

Canadian Practice



CANADA'S VETERINARY TEAM NEWSMAGAZINE

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Update on diagnosis of atopic dermatitis

By Anthony Yu, BSc, DVM, MS ACVD

Pruritus one of the most common presenting clinical complaints in veterinary dermatology. It is the first clinical sign to present in dogs with allergic dermatitis, even before erythema, papular eruptions, alopecia and other secondary lesions. Unfortunately, pruritus is not exclusive to atopic dermatitis. Pruritus is also associated with many other skin diseases including infectious, parasitic, immune-mediated, cutaneous manifestation of an internal disease and cutaneous neoplasia, making diagnosis of allergic dermatitis more complicated.

Diagnosis of canine atopic dermatitis (environmental allergies) is made by careful evaluation of the historical information, dermatologic examination

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Sarah, Nour, Dr. Mac, Mama Mac, Natalie and Jennifer, participating in the ribbon cutting ceremony to celebrate the opening of Mac Animal Clinic, with Canadian football legend Pinball Clemons, and Shane Cullis of the Oakville Chamber of Commerce

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Win What do we mean by 'One Welfare'?

TORONTO, ON – The term 'One Health' is generally used to recognize that human health and animal health are interdependent and bound to the health of the ecosystems in which they exist, often with an emphasis on infectious diseases that can pass between humans and other species. Speaking at the joint World Small Animal Veterinary Association and Canadian Veterinary Medical Association Congress, David Fraser, CM, PhD explained that the term 'One Welfare' has been more recently used to emphasize the many other links between animal welfare and human welfare, and to acknowledge that both depend on a well-functioning ecological environment. In his session, Dr. Fraser outlined several of these important links between animal welfare and human welfare, that we need to be cognisant of:

1. Improving animal welfare to improve human welfare and vice versa

The most obvious link, acknowledged Dr. Fraser, is that *improving animal welfare is often a way to improve human welfare*, and vice versa. Some examples he shared include:

 Simple steps to improve the welfare of draft animals include using well-designed harnesses that do not cause injuries, providing adequate nutrition, and using more ef-

One welfare continues on page 6

from late paying customers: nine tips for getting paid without creating hard feelings



By Jeff Mowatt

Ever experience the awkwardness of having to call a customer to remind them to pay their bill? You walk a fine line of diplomacy. Being a pushover won't get the customer's attention. Being too pushy can offend risking losing

not only money that's due, but *future* business as well. Most of the training I do is on choosing words that enhance trust and differentiate your *service* to make price less relevant. You can use these same trust building principles to gain cooperation with customers who aren't paying. Consider these nine tips...

1. Do your homework

Start by gathering details about the invoice and about how much overall business the customer does with you. Any large volume customer isn't going to be

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VetLaw

"Lessons from the summit": Business planning observations for the successful clinic

Editor's note: In this article, Mr. Jack departs from the conventional commentary on the law as it relates to the practice of veterinary medicine to share some of his thoughts arising from his recent successful ascent on September 15, 2019 to the summit of Mount Kilimanjaro, the highest single mountain peak in the World at some 19,341 feet above sea level. Mr. Jack led a team of three other climbers dubbed "Project Kili Climb" on a fundraising expedition in support of the Terry Fox Foundation; the group raised in excess of \$61,000 for the Foundation which funds ongoing innovative cancer research. Mr. Jack will return to his usual legal content in the next issue.

On more than one occasion while on a "bucket list" trek to the summit of Mount Kilimanjaro recently, I had the opportunity to reflect on various aspects of the planning and implementation of this event and draw some appropriate analogies to the efforts necessary to operate a successful business enterprise; in this context, the skills, training and determination required to reach the summit are similar to those one should envelope to enjoy financial, personal and professional success in your clinic.

Planning

As a long-time patron of the Terry Fox Foundation (39 years 'perfect attendance' at the annual Terry Fox Fun), in anticipation of the celebration of my 60th birthday in early 2019, the genesis of Project Kili Climb was in March, 2018. In an effort to plan a unique fundraising effort on behalf of a charity that does such good work, I wanted to develop a project that would capture the imagination of both potential climbers and donors. Two veterinary colleagues in the Ottawa-area had previously invited me on a 'Kili Climb' some years earlier that, based upon some professional commitments, I had to decline. The allure of such an adventure remained on my 'to do' list. The initial step was to raise the idea to the Terry Fox Foundation with a view to securing its' endorsement of the project. After a number of enthusiastic meetings with the National Development Team, the Foundation happily accepted the proposal. From the outset, Project Kili Climb was not an event organized and sponsored by the Foundation; rather, it was the subject matter of a 'Third Party Agreement' between myself and the Foundation which covered a number of legal considerations including the use of intellectual property and, importantly, releases of liability.

Concurrent with seeking the endorsement of the Foundation and, based upon strong recommendations from a number of Kilimanjaro climb alumni and my own research, I selected the guide company that would look after the administrative and climb logistics for the project.

The planning then moved into 'high gear' in October, 2018 when I blasted my email address book recipients with an invitation to join me for this adventure and provided the details of the trip for consideration. Somewhat surprisingly, I immediately received 18 responses from various people indicating their 'soft' interest in joining the team; by the end of the year, I had received the firm commitment of three other climbers which ultimately formed Project Kili Climb. The team members then met in the Spring, 2019 in a half-day session to receive fundraising recommendations from the Terry Fox Foundation, and physical training advice, and to discuss our social media presence and hear from the guide company and former successful climbers.

While the actual climb was a mere 8 days long, (6 days on the ascent, 2 days on the descent), the planning for Project Kili Climb took approximately 19 months!

The investment of time and energy into the careful and thoughtful planning of this project was critical to its success. Potential problems and

complications were identified and addressed at an early stage, with sufficient time to implement strategies to avoid any impediments. The same type of careful planning is necessary for the operations of your veterinary hospital; whether you are dealing with issues of staffing, client and patient development, commitments



Douglas C. Jack, B.A., LL.B.

to ongoing training or changes to the physical premises or equipment, the prudent and successful practice owner and management team will similarly identify potential problems and seek to avoid them.

Teamwork

Without question, when one exits a frost-covered tent before the sun rises for the final ascent to the summit of Kilimanjaro, one highly relies on all of the team members that have assisted in reaching this stage. Obviously, the teamwork of the professional mountain guides, the porters and cooking and camp staff are integral to ensuring the success of the final trek to the top. One relies entirely on the skill, knowledge, experience and expertise of the individuals with you on the mountain; however, the 'team' is made up of a great number of others - our personal trainers (who had been engaged for periods of up to 9 months prior to the ascent), our respective office staff who looked after our business interests while we were absent, our spouses who provided their unreserved support for the project and, importantly, our donors all played key roles to ensure our collective success. Most importantly is the 'teamwork' of your fellow climbers – a simple, "How are you feeling?" inquiry to one of your team members can help to identify critical medical issues relating to high altitude sickness before they become problematic.

Any practice owner who believes that the success of the clinic is wholly the result of his or her efforts is mistaken. Most will recognize that that success arises from the aggregate contributions of all team members – professional associates, veterinary technicians, animal-care attendants, reception staff, hospital managers, clients, professional advisors, regulatory authorities and others all play important roles in the smooth and profitable operations of your hospital.

Dedication and determination

I confess that on a few occasions, when faced with some particularly challenging terrain or extended hours of a daily hike, I found myself griping to myself about my then current plight. No one made me undertake this project; it was solely my own doing. On such occasions though, I quickly resolved to self-encouragement by thinking. "Oh, come on...get over yourself...stop whining...Terry Fox ran a marathon a day...on one leg!"

Any honest person having reached the summit of Kilimanjaro will tell you that its challenging and, at times, downright difficult. That being said, it's entirely do-able by anyone who has the dedication and determination to appropriately train for it, listen to the advice of experts and the drive to enjoy the sense of accomplishment that comes with both the actual climb and the fundraising aspects of such a project. Any successful businessperson will also demonstrate a keen level of dedication to the business enterprise and a determination to face the day-to-day challenges that accompany any commercial activity.

There were a number of elements of the success of Project Kili Climb that have been instructive for general business and personal planning. I would, without hesitation, endorse any reader's plan to participate in such a trek – the personal and professional benefits are worth it.



Atopic dermatitis continued from page 1

and elimination of differential diagnoses. Before embarking on treatment for allergies, be certain to always rule-out other primary or confounding causes of pruritus such as parasitic infestation (Otodectes, Trombicula, Cheyletiella, Sarcoptes, Demodex injai, Lice); microbial infections/overgrowth (Staphylococcus, other bacteria, Dermatophytes, Malassezia, other yeasts); other hypersensitivity disorders (flea bite hypersensitivity, dietary hypersensitivity, allergic contact dermatitis, Malassezia or bacterial hypersensitivity); cornification disorders (metabolic diseases, zinc/vitamin A-responsive dermatoses); neoplastic diseases (epitheliotropic lymphoma, mast cell tumour); and other skin conditions (irritant contact dermatitis, cutaneous drug reaction). A common error in practice is to rely on serologic allergy testing to confirm a diagnosis of allergies. As parasitic diseases such as Sarcoptes scabiei can lead to the increased production of non-specific or cross-reactive IgE false positive reactions on the allergy test, it is imperative to ruleout ectoparasites. In general, allergy testing is NOT used to diagnose atopic dermatitis, rather to aid in the identification of environmental allergens to include in immunotherapy treatment sets once all other differentials have been eliminated.

The following step-wise approach to pruritus will help to eliminate nonatopic differential diagnoses before pursuing allergy testing in your patient:

Step 1. Detailed history and physical/dermatologic examination

As per Favrot's Criteria, most atopic individuals will have an onset of clinical signs starting at <3 years of age with "alesional" pruritus, be mostly indoors, have an excellent response to glucocorticoids, have a history of chronic or recurrent yeast infections. The typical distribution pattern of canine atopic patients includes the front paws, concave surface of the pinnae sparing the ear margins and have no clinical involvement of the dorsothoracolumbar region. Some of the other common areas included in the Canine Atopic Dermatitis Extent Severity Index (CADE- SI-04) evaluation of clinical symptoms include the face, ventral abdomen/inguinal region, axillae, flexor surface of the elbow and hock joint, the skin between the accessory and metacarpal pad, and external ear canals. Predisposed breeds include most purebred dogs including French bulldogs, West Highland White Terriers, Shar Pei dogs, Labrador and golden retrievers and German shepherds. When a patient falls outside of these parameters and pattern of distribution, ruling out other pruritic skin conditions is imperative.

Step 2. Eliminate ectoparasites

With the advent of isoxazolines, eliminating parasitic diseases including sarcoptic mange, cheyletiellosis, otodectic mange, demodicosis, fleas, ticks, and lice has never been easier. As part of a work-up of any pruritic condition, every patient should receive a course of either Bravecto®, Credilio®, Nexgard® or Simparica® as these are all safe and effective treatments. Treatment of all in-contact dogs and the environment (e.g. Dust- MiteX, drying bedding at high cotton heat) should be pursued. Oral corticosteroids may be used for short term symptomatic relief of pruritus. If the underlying etiology is attributable to a parasitic infection, a 90% reduction in pruritus should be noted after two weeks, 95% after 4 weeks and 100% after 6 weeks of treatments. Skin scrapings, both deep and superficial, are still valuable diagnostic tools. A positive skin scrape allows the clinician to focus their efforts on the ectoparasite and postpone potentially unnecessary diagnostic tests including dietary trials, allergy testing and dermatophyte PCR.

Step 3. Eliminate dermatophytosis

In general, dermatophytes tend to cause more of an asymmetric distribution pattern and are typically not pruritogenic except for Trichophyton mentagrophytes. As dogs are aberrant hosts for T. mentagrophytes (most often found in rodents), the fungal organism generates a foreign body reaction that can mimic the pruritus seen with atopic dermatitis.

If not diagnosed, patients may be mistakenly administered glucocorticoids to suppress the inflammation and pruritus, subsequently worsening the patient's condition. If an asymmetric pattern with easily epilating hairs is noted, submitting samples for Microsporum canis, Microsporum gypseum and Trichophyton mentagrophytes PCR testing is warranted.



Step 4. Eliminate bacterial infections

Bacterial infections cause inflammation, which in turn results in pruritus. Skin cytology of pustules, crusts and epidermal collarettes will help confirm a diagnosis if bacteria are found engulfed within neutrophils. Skin cytology of staphylococcal folliculitis however, may not be as rewarding because the organisms are found deep within the hair follicle and not as readily sampled. At times, the presence of multifocal areas of alopecia with easily epilating hairs at the periphery of the lesions in the absence of a positive skin scraping for demodicosis justifies empirical treatment with clindamycin or cephalosporins for a minimum of three to four weeks. If an incomplete response is noted, bacterial culture and sensitivity may be considered, given the increased prevalence of multi-drug resistant bacteria.

Step 5. Eliminate Malassezia infections

Malassezia pachydermatis can be found as a commensal organism in dog's skin but can also act as an opportunistic pathogen in the right microenvironment. Malassezia causes pruritus by releasing zymogen from the yeast cell wall that activates mammalian complement resulting in inflammation and glucocorticoid non-responsive intense pruritus. As well, Malassezia may elicit a hypersensitivity reaction that results in allergic inflammation, creating an ideal environment for more Malassezia growth, perpetuating a vicious cycle.

Keys to diagnosing Malassezia by skin cytology include:

- 1. aggressive sampling from the skin surface and onto the glass slide as these organisms are keratinophilic
- 2. heat fixing the glass slide as Malassezia pachydermatis is also lipophilic and hence may be washed off the slide if using the first methanol dip when



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3. viewing the slide in a 3-dimensional manner by frequently using the fine focus adjustments.

Treatment selection is based on correlating Malassezia numbers on cytology with the patient's clinical signs, especially the intensity of pruritus. One yeast found on cytology in a pet that is intensely pruritic and unresponsive to glucocorticoids, would warrant systemic anti-yeast therapy, including ketoconazole, itraconazole, fluconazole or terbinafine. Topical therapy should be considered in any therapeutic regimen to treat yeast infections and may be considered as the sole treatment modality if client compliance is exceptional. Lastly, Malassezia immunotherapy is another consideration, especially in those patients with adverse reactions to traditional topical or systemic anti-yeast protocols.

Step 6. Rule-out concurrent metabolic diseases

As recurrent bacterial and yeast infections can generate a significant level of pruritus, be certain to eliminate other potential metabolic conditions that may alter a patient's local immune response including endocrine diseases such as hypothyroidism, hyperadrenocorticism and diabetes. Interestingly, both hypothyroidism and allergies are antibody-mediated diseases to perceived foreign proteins, primarily thyroglobulins in the case of hypothyroidism and allergens in the case of food allergies and atopic dermatitis. Therefore, it is not surprising to find both conditions in the same individual.

Step 7. Eliminate food allergies

Although the incidence of pure food allergies encompasses only 10-20% of allergic patients, a combination of both food allergies and environmental allergies are more common. The percentage that each component contributes toward pushing a patient above their allergic threshold varies from patient to patient. A few clues help to determine whether food allergies are a serious consideration including: 1) a history of non-seasonality and steroid unresponsive pruritus; 2) a distribution pattern involving the ears, feet, rears and dorsothoracolumbar region; and if present 3) concurrent gastrointestinal signs (flatulence, vomiting, diarrhea, voluminous bowel movements), respiratory signs (rhinitis, asthma), neurologic (seizures, aggression, attention deficit disorder), musculoskeletal (immune-mediated polyarthritis and/or myositis), or hematologic signs (AIHA, ITP). The only reliable way of identifying these patients at this point in time is by performing a strict elimination diet using a novel or hydrolyzed protein diet, anticipating at least a 50% improvement by 4 weeks and complete resolution of clinical signs by 8-12 weeks. Concurrent use of oral short acting corticosteroids or other anti-inflammatory medication and antimicrobial therapy during the initial phase of a dietary trial may be warranted to help provide immediate relief. Typically, as a positive response is noted to the dietary restriction, medications can be tapered, leaving the diet as the sole treatment modality toward the end of the trial, if food allergy is the primary underlying etiology. Confirming a diagnosis of food allergy is accomplished by controlled dietary challenges every 2 weeks, where a relapse of clinical signs may be noted within 30 minutes to 14 days with the majority of dogs relapsing between 24-48 hours. In general, most dogs react to one or two food antigens; it is uncommon to have a pet that reacts to 3 or more antigens.

Step 8. Eliminate cutaneous T-Cell lymphoma

Especially in a patient with a later onset of pruritus that is incompletely

responsive to glucocorticoid therapy, a suspicion of cutaneous T-cell lymphoma must be considered. It can mimic clinical signs of atopic dermatitis including the presence of erythroderma and seborrhea and may progress to infiltrative depigmenting lesions including plaques and nodules involving mucocutaneous regions. Skin biopsies, dermatohistopathology and immunohistochemistry will help to confirm the diagnosis.

Step 9. Evaluate the response to a therapeutic trial

Identifying your client's desires and ability to treat their pet, may dictate that symptomatic therapy would be the ideal course for a patient. With the advent of safe and effective medications such as Atopica®, Apoquel® and Cytopoint®, exposure to glucocorticoids can be minimized. If the frequency and cost of medications are feasible, a client may wish to continue symptomatic therapy for their pet's atopic dermatitis. However, if the patient continues to require daily therapy year-long, allergen specific immunotherapy is a safer and more cost-effective approach that may result in a decrease or elimination of symptomatic therapy.

Step 10. Pursue allergy testing to identify allergens to include in immunotherapy

If allergen specific immunotherapy is the client's desired treatment modality, then allergy testing can be performed to identify allergens to incorporate into an immunotherapy treatment set. Serologic and intradermal allergy testing are currently the two readily available methods of identifying a patient's sensitivities to environmental allergens.

Several laboratories offer regional serologic allergy testing including Heska Corporation (Fort Collins, Colorado), Greer Laboratories (via IDEXX, Lenoir, North Carolina), Biomedical laboratory (Austin, Texas), Spectrum laboratories (Tempe, Arizona), Veterinary Allergy Reference Laboratory (Pasadena, California) and many others. Background (nonspecific) binding, lack of standardization among the various company protocols, allergenic extract preparation, incubation, washing and blocking steps, and Carbohydrate Cross-Reactive Determinants (CCD) may result in aberrant reactions.

Intradermal allergy testing minimizes false negative reactions by evaluating the local immune response, including locally amplified IgE antibodies that may not make their way into the bloodstream. As well, since not all circulating IgE antibodies make their way from the serum into the skin, intradermal allergy testing minimizes false positive reactions.

Regardless of the testing method, positive reactions should always be interpreted in light of the patient's likelihood of exposure to the allergen and the clinical signs.

Dr. Anthony Yu,BSc, DVM, MS ACVD completed his Doctor of Veterinary Medicine degree at Ontario Veterinary College in 1990, and after finishing a residency and Masters degree at Auburn University, he started the first private dermatology referral practice in Oregon and southwestern Washington where he dealt with chronic ear, skin, and allergic conditions in dogs, cats, and horses for 11 years. He then returned to the Ontario Veterinary College as an Associate Professor in Veterinary Dermatology in 2004. As of 2013, Dr. Yu is back in private referral practice at the Yu of Guelph Veterinary Dermatology in Southwestern Ontario and Manitoba. He has lectured extensively in veterinary dermatology throughout North America, Europe, and China as well as authoring and guest editing several publications in canine, feline, and equine journals and veterinary textbooks.

One welfare continued from page 1

ficient carts so that energy is not wasted. Attention to these issues will increase the working power of the animals and thus improve the owners' livelihood.

- Programs of animal and human rehabilitation between animal shelters and prisons have involved dogs that are deemed unadoptable because of serious behaviour problems being assigned to carefully selected prisoners who work intensively to calm, train and socialize the dogs so that they can be adopted or even become assistance animals. In addition to benefiting the dogs, the program is said to be very beneficial for the prisoners by helping them develop responsibility, patience, tolerance and empathy, and gain a sense of satisfaction through service.
- With food-producing animals, improving animal welfare brings benefits to people. For example, good handling methods can improve growth and re-

production by reducing animal stress; good nutrition can improve the efficiency of growth; and safe, comfortable environments can prevent injuries.

Dr. Fraser pointed out that the reverse is also true; when people suffer from drought, famine or poverty, they are often unable to provide well for their animals, so improving the welfare of people can be a crucial step in allowing them to provide good welfare for their animals.

2. The need for coordinated action

One Welfare also underlines the need for veterinary and animal protection services to be coordinated with human health and related services to achieve better outcomes for both animal and human welfare. For example:



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- *Violence toward animals:* Dr. Fraser noted that decades of research have shown that people who are violent toward animals are often violent to other people. For example, a study of over 100 women escaping from violent partners found that these women were nearly 11 times more likely to report that their partner had hurt or killed pets than a comparison group of women, and in some cases the threat of harm to the animals was so severe that women delayed escaping from violent partners because of fears for the animals' safety (1). Thus, animal welfare, domestic violence and child welfare agencies need to cooperate because the first person to see an abused child may be an animal welfare inspector acting on a complaint.
- Neglect of animals: The neglect of animals is often associated with human mental health. A study in Ireland followed thirteen people who had been charged with neglect. It found that in five cases, the underlying problem was failing health or senility, and another four cases involved depression or other mental distress resulting from divorce or other personal difficulties (2). The conclusion was that in the majority of cases, we need to bring together animal welfare and human welfare agencies in order to solve the problems.
- Hoarding or animals: The hoarding of animals is another serious animal welfare problem with strong links to human mental health. Classic hoarders are people who accumulate a large number of animals that overwhelm their ability to provide even minimal care, fail to acknowledge the deteriorating condition of the animals and the environment, and fail to recognize the negative effect on their own health and wellbeing. Such hoarding is now seen as a distinct form of mental illness (Hoarding Disorder) that often involves other conditions including depression, social phobia and generalized anxiety. The clear message is that to address this problem of animal welfare requires attention also to the mental health of the offender. If the animal welfare intervention is not accompanied by mental health intervention, the problem is likely to be repeated.

The need to coordinate animal welfare and human welfare is also clear in disaster relief. During Hurricane Katrina, for example, many people refused to evacuate from danger unless they could assure the safety of their pets. This became such an issue during Hurricane Katrina that the USA now has protocols in place for rescue of pets in disaster relief.

3. Protecting the environment is fundamental to both human and animal welfare

Protecting the environment is fundamental for both human and animal welfare, stressed Dr. Fraser. He cautioned that the introduction of invasive species into places where they cannot be absorbed into a functioning ecological system can cause enormous economic loss and other hardship for people, combined with incalculable hardship for the native animals that often die of disease, starvation or extreme competition.

Late paying cutomers continued from page 1

happy about receiving a collection call over a relatively small invoice. In fact they may rethink continuing to do business with you. On the other hand, a first time customer with a large overdue bill should be contacted sooner rather than later. When it comes to collecting, it makes sense to give long term customers special consideration.

2. Begin with a courtesy email

The first reminder can be a friendly email sent soon after payment is due. Keep the tone light and conversational: "Pat, I was looking through our receivables and noticed we haven't received a payment yet on this invoice. I want to make sure you did indeed receive it and there's nothing you need from our end. Thanks."

3. Stand up for yourself

If the email doesn't receive a reply, it's time to pick up the phone. If you're feeling anxious, stand up when you phone. Your voice will have more resonance and authority, and you feel more confident and in control.

4. Share facts not accusations

Certain phrases can inadvertently sound like accusations that put customers on the defensive. Telling people they are *late* or *overdue* sounds like a generalization. Instead give specific dates and encourage them to talk,

Pollution also affects human and animal welfare. A review of coastal dead zones – areas of ocean where nutrient loading leads to a lack of oxygen and suffocation of fish – concluded that dead zones now affect a total area of more than 245,000 square kilometers and cause mass mortality to aquatic animals (3), often with severe effects on local fisheries.

Similarly, climate change and associated extreme weather affect people and animals alike. In fact, the effects of climate change are predicted to be so severe as to drive a significant percentage of the world's wild species to extinction (4).

These problems of ecological collapse, pollution and extinction of species are often viewed as problems of conservation, not animal welfare. But, Dr. Fraser cautioned, many harms to the environment are major threats to both conservation and animal welfare, and the two movements need to work together to address them.

Summary

Dr. Fraser concluded his presentation by emphasizing that One Welfare serves as a call to recognize the many interconnections between human welfare, animal welfare and the integrity of the environment. In practical terms, he said, it is also a call to improve animal welfare in order to improve human welfare and vice versa; to co-ordinate actions between veterinary and human medical services; and to protect the environment in order to promote both human and animal welfare.

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David Fraser, CM, PhD, is a Professor in the Animal Welfare Program at the University of British Columbia. His long career has focused on the behaviour and welfare of farm, companion and wild animals ranging from mice to moose. He has served as a scientific advisor on animal welfare science and policy to many organizations including the World Organisation for Animal Health (Paris), the Food and Agriculture Organization of the United Nations (Rome), and the Food Marketing Institute (Washington). Prof. Fraser is an enthusiastic teacher who mentors many graduate students. He is the author of many publications including the popular introductory book Understanding Animal Welfare: The Science in its Cultural Context. In 2005 he was appointed Member of the Order of Canada for his work as "a pioneer in the field of animal welfare science".

"Payment was due on the 17th and as of today we haven't received it. Is there something about the payment I should be aware of?" Listen. Gather facts. Take notes. This isn't the time to state your position. Instead, summarize you're understanding of the facts you collected. "So if I understand this correctly, the situation at your end is...?" A huge part of building trust with anyone is demonstrating that you *get* their circumstances.

5. Empathize

After you've summarized your understanding of their situation, if they have indeed been experiencing financial setbacks, then empathize. Begin with two magic words: *sounds like*. "*Sounds like* you've had a run of unfortunate events. I'm sorry to hear that." Those words make you sound humane and go a long way towards making late paying customers *want* to cooperate.

6. Don't make it personal

This is the opposite of what I normally share in my Trusted Advisor seminars. Typically, we personalize the service by using the word "you", as in, "Let me check for *you*." In the case of collections however, the last thing we want is for this to be taken personally. So rather than asking, "When can *you* pay?" Instead ask, "When can we expect payment?" Speaking of word choices, avoid asking if they "want" to pay by installments. Few people want to pay bills. Instead ask, "Would it be helpful if we set up a payment plan?"



Veterinary Business Today

Why your veterinary practice needs a business strategy

The end of the year is approaching, which is always a good time to step back and access how our veterinary business is doing. Is our revenue up? Are we seeing more pets for wellness programs? Have our new initiatives been done as expected? How do we feel about things in general? If we don't like we see, what are we doing about it? If we are growing beyond our expectations, why is that happening? Is it the result of a carefully thought out plan, or is it just luck? When we ask these questions, whether we realize it or not, we are asking if our strategy is working.

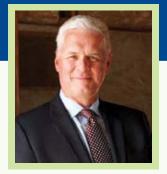
What is business strategy? Simply put, it is our ability to compete with sustained differentiation that is of value to our clients. We want our strategy to be long term; we want people to be able to recognize just what it is that makes our practice preferable to other ones because what we offer is considered valuable to our desired clients. Value is a tricky word because any business owner thinks that whatever product or service they offer is amazing and that all clients will want it. It isn't that easy because different people value different things.

When we consider strategy, we need to wrestle with one key element and that is who are the clients we want to target for our practice? Do we want any dog or cat owner, or is there a particular type of pet owner we want to serve? There isn't a successful business that claims they offer something that all clients value. In fact, there are only two basic business models: low cost services or products based upon operational efficiencies, and higher cost personalized services. The client that shops for clothes at Walmart isn't likely to be someone that shops at a high-end clothing store offering custom fitting and of one of a kind clothes imported from Europe. Sure, the latter person might run into Walmart for socks and underwear, but they aren't buying the bulk of their clothes there.

Knowing what your desired client values forces us to consider the hardest part of the strategy and that is our unique value proposition. Why do pet or horse owners or dairy farmers choose your practice over your competitors? In the eyes of most animal owners, vets are all very similar, so what is it about your practice makes them come to you? Is it customer service, bedside manner, lower prices, extra services, or specialized training? The best way to find this answer is to simply ask your clients. It could be as simple as your receptionists asking each client as they leave why they choose your practice over other vets to using a more formal customer survey.

There are other key elements that are needed when developing a strategy. One of the exercises commonly used at the beginning of the strategy process is a SWOT analysis, or the Strengths, Weaknesses, Opportunity and

Threats facing your business. Consideration of the financial and political climate of your region is essential. If you are in a rural location that is struggling because industry is leaving the area, it isn't the time to splurge on a fancy hospital. If the political situation is tumultuous it would be foolish to commit to a major investment in the midst of such uncertainty.



By Mike Pownall, DVM, MBA

Once we have a plan for our continued success we need to know if we have the internal capabilities to fulfill our unique value proposition to our desired clients. This could be one or more things like having well trained staff, or implementing an excellent reminder system, or a good inventory system so you never are out of stock of products, or vets who attend a lot of CE so they have very current medical knowledge. Generally, the more of these capabilities you have the harder it is to compete against your business because the combination of all of these capabilities is difficult to replicate.

Finally, the last piece of the strategic plan comes into place; the management systems to help us know if our strategy is working. This can include financial metrics that are the scorecard for our progress, human resource systems, leadership development, financial planning to finance growth, or continuing education in medicine or business management to fill knowledge gaps.

The ultimate goal of a good strategy is to use it it as a guideline of what you want, or conversely, what you don't want. Strategy is a tool to help you say no to the wrong type of client, to services your target client doesn't value and anything else that doesn't support where you want your business to go.

We wouldn't start a surgery if we didn't have a plan that involved the correct instruments, appropriate assistance and an understanding of what a successful outcome looks like. We couldn't expect a comfortable retirement without a defined path towards our retirement goals. Likewise, investing time, energy and money into our business without a clear strategy can lead to wasted resources and opportunities. A little careful planning now can make all the difference for a successful veterinary career, professional growth and personal satisfaction.

You can visit Dr. Pownall's website at www.veterinarybusinessmatters. com, on twitter @dvmbusiness, and the Veterinary Business Matters Facebook page. The website for McKee-Pownall Equine Services is www.mpequine.com and for Oculus Insights is www.oculusinsights.net.



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7. Express your Grand Intention®

If you are indeed dealing with a normally reliable repeat customer, explain that you value their business and want to help them through this. I call it expressing your grand intention. It sets a positive tone and implies that you're interested in achieving a long-term mutually positive outcome. Again, the goal is for them to feel *motivated* to pay.

8. Summarize your understanding

Before hanging up, clarify what you and the customer have decided, "For my notes and to make sure I have everything clear, here's what we've agreed upon moving forward..." Then send them a written summary confirming what you discussed. That way if you end up in court you'll have documentation.

9. Last resorts

If you conclude there's slim hope of collecting all monies or that you no longer want to continue doing business with that customer, consider settling for less

than the full amount. In most cases, you'll be further ahead financially than what you'd receive by either suing them or engaging a collection agency. Speaking of unpleasant customers, some business owners have told me they meet once a year with their staff to 'fire' their one or two worst customers. These are individuals who create more stress than they are worth. In that case they send the customer a letter along the lines of, "It appears you have not been satisfied... we are therefore asking that in future you use the services of (competitor)."

Bottom line - While phoning customers to get paid may be daunting, fortunately by simply being a strong listener and choosing your words more thoughtfully, you can make collecting from customers less unpleasant and more rewarding. Good luck!

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.



Client education: a win-win marketing strategy



By Naren Arulrajah

Odds are, content marketing is an important aspect of your overall marketing strategy. If not, it should be. Content marketing produces about triple the number of leads per dollar spent than paid search advertising does, according to a study¹ by Kapost. However, simply publishing content isn't enough.

You need the right type of content, and it needs to provide value to your audience. For veterinary practices, one of the most effective ways to accomplish that is through client education.

Why educate clients and potential clients

Pet owners are always looking for ways to improve their pets' health and behavior. Additionally, they tend to share important or interesting information, from warnings about toxic houseplants to housebreaking tips. By turning your online presence into a reference source for animal lovers, you can accomplish several things:

Improve client loyalty

People are much more likely to follow you on social media or subscribe to your newsletter if they find the materials useful. This not only reinforces the client relationship, but also keeps your practice name fresh in their minds. When they need a vet, they are likely to come back.

Build your professional reputation

A series of informative articles or blog posts can turn your website into a goto resource for pet owners. This also positions you as an expert in the field, demonstrating the depth of your knowledge as well as your genuine concern for the wellbeing of animals.

Attract new clients

The internet is full of so-called information, but a great deal of it is inaccurate. Most people know that. Therefore, when they find a great, reliable resource – like animal care guides on a veterinarian's website – they are likely to bookmark it, remember it, and return to it. You have already earned their trust, so when they need a good veterinarian, you're going to be first on the list.

Improve compliance

The benefits of producing educational materials extend beyond marketing. They can also help your clients care for their pets better. For example, during an appointment, you might not have time to fully explain the risks of untreated fleas and ticks. A few months later the client might not remember everything you said. However, if it's on your website or printed on a client handout, they can read it thoroughly, absorb the information, and reference it later.

Top types of educational content

When you hear "content marketing" you probably think of the written word. While text is certainly important, it is far from the only way to convey your message. In fact, text content is much more engaging and effective when paired with appropriate images.

Other important types of content include:

Video: About 80 percent of website visitors will watch a video on your page, whereas only about 20 percent will read the text². Video also performs very well on social media.

Infographics: A good infographic includes short bits of factual text,

usually with important words and numbers highlighted in some way. The imagery is simple, and visually demonstrates the information. This helps people understand the important facts at a glance and piques their interest in accompanying text or videos.

Podcasts: This is a fast-growing marketing technique, and a wonderful way to connect with patients. Like articles and videos, you can include links on your website and social accounts.

Mixed media: Don't limit yourself to just one form or style. Instead, aim for a variety of content types, including mixed media. The best webpages often include a mixture of quality images, videos, text, and interactive elements.

Educational content – where to start

So, you have some great educational content. Where should you publish it? The options are endless, but some of the best channels include:

Practice blog: HubSpot ii reports that prioritizing blogging in your marketing strategy can improve ROI as much as thirteen-fold. One of the great benefits to blogs is the flexibility. The text tends to be less formal than strictly reference articles, and the topics can vary widely. This is ideal for veterinary practices, because you can personalize and humanize your content by mixing in personal commentary, funny animal stories, and more. **Website articles:** A quality website is the core of a strong online presence. It is often the first thing a potential client will see. You want it to be professional, informative, and inviting.

In-office materials: Videos that play in your waiting room, the hold menu on your phone, and counter displays at the front desk all provide opportunities to educate clients. Choose materials that highlight services they might not be aware of, as well as relevant pet care information.

Social media: Veterinarians have a real advantage here. In many industries, marketers struggle to find topics that will start a social conversation. However, people love to talk about animals. You can (and usually should) post links to articles, blog posts, and videos, as well as some content made for social media. Little-known tips, warnings, and seasonal content perform especially well here. For example, animal lovers often share infographics such as dangers of leaving a pet in a hot vehicle during the summer.

Conclusion

Effective veterinary marketing is not just about selling your services. It is about gaining brand awareness, nurturing relationships with current and future clients, and building your professional reputation. When you become the educator, the resource of choice for reliable information, you also become known as a trusted expert.

Naren Arulrajah is President and CEO of Ekwa Marketing, a complete internet marketing company that focuses on SEO, social media, marketing education, and the online reputations of veterinarians/practice owners. With a team of 180+ full time marketers, www.ekwa.com helps practice owners who know where they want to go, get there by dominating their market and growing their business significantly year after year

- 1. www.oracle.com/webfolder/mediaeloqua/documents/
- Content+Marketing+Kapost+Eloqua+ebook.pdf (Kapost, 2017)
- 2. https://www.hubspot.com/marketing-statistics (HubSpot, 2019)

Taking feline mobility examinations beyond the exam room

By Jenn. Panko, RVT, CCRP, VTS Physical Rehabilitation, OCMC, CAPMC, The SPAW Pet Rehabilitation and Fitness, Aldergrove, British Columbia, Canada

The story: 15 minute to 30 minute appointments. Cat in carrier, cat stressed, cat hides at home or is viewed by the client as inactive or lazy. Weigh the cat in the carrier. Remove cat from carrier. Weigh carrier. Cursory physical examination because cat is challenging and requires minimal restraint, minimal handling

Do we ever really, truly see our feline patients move? How often do

we complete a detailed, accurate, and thorough mobility examination of our feline patients? The message we want to send our clients is: Mobility Matters. Every Pet. Every Time.

Recommendations:

- 1. Think outside the box (unless they are having difficulty using the litter box add mobility and pain to your rule out list)
- 2. Spacious feline only examination room with hiding spots, dim lights, and mobility assessment tools, feline friendly practice, feline appointments spaced out so cats have ample time to become comfortable in room



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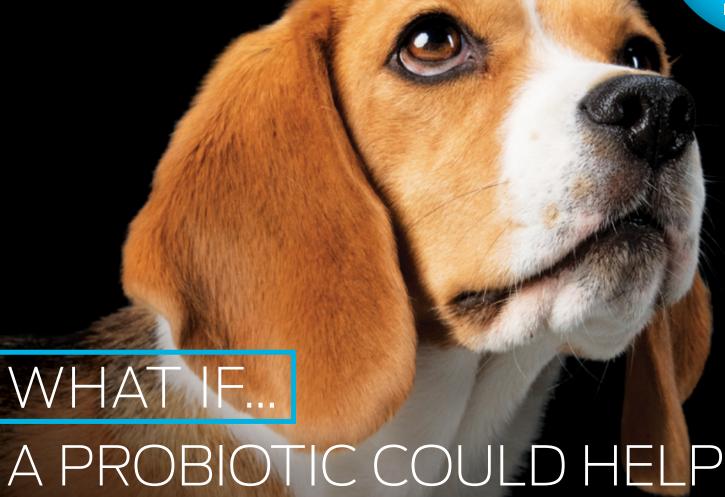
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* McGowan, R. T. S. (2016). "Oiling the brain" or "Cultivating the gut": Impact of diet on anxious behavior in dogs. Proceedings of the Nestlé Purina Companion Animal Nutrition Summit, March 31-April 2, Florida, 91-97.





before examination.

- 3. Apply Fear Free approach to examination including prescriptions for fear, anxiety, and stress before travel to clinic.
- 4. Have kitten socialization options in room.
- 5. Option for clients to submit video of their pet moving. Provide example and set time limit 15-30 seconds
- 6. Mobility tracking chart for client to complete
- 7. Small land treadmill and cavaletties available to assess mobility.
- 8. Promote mobility examinations if you have concerns while having an examination for another issues let the client know you want to see their pet to discuss mobility.
- 9. Choose pain assessment, grimace scales, fear, anxiety, and stress scales to be used consistently within your hospital. If everyone on the team is speaking the same language communication about patient needs becomes simple and effective.
- 10. Set yourself and your patients up for success. Designate a feline strategy team and pet experience team in your hospital. Clients appreciate a game plan before an appointment. Explore fear free approaches.

Case Example: 7 year old male neutered domestic short- hair referred to rehabilitation service for osteoarthritis and/or potential soft tissue injury. Clients heard I swim cats and thought it would be a fun thing to try with their cat. History involved declining mobility and less activity. Cat typically hides in carrier during veterinary visit. Primary care clinician consents to hydrotherapy, therapeutic laser, and therapeutic exercise.

Cat booked for 45 minute sessions (half hour of treatment time, 15 minutes to get accustomed to my office and de-stress after car ride. Feliway spray and hiding spots available along with low litter box and reduced lighting.

Cat willing to explore office. Walking with crouched posture but curious. I am unsure if crouched posture is pain, osteoarthritis, fear, or combination.

Underwater treadmill (in other room) set before cat arrives (approximate water depth selected and moving at selected speed) Make friends with cat, calmly put cat in underwater treadmill. Once cat was buoyant he began to take proper strides. Marked left proprioceptive deficit. Client frustrated the family veterinarian did not observe this. Discussed with client that cats are a challenge to exercise and in the physical rehabilitation setting I was able to observe the proprioceptive deficit because I was able to put his cat into a situation where his gait could be truly evaluated.

Discontinued treatment and reported finding to veterinarian and assisted client in scheduling recheck. Veterinarian completed neurologic examination, radiographs, and pain assessment. Began same rehabilitation program again with the understanding that if neoplasia was present therapeutic laser was contraindicated. Client and veterinarian agreed that the therapeutic laser could be effective in treating nerve damage and painful lumbar spine and compensatory pain in shoulder area. Proprioceptive deficit was only ever observed consistently on underwater treadmill and on land treadmill and did improve. Cat gained muscle mass in hind end, improved hip extension, and spinal mobility. Original treatment plan was twice weekly for 6 weeks, weekly for 6 more weeks, biweekly thereafter. If misses a week mobility

does decline. Catch up with weekly sessions for two weeks in a row. Clients have invested in small land treadmill for daily exercise.

Therapeutic exercises consist of spinal extension and hind end contractions and extensions over a 30cm Toto Fit Infinity, low cavaletties with socks on. Pain management includes gabapentin and an anti-inflammatory.

Lessons learned from this case:

- Technicians objective observations and physical examinations that vary from a veterinarian are not a diagnosis. Embrace a difference of opinion within your scope of practice. Objective and reportable findings can lead to a diagnosis, a more accurate and effective treatment plan, and better patient outcomes including reduced pain and improved mobility and quality of life.
- 2. Collaboration within client ability or desire to obtain diagnostics. We do not have an MRI for this cat. We are treating based on clinical signs and response to treatment.
- 3. Feline mobility matters. A physical rehabilitation professional can assist in making observations that can guide diagnosis and treatment plan.
- 4. Set yourself and your patients up for success. Designate a feline strategy team and pet experience team in your hospital. Clients appreciate a game plan before an appointment. Explore fear free approaches.
- 5. Choose pain assessment, grimace scales, fear, anxiety, and stress scales to be used consistently within your hospital. If everyone on the team is speaking the same language communication about patient needs becomes simple and effective.
- 6. If you are a physical rehabilitation veterinary technician, objective observations and collaboration build trust with referring/consenting clinicians.

Jenn. Panko, RVT, CCRP, VTS Physical Rehabilitation, OCMC, CAPMC is a Registered Veterinary Technologist (Seneca College, Ontario 2005) where she was the recipient of The Veterinary Technology Recognition and Appreciation Award for dedication to and excellence in animal care. She then completed an internship at The Island Wildlife Natural Care Centre. Jenn began her career in veterinary physical rehabilitation in 2006 at The Mississauga-Oakville Veterinary Emergency Hospital and Referral Group coordinating CARE, The Companion Animal Rehabilitation Experts Rehabilitation Service. She also managed The Neurology and MRI Service where she mastered the skills necessary to help paralyzed pets regain their mobility. She completed The University of Tennessee's Certified Canine Rehabilitation Practitioner Program in 2006, and the Certified Osteoarthritis Case Management Program in 2012. Jenn was the recipient of The Ontario Association of Veterinary Technicians Award of Merit for enhancing the image of the veterinary technology profession and for her volunteer work teaching children and adults with diverse abilities therapeutic horseback riding lessons. In 2014, she completed the University of Tennessee's Companion Animal Pain Management Certificate Program. She obtained her Veterinary Technician Specialty (VTS Physical Rehabilitation) in 2017 and is a Charter Member of The Academy of Physical Rehabilitation Veterinary Technicians (APRVT.) In 2018 she became a Fear Free Certified Professional and has incorporated many fear free techniques into sessions at The SPAW. As well, she coordinated The Companion Animal Rehabilitation Service at The Ontario Veterinary College, University of Guelph.

Pain management in the critical patient

TORONTO, ON – The role of veterinary technicians in developing an anesthetic and analgesic protocol for critical patients is a complex task acknowledged Tasha Mcnerney, BS, CVT, CVPP, VTS (anesthesia), speaking at the combined World Small Animal Veterinary Association and Canadian Veterinary Medical Association Congress. The veterinary technician must work together with the clinician and other team members to ensure that the critical patient is properly evaluated and cared for. Before administration of any anesthetic and analgesic agents, each patient must have a physical exam that includes a chest auscultation to assess cardiovascular and respiratory function, an ECG, temperature, blood pressure, femoral pulse evaluation, and pulse oximetry readings. In some cases, she noted, it is also important to obtain lab values such as a PCV/TS, blood glucose, electrolyte panel, creatinine level, and blood gases.

Once the clinician is aware of overall patient status, they can assign an ASA rating, and an anesthetic and analgesic protocol can be administered.

Proper protocols will change with each patient and the type of surgery or treatment needed, as well as the level of perceived pain. "It is important to note that if a patient is thought to be in pain, analgesics should NOT be withheld," Ms. Mcnerney stressed.

Common critical patients that are often in need of anesthesia and analgesia

1. Urethral obstruction

Cats with urethral obstruction frequently present in pain and distress and they often require immediate and rapid urethral catheterization. Ms. Mcnerney said that treatment should begin with assessing the patients' electrolyte and hydration status and checking for any arrhythmias. Hyperkalemia is a common finding in urethral obstruction patients, she said, and can lead to ECG changes such as a wide QRS complex and absent or flat P waves. Often the T wave is peaked or tented. Hyperkalemia and acidosis may require additional

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drug therapies such as calcium gluconate, insulin given with a concurrent dextrose drip, sodium bicarbonate. Although calcium gluconate does not alter potassium values, it does stabilize cell membranes, allowing time to reduce the potassium levels and minimize the cardio toxic effects of hyperkalemia.

Next, instructed Ms. Mcnerney, an IV catheter should be placed in the urethral obstruction patient. Cats will often need analgesics as well as sedation for placement of urinary catheter. Analgesia can be achieved with buprenorphine or hydromorphone. Propofol may be used as an induction agent prior to general anesthesia. Also, if the patient is in the early stages of the disease ketamine can be used in conjunction with diazepam for induction of general anesthesia. If the patient arrives laterally recumbent or critically ill, they may not require chemical restraint. In these patients, urethral catheterization can often be achieved with an opioid analgesic combined with a saccrococcygeal block using bupivacaine.

Post urethral obstruction, the patient must be monitored closely for hydration status, electrolyte imbalance, and analgesic therapy. In cats without evidence of chronic or acute kidney disease, NSAIDs can be administered to provide analgesia and decrease urethral inflammation. In cases where an NSAID is contraindicated, the clinician may use a therapeutic laser to help reduce the inflammation present post catheterization.

2. Gastric dilatation volvulus (GDV)

GDV is characterized by stomach distention and a clockwise rotation and this condition is considered a surgical emergency, advised Ms. Mcnerney. Patients presenting with GDV are often large breed canines with deep chests, and symptoms observed may include restlessness, abdominal pain, unproductive vomiting, dyspnea, and distention of the abdomen. Because most GDV patients present in some form of cardiogenic shock, it is important that all team members be on hand as multiple events need to be synchronized to ensure maximum patient comfort and survival, said Ms. Mcnerney. The dilated stomach, she explained, obstructs blood flow through the caudal vena cava, while the increase

in gastric pressure decreases blood flow through the portal vein.

Initial treatment after physical examination will include IV fluid therapy via either a jugular catheter or large bore catheters in each cephalic vein. Gastric decompression by trocarization is recommended to improve ventilation before general anesthesia is initiated. Pre-medication as well as analgesia may be achieved with an opioid such as fentanyl, oxymorphone or hydromorphone. In animals that present as very ill, opioid doses can be reduced.

Anesthesia can be induced using an opioid and benzodiazepine such as midazolam. Alternatively, etomidate combined with a benzodiazepine can be used. These combinations have very minimal impact on the cardiovascular system as opposed to other induction medications like propofol. Intra operatively inhalant anesthesia can be kept to a minimum by using a constant rate infusion (CRI) of fentanyl/lidocaine/ketamine.

This combination will not only provide multimodal analgesia but also lidocaine has the added benefit of being an anti-arrhythmic should ventricular arrhythmias develop. The FLK CRI can be continued in the post-operative period to maintain a steady state of analgesia. Post-operatively, the patient can be transitioned to IV buprenorphine at the clinician's discretion.

3. Hemoabdomen/splenectomy

The hemoabdomen patient often presents with signs of hypovolemic shock, including pale mucous membranes, rapid heart rate, and weak or 'thread' pulses, explained Ms. Mcnerney. Often, this can be secondary to neoplasia, or a ruptured splenic mass. Before proceeding with the splenectomy patient, she advised, attempts should be made to restore the patients' tissue perfusion and oxygen delivery before general anesthesia.

Hypovolemic patients often have simultaneous RBC and protein loss so colloids and other blood products are often needed preoperatively. Hemoabdomen patients proceeding to surgery can be treated similar to the GDV patient, noted Ms. Mcnerney. Pre-operatively an opioid will provide analgesia. Induction can be achieved with an opioid and benzodiazepine combination.





The patient should also receive concurrent pre-administration of oxygen via facemask or nasal catheter. Etomidate can also be used for induction combined with a benzodiazepine. Agents such as thiopental or propofol are not recommended, she noted, due to their common side effect of vasodilation.

Again, as with GDV patients, a FLK CRI can be a useful adjunct to minimize inhalant anesthesia. The FLK CRI can be continued in the post-operative period to maintain a steady state of analgesia.

4. Dystocia

The patient presenting with dystocia and requiring caesarian section (CS) must be handled very carefully to ensure the safety of the dam as well as fetuses. In CS patients, Ms. Mcnerney advised, anesthetic requirements are often reduced because of increased progesterone levels. There is also a reduced functional residual capacity of the lungs due to the pressure of the intra-abdominal volume of the fetuses, she said. Patients that are not overly anxious or stressed should have an IV catheter placed, abdominal shaving and pre-oxygenation before drugs are administered.

If selecting an opioid for pre-medication a mixed agonist/antagonist such as butorphanol may be preferred to minimize fetal respiratory and CNS depression. A longer acting pure-mu opioid can be administered upon fetus removal to provide analgesia to the mother. Induction cab be achieved using a low dose benzodiazepine (<0.15mg/kg) followed by propofol or etomidate.

Alfaxalone, has become the induction agent of choice for caesarian patients, although Ms. Mcnerney noted that it is important to keep in mind Alfaxalone is not an analgesic. Mask induction is not recommended due to the side effects and exposure to the staff. If staff are so trained, an opioid/local anesthetic epidural can be a very effective analgesic tool that can dramatically reduce the need for inhalant anesthetics.

5. Trauma

Anesthesia and pain management of the trauma patient can be most challenging to the veterinary staff. Many body systems can be affected and concurrent and multimodal therapies are often needed. For the trauma patient, anesthesia should not be initiated until vital organ function has been stabilized, said Ms Mcnerney. The trauma patient must have a patent airway. The clinician should ensure that circulating blood volume is maintained in

order to provide tissue perfusion and oxygen delivery to vital organs.

The goal with pre-medicating trauma patients is to provide analgesia as well as reduce the overall amount of induction agent needed. Agents that are reversible (opioids& benzodiazepines) are preferred to agents that are not reversible (acepromazine, ketamine). An opioid analgesic such as fentanyl is an attractive option in the trauma patient as it is rapidly cleared from the body very quickly, which can help facilitate a neurologic examination, shared Ms. Mcnerney. During induction, patients should be pre-oxygenated. Induction can be achieved using an opioid/benzodiazepine combination. In some cases, this may not be enough to intubate and a small amount of propofol is necessary to facilitate intubation. In cases where increased intra cranial or intra ocular pressure is not a concern a ketamine/diazepam induction may be an attractive choice as it allows rapid intubation and will provide some analgesia.

Post-operatively trauma patients must have vigilant nursing care constantly assessing their cardiovascular, respiratory, and pain level. Multimodal CRIs provide constant analgesia without the 'peaks and valleys' effect seen with some intermittent dosing of analgesics. Ms. Mcnerney advised that implementing a pain scoring system can help your clinic effectively titrate analgesics to fit your patients' needs. She noted that he University of Colorado offers a species specific color chart available for download at http://www.csuanimalcancercenter.org/assets/files/csu_ acute_pain_scale_canine.pdf and said these handouts can be placed in recovery and treatment areas to help train technicians and staff to recognize various pain behaviours.

Summary

In summary, Ms. Mcnerney commented that, by working together, the veterinary team can implement an anesthesia and pain management protocol to help ensure the comfort and safety of any patient walking through the doors!

Tasha McNerney CVT, CVPP, is a Certified Veterinary Technician from Glenside, PA. She is also a certified Veterinary Pain Practitioner and works closely with the IVAPM to educate the public about animal pain awareness. Tasha became a veterinary technician specialist in anesthesia in 2015. She loves to lecture on various anesthesia and pain management topics around the globe. In her spare time, Tasha enjoys reading, spending time with her son, and binge watching Schitt's Creek.

Canadian Veterinary Medical Association News

By Lori Tarbett, Manager, CVMA Communications and Public Relations

The CVMA recently welcomed its 2019-20 Council members:

President: Dr. Melanie Hicks
President-Elect: Dr. Enid Stiles
Vice-President: Dr. Louis Kwantes
Executive Member: Dr. Christopher Bell

Immediate Past-President: Dr. Terri Chotowetz

• Treasurer: Dr. Brian Evans

• Chief Executive Officer: Mr. Jost am Rhyn

The CVMA proudly recognizes outstanding contributions to veterinary medicine. 2019 CVMA Award recipients:

• **CVMA Humane Award**: Dr. Dennis Will (SK)

• CVMA Practice of the Year Award: Veterinary Specialty Center of Newfoundland and Labrador (NL)

• Merck Veterinary Award: Dr. Karin Orsel (AB)

• Small Animal Practitioner Award: Dr. Kate Lupton (AB)

• CVMA Life Membership: Dr. Jim Brackett (BC)

• CVMA President's Award: Dr. Lloyd Keddie (AB)

Dr. Alice Crook appeared on behalf of the CVMA on June 12, 2019 to the Standing Senate Committee on Social Affairs, Science and Technology with respect to its hearing on Bill C-84, An Act to amend the Criminal Code. Bill C-84 passed through Parliament and into law the following week. This law is two-fold as it broadens the definition of bestiality in the Criminal Code by making any sexual contact with an animal illegal. One of the groundbreaking provisions is that those convicted of engaging in a sexual act with an animal

will be listed on the National Sex Offender Registry, protecting animals and other vulnerable members of our society. Secondly; encouraging, aiding or assisting in the fighting or baiting of animals is now an offence under the Criminal Code. Any person found breeding, training, keeping and transporting animals for fighting, as well as profiting from these fights, will be subjected to criminal offence charges. This law protects communities, as animal fighting is often linked to organized crime.

The CVMA responded to Health Canada's proposed Veterinary Pre-market Evaluation Fee Structure through a letter directed to the Director General, Resource Management and Operations Directorate of Health Canada on July 30, 2019. The CVMA feels the fee structure would result in an increase in drug review and maintenance fees over the next few years. The current proposal could undermine the Government of Canada's efforts to coordinate stakeholder initiatives under the federal Pan-Canadian Framework on Antimicrobial (AM) Resistance and associated federal Action Plan. The CVMA is concerned that without enough available, safe and effective antimicrobials and alternatives, other less desirable options may be sought by some including increased use of compounded drugs, extra-label drugs use, or even illegal importation. The complete letter can be found under the News & Events section of canadianveterinarians.net.

Building on direction from federal, provincial, and territorial governments in the National Plant and Animal Health Strategy, industry leaders championed the development of Animal Health Canada, a new governance model built on industry-government partnership in decision-making, resource sharing, and program management. The goal is to strengthen Canada's capacity for animal disease prevention, preparedness, response and recovery (PPR&R) by reducing fragmentation of accountabilities, ensuring greater sustainability in resource commitments, increasing timeliness of action, and planning more effectively for



Life of a Vet Tech

Why we love, love our veterinary technicians

By Julie Cappel, DVM

Veterinarians would be lost, no, we would be nothing, without veterinary technicians. We would be sad, lonely, tired, overwhelmed, and totally broke.

As I was working today, a very busy Saturday, I walked out of exam room after exam room to see my technicians scurrying by handling a mega-pile of tasks. Draw the blood, catch the urine, run the tests, radiograph the pet, give the fluids, trim the nails, present the treatment plan, count the pills, and call the client. One crabby gentleman even threw paperwork and spoke in a very nasty fashion to one of my kindest, most gentle technicians as she was explaining a treatment plan. She handled it with grace and poise.

How can we honor these rock stars of the veterinary world?

Love and respect their experience

Some veterinarians think that they are smarter than their technicians because they went to college longer than their technicians. Most technician programs are 2-year programs, however much of the technician learning is done hands on. They learn most of what they do by actually dealing with animals whereas the veterinarian does most of our learning in a classroom. Also, often times your veterinary technician has many more years of experience than you do. Your technician has also worked with multiple veterinarians allowing them exposure to many different ways of doing things that you are not always privy to. When a technician questions you about your assessment, treatment, or the status of your patient, it would be wise to listen to them with an open mind. They may just save you from a costly mistake.

Love and respect their teaching ability

Most of the technicians that I have worked with over the years are vastly

Creative RVT Month celebrations at some clinics:



Celebrating RVTs with a special cake at Companion Veterinary Clinic in Edmonton, AB.



Lakeshore Animal Hospital in Kingston, ON thinks their RVTs are Purr-fect.

more patient than I am, and much more thorough when teaching a client different aspects of patient care when they are properly trained in nutrition, training, puppy socialization, parasite prevention, and medication techniques. They are friendly, open, honest, and able to talk to a client on the level that they need to understand many issues surrounding their pet's care. Not to say that doctors are not great educators, but when you are in the middle of a packed schedule and many patients are occupying your time, we often are forced to rush through the client education "stuff". That is when I call "super technician to the rescue!" The client will get a much better education than they will get from me.

Love and allow them to be who they are

I work with 10 technicians on a daily basis and each one is unique and special. I have one that loves inventory ordering and monitoring, one that loves to handle the schedules, one that is a top-notch repair and maintenance woman, one that loves working with the practice management software, and one that is a master at social media. One hates surgery, one hates running exam rooms, one loves exotic pets, one loves rabbits, one loves dog training. They are all super talented in all areas but are super productive in the areas that they like. The best thing that I can do as a veterinary leader is to assign them to the areas which they excel. Honoring their unique talents makes for a happier work environment and a more efficient hospital.

October hosts veterinary technician month, but I say every day should be "love your technician day" or all of us veterinarians would be terribly exhausted and extremely sad.

Cheers to Shelley, Carolyn, Deanna, Beth, Nicole, Sam, Dawn, Jessica, Jackie and Becky – my amazing technician team.



They celebrated with a custom pizza at Oakridge Animal Clinic in London, ON.



These RVTs at Castleridge Veterinary Clinic in Calgary, AB received a gift of flowers from a client, thanking them for all that they do.



Sponsored by Vetoquinol in support of vet techs and their contribution to enriching the human animal bond

the future. The CVMA is part of the Animal Health Canada working group.

The CVMA developed two position statements titled **Animals in Sport**and **Competition** and **Animals in Entertainment and the Arts:**

- Although the positions could appear to overlap, the critical difference is the animals' activity in each situation.
- When considering an activity's animal welfare implications, it's the animals' experience that matters. The animal welfare risks are markedly different when used for sport and competition, and when used for entertainment or in the arts.
- The entertainment position addresses, for example, animals performing in a circus. The Sport and Competition position would cover dogs running in a sled race or horses on a track.
- Some activities, such as rodeos, need to be viewed through both statements.

All CVMA's position statements can be accessed in the in the *Policy & Advocacy* section of our website.

The CVMA has created **Online Guidelines for Veterinary Antimicrobial Use** for Canadian veterinarians. The CVMA Guidelines provides Canadian veterinarians with world-class advice on decision support for selecting which cases require antimicrobial treatment and recommended treatments. All licensed veterinarians in Canada have full access to the platform until December 31, 2019, after which only active CVMA members will have full access. Visit: canadianveterinarians.net/AMU-UAM

Funding: Agriculture and Agri-Food Canada's AgriAssurance Program, and the Canadian Food Inspection Agency.



Alberta Veterinary Technologists Association News



By Amanda Barker, RVT, 2019 ABVTA President

Fall is my favorite time of year. There are so many things to love about this season, such as the crispness in the air, fuzzy sweaters and socks, hot drinks on a cold day, and my personal favorite, RVT Month! The 3rd annual RVT Month will be kicking off across Canada on October 1, and the ABVTA couldn't be more excited! Please share

photos of your celebrations with us on Instagram @abvta.official or on Facebook. We love to see all of the ways our amazing members are celebrated!

The Board of Directors was busy throughout the summer, meeting several times via teleconference to approve budgets and finalize meeting plans for the Annual General Meeting. The AGM will be held in Banff on October 19 in conjunction with the Canwest Veterinary Conference. Dr. Marty Becker, founder of the Fear Free Initiative, will be speaking on this exciting topic prior to our meeting. There are several bylaw amendments that require your vote, and I would encourage you to come out and participate. Saturday evening we will also be hosting our year-end celebration for our 40th Anniversary before the Canwest Meet and Greet Social. These will both be fantastic events and I hope to see you there.

Volunteering is an amazing way to learn more about the ABVTA and veterinary medicine in Alberta. The connections you will make and experiences you will have are priceless. If you missed the deadline and would still like an opportunity to be involved with your association, please don't hesitate to reach out – we would love to hear from you!



Eastern Veterinary Technicians Association News



By Stephanie Hall, RVT

The Eastern Veterinary Technician Association would like to dedicate this column to one of our mentors who had a huge impact on many of us.

August 10th marked the first anniversary of Dr. Helene Van Doninck's passing from ovarian cancer. She was

to many of us RVTs in the Atlantic Provinces, a teacher but also a friend

worked in private practice, and founded the Cobequid Wildlife Rehabilitation Centre (CWRC) in 2001. Helene was a recognized international expert on the treatment of oiled birds. She single-handedly succeeded in eliminating the use of lead in hunting and fishing because of its impact on wildlife, especially eagles.

and mentor. She was a teacher in the Animal Health Technology program,

Last year, she was the recipient of the Canadian Veterinary Medical Association's Humane Award 'for her dedication to caring for injured wildlife'. She served as a mentor and leader to hundreds of wildlife lovers.





Helene loved life and lived it to the fullest. She loved to laugh - and that laugh was contagious. She would be pleased to know that the CWRC continues and that the legacy of her work lives on!



Saskatchewan Association of Veterinary Technologists News



By Tamara McLoughlin, RVT, SAVT President-Elect

The Saskatchewan Association of Veterinary Technologists (SAVT) has an exciting announcement to make!! The recertification committee has completed their task and a new policy has been implemented for veterinary technologists that would like to become registered again. In the past anyone that had not maintained their Active

Membership in over 3 years had to rewrite the National Veterinary Technician Exam. Going forward this will be the new policy:

Policy 7.5 – Reinstatement of Membership

For any former Active member who is not eligible for transfer of professional status as per Bylaw, has resigned, or been struck from the membership for more than 36 months and then applies for Active Membership, the following procedure will take place:

- An SAVT application form must be completed and submitted to the SAVT office
- An RVT mentor will be appointed to the applicant by the Executive
- · An Executive Interview must take place in a timely fashion once the

- application is received. This will include but not be limited to the Executive Director, President, and President-Elect.
- The applicant will need to acquire the appropriate number of Continuing Education hours as decided during the Executive Interview and any other criteria outlined as requirements for membership reinstatement

We developed this policy to encourage veterinary technologists to reclaim their professional status as a Registered Veterinary Technologist whether they are planning to re-enter the workforce or not. We've designed the policy so that it gives us a chance to really help and support veterinary technologists that want to become Active Members again. The SAVT board feels that this new policy could provide a means of addressing the RVT shortage in Saskatchewan and we're excited to welcome back as many veterinary technologists as possible!

On September 4th we launched our 2019 Wage Survey and added a brand new Job Satisfaction component to it. Look for those results in my next update!

As always, if you have any questions, comments, concerns please contact our Executive Director Jasmin Carlton by email at SAVT savt@savt.ca.



Case Study: Animal Welfare and Ethical Issues

Ethical Case Study #8: Excellent service to increase client loyalty and generate positive online reviews

After adopting our puppy, Pearl, we were invited to a puppy class at one of the local veterinary clinics. All the puppies had to have had a vaccination and be under the care of a veterinarian. It was a very positive experience; the puppies learned to love going to the veterinary clinic and to practice basic skills such as sit, go on your bed, lay down, come when called etc. They were also desensitized and conditioned to being touched all over including paws, using clipper, and other veterinary equipment, through positive reinforcement and play. At the end of each class, the puppies were allowed supervised free play time in the veterinary clinic. The class was very reasonably priced, well taught and well supervised.

Upon sharing my puppy class experience with a friend who is not in the veterinary industry, she asked me why I had chosen to use this particular clinic since they had such bad online reviews, and asked, "hadn't I read the reviews?" "They charge too much and the staff is rude," she commented. In a recent article in *Forbes Technology Institute*, a study by Dimensional Research was quoted as saying that "90 percent of respondents who recalled reading online reviews claimed that positive online reviews influenced buying decisions, while 86 percent said buying decisions were influenced by negative online reviews".

The puppy class was simple, well-priced and a terrific service! It showed clients that the clinic does indeed care about their pets and provided a safe place for them to seek advice about healthcare and behavior issues, therefore leading to better client loyalty and compliance. I will be recommending it and writing a positive review online!

What excellent service does your clinic provide to increase client compliance and loyalty, and to prevent negative reviews?

Response by Bernard Rollin, BA, PhD and Erica Gray Gowans, RVT

The most important thing we can do to support our clients and increase compliance and loyalty is to recognize and honor the human animal bond. We can do that in several different ways; focusing on reducing stress for patients and therefore reducing our clients' stress is key. There are some great tools in the Fear Free and Low Stress handling programs, which utilize low stress handling and restraint, desensitization and positive reinforcement approaches, and anti-anxiolytic pharmaceuticals when needed. These are just some of the available tools that can make a huge difference to our patient's visits.

We should also be preparing prior to our patient's visit, in ways such as scheduling patients that are fearful and nervous during times when the clinic is quieter such as right before lunch or after the inpatient discharges are completed at the end of the day. We may also need to set aside more time for the patients that need extra help or where our clients may need extra time to ask questions or for educating clients on diseases or discharge instructions. In order to increase client compliance, we need to ensure that our clients are leaving the hospital with a good understanding of their family member's health. Sensitive appointments can include discussion about cancer diagnosis, surgical intervention, behavior treatment, or senior wellness exams, just to name a few.

I once worked at a clinic where client education seminars were provided, including dinner and a chance for clients with common ground to mingle and ask each other questions. I found these incredibly helpful to increase not only client loyalty, but also compliance. It also gave our clients a chance to get together to talk about issues of a common interest and gain education and information that they could take home and utilize with their own animals.

One of the biggest client complaints involves surprises about the bill; the bestt way to combat that is to keep your clients updated on their family member's progress and treatments. I went to a seminar where they spoke about keeping clients updated about their pet's "Health care plan", rather than referring to it as an estimate or bill. I started referring to it as this and found that it was a much better explanation and a much softer approach. I also learned at this seminar that our clients cannot control the outcome of their pet's health care

plan - but what they can control is how much they spend or what treatments their pet will receive.

In the event you do get a difficult

Bernard Rollin,
BA, PhD



Erica Gray Gowans, RVT

or negative review, it's best to tackle it head on. You have two options: if you know who wrote the review you can phone them directly to resolve the issue. The other option is to try and resolve the issue publicly on the review platform. This should be handled respectfully and with positivity.

Ethical Case Study #9: When difficult decisions are too hard to make

Penelope, a 15-year-old female spayed Labrador cross, presented to our hospital laterally recumbent, comatose, and rigid. No obvious respirations were noted, so chest compressions were initiated. Tracheal intubation stimulated spontaneous respirations and a heartbeat was then auscultated. Due to increased jaw tone, she was extubated. Further physical examination revealed moderate dehydration, a grade 3/6 heart murmur, bounding pulses, and harsh lung sounds. Neurological examination revealed absent response to auditory, tactile, and noxious stimuli. She was opisthotonos and occasionally weakly paddling her forelimbs.

History was difficult to obtain from the owner. According to the owner, Penelope had been normal until one week prior to presenting to our hospital. Penelope was brought to a veterinary clinic after multiple collapsing events at home in a 24-hour period. Radiographs obtained at another hospital showed an abdominal mass and effusion. Tramadol tablets were dispensed at the previous hospital. Penelope continued to decline thereafter. Further diagnostics were recommended, but ultimately declined by the owner, and Penelope was sent home with Tramadol and hepatic supplements. One week later, a referral was sent to our hospital for further supportive care and diagnostics.

Penelope's condition was discussed with the owner. Due to her age and the severity of clinical signs, humane euthanasia was recommended. Conversely, hospitalization and further diagnostics were offered and the owner chose this. Thoracic radiographs, ultrasound and a skull and spinal CT were performed; the primary differential was metastatic disease from the suspected splenic hemangiosarcoma to the brain.

Penelope was hospitalized for three days. During this time, each diagnostic performed further confirmed our initial suspicions of systemic metastasis and supported a poor prognosis. Her neurological status did not improve; she remained comatose. Her respiratory and cardiac dysfunction did not improve; she continued to exhibit an opisthotonus posture, respiratory effort, and cardiac arrhythmias despite oxygen support and treatment. Supportive care was applied, and analgesia was given as a constant rate infusion. Attempts were made to keep her comfortable and prevent further deterioration as she was suffering from a severe and systemic condition.

Her owner did not appear to realize the extent of her dysfunction and did not agree to humane euthanasia, as she did not see Penelope to be suffering. Multiple discussions with the owner were had daily, including details about her prognosis and suffering, but the owner would request further diagnostics or treatments. It was difficult to understand the owner's reasoning for further diagnostics, as the initial diagnostics had already confirmed a guarded to poor prognosis. Unnecessary prolongation of suffering was discussed with the owner, and after four days, she agreed to humanely euthanized Penelope. She did not wish to be present. Penelope passed away with multiple staff members present.

How can we support our clients through difficult decisions? And when difficult decisions are too hard to make, could we utilize a counselor to assist? What would that look like in practice? And how can we support our DVMs, and caregiving staff when they are providing care to critically ill patients?



Continuing Veterinary Education Calendar

ОСТОВЕК 19-22

BANFF, AB
CanWest Veterinary Conference Mandi.duggan@abvma.ca www.canwestconference.ca

OCTOBER 21-22

Delta Equine Seminar on Equine Lameness www.deltaequineseminar.com

Остовек 24 -26

SAINT-HYACYNTHE, QC Congres Veterinaire Quebecois omvq@omvq.qc.ca www.omvq.qc.ca

OCTOBER 27

http://bcvta.com/

BURNABY, BC British Columbia Veterinary Technologists Association (BCVTA) Fall Conference

OCTOBER 31 - NOVEMBER 3

SAN FRANCISCO, CA American Association of Feline Practitioners (AAFP) Veterinary Complex Disease Management www.catvets.com

NOVEMBER 1-3

SASKATOON, SK Saskatchewan Association of Veterinary Technologists Conference www.savt.ca

November 1-3

VANCOUVER, BC CVMA-SBCV Chapter Fall Conference

November 2

EDMONTON. AB Putting the Principles of Pain Management into Practice Dr. Trisha Dowling www.easav.ca

NOVEMBER 19 Vaughan, ON

Anesthesia Through The Decades Dr. Craig Mosley info@tavm.org www.tavm.org

November 24

EDMONTON, AB
Managing Your Feline Patients Ine and in the Home Dr. Kelly St. Denis

MAHO BEACH, SAINT MAARTEN Updates in Oncoloy and Geriatrics and End of Life joel@vetvacationce.com www.vetvacationce.com

DECEMBER 7-11

DENVER, CO American Association of Equine Practitioners (AAEP) Convention

JANUARY 30 - FEBRUARY 1

TORONTO, ON
Ontario Veterinary Medical Association pdawson@ovma.org

NIAGARA FALLS. ON Ontario Association of Veterinary Technicians (OAVT) Conference https://conference.oavt.org

QUEBEC CITY, QC Canadian Veterinary Medical Association (CVMA) Convention conventions@cvma-acmv.org www.canadianveterinarians.net

Email your meeting announcement to info@k2publishing.ca

Industry News

2019 FIP Symposium: PURRsuing FIP and WINNing

Winn Feline Foundation is bringing expert researchers from around the world together for a symposium on feline infectious peritonitis (FIP), PURRsuing FIP and WINNing, at the University California-Davis November 16 and 17, 2019.

To register visit https://ce.vetmed.ucdavis.edu/symposia-events/winnsymposium-2019

Suicide awareness and prevention webinar

The Canadian Veterinary Medical Association (CVMA), in partnership with Merck Animal Health, held its inaugural Mental Health Awareness Week from September 9 to 15, 2019. Part of the week included a live Suicide Awareness and Prevention Webinar which was recorded and is now available, in English and French, on the CVMA website. Other resources including a Mental Health Illness Checklist and local contacts are available. Find the webinar and resources at canadianveterinarians.net/mental-health-awareness-week.

OAVT wage survey

While the full results of the OAVT's 2019 Wage Survey won't be released

until January, OAVT recently gave a sneak peek at the results. The average overall wage for Ontario RVTs in 2019 is \$22.42, while the median wage is \$21.00. This represents a nearly 4% increase in average wage from 2018, and a 5% increase in the median wage.

Ontario pit bull ban under review

Premier Doug Ford's government is rethinking Ontario's long-standing and controversial pit bull ban. Attorney General Doug Downey's office confirmed that "the government is considering all options with regards to the Dog Owners' Liability Act and breed-specific legislation."

Opponents say the ban unfairly puts blame on the dog for dangerous behaviour, such as biting, instead of the owner, and singles out several breeds lumped into the 'pit bull' category without evidence they are more aggressive than others.

'Our best guesstimate is that this law has resulted in the deaths of over 1,000 dogs that have never done anything to anyone," said Doug Raven, chief executive of the Ontario Veterinary Medical Association. Raven said the legislation should be strengthened "to ensure appropriate action is taken when an individual dog is deemed to be dangerous" and to hold owners more accountable.

WSAVA Congress 2019 welcomes the world

More than 2,000 veterinary professionals from 81 countries converged on Toronto, Canada, for the 2019 World Small Animal Veterinary Association Congress recently. Organized in collaboration with the Canadian Veterinary Medical Association (CVMA), it took place between 16 and 19 July 2019.

The launch of the findings of the first global study of veterinary wellness in the first of the WSAVA's new 'Shaping the Future' lectures and the joint signing of a Position Statement calling for regulatory convergence to support equitable access and safe use of veterinary medicines around the world, were just two highlights of a packed four days.

The World Congress scientific program aimed to meet the needs both of local delegates and those who had travelled from further afield and included lectures from two of the 2019 WSAVA Award Winners:

- Dr Stephen DiBartola, Professor Emeritus at the Ohio State University, USA, recipient of the Award for Scientific Achievement for his work in the areas of nephrology and acid-base disorders, gave a lecture entitled 'My Life as a Nephronaut.'
- Dr Michelle Lem, a Canadian veterinarian and founder of an innovative community outreach charity, recipient of the WSAVA Global One Health Award, gave a lecture on the work of her charity Community Veterinary Outreach.
- On the day before WSAVA Congress, a number of volunteer veterinarians took part in an outreach workshop with Community Veterinary Outreach.

The 2020 WSAVA Congress, in association with the Federation of European Companion Animal Veterianry Associations (FECAVA) will take place in Warsaw, Poland from September 23-26th.









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