annual screening. This may give insight into early renal disease due to the proteinuria or a decreased urine specific gravity. Albumin and creatinine values may be normal until very late stages of renal disease. In one study, 19% of apparently healthy elderly dogs had persistent proteinuria, which is associated with risk of death and progression of chronic kidney disease.<sup>3</sup>

In addition to the minimal database, testing for tick-borne diseases and leptospirosis should be performed, as both cause inflammation and damage to the kidney. To look for sources of inflammation, thoracic radiographs and abdominal ultrasound are recommended; ultrasound also allows the veterinarian to assess kidney structure.

## Importance of doing blood pressure

Systemic hypertension (> 160 mmHg) has been reported in 80% of dogs with glomerular disease.<sup>4</sup> Increased proteinuria is associated with an increase in systemic hypertension.<sup>5</sup> Blood pressure should be taken yearly on young healthy dogs and at every visit for at-risk patients, such as those with heart disease, renal disease, hyperthyroidism, and those on hypertensive medications.

Ms. Terrill said that when taking blood pressures, the technician should be consistent and use the same size cuff and same leg on the patient each time. The leg should be level with the heart and the patient should be in lateral recumbency whenever possible. Three to five measurements should be taken and averaged. The patient's demeanour should be noted and all vitals should

be recorded in the patient's record.<sup>6</sup> A Doppler unit provides a good quality, low cost method of obtaining blood pressure. It is accurate in small animals, and the pulse rate and quality are easily assessed.

## General treatment

The PLN patient should be transitioned to a prescription renal diet to decrease stress on the kidneys. ACE inhibitors are used to help control hypertension within the kidney. Enalapril is started at a low dose and slowly increased to a maintenance dose. Creatinine is checked after each increase to be certain the blood flow within the kidney is not being reduced too much, which would adversely affect the glomerular filtration rate (GFR). Anticoagulants, i.e. low dose aspirin or clopidogrel, are used to help prevent clotting. Omega 3 fatty acids help reduce inflammation in the kidneys and elsewhere in the body. Antihypertensive medications are used as needed to control systemic hypertension. Anti-nausea medications, appetite stimulants, and gastroprotectants are used as needed to keep the patient eating.

The goals of treatment are to reduce proteinuria, thereby slowing the destruction of renal cells; reduce inflammation that can lead to further renal damage; control systemic hypertension which can lead to further proteinuria, as well as damage to other target organs; prevent nausea; reduce risk of clotting that can lead to pulmonary thromboembolism; and improve the animal's overall quality of life.

## Patient information

The history that is obtained from the client will help the veterinarian provide better care for the patient. Travel history may impact testing, as different areas of the country have different diseases that may cause inflammation that can lead to PLN. Polyuria and polydipsia are often the first clinical signs a client will see in a dog suspected of PLN. Changes in appetite or weight, or any GI upset, such as vomiting or diarrhea, should be noted.

Owners should be instructed to bring all medications that the pet is on to the appointment, including supplements. A diet history should also be obtained, including brand(s) of food being eaten, dry and/or canned, human food and treats, and the amounts fed and how often.

## Client communications

Client communications are an essential part of the technician's job. To help clients and patients, technicians should explain the disease in terms the client can understand, by using drawings, pictures, or analogies. Teaching medical terms and providing handouts for the client to read, and explaining the purpose of each medication prescribed, will be helpful in improving compliance, as owners will understand the importance of each medication to the treatment of PLN.

It is also important to explain the purpose of the lab work being performed. This helps educate the owner and improve compliance. Also, it is important to discuss how prescription renal diets will improve the patient's quality of life and slow the progression of renal disease.<sup>7</sup> Ms. Terrill suggested formulating a diet plan for each patient, providing handouts with information on prescription renal diets and how to make the transition, as well as kcal/cup and kcal/can of each diet. Finally, she said, provide support via weekly phone updates.

## Conclusion

Protein losing nephropathy is a manageable, but progressive disease. Technicians can educate their clients by providing diet information, medical therapy, regular exams, and follow-up blood work.

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## British Columbia Veterinary Technologists Association News



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By Jenn Rabinovitch, RVT - BCVTA Secretary

Greetings from the West Coast!

The BCVTA has had a busy Summer and Fall. We hosted the RVTTC Board of Directors representing RVTs from across Canada for the CVMA conference in Vancouver, had an extremely productive BCVTA strategic planning session, launched a new website, and organized a very exciting Fall Conference which took place on October 21st, 2018.

The BCVTA was very excited to host Liz Hughston, MEd, RVT, CVT, VTS (SAIM, ECC) as our Fall Conference speaker in Burnaby. In addition to the scientific program on the 21st, we planned an evening social event for RVTs to attend a Vancouver Canucks game at a discounted rate. To increase public awareness of RVTs, we arranged to have the phrase “Ask your vet for an RVT!” up on the jumbotron, with a welcome to the BCVTA members in attendance!

Our BCVTA Fall Conference theme was Internal Medicine, Emergency and Critical Care Nursing. Lectures included: *Every Patient, Every time* -

*Kirby's Rule of 20, Critical Thinking in Critical Care - The Nursing Process, Family Presence in Emergency and Critical Care - the Open Practice Theory, Fluid Therapy for Technicians, A Simple Approach to Analyzing Acid Base Status, and CRIs in Clinical Practice.*

If you missed the conference, we are excited to announce that as part of our new website we have integrated a webinar component. We can now video record conference speakers and upload their talks to the website, giving individuals unable to attend BCVTA conferences the ability to gain valuable CE. Visit [www.bcvta.com](http://www.bcvta.com) to learn more.

We have recently welcomed three new board members: Amanda Morris, Mia Ciroto and Brynne Trites. Our board is quite diverse, with members having experience in private practice, industry, the BCSPCA, wildlife, and the education of future RVTs. Our Executive Director, Denise Hitt, has done an excellent job in embracing her position over the past 15 months and she brings fresh and exciting ideas to the table for improving our association and offers to our membership.

Be sure to follow us on Facebook, Instagram and Twitter. We're looking forward to an exciting upcoming year!



## Alberta Veterinary Technologists Association News



By Amanda Barker, RVT, 2019 ABVTA President

It is an honour to be representing the Alberta Veterinary Technologist Association as President in 2019. I would like to thank Penny Steffen for all of her hard work and dedication during her 2018 term as President.

Our year started to wrap up in October, where we held our AGM at the Canwest Veterinary Conference.

We hosted Mr. David Liss, RVT, VTS (ECC, SAIM), CVPM for our annual Pre-AGM Event who lectured on ‘The ABCs of ECGs, Blocked Cats, and GDVs’. This event was well attended by RVTs and DVMs, and provided a great foundation for anyone new to the ER in emergency medicine.

In November, the Board of Directors met at VCA Guardian Veterinary Center for our last meeting of 2018. We finished up some ongoing business from the year, set future meeting dates, and our Directors were appointed to positions on the Board. I would like to thank each of our Directors for their continued dedication to our association – we wouldn't be where we are now

without their hard work, commitment, and enthusiasm.

2019 marks a milestone for our association – we are celebrating our 40<sup>th</sup> Anniversary! In May, we are hosting a 2-day continuing education conference in Edmonton, featuring up to 12 hours of CE over a variety of tracks, including practice management and large animal. Our conference committee has been working hard over the last year, finalizing details to ensure a fantastic weekend of continuing education and networking with RVTs.

I would like to encourage everyone to consider involvement in your provincial associations, whether it is sitting on a Board of Directors, volunteering at an event, or being part of a committee. My experience of being involved, and knowing I've made a difference in the future of our profession, is worth more than I can describe and has become a passion of mine. Each of you have knowledge, skill, and personal experiences that would enhance any leadership group.

If you have any questions regarding the ABVTA or membership in Alberta, please don't hesitate to reach out at [info@abvta.com](mailto:info@abvta.com). Best wishes to everyone in the New Year!



## Canadian Veterinary Medical Association News

By Tanya Frye, CVMA Communications and Public Relations

### Working closely with Health Canada to discuss impact of new cannabis legalization on veterinarians and their patients

The new Cannabis Act and Regulations have now been in effect since October 17, 2018. The CVMA is continuing to work closely with the Veterinary Drugs Directorate (VDD) of Health Canada to advance our understanding of the implications of federal legislation for the veterinary profession and its patients. CVMA has reviewed with VDD the Health Canada document “Guidance for health products containing cannabis or for use with cannabis,” which may address many areas of concern for veterinarians during this time of change. Areas of particular focus for CVMA in its discussions with VDD include prescribing new drugs containing cannabinoids; labelling of cannabis products to protect pets; and availability of registered veterinary health products (VHPs).

Regarding VHPs, the document states that: “Veterinary health products (VHPs) are low risk drugs in final dosage form. They are used to maintain or promote the health and welfare of companion and food-producing animals. They are not for use to treat, prevent or cure disease. VHPs contain ingredients such as: vitamins, minerals, and traditional medicines.” Health Canada regulates VHPs through a Notification Program that was launched in November, 2017. Any new VHP containing cannabis that meets parameters listed on the Government of Canada website would continue to be notified under the Notification Program. However,

it was also noted that discussions on “edibles” for animal use fall under the Cannabis Legalization and Regulation branch and are several months out.

### AnimalHealthCare.ca

The CVMA offers *AnimalHealthCare.ca* (an extension of *canadianveterinarians.net*) to provide animal owners with general information on common animal health issues and conditions, emphasizing that talking to a veterinarian is still the best source of advice when it comes to a pet's health. Here are just a few new or revised articles you may find helpful to share with your clients:

- **Cats and Essential Oils**
- **Training is Important for Our Pets Around the Home**
- **Keeping Your Horse in Good Health for Life**

### WSAVA and CVMA Joint Congress 2019: registration is open!

CVMA is bringing the world to Canada with its joint Congress with the World Small Animal Veterinary Association (WSAVA) from **July 16 to 19, 2019 in Toronto**. Look forward to **four days of CE** with 10 tracks per day, which will include **Large Animal CE** such as Equine Welfare, and Equine Diagnostic Imaging. Reserve your seat for CVMA signature events such as the CVMA Global Summit, CVMA Global Forum, Emerging Leaders Program, and the CVMA AGM and Awards Ceremony. Online registration is now open. Take advantage of early bird savings until April 10, 2019 at [wsava2019.com/registration](http://wsava2019.com/registration).





## Eastern Veterinary Technicians Association News



By Stephanie Hall, RVT

Happy Fall to everyone! We hope you enjoyed celebrating National Veterinary Technician Month in October! It's so exciting to have this happen for a second year! A week is just not enough! We thank the RVTTC for making it happen. The EVTA ran a contest to celebrate RVT month and one clinic from each province won a \$100 dollar gift card. It overwhelms me to see the passion and dedication that each tech nationwide has for their profession and makes me proud to be a fellow RVT.

We had our annual AGM, coinciding with the NBVMA conference on September 22nd. Chantal Cormier, our President, reports that this has been a successful year with four provincial meetings (NB, NS, PE, and Nfld) happening. We would love to see more technicians attend!

Kelli Cormier is our first RVT representative on the NBVMA counsel. We know you will do an amazing job Kelly! There will also be more RVT positions to fill on other committees of the NBVMA board, so if any NB



Amy LeBlanc, NB tech of the year, with EVTA president Chantal Cormier

technicians are interested please contact the NBVMA. We would like to congratulate Amy LeBlanc for winning NB Technician of the year!

NSVMA held their AGM on October 13th at Oak Island. Dr. Kim Lambert was the guest speaker for the CE session. Dr. Lambert has a wealth of current information regarding the regulatory aspects of cannabis. This is a choice topic, given the recent legalization of cannabis for human use.

The EVTA will be celebrating our 30th anniversary next year and we are going to be hosting a conference from June 14-15, 2019 at the Glengarry Conference Center in Truro, NS. There will be a gala dinner and awards ceremony on the 14th followed by RVTs with specialties speaking on various topics on the 15th.

Any questions regarding the EVTA please feel free to contact myself at [steph\\_smiling@hotmail.com](mailto:steph_smiling@hotmail.com) or Bev at [bev@evta.ca](mailto:bev@evta.ca)



## Registered Veterinary Technologists and Technicians of Canada News

By Ivana Novosel, RVT, RVTTC/TTVAC Vice President

Although it's only autumn, this time of year somehow represents a time to acknowledge and celebrate the bulk of our accomplishments as RVTs. Perhaps it's because the spring and summer months are always so busy for us professionals, this is a good time to take a breath and look back... Or maybe it's because we are just at the end of the most important month for our profession - RVT Month!

RVT Month was envisioned and started in September 2017 by the Ontario Association of Veterinary Technicians (OAVT) as a national initiative and was quickly adapted and supported by the rest of the country. What an accomplishment! In their own words: "The week was just not enough," referring to the previously celebrated National Vet Tech Week.

Once again, this October was a time to highlight how invaluable RVTs are to the veterinary healthcare team, and to our entire society. Provincial associations across the country celebrated the event in different ways. In addition to promoting the RVT Month Kits - a marketing bundle initiated by the OAVT - the British Columbia Veterinary Technologists Association (BCVTA) was on social media posting about "What makes you #ProudlyRVT?", featuring quotes from their members on why they love being an RVT.

The Manitoba Veterinary Technologists Association (MVTA) was granted an official proclamation of Veterinary Technologists Month from the province's Minister of Agriculture, the Honourable Ralph Eichler. They continued celebrating, and while attending the Blue Bombers vs. Riders football game a special RVT recognition announcement was made at the game. In Alberta, besides getting the proclamation of RVT Month by the City of Edmonton, both Edmonton's High Level Bridge and the Calgary Tower were lit up in green and blue, representing the colours of Alberta's RVTs.

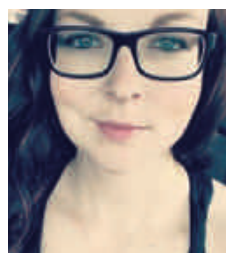
Also to highlight the month, the RVTTC announced the three winners of the first RVTTC Student Bursary competition (an initiation by the association, with funds raised by RVTs across the country and sponsored by PetPlan Pet Insurance) to support and encourage RVTs to pursue continuing education opportunities that might otherwise fall outside of their regular budget. Another win for our members and our profession!

I think one can see how easy and tempting it is to look back and feel accomplished for the year. Feel #ProudlyRVT! But the year is not over yet...

Visit our Website at [www.rvtcanada.ca](http://www.rvtcanada.ca), and the RVTTC Facebook page at: <https://www.facebook.com/RVTTC/> and Twitter @RVTTC to stay up to date with all our events, latest industry information and member support!



## Saskatchewan Association of Veterinary Technologists News



By Breanne Barber, RVT, SAVT President Elect

Greetings from the SAVT!

Fall is in full swing here on the prairies! The farmers are patiently waiting for the weather to turn a corner so they can get the rest of the crop in the bin, myself included! Not only am I 'Proudly RVT' but I also am a busy farm hand on my parent's home quarter with grain and cattle.

The SAVT has a busy few months ahead of us! Celebrating Registered Veterinary Technologist (RVT) Month in October was a busy and exciting time for the SAVT to promote the profession, show appreciation to all the amazing RVT's and bring awareness for the need of more RVTs all over Saskatchewan. The Ministry of Agriculture and seven cities throughout Saskatchewan made Proclamations to have either a week or the entire month dedicated to recognizing and promoting our amazing profession. Thank you to our Executive Director, Jasmin Carlton, who attended multiple Proclamation ceremonies and brought greetings and gratitude from the SAVT.

The SAVT conference was held in Saskatoon during the first weekend in

November at different venues; the wet lab portions were held at the Western College of Veterinary Medicine (WCVN). We are very lucky to have such an amazing relationship with the WCVN. Thank you to our Conference Coordinator, Kenzie Makowsky, RVT, for all the hard work she did to prepare for the conference and for bringing in so many great speakers and wet lab instructors. I am sure she will have some great ideas already brewing for our 35<sup>th</sup> conference next year!

The SVMA conference was held in September and President Lois Ridgway, RVT, Conference Coordinator Kenzie Makowsky, RVT and Executive Director Jasmin Carlton attended, bringing greetings from the SAVT and promoting our amazing profession!

The SAVT would also like to congratulate two members as recent award recipients. In July, at the CVMA Convention, Bernice Ruf, RVT, was awarded the 2018 CVMA Canadian RVT of the Year award and in September, Dionne Bachiu, RVT, was awarded the 2018 SVMA RVT of the Year award. Both are well-deserving recipients!



## Technically Speaking <sup>CE</sup>



Kathleen Dunbar,  
RVT, VTS (Clinical  
Practice-Canine/Feline)

1. This afternoon you are the anesthetist for a routine canine neuter. The patient is being maintained on isoflurane. At the onset of general anesthesia you test the endotracheal tube's intracuff pressure. At what point after anesthesia's onset will you again check your intracuff pressure?
  - a) Within five minutes
  - b) Within ten minutes
  - c) Within fifteen minutes
  - d) It is not necessary to check your intracuff pressure after anesthesia's onset
2. Is povidone-iodine or chlorhexidine more efficacious in eliminating methicillin-resistant bacteria and preventing surgical site infections?
  - a) They have similar efficacy
  - b) Povidone-iodine
  - c) Chlorhexidine
  - d) Neither is efficacious
3. How often should orphaned neonate puppies and kittens be fed?
  - a) Every half an hour
  - b) Every hour
  - c) Every three to four hours
  - d) Every six to eight hours
4. The veterinarian asks for a lateral pelvic view of a bull mastiff. You will:
  - a) Center the beam at the acetabulum
  - b) Ensure the mAs is high
  - c) Measure at the trochanter
  - d) b and c
5. You plan to induce a canine patient with propofol. Which technique, face mask or flow-by, is a more effective means of preventing a low hemoglobin saturation?
  - a) Both are equally effective
  - b) Face mask
  - c) Flow-by technique
  - d) Neither technique is effective
6. What is the zoonotic risk of *Linognathus setosus*?
  - a) None
  - b) Low
  - c) High
  - d) Varies depending on humidity
7. On a dental chart, the GR code stands for:
  - a) Gingival root
  - b) Gingival resection
  - c) Gingival recession
  - d) Gingival resorption
8. Which statement about stridor is incorrect?
  - a) Animals with stridor can easily become hyperthermic on a hot day, so attention should be paid to proper body temperature maintenance
  - b) It is often worsened by exercise or excitement
  - c) It is an inspiratory noise that occurs during sleeping
  - d) It is a harsh, high-pitched sound occurring during inspiration
9. What are the side effects of trilostane?
  - a) Dysphoria and pruritis
  - b) Tremors and aggression
  - c) Lethargy and anorexia
  - d) Fluid retention hypotension
10. To convert micrograms/kilogram/hour to micrograms/kilograms/minute, you should divide by:
  - a) 10
  - b) 60
  - c) 100
  - d) 1000

*Kathleen Dunbar has been working as a registered veterinary technician at Carnegie Animal Hospital in Halifax, NS since 2008. In 2016 Kathleen obtained her veterinary technician specialty in Clinical Practice. In her spare time Kathleen and her husband co-parent five cats and a 15-year-old rescued Pomeranian named Giovanni.*

*The quiz is available for completion online for credit at [www.k2publishing.ca](http://www.k2publishing.ca) under the "CE quizzes" menu.*

## Techs on a mission to help animals

Does improving animal welfare worldwide by using your vet techs skills and knowledge to help animal rescue groups appeal to you? That's the mission of Vet Techs Without Borders (VTWB), a global community of volunteers and animal lovers who share experiences and support each other while working together to improve the lives of animals and the people who care for them.

Founded by Abbie Deleers, LVT, and born from a passion for international travel and volunteering, VTWB experiences include spay/neuters campaigns, wildlife care, shelter medicine and field surgery. Current opportunities for adventure include, but are not limited to, spay/neuter programs in Hawaii, Mexico, and Costa Rica; wildlife rescue and rehab in Costa Rica, and Guatemala; primate rescue in Costa Rica; marine animal conservation in Guatemala; a baboon and other wildlife sanctuary in Africa; a veterinary assistance and abused animal project in South Africa; and raptor rescue and rehabilitation in British Columbia.

One tech who volunteered on a spay/neuter project in Costa Rica said, "It was an incredible experience. Not only was I able to help many animals, but I was also immersed in a different culture and learned SO much more about veterinary medicine and how it's practiced in other countries."

Another tech who jumped in to help animals displaced after Hurricane Harvey said, "Once arriving we got straight to work and didn't look back. It was an extremely rewarding and humbling experience. We provided medical treatment and care for hundreds of displaced dogs and cats."

In Guatemala, volunteer vet techs stayed at a wildlife center in the Peten Rainforest. Many of the over 500 animals at the sanctuary were rescued from the illegal wildlife trade or removed from other potentially dangerous situations. Every morning at 6am the volunteers would wake up to feed and care for a variety of critters including macaws, parrots, toucans, howler and spider monkeys, deer, ocelots, pumas, anteaters, coatimundi, peccary, owls, margay, kinkajou, otters, crocodiles and turtles. One tech summed up the experience, saying, "It was such a great experience to interact with so many unique creatures, and to help play a part in their rehabilitation with the goal of release back into their natural habitat."

For more information on volunteer opportunities for vet techs, visit [www.vettechswithoutborders.com](http://www.vettechswithoutborders.com). Canadian vet techs – let us know if you go on a mission and we'll share your experience!



## Continuing Education Calendar

### JANUARY 13-23

#### ORLANDO, FL

NAVC Veterinary Meeting and Expo (VMX)  
info@navc.com  
www.navc.com

### JANUARY 23-24

#### REGINA, SK

One Health Antimicrobial Stewardship Conference  
Valerie.phillips@health.gov.sk.ca

### JANUARY 31-FEBRUARY 2

#### TORONTO, ON

Ontario Veterinary Medical Association (OVMA) Conference  
info@ovma.org  
www.ovma.org

### FEBRUARY 1-3

#### WINNIPEG, MB

CenCan Conference  
mneault@mvma.ca  
www.mvma.ca

### FEBRUARY 17-20

#### LAS VEGAS, NV

Western Veterinary Conference (WVC)  
info@wvc.org  
www.wvc.org

### FEBRUARY 28-MARCH 2

#### NIAGARA FALLS, ON

Ontario Association of Veterinary Technicians (OAVT) Conference  
conference@oavt.org  
www.oavt.org

### APRIL 4-7

#### PLAYA HERRADURA, COSTA RICA

Veterinary Emergency and Critical Care Society (VECS) Spring Symposium  
info@veccs.org  
www.veccs.org

### APRIL 5-7

#### MONTREAL, QC

AMVQ Congress  
www.congres.amvq.quebec

### APRIL 12-13

#### KAMLOOPS, BC

British Columbia Veterinary Technologists Association (BCVTA) Conference  
ed@bcvta.com  
www.bcvta.com

### APRIL 12-14

#### HALIFAX, NS

Atlantic Provinces Veterinary Conference (APVC)  
www.apvc.ca

### APRIL 26-28

#### BANFF, AB

International Conference on Communication in Veterinary Medicine (ICCVm)  
info@iccvm.com  
www.iccvm.com

### MAY 4-5

#### EDMONTON, AB

Alberta Veterinary Technologist Association (ABVTA) Conference - 40 and Fabulous!  
info@abvta.com  
www.abvta.com

### MAY 14-16

#### NIAGARA FALLS, ON

Animal Nutrition Conference of Canada  
www.animalnutritionconference.ca

### JUNE 17-19

#### GUELPH, ON

Ontario Small Ruminant Veterinary Conference  
osrvc@srvo.ca  
www.srvo.ca/srvo-conference/

### JULY 16-19

#### TORONTO, ON

Canadian Veterinary Medical Association (CVMA) Conference in partnership with the World Small Animal Veterinary Association (WSAVA)  
admin@cvma-acmv.org  
www.canadianveterinarians.net  
www.wsava2019.com

### SEPTEMBER 6-10

#### WASHINGTON, DC

International Veterinary Emergency and Critical Care Symposium (IVECCS)  
info@veccs.org  
www.veccs.org

### OCTOBER 3-5

#### TORONTO, ON

Veterinary Education Today (VET) Conference  
registration@veterinaryeducationtoday.ca  
www.veterinaryeducationtoday.ca

### OCTOBER 19-22

#### BANFF, AB

CanWest Veterinary Conference  
Mandi.duggan@abvma.ca  
www.canwestconference.ca

### OCTOBER 31 – NOVEMBER 3

#### SAN FRANCISCO, CA

American Association of Feline Practitioners (AAFP) Veterinary Conference  
Complex Disease Management  
www.catvets.com

### DECEMBER 7-11

#### DENVER, CO

American Association of Equine Practitioners (AAEP) Convention  
aaepoffice@aaep.org  
www.aaep.org

Email your meeting announcement to [info@k2publishing.ca](mailto:info@k2publishing.ca)

## Industry News

### Pets and Ticks update

Pets and Ticks, a comprehensive website led by Dr. Scott Weese of the Ontario Veterinary College, reports that they've received 460 tick submissions to date. Current updated maps, together with evidence-based information on ticks in Canada, can be viewed at [www.petsandticks.com](http://www.petsandticks.com).

### Veterinarians Without Borders global volunteer opportunities

Veterinarians Without Borders was founded in 2005 to foster the health of animals, people and the environments that sustain us. From improving dairy herd health and empowering AIDS/HIV affected families in Uganda, to supporting First Nations and Inuit communities in Canada to manage their dog populations, to enhancing animal health capacity in a One Health framework in Laos, the work promotes long-term sustainability and community independence and works toward a global solution to better health and livelihoods for the world's poorest people.

Volunteers are needed to make a positive difference in the lives of people less fortunate. To view opportunities, visit the VWB website at [www.vetswithoutborders.ca](http://www.vetswithoutborders.ca)

### Virox® and RVTTC partner to provide continuing education to RVTs

The Registered Veterinary Technologists and Technicians of Canada (RVTTC) and Virox® Animal Healthcare are excited to provide the RVT community with an opportunity to revisit the importance of cleaning, disinfecting, and infection prevention.

RVTTC and Virox have partnered to launch a 3-part complimentary online course titled "If You Only Knew..." which will be made available on [www.viroxlearning.com](http://www.viroxlearning.com) as an educational portal. The course will explore the ways in which scents from disinfectants used at a veterinary clinic can impact patients in ways that are not always apparent. The first module will focus on the effect of scent in cleaning products and its influence on the patient's experience (spoiler alert: strong smells can be scary!). Modules 2 and 3 of the course will explain how to best navigate the disinfectant landscape and how to implement a disinfection strategy tailored to the needs of the practice.

Each module takes approximately 10 minutes to complete. Check out the course today at [www.viroxlearning.com](http://www.viroxlearning.com).

### RVTTC is a new affiliate member of the World Small Animal Veterinary Association

On September 24, 2018, the Registered Veterinary Technologists and Technicians of Canada (RVTTC) was accepted as a new Affiliate Member of the WSAVA Global Veterinary Community. "The WSAVA is excited to welcome the RVTTC as an affiliate member and, as such, all of their members to the WSAVA Global Veterinary Community," says Dr. Walt Ingwersen, WSAVA Immediate Past President. "Our strategic plan recognizes the value of all companion animal team members to achieving the WSAVA Vision and Mission, of which Veterinary Technicians are an integral member. We look forward to further involvement from the RVTTC in both collaborative CE delivery, as well as active members on our guideline groups".

As an affiliate member of WSAVA it will be mutually beneficial to share the RVT voice while actively contributing within the WSAVA committees. The RVTTC Board of Directors wishes to thank Dr. Jim Berry for presenting the application on its behalf.

### Equine Infectious Anemia (EIA) confirmed in Alberta

Equestrian Canada reports that on November 21, 2018, a positive Equine Infectious Anemia (EIA) result was confirmed by the Canadian Food Inspection Agency (CFIA) national reference laboratory for a horse on premises in the County of Athabasca, Alberta. The horse had been sampled by an accredited veterinarian to comply with U.S. import conditions.

No clinical signs of disease were noted at the time of sampling. A CFIA investigation is underway and as per program policy, quarantine has been placed on the infected animal and its on-premises contact animals. Initial reports indicate there are several equines on the affected premises. The quarantine will remain until all disease response activities have been completed, including follow-up testing and ordering the destruction of positive cases.

In 2018, one horse tested positive for EIA in Saskatchewan, and a total of 11 infected animals were identified in Alberta. For more information, visit the CFIA website, at [www.inspection.gc.ca](http://www.inspection.gc.ca)



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