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How to deal with a demanding boss

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New-pet adopter missteps

22 How your pets can help reduce burnout

Tips for introducing new pets to a household
Here’s to a fresh start

Welcome to 2020! The turn of a new year (and, in this case, a new decade) is a time of reflection and resolve for many people, and veterinary professionals are no exception. In fact, identifying New Year’s resolutions offers the perfect opportunity to make changes you may have been putting off—especially in the workplace. So, ask yourself: Where do you want to be professionally at the end of this year (or this decade)?

When it comes to turning your resolutions into reality, experts recommend picking an overarching goal (or a few goals), breaking down that goal into smaller steps, and monitoring your progress toward achieving it. Sounds simple, right? We know it’s not. Change is difficult, and we’re here to help you take responsible for any losses or other damages incurred by readers in reliance on such content. Publisher assumes no responsibility for unsolicited manuscripts, photographs, art, and other material. Unsolicited material will not be returned. Address correspondence to Firstline, 11140 Thompson Ave., Lenexa, KS 66049; 913-871-3800; e-mail dvm360@mmhgroup.com. To subscribe, please email mmhinfo@mmhgroup.com. Annual subscription rate:

Firstline (Print ISSN: 1095-0631, Digital ISSN: 2150-6574) is published 6 times/year as combined issues in Jan/Feb, March/April, May/June, July/Aug, Sept/Oct & Nov/Dec by MJH Life Sciences, LLC, 230 W Superior St, Ste 400 Duluth, MN 55802. Subscription rates: one year $21.00; two years $36.50 in the United States & Possessions; $31.50 for one year, $57.00 for two years in Canada and Mexico; all other countries $42.00 for one year and $87.00 for two years. Single copies (prepaid only) $10.00 in the United States, $14.00 in Canada, Mexico, and $16.00 in all other countries. Periodicals postage paid at Duluth, MN 55802 and additional mailing offices. POSTMASTER: Please send address changes to Firstline, P.O. Box 457, Cranbury NJ 08512-0457. Subscription Manager: PAUL LEONARD, (609) 716-7777. Publications Mail Agreement Number: 40612608. Return undeliverable Canadian addresses to: IMEX Global Solutions, P.O. Box 7000, London, ON N6C 6B2, Canada. Printed in the U.S.A. © 2020 MJH Life Sciences. All rights reserved. No part of this publication may be reproduced or transmitted by any form or by any means, electronic or mechanical, including photocopying, recording, or information storage and retrieval without permission in writing from the publisher. Authorization to photocopy items for internal/educational or personal use of specific clients is granted by MultiMedia Animal Care, LLC All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or information storage and retrieval without permission in writing from the publisher. Authorization to photocopy items for internal/educational or personal use of specific clients is granted by MultiMedia Animal Care, LLC, for libraries and other users registered with the Copyright Clearance Center, 22 Rosewood Dr, Danvers, MA 01923, 978-750-8400. For use beyond those listed above, please direct your request to Permissions Dept, e-mail mmhinfo@mmhgroup.com. MultiMedia Animal Care, LLC provides certain customer contact data (such as customers’ names, addresses, phone numbers, and e-mail addresses) to third parties who wish to promote relevant products, services, and other opportunities which may be of interest to you. If you do not want MultiMedia Animal Care, LLC to make your contact information available to third parties for marketing purposes, simply email us at mmhinfo@mmhgroup.com and a customer service representative will assist you in removing your name from MultiMedia Animal Care, LLC’s lists. Firstline does not verify any claims or other information appearing in any of the advertisements contained in the publication, and cannot take responsibility for any losses or other damages incurred by readers in reliance on such content. Publisher assumes no responsibility for unsolicited manuscripts, photographs, art, and other material. Unsolicited material will not be returned. Address correspondence to Firstline, 11140 Thompson Ave., Lenexa, KS 66049; 913-871-3800; e-mail dvm360@mmhgroup.com. To subscribe, please email mmhinfo@mmhgroup.com.
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fleas  ticks  heartworm  roundworms  hookworms


IMPORTANT SAFETY INFORMATION: The most commonly reported adverse reactions include vomiting, hair loss, itching, diarrhea, lethargy, dry skin, elevated ALT, and hypersalivation. BRAVECTO PLUS has not been shown to be effective for 2 months duration in kittens less than 6 months of age. For topical use only. Avoid oral ingestion. The safety of BRAVECTO PLUS has not been established in breeding, pregnant and lactating cats. Fluralaner is a member of the isoxazoline class. This class has been associated with neurologic adverse reactions including tremors, ataxia, and seizures. Neurologic adverse reactions have been reported in cats receiving isoxazoline class drugs, even in cats without a history of neurologic disorders. Use with caution in cats with a history of neurologic disorders. Use with caution in cats that are heartworm positive. The effectiveness of BRAVECTO PLUS to prevent heartworm disease after bathing or water immersion has not been evaluated.

For information, visit BravoVets.com/Plus.

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**BRAVECTO PLUS**

(furazlaner and moxidectin topical solution) for Cats

**Indications:**

Bravecto Plus is indicated for the prevention of heartworm disease caused by _*Dirofilaria immitis* and for the treatment of infections with intestinal roundworms (Toxocara canis), _4*X. laevis_*, immature, adult male, and adult female (Anisakisidencycliformis [larvae and adults], _4*X. nematodes (larvae and adults), Bravecto Plus kills adult _Ixodes* and is indicated for the treatment and prevention of flea infestations (*Ctenocephalides felis* and the treatment and control of tick infestations (*Ixodes scapularis* (black-tipped tick) and *Dermacentor variabilis* (American dog tick)) for 2 months in cats and kittens 6 months of age and older and weighing 2.6 lb or greater.

**Dosage and Administration:**

Bravecto Plus should be applied topically at a single site once every 2 months according to the Dosage Schedule below. For topical use only. Avoid oral ingestion (see Warnings). The cat should be standing or lying with its back horizontal during application. Part the fur at the administration site. Place the tube tip ventrally against the skin at the base of the skull of the cat. Squeeze the tube and gently apply the entire contents of Bravecto Plus directly to the skin at the base of the skull of the cat. Avoid applying an excessive amount of solution that could cause some of the solution to run and drip off of the cat. If a second spot is needed to avoid run off, then apply the second spot slightly behind the first spot.

**Step 1:** Immediately before use, open the pouch and remove the tube. Put on gloves. Hold the tube at the crimped end with the cap in an upright position (Fig 1). The cap should be rotated clockwise or counterclockwise ever full circle. The cap is designed to stay on the tube for 120 seconds and to ensure delivery of the entire contents of the tube to the cat. In the event that the tube is not fully used, the tube is open and spay is available immediately after breaking the seal of the tube.

**Step 2:** The cat should be standing or lying with its back horizontal during application. Part the fur for this site in the administration area. If the cat is a cat of weight 2.6 to 6.2 lbs (11.5 kg), use the first tube. If the cat is >6.2 to 13.8 lbs (6.2 kg), use the second tube. If the cat is >13.8 to 27.5 lbs (11.5 kg), use the third tube.

**Steps 3:** To use the tube, apply the entire contents of the Bravecto Plus directly to the skin at the base of the skull of the cat. Avoid applying excessive amount of solution that could cause some of the solution to run and drip off of the cat. If a second spot is needed to avoid run off, then apply the second spot slightly behind the first spot.

**Development:**

Body Weight Ranges (lbs)  
Fluralaner content (mg/tube)  
Moxidectin content (mg/tube)  
Tubes Administered  

<table>
<thead>
<tr>
<th>Weight Range</th>
<th>Fluralaner</th>
<th>Moxidectin</th>
<th>Tubes Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.6 – 6.2</td>
<td>11.5</td>
<td>5.6</td>
<td>One</td>
</tr>
<tr>
<td>&gt;6.2 – 13.8</td>
<td>250</td>
<td>12.5</td>
<td>One</td>
</tr>
<tr>
<td>&gt;13.8 – 27.5</td>
<td>500</td>
<td>25</td>
<td>One</td>
</tr>
</tbody>
</table>

* Cats over 27.5 lbs should be administered the appropriate combination of tubes.

A veterinarian or veterinary technician should demonstrate or instruct the pet owner about the appropriate technique for applying Bravecto Plus to cats or kittens.

**Contraindications:**

The use of Bravecto Plus is contraindicated in cats with a history of neurologic disorders.

**Cautions:**

For topical use only. Avoid oral ingestion (see Warnings). In a pilot oral safety study, adult cats orally administered 0.5X or 1X the maximum labeled dose of Bravecto Plus had no adverse gastrointestinal effects, no vomiting, no diarrhea, no abnormalities in clinical pathology, no abnormalities in organ weights, and no dermatologic findings.

**Human Warnings:**

There is no known contraindication for the use of the product. For topical use only. Avoid oral ingestion (see Animal Safety).

**Chemical Name:**

The chemical name of fluralaner is 2-[(5R)-4-(5-(3,5-dichlorophenyl)-5-(trifluoromethyl)-4,5-dihydroisoxazol-3-yl)-2-(O-methyloxime)]-2H-benzo[d]imidazo[1,2-a]pyrazin-3(2H)-one and belongs to the class of isoxazoline-substituted benzamide derivatives. Fluralaner is an acrosomal pore disrupting neurotoxin. The mode of action of fluralaner is the antagonism of the ligated chloride channels (gamma-aminobutyric acid (GABA)-receptor and glutamate-receptor).

**Description:**

Fluralaner is for systemic use and is a semisynthetic derivative of nematicid, belonging to the monomeric group of monomeric nematicid. It binds to gamma-aminobutyric acid (GABA) and glutamine-pyridine chloride channels of the nerves and muscles of the parasite resulting in hyperpolarization, paralysis and death.

**Efficacy:**

In two well-controlled laboratory studies, Bravecto Plus 100% efficacy against induced heartworm infections when administered 2 months prior to infection. In well-controlled laboratory studies, Bravecto Plus 96% efficacy against induced 4th stage larvae, immature adults and adult _I. scapularis* for 2 months. Bravecto Plus is indicated for the prevention of heartworm disease caused by _*Dirofilaria immitis* and for the treatment of infections with intestinal roundworms (Toxocara canis), _4*X. laevis* immature, adult male, and adult female (Anisakisidencycliformis [larvae and adults], _4*X. nematodes (larvae and adults), Bravecto Plus kills adult _Ixodes* and is indicated for the treatment and prevention of flea infestations (*Ctenocephalides felis* and the treatment and control of tick infestations (*Ixodes scapularis* (black-tipped tick) and *Dermacentor variabilis* (American dog tick)) for 2 months in cats and kittens 6 months of age and older and weighing 2.6 lb or greater.

**Warnings:**

**For Topical Use Only:**

Avoid oral ingestion (see Animal Safety).

**For Topical Use Only:**

Fluralaner, one of the ingredients in Bravecto Plus, is a member of the isoxazoline class. This class has been associated with neuroreceptor adverse reactions including tremors, ataxia, and seizures. Neuroreceptor adverse reactions have been reported in cats receiving isoxazoline class drugs, even in cats without a history of neurologic disorders. Use with caution in cats with a history of neurologic disorders.

Use with caution in cats that are heartworm positive (see Animal Safety).

**Adverse Reactions:**

In a well-controlled U.S. field study, which included a total of 176 treated cats (135 with Bravecto Plus and 41 with a monthly topical active control), there were no serious adverse reactions. In a well-controlled U.S. field study, which included a total of 176 treated cats (135 with Bravecto Plus and 41 with a monthly topical active control), there were no serious adverse reactions. In a well-controlled U.S. field study, which included a total of 176 treated cats (135 with Bravecto Plus and 41 with a monthly topical active control), there were no serious adverse reactions.

**Anticipated Adverse Reactions:**

In a well-controlled U.S. field study, which included a total of 176 treated cats (135 with Bravecto Plus and 41 with a monthly topical active control), there were no serious adverse reactions. In a well-controlled U.S. field study, which included a total of 176 treated cats (135 with Bravecto Plus and 41 with a monthly topical active control), there were no serious adverse reactions. In a well-controlled U.S. field study, which included a total of 176 treated cats (135 with Bravecto Plus and 41 with a monthly topical active control), there were no serious adverse reactions.
It’s critically important to get pet owners off to the right start with puppies, for the sake of both the puppy and the owner, and to preserve the bond between the two, Wayne Hunthausen, DVM, told attendees at Fetch dvm360 conference in Kansas City. Often pet owners don’t have the right foundations on which to build the relationship, and that’s where the veterinary team comes in.

Set the puppy up for success at home
The first few visits to the veterinary clinic are a great time for technicians to counsel the puppy owner about home behaviors.

Dr. Hunthausen stressed that supervision, or confinement if the puppy isn’t being supervised, is very important in the first few months after the puppy joins the home. If the puppy has to be confined, he recommended that it spends no more than four hours at a time in the kennel confinement.

“Confinement is fine, but if the puppy is crated for eight hours a day while the owner is at work, and then again all night for sleep, that only leaves a few hours in the evening to burn off its energy, and that can lead to unwanted behaviors,” he noted.
“This is especially important if there are small children in the home,” he said. “You want to make sure that all interactions between children and puppies are safe and positive and something won’t happen that will damage the relationship between the two.”

Instead, he said, he often recommends an open playpen-type enclosure as an alternative to a kennel. It doesn’t allow total freedom but does give more space for the puppy to move around and burn off some energy during the day.

Dr. Hunthausen also encouraged the use of leashes in the house if the pet owner is not actively watching the puppy, like when they’re working on the computer or cooking, because it keeps the puppy from wandering off and getting into trouble in other parts of the home.

"This is especially important if there are small children in the home," he said. "You want to make sure that all interactions between children and puppies are safe and positive and something won’t happen that will damage the relationship between the two."

Another important part of the home environment? Toys. Lots and lots of toys to keep the puppy engaged and out of trouble. Puzzle toys that the puppy can be fed out of work wonderfully, Dr. Hunthausen said.

Continue the success in the clinic
At that first visit, the veterinary team can teach the pet owner how to get the puppy comfortable with some of the most common handling techniques that it will encounter at the veterinary clinic.

“Show the client how to go home and play doctor with the pet. Have the client look in its ears and mouth and handle the paws,” Dr. Hunthausen said. “Have them take an object and touch it to the puppy’s chest as if it were a stethoscope, and then run a hand down its belly to examine it.”

While doing these mock exam techniques at home, the pet owner should be giving the puppy treats and positive reinforcement to explain that touch is OK. Then when the puppy comes into the clinic, there’s less fear, anxiety and stress for everyone. ●

Fight fear at the first appointment
If the puppy comes in for its first vaccination visit and already seems fearful, Dr. Hunthausen recommends the pet owner leave and then return to the practice each day for a short period for about a week. At each of those visits, ask the pet owner to bring a high-value treat like chicken or cheese, and then the receptionist can greet the puppy with a treat. Walk around and have the technician greet the puppy with a treat, and then the doctor as well. “Often you can see remarkable improvement in just a few days,” he said.
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Ask Emily
How to maintain speed during slow times

When business slows down, veterinary teams can get bored and practice owners can get worried. Here are a few ways I ‘beat the bushes’ to attract new clients and encourage current ones to come in.

By Emily Shiver, CVPM, CCFP
Q: What can we do during slow periods at the veterinary clinic to bring in new clients and remind existing clients their pets need to come in?

Keep your foot on the gas during slower seasons by increasing community engagement and reaching out to clients.

There are so many ways to “hustle.” I’ve included four of my favorite and most successful techniques, especially useful during those slower periods.

1. Make those calls!
Print out lists of reminders — past due and coming due. A friendly call adds a personal touch for existing clients. Expect to get a lot of eye rolls when you hand a team member a long list of people to call. Been there!

To make it more fun for staff, offer up a challenge. Give out a prize for the most appointments scheduled and completed. It doesn’t have to be crazy—a gift card works wonders.

Create a phone script so everyone delivers the same message: “Hello! This is Emily from Cleveland Heights Animal Hospital. I was calling to check on JoJo. We haven’t seen that little sweetie in a few months, and there are several important things he’s overdue (or coming due) for. Let’s get him on the schedule.

2. Go out into the community
Dog parks. Most cities have at least one dog park or hiking trail. Take brochures and business cards to hand out to pet owners. Another thought is to get in touch with your vendors to see if they can provide little goodies like poop bags or bowls to hand out at the park. The back of our business cards says the holder can receive 10% off a first visit (services only), and there’s a line or two for me to write “who referred.” In this case, I would write “XYZ Dog Park” or “Cumberland Hiking Trail,” so I know who’s responding and where to spend my time.

Attend events. Search Facebook for local pet events, and use the same advice from dog parks above. Bring goodies, brochures and business cards.

3. Make friends and allies
Visit local boarding and grooming facilities, even if your practice already provides those services. Offer your support and start to build relationships. Create and display a community board highlighting these relationships at your practice.

Additionally, pay a visit to any local businesses—after all, they and their customers have pets too! Tell them about your community board and explain that you’ll display their business cards if they’ll display yours in their business. Consider making tear-off sheets with practice information and your phone number, etc. Don’t get lost in a sea of other business cards. Create something that stands out!

4. Offer referral rewards
Send every client home with two business cards with an explanation of how your referral rewards program works. As I mentioned previously, the back of our business cards has an offer for 10% off a first visit (services only), and you can write an individual client’s ID number to track who’s referring. I’ve had success giving referrers a $10 reward certificate to use on services. Another idea would be to get free products from your vendors and offer those products as a reward.

Those are my four favorite ways to reach existing clients and attract new ones. If you try any of them, share the metrics with your staff before implementing them in your practice, keep them updated and always remember to celebrate the little victories.

Emily Shiver, CVPM, CCFP, is practice manager at Cleveland Heights Animal Hospital in Lakeland, Florida.

More from the Ask Katie series
Visit dvm360.com/askkatie to find answers to questions like …

• What do I do when my team member can apparently do no wrong?
• Can my veterinary practice afford to fire this employee?
• How do I handle the veterinary practice owner’s family?
• Is there a better way to train my team?
Is your behavior hurting the rest of veterinary team? According to Sarah Wooten, DVM, CVJ, a practicing veterinarian who speaks from experience, sometimes the only way to find out is for someone to have the courage to tell you.

Courage is key to addressing a team member who’s exhibiting toxic communication, Dr. Wooten said during a recent Fetch dvm360 conference. She explained that she used to be that difficult veterinarian who unknowingly took out her stress on everyone.

“I remember when I was so stressed and I would come every day and yell at the technicians,” Dr. Wooten said. “I would just be up in my head and I didn’t know how I was affecting other people. It took my practice manager coming up to me and saying, ‘Hey, Sarah, your stress is pouring out on all of us.’”

Tasha McNerney, CVT, CVPP, VTS (anesthesia and analgesia), also a Fetch dvm360 speaker, agrees that it takes courage to have these hard conversations. “Someone has to have the courage to step up and have that difficult conversation and then let them sit with it for a little bit,” McNerney said. “Then they have to have enough awareness to come back to the table and start over in a better and more productive manner.”

STOP destructive communication in its tracks

Dr. Sarah Wooten and technician Tasha McNerney share how to have those difficult conversations that help create a more positive and productive workplace.

That’s not all! Dr. Wooten also explains how to use the “almighty pause” to avoid destructive communication at dvm360.com/destructive.
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Not one good leg to stand on ... literally

What a bear of a dog taught this veterinary technician about bad luck, teamwork and the strength of the human-animal bond.

By Jessica Montoya, LVMT

The story of Bubba, the biggest and most lovable Newfie anyone could meet, began in July 2017 at the University of Tennessee Veterinary Medical Center (UTVMC) when his owner contacted our orthopedic service about treating Bubba’s hip dysplasia with bilateral total hip replacement (THR). The 2-year-old, 156-lb, castrated Newfoundland would be traveling to us from Wisconsin, so coordinating his first appointment for a full evaluation, including any necessary testing and imaging, was important.
We couldn’t have guessed how many times over the next year Bubba’s owner would drive his dog the 10+ hours to and from our hospital.

**Bubba’s story**

In addition to hip dysplasia, Bubba’s clinical history included bilateral fragmented medial coronoid process, which had been treated about a year earlier at the University of Wisconsin’s veterinary hospital with bilateral elbow arthroscopy. Our initial orthopedic examination on July 3, 2017 revealed bilateral hip dysplasia as well as osteoarthritis that resulted from the dog’s fragmented medial coronoid process.

Radiographs confirmed severe subluxation and osteoarthritis, with the most advanced changes present in the left hip. Cranial luxation of the femoral head was noted bilaterally, corresponding with Bubba’s clinical signs of pain, reduced range of motion and muscle atrophy on the left side (Figure 1).

A left THR was performed about six weeks later, on August 15, 2017. Postoperative radiographs showed that the femoral stem on the left side wasn’t centralized in the canal; instead it was angled such that the tip of the stem contacted the cortex of the femur. Bubba was taken back to surgery later that day, where the original #7 stem was replaced with a #8 stem. To facilitate placement of the larger stem, the femoral neck was cut shorter (i.e., lower on the femur). The new stem was placed more centrally in the femur, but now the prosthetic hip luxated ventrally due to the shortening of the femoral neck. The +0 femoral head was replaced with a +6 head—increasing the femoral neck length and thus stabilizing the hip—then the femoral head was reduced (Figure 2). Discharge instructions for Bubba included strict activity restriction for eight to 12 weeks.

At Bubba’s 2-week postsurgical recheck, hobbles were applied to help prevent hindlimb splaying and caudal luxation, and Bubba was fitted with a Help ‘Em Up harness. At the 6-week recheck on September 25, 2017, the implants were still in the proper position, but Bubba’s hindlimbs remained weak with limited range of motion. Continued activity restriction was advised at that time.

By 11 weeks post surgery, Bubba’s muscle atrophy had progressed and physical rehabilitation was recommended to help him build muscle strength. About a week later, the dog presented to our emergency and critical care service for craniodorsal luxation of his left THR. It was unclear whether the additional physical therapy played a role or if a separate event led to the dislocation. Bubba was transferred to the orthopedic service where a closed hip reduction was performed under fluoroscopic guidance. He was then...

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**Figure 1.** Ventrodorsal (left) and left lateral (right) radiographic views of Bubba’s pelvis showed cranial luxation of the femoral head. (All radiographic images courtesy of UTVMC’s radiology service.)

**Figure 2.** Ventrodorsal (left) and left lateral (right) radiographic views of the pelvis following Bubba’s third surgery in which the femoral neck was shortened and a larger femoral stem and head were placed. Note that the stem on the left side isn’t centralized in the canal; instead it is angled such that the tip of the stem touches the femoral cortex.
placed in an Ehmer sling, with plans for recheck radiographs and potential sling removal in 1 week. Unfortunately, the hip was luxated at that recheck, and the owner elected explantation of the THR components, which was performed at our hospital.

Four months later, during a recheck by his primary veterinarian, Bubba was doing well, with the left hip functioning normally following femoral head and neck osteotomy. However, he was presented to our emergency and critical care service shortly thereafter for right hindlimb lameness. Bubba’s primary veterinarian had diagnosed a cranial cruciate ligament rupture after the dog slipped and fell in a creek, and radiographs were taken for measurement of the tibial plateau angle in preparation for tibial plateau leveling osteotomy (TPLO). On the day of his surgery we noted superficial pyoderma, so the procedure was postponed and Bubba was placed on antibiotics with a plan for him to return in 3 weeks. On March 27, 2018 a right TPLO was performed. Postoperative posteroanterior radiographs revealed medial patella luxation. Bubba likely had patellar instability that worsened following the cranial cruciate ligament rupture, and the posteroanterior positioning for radiography put further pressure on the patella, luxating it.

With regard to surgical expectations and outcomes, the veterinary team must consider the limitations of each procedure, the owner’s frustrations as well as the patient’s quality of life.

On March 29, 2018, Bubba underwent surgical repair of the luxation at UTVMC via a right lateral fabellar-tibial suture. A lateral imbrication of the synovium was performed, and the sutures in the fibrous capsule that had been placed previously to close the medial arthrotomy were removed. This allowed the tissues to loosen medially and tighten laterally, reducing the medial tension on the patella. Bubba remained hospitalized for the next several weeks. On the day of his discharge, May 7, 2018, his TPLO was healing (indicated by smooth cortical margins at the osteotomy site on radiographs) and Bubba was able to ambulate with very little assistance.

On June 12, 2018, Bubba presented for his 9-week recheck, at which time we noted that the TPLO was healing but his patella had re-luxated. The owner was offered four surgical options for Bubba: (1) distal femoral osteotomy to correct angulation of the femur, (2) tibial tuberosity transposition, (3) patellar groove prosthesis or (4) patellectomy. The owner left it to the surgeon to decide what would be most successful for Bubba as this would be the last surgery he would put his dog

Described multiple surgeries, physical therapy and rehabilitation, Bubba’s limbs were unable to carry him.
through. Tibial tuberosity transposition, medial and lateral imbrication of the joint capsule, and trochleoplasty (a procedure to deepen the groove) were performed that day (Figure 3). Bubba stayed in the hospital’s physical therapy and rehabilitation service for the next three weeks.

Bubba did well until July 30, 2018, when we received a call from his owner stating that Bubba couldn’t stand on his right hindlimb. After consultation with the orthopedic and physical therapy service clinicians, the owner elected to take Bubba to his regular veterinarian. Re-luxation of the right patella was noted on examination, and the owner was presented with three treatment options: (1) distal femoral osteotomy, (2) patellar groove prosthesis or (3) patellec-tomy. Believing it was not in his dog’s best interest to pursue additional surgery, the owner elected to have Bubba euthanized.

**What Bubba taught me**

Newfoundlands have an average life span of eight to nine years. They are prone to hereditary and congenital diseases such as hip dysplasia, fragmented coronoid process, cranial cruciate ligament rupture and medial patella luxation, all of which Bubba had. They are also predisposed to osteochondritis dissecans of the shoulder and stifle. Bubba’s owner was very aggressive in pursuing treatment options to try to make his dog as comfortable as possible. Nevertheless, complications resulting in poor quality of life led to the decision for euthanasia.

Despite being young—and thus statistically less likely to have so many musculoskeletal problems—Bubba’s many maladies led to significant loss of strength, coordination and function. Although veterinary orthopedic procedures generally have a high success rate, complications increase when multiple procedures are performed on multiple legs in the same dog. Some animals have constitutional orthopedic disorders that affect limb function and the individual’s ability to compensate. In Bubba’s case, all four limbs eventually succumbed to major orthopedic abnormalities requiring major corrective surgeries.

The overall goal of orthopedic surgery is to decrease pain and increase function, and success depends in part on the patient’s ability to recover well. That’s why care for the seriously affected individual must be devised for maximum benefit, which means a team approach with a combined effort from specialists in pain management, physical rehabilitation, nutrition, orthopedics and so on.

More clearly defined methods of risk assessment should be developed to guide the veterinarian in deciding what procedures in what sequence would increase the chances for such a profoundly affected animal to survive.

Breed-dependent risk assessments and physical rehabilitation endpoints must be established for these types of cases. With regard to surgical expectations and outcomes, the veterinary team must consider the limitations of each procedure, the owner’s frustrations as well as the patient’s quality of life.

Bubba’s recovery was compromised due to his poor muscle strength, multiple limb problems, large size and laidback personality. In the final analysis of this case, Bubba truly ended up without a leg to stand on, but his experience will help move us all to a higher level of care for such difficult cases.

Jessica Montoya has been working in veterinary medicine for 15 years. For the past four years she has been a senior technician at the University of Tennessee College of Veterinary Medicine. Jessica loves orthopedics and plans to pursue veterinary technician specialty certification in surgery.

**Acknowledgment**

The author would like to thank Joseph Weigel, DVM, MS, DACVS; Darryl Millis, DVM, MS, DACVS, CCRP, DACVSMR; and UTVMC’s radiology and orthopedic services for their assistance with this case report.
How to deal with a demanding boss

Veterinary practice is hard enough without an impatient, demanding yeller in your life. Here are steps to change your thinking, to try to change a boss’ behavior and maybe to get out, if you can.

By Oriana D. Scislowicz, LVT, PHR

Unfortunately, we’ve all been there. It’s the end of the day, and you receive an email with lots of YELLING CAPITAL LETTERS and exclamation points. Come to find out, it’s not that urgent (most things aren’t and, if they are, they’re communicated in person instead)—just another one of your supervisor’s typical last-minute demands.

On the floor as a veterinary technician, I also experienced the face-to-face versions of these email tantrums from practice owners throwing things around and storming out of rooms because things weren’t set up exactly how they wanted. I used to excuse this behavior by telling myself that it takes a special person to want to take on all that schooling and responsibility. I figured they have a difficult time getting out of their own heads and realizing how they come across.

In reality, none of that behavior is acceptable. I consider myself a driven individual, and I like to be efficient and get things done in a timely manner. However, I’ve never thought it was OK to treat...
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my direct reports in a way that undermined or disrespected them. No one is the perfect supervisor; we all make mistakes, but when it’s a repeated behavior it starts becoming your persona. So, if this sounds like one of your bosses, how do you cope?

**It’s not them—it’s you**

One way is to focus on our own reactions and behaviors. You can’t control how someone else behaves, and how they choose to treat you is not a reflection of your worth. What you can control is your reaction—follow that mantra and you’ll begin to gain more control of the situation and minimize your stress response. Also, patience and calmness are qualities of a mature individual. When your boss is flying off the handle, but you’re keeping your cool, it’s only going to make them appear foolish to others if they keep on. This calm, collected approach might even rub off on your boss.

**If you’re new, give it a beat**

If you’re new to the veterinary hospital or company and you see these negative behaviors in your boss, consider giving it some time. In these situations, oftentimes new hires are taken on long, long after they were first needed, so you come into a situation where everyone has been stretched thin and mentally exhausted for weeks or months. As you learn your job and contribute more and more, the stress will likely lessen, and you can see your supervisor’s true colors.

**Exceed expectations**

Let’s say the behavior doesn’t improve over time. Figure out what key skills your boss is looking for and prove that you can meet, and even exceed, those expectations. Over time, when your boss sees that you’re anticipating needs and excelling on your own, he or she may back off a bit with the demands.

**Don’t lean on excuses**

Being defensive and always ready with excuses for why you didn’t do this or that can make you appear as if you’re always explaining away your actions rather than taking responsibility for them. Listen to complaints and expectations moving forward, then politely explain where you’re coming from and the reasoning for why you did (or did not do) what you did. If you do this at the right time (not immediately after a blow-up) and in a respectful, calm way, it may help your boss see another perspective and change his or her expectations for the future. Don’t do this with every single disagreement. Explain things when they’re important to you—choose your battles.

**Time for a relocation**

If you’re in a large enough organization with multiple hospital locations, consider requesting a transfer. Even a hospital group with two or three locations may have options. If your hospital manager is the offending supervisor, talk to the owners about a transfer. If it’s the practice owner and he or she typically works at your current hospital, you can disguise the need for a transfer with other personal reasons to make it more comfortable for you. Explain that it’s an easier commute or the scheduling works better for you. Naturally, the best-case scenario is when you feel you can respectfully open up regarding how you feel and either hope things will change or they’ll allow you to move, but in reality, this level of openness isn’t always an option. I remember one practice owner who threw syringes at employees and called us names. My friends and family couldn’t understand how I put up with her behavior without calling her out on it, but I was in school at the time and strongly reliant on that paycheck—I didn’t have the option to risk my job. In those situations, it may make more sense to soften the blow and increase the likelihood of them approving a transfer by giving alternate reasons.

**Time for an exit**

This brings us to the last option: When all else fails, you leave. Being in a toxic workplace day in and day out can have serious detrimental effects on your health. Beyond the stress, high blood pressure and migraines, it can make you withdraw from the things you love. Dealing with a demanding, insensitive boss makes you crash when you finally get home—you have no energy for anything else.

There are plenty of other employers out there who are respectful and create a healthy, supportive workplace. When asked by future employers about your time in a difficult workplace, keep it professional, but focus on the fact it wasn’t a good fit for you personally. Usually, a demanding boss doesn’t allow for decent work-life balance or flexibility, so your focus can be on those issues versus just saying the leaders were jerks and you couldn’t take it anymore. So, remember, whether the boss is sending last-minute frantic emails telling you how you did everything wrong or is throwing things around the treatment area, consider the options above. Whether you eventually stay or go, you deserve to come out the other side of this type of trauma strong and resilient.

Oriana Scislowicz, LVT, PHR, was a veterinary practice manager for many years before becoming senior HR specialist at Pharmaceutical Product Development.
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New-pet adopter missteps

Three veterinarians share common missteps they see owners of new puppies and kittens make in the first month. (Plus, some client education resources to help!)

By Kathryn Primm, DVM, Hilal Dogan, BVSc, CCTP, Andy Rollo, DVM

New pets are awesome. Playful kittens and bouncy puppies are the lifeblood of most practices, if they stay with a hospital’s care through a lifetime, and they are bright spots in any veterinary professional’s day. However, many pet owners show up with a need to be educated about what mistakes not to make in the first month or two of a new pet’s life—even if they don’t know it yet.

We asked a few regular dvm360 contributors about the most common mistakes they see clients with new pets make. Since we’re sure you can relate, we’ve included in parentheses the names of several handouts you can give your new-pet adopter clients to head problems off at the pass. To download the handouts, simply visit dvm360.com/clienthandouts and search by title.

You know this is going to be a lot of work and cost you money, right?

> Not knowing the pet needs a series of vaccines (“Why puppies need vaccines” and “Grab those kitten vaccines!”)
> Not knowing they’re gonna chew everything (“The top 5 tips for teething puppies”) or scratch everything (“The perfect scratching post”)
> Not knowing how much to feed or what to feed them (“New puppy predicament: What’s for dinner?” and “The kitten kibble conundrum”)
> Not being financially prepared—especially if they got the pet for “free” (“20 questions for veterinary pet insurance companies”)

— from Hilal Dogan, BVSc, CCTP

Lock down sleepy time rituals early

A big mistake that new pet owners make, especially with puppies, is immediately putting the pet in bed with them. Then they don’t understand why house breaking goes so poorly. It seems like 80% of dogs end up in owners’ beds—a higher rate even than spouses. I’m fine with that, but crate training initially can solve a lot of issues. (“The secret to housetraining your puppy” and “4 secrets to litter box training your kitten”)

— from Andy Rollo, DVM

You know the breeder’s not a doctor, right?

> Not coming to a veterinarian until the pet is sick
> Thinking that all vaccines are the same and that all breeders are reputable
> Thinking that the “shots” they got at the breeder or rescue is all they ever need (“Why many pets need vaccines”)

— from Kathryn Primm, DVM
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Working in veterinary medicine is stressful. I know, you’re shocked—tell you something you don’t know, right? And dealing with high stress levels day after long day, week after long week, has the potential to turn you into a bubbling cauldron of potential burnout. The World Health Organization says signs of burnout include feelings of energy depletion or exhaustion, increased mental distance from one’s job, feelings of negativism or cynicism related to one’s job, and reduced professional efficacy.1 I’ve seen all of these in past coworkers at one time or another. Chronic workplace stress that hasn’t been managed successfully causes the problem and can lead to anxiety, depression, substance misuse, relationship problems and increasing risk of suicide. We must do something about it.

You’ve heard of many self-care methods: exercise, appropriate sleep, good nutrition, time with friends, meditation, rotation of tasks at work, counseling or peer support, and time with your own pets (to name a few). Let’s take a look at that last one—how your pet can reduce your stress, rejuvenate you, and boost your mood and empathy level to improve your response at work while at the same time giving you a renewed sense of purpose.

**They increase your oxytocin and reduce your cortisol**

The hormone cortisol is elevated during periods of stress—your pooch can reduce that just by being in the room. You knew they made you feel good and you loved them, but increased oxytocin too? What a great perk. Oxytocin is the hormone recognized for its role in bonding, socialization and stress relief. One study demonstrated a significant increase in levels of this stress-relieving hormone when owners stroked their dogs after a stressful day of work.2

Erin Starace, RVT, who works at VCA Seaside Animal Hospital in Calabash, North Carolina, told me she always suspected this was the case: “At the end of every day, I get to go home and squeeze my babies. Just this act helps me tremendously. I can literally feel myself calm down when I hug my babies.”

Gina Hyson, RVT, veterinary practice consultant and user experience researcher with Idexx Laboratories, says that after a long day she feels her pets’ affection, and it gives her a sense that “no matter what happens I still have their love.”

**Pets Can Contribute to Burnout, Too**

If descriptions of burnout resonate with how you feel, please reach out for help. When you start feeling burnout, it’s important to note that sometimes those awesome animals you’re responsible for at home and at work—while providing so many mental health and workplace benefits—can also be an additional burden if you’re running on empty.

Two veterinarians I spoke to shared two different moments when pets were a drain: when the pets were ailing and turned into just one more animal to take care of, and when pets’ behavior caused relationship stress (like barking that drives a spouse crazy).

When a veterinary professional is already experiencing burnout, everything is harder. Please reach out for help if you’re experiencing anxiety, depression, substance misuse, relationship problems or suicidal thoughts. Speak to your hospital manager or another colleague. Use mental health services provided by your workplace or your health insurance plan.

**Do not ignore your pain. There is help.**
They get you moving

Our companion animals require us to interact and engage in activities. These interactions can be a source of stress relief for pets and the family members who live with them. Getting outside together, exercising and spending time with the animals and people we love have all been demonstrated to reduce stress.

Hyson says she does “everything she can” with her pets: “This past weekend we went to an art festival, hiked a new trail and started agility classes,” she says. “We tend to think about our activities in relation to the care that our pet needs [and] what will be good activities for all of us, puppy included.”

They help renew your passion for the job

That loving connection with pets improves your feelings of love and compassion and refills your tank so you can go back in for another day of work with a renewed sense of purpose.

Starace says she interacts with every pet at work as if they were hers: “I treat them with care, compassion, soft words and gentle touch as I would my own. If I didn’t have my own pet, I wonder if I would lose sight of that a little bit.”

Researchers agree that owning a companion animal helps veterinary professionals recharge and realign with the reasons they entered the field. This benefit reduces the risk of burnout by bolstering the sense of care, compassion and empathy for clients and patients.

They help you build trust with clients

When veterinarians and veterinary technicians talk with clients, they share personal stories about their own pets that have been demonstrated to build trust.

“Pet ‘stories’ help [clients] relate to what you’re talking about,” Hyson says. Increased trust leads to improved positivity and feelings of self-efficacy—feelings crucial to battling negative thinking, cynicism and mental distance, which can be signs of burnout.

They can help with burnout

Sounds like your pets are magical furry pills, doesn’t it? (Don’t swallow them, please. They’ll give you horrible hairballs.)

“My pets affect how I treat other patients and my work, because they impact my wellbeing and happiness,” Starace says.

Thank your pets when you get home. Give them a pat on the head, increase your oxytocin and feel the love. When you’re back in the trenches tomorrow, whisper another thank-you for the renewed sense of purpose your own pets give you in your work.

References


After 10 years working in the veterinary field as a veterinary assistant and trainer, Julie Mullins felt the call back to school to complete her education. She completed her Bachelor’s in Psychology and her Master’s in Professional Counseling at Liberty University. She is passionate about helping individuals and families achieve healthy functioning and is convinced that animals should be a part of that journey. Julie observed the power of the human-animal bond while in the veterinary field and has further witnessed the power of the presence of her own dog, Ed, in the counseling sessions she conducts. Julie is also a grandmother, a runner, a business owner, a photographer and a lover of coffee, chocolate, wine and water.
Tips for introducing new pets to a household

A pet’s sudden introduction to a home with other animals or kids can be rough on veterinary clients. Here are some basic steps that will help new pets, existing pets, and other family members adjust peacefully.

By Mikkel Becker, CBCC-KA, CPDT-KA, KPA CTP, CDBC, CTC

One of the most common mistakes pet owners make when they welcome home a new dog or cat is to take the sink-or-swim approach—introducing the pet to everything and everyone at the same time without giving anyone time to acclimate. Fast introductions can set the stage for conflict and fear-filled relationships. Here are some guidelines for a better approach: slow and gradual.

Dogs meeting dogs. Dogs should meet for the first time on neutral territory and take introductions slowly, starting at a distance and doing mutually enjoyable activities like parallel walking at a distance, gradually coming closer. The pet owner should monitor the dogs for signs of relaxation and friendly body language before bringing them together.

Cats meeting dogs. We want to prevent a chase sequence from ever starting. If it does—and the dog learns that chasing the cat is fun, and the cat learns that the dog is terrifying—that’s a hard cycle to undo. The cat should feel safe and be in a high location out of reach of the dog—like a spot near or on a cat tree. The pet owner should keep the dog on leash or behind a barrier, like a gate, and...
encourage investigation by the cat at a comfortable distance while rewarding the dog for remaining calm. Over time, cats and dogs can be brought closer together, but continued supervision is of paramount importance to be able to redirect or calmly interrupt and reengage the dog with something else if a situation gets dicey. Avoid letting the cat get cornered while the dog approaches or the cat darting off after being startled and the dog perking up ready to race after the cat.

Cats meeting cats. Cats need time to get to know one another. Just like we have personal items we don’t want to share, cats feel the same way. A pet owner should ensure that each cat has plentiful resources all its own—litterbox, feeding station, and climbing, perching and bedding areas.

Pets meeting kids. Children should be supervised and guided on how to interact with pets. This is important to make sure that the child is safe and that the pet interacts appropriately. It’s important to ensure that a pet stays comfortable and calm with a child and isn’t unintentionally overwhelmed or threatened by poking or prodding hands or hugs and kisses (this goes for grownups as well!).

What about the home? Pet owners shouldn’t assume an animal will know what to do and where to go in a new place. Limiting access to certain areas of the house and offering plentiful outlets for behavior, such as toys, chews and scratching posts. One or more litterboxes and frequent potty opportunities are also key. This reduces the risk of accidents until a new pet figures out the appropriate areas to eliminate (I always remind pet owners to reward for proper use of bathroom areas and not punish for misuse—punishment just heightens anxiety and confusion.)

As the dog learns to put teeth on chews and toys, not furniture, or the cat learns to put claws on scratching posts, not the couch or blinds, the pet can be integrated more fully and given greater access a little at a time. The same goes for housebreaking: Start off small and when the animal can handle the space and feels comfortable with its new routine and layout, open up new areas of the home a little at a time.

Mikkel Becker is the lead animal trainer for Fear Free Pets and a certified behavior consultant and trainer who specializes in reward-based training that’s partnered closely with the pet’s veterinary team. Mikkel is the co-author of six books, including From Fearful to Fear Free.

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Brief Summary: Before using SEMINTRA, please consult the product insert, a summary of which follows:
Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian.
Description: SEMINTRA (telmisartan oral solution) is a clear, colorless to yellowish viscous solution containing 10 mg/mL telmisartan.
Indication and Usage: SEMINTRA is indicated for the control of systemic hypertension in cats. The initial dose of SEMINTRA is 1.5 mg/kg (0.68 mg/lb) orally twice daily for 14 days. Followed by 2 mg/kg (0.91 mg/lb) orally once daily. The dose may be reduced by 0.5 mg/kg (0.23 mg/lb) increments to a minimum of 0.5 mg/kg (0.23 mg/lb) once daily to manage SEMINTRA–induced hypertension. SEMINTRA can be administered directly into the mouth, or next to or on top of a small amount of food. Do not mix into food.
SEMINTRA should be administered using the dosing syringe provided in the package. The dosing syringe fits onto the bottle and has 0.1 mL incremental marks. The dose should be rounded to the nearest 0.1 mL. After administration close the bottle tightly with the cap. Rinse the dosing syringe with water and let air dry.
If the cat vomits within 30 minutes of dosing, the cat may be re-dosed.
Information for Cat Owners: Adverse reactions can occur with use of SEMINTRA. The most common adverse reactions reported during the field studies included vomiting, diarrhea, weight loss, anorexia, and dehydration.
Contraindications: Do not use in cats with a hypersensitivity to telmisartan.

SEMINTRA is an angiotensin II antagonist/angiotensin receptor blocker (ARB). Pregnant women should avoid contact with SEMINTRA because ARBs can cause fetal and neonatal morbidity and death during pregnancy in humans.

Precautions: SEMINTRA can cause milk or renin-angiotensin–independent anemia. Cats should be monitored for anemia when initiating treatment with SEMINTRA.
SEMINTRA may cause inappetence and weight loss in some cats. Cats should be monitored for weight loss when initiating treatment with SEMINTRA. Use with caution in cats with a history of vomiting, inappetence, or weight loss.
SEMINTRA has not been evaluated in cats with systolic blood pressure <200 mmHg. The safe use of SEMINTRA in cats with hepatic disease has not been evaluated.
SEMINTRA is metabolized by the liver.
The safe use of SEMINTRA has not been evaluated in cats less than 9 months of age, or in cats that are pregnant, lactating, or intended for breeding. See Human Warnings. The safe use with other anti-hypertensive medications has not been evaluated.

Adverse Reactions: The safety of SEMINTRA was evaluated in a 28-day field study in 112 cats. Adverse reactions that occurred include vomiting 46 (24.0%), diarhrea 16 (9.0%), lethargy 13 (6.8%), weight loss 13 (6.8%), decreased appetite/inappetence 13 (6.8%), pernicious anemia 11 (5.7%), dehydration 10 (5.4%), retinal lesions (target organ damage) 4 (2.1%). The long-term safety of SEMINTRA was evaluated in an open-label, 5-month field effectiveness study in 117 cats that received at least one dose of SEMINTRA. Adverse reactions that occurred in this study were weight loss 37 (34.4%), vomiting 32 (29.9%), dehydration 10 (16.0%), anorexia/inappetence 7 (14.5%), anorexia 4 (15.1%), lethargy 4 (12.1%), increased appetite/inappetence 11 (10.3%), heart murmur 10 (9.3%), death, euthanasia, found dead 9 (8.4%), cough 8 (7.3%), and retinal lesions (target organ damage) 6 (5.6%).

In a 28-day study, 288 cats with hypertension (systolic blood pressure [SBP] 160–200 mmHg) were enrolled in the study and randomized to treatment with SEMINTRA (telmisartan oral solution) (n=150) or vehicle control (n=138). The study population included cats with hypertension associated with chronic kidney disease or controlled hyperthyroidism, or idiopathic hypertension. The per protocol population for effectiveness was 141 SEMINTRA treated cats and 79 control cats. SEMINTRA was administered orally at 1.5 mg/kg twice daily for 14 days, then 2 mg/kg once daily until study end; the vehicle control was administered at a mL/kg volume equivalent to SEMINTRA. The two primary variables for effectiveness were comparison of the SEMINTRA and control group mean SBP (mSBP) from baseline to Day 14, and a decrease in mSBP ≥20 mmHg in the SEMINTRA group from baseline to Day 28. Cats with SBP ≥180 mmHg at Days 14 or 28 were rescinded and from the study. There was a statistically significant difference between the mSBP for the SEMINTRA group compared to the control group at Day 14 (p<0.005). At Day 14 the SEMINTRA group mSBP decreased by 23.2 mmHg, and the control group mSBP decreased by 7.3 mmHg. At Day 28, the SEMINTRA group mSBP decreased 23.5 mmHg compared to baseline.

5-Month Field Study
One hundred-seven cats from the SEMINTRA group that had successfully completed the 28-day study were enrolled in a 5-month open-label study. At the beginning of the 5-month study most cats were administered SEMINTRA at 2 mg/kg once daily. Cats that experienced hypotension (defined as BP <120 mmHg) at 2 mg/kg once daily could have the SEMINTRA dose reduced to 1 mg/kg once daily. Cats that experienced hypotension at 1 mg/kg once daily could have the SEMINTRA dose reduced again to 0.5 mg/kg once daily. Cats were evaluated for SBP target organ damage (TOD; primarily assessed by retinal photographs), clinical pathology and adverse reactions. SBP was measured on Days 28, 56, 140 and 182 and retinal photographs and clinical pathology were collected on Days 28, 36 and 182. Seventy-three (68.2%) cats completed the study (Day 182). It was apparent that hypertension (SBP ≥180 mmHg) 2 cats were removed for hypertension, 10 cats were removed by the owner for owner non-compliance, 2 cats were removed for non-compliance TOD, and 6 cats were removed for adverse reactions unrelated to TOD. Twenty-six cats had additional dose reductions to 1 mg/kg once daily to manage hypertension. Of these 26 cats, 10 had an additional dose reduction to 0.5 mg/kg once daily.

Reference: Package Insert 440001-00 Revised 03/2019
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References: