March 2019

VOLUME 114, NUMBER 3

TM

Because practice ain’t perfect.

Vetted

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Hill’s® Prescription Diet® w/d® is now w/d® Multi-Benefit. It’s the same nutrition trusted for multiple conditions — now with a new name and improved taste that strikes just the right chord.

1. Helps minimize blood glucose fluctuation, which may **reduce insulin dosage**
2. Shown to **address fiber-responsive GI conditions** such as colitis, diarrhea or constipation
3. Helps trigger satiety and give dogs a feeling of fullness to **maintain weight**
4. With **S+OXSHIELD™** to promote a urinary environment that **reduces the risk of developing struvite** and calcium oxalate crystals

**RECOMMEND HILL’S W/D MULTI-BENEFIT**
**A 4-HIT WONDER FOR 4 CONDITIONS**

Born to ride

By Jennifer Gaumnitz

When it comes to work-life balance, our Fetch dvm360 conference speakers walk the walk, not just talk the talk. They are busy people, just like you—striving to have fulfilling professional lives while nurturing their personal lives. Case in point, veterinary behaviorist Dr. John Ciribassi, who loves riding motorcycles so much he has created a motorcycle touring company, MotoRide Tours (motoridoetours.com), to share his passion with experienced riders.

Dr. Ciribassi began riding in seventh grade on a pull-start mini-bike and has been riding motorcycles ever since, except for a break in college and veterinary school. He currently rides either a KTM 1090 Adventure R or a KTM EXC 350F—adventure bikes that can handle both highway and off-road travel. Most MotoRide trips will be mainly off road.

MotoRide Tours’ goal is for riders to experience the same rewards that they do every time they ride—“the sense of exploration, seeing new sights and, most of all, meeting new people and developing friendships,” says Dr. Ciribassi. Dr. Ciribassi’s favorite rides have included one through the Alps (Belgium, Switzerland, Italy and France), which he took with his wife and some friends, riding double. Learn more about his love of the journey and see how you can join him on one such adventure at Fetch dvm360 conference in Baltimore May 2-5 at dvm360.com/motorvet.
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'Never have I ever ... '
Veterinary edition

'My dog can't get heartworms because ...'
Forget arachnophobia. Think entonophobia, the fear of ticks. A phobia that might be good to instill in pet owners because of all the diseases ticks can transmit to their pets—as well as to owners themselves. But there are so many different species of these small arachnids to be familiar with. Here is an overview of four common ticks to help scare your clients into realizing the importance of monthly preventives in their pets.

### Amblyomma americanum a.k.a. The lone star tick

These assertive ticks actually hunt down their hosts. Most lone star ticks quest, or wait on low shrubs, bushes and blades of grass—some run toward their host instead of passively waiting for an opportunity.

**Seasonality:** Start to come out as early as February

**Diseases they transmit:** Ehrlichiosis, Rocky Mountain spotted fever, cytauxzoonosis, rickettsiosis, tularemia, coxiellosis (Q fever), heartland virus, bourbon virus, southern tick-associated rash illness (STARI)

**Geographic distribution:** Historically southern U.S. but now considered present in most of the eastern two-thirds of the U.S.

### Amblyomma maculatum a.k.a. The Gulf Coast tick

These large, aggressive ticks like to hang out at the top of grass blades and other vegetation, catch hold of whatever walks by and start feeding as quickly as possible.

**Seasonality:** Start to come out as early as February

**Diseases they transmit:** American canine hepatozoonosis, most prominently (transmitted by ingestion)

**Geographic distribution:** The south, by the Gulf Coast, of course, but moving north to include the central East Coast and states such as Kansas, Missouri and Ohio
Lone Star Tick

Tick stages known to feed on people. Tick stage causing most disease

AM NL health and wellness and tick preventives

What you know: Flea seizures, coma and even death. permethrin is mistakenly applied to synthetic compound called per-
have your dog swallow) contain a ones you apply topically rather than
Dog and cat flea and tick

What you may not know:

When you give your cat flea and tick medicine should never be used on your cat!

Learn why dog flea and tick medicine for cat. You also have the benefi t of being able to get direct guidance from your veterinary team on products. You should never be using products for your cat. Since they have products for your cat. If you buy fleal medicine your cat, don’t ever use your dog’s flea and tick medicine on your cat!

A client handout for every tick issue

"How do I do a tick check on my dog?"
"Can I just burn this tick off?"
"Where’d this tick come from? THE BACKYARD?!"
"It’s cheaper just to give my cat the dog’s preventive."

What else do you hear from your clients most commonly? We have a handout at the ready for every problem you face at dvm360.com/tickchecklist.

Rhipicephalus sanguineus a.k.a. The brown dog tick

This species of tick is the only one that prefers to feed off of dogs through all of its life stages. It can also survive at a much lower humidity than other ticks and is the only tick species in North America that can infest buildings, including our homes.

Seasonality: Year-round since they live inside in homes and kennels— they love carpet and upholstery

Geographic distribution: Anywhere dogs are, thus, everywhere—even Canada and Alaska!

Diseases they transmit: Ehrlichiosis, Rocky Mountain spotted fever, anaplasmosis (in Hawaii and the Caribbean), hepatozoonosis, babesiosis

Dermacentor variabilis a.k.a. The American dog tick

This tick may have “dog” in its name, but that doesn’t matter much when it’s looking for a blood meal. The American dog tick infests cats and urban wildlife, such as opossums, raccoons, rab-
bits and squirrels—which means these ticks are probably in your backyard.

Seasonality: Start seeking hosts in early February

Geographic distribution: Most of North America except higher elevation areas (Rocky Mountains and extreme Southwest)

Diseases they transmit: Rocky Mountain spotted fever (primary vector), tularemia, tick paralysis, cytauxzoonosis
THE PROTECTION DOGS COME RUNNING FOR.

The only Real-Beef Chewable isn’t just the #1 choice of dogs,¹ owners,² and veterinarians³ - it’s the one dogs look forward to. HEARTGARD Plus:

✓ Protects dogs from heartworm disease and treats and controls 3 species of hookworms and two species of roundworms
✓ Is approved for puppies as young as 6 weeks of age
✓ Over 30 years of trusted prevention

IMPORTANT SAFETY INFORMATION: HEARTGARD® Plus (ivermectin/pyrantel) is well tolerated. All dogs should be tested for heartworm infection before starting a preventive program. Following the use of HEARTGARD Plus, digestive and neurological side effects have rarely been reported. For more information, please see full prescribing information or visit www.HEARTGARD.com.
CHEWABLES

CAUTION: Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian.

INDICATIONS: For use in dogs to prevent canine heartworm disease by eliminating the tissue stage of heartworm larvae (Dirofilaria immitis) for a month (30 days) after infection and for the treatment and control of ascarids (Toxocara canis, Toxascaris leonina) and hookworms (Ancylostoma caninum, Uncinaria stenocephala, Ancylostoma braziliense).

DOSAGE: HEARTGARD® Plus (ivermectin/pyrantel) should be administered orally at monthly intervals at the recommended minimum dose level of 6 mcg of ivermectin per kilogram (2.7 mcg/lb) and 5 mg of pyrantel (as prantofox) per kilogram (2.7 mg/lb) of body weight. The recommended dosing schedule for prevention of canine heartworm disease and for the treatment and control of ascarids and hookworms is as follows:

<table>
<thead>
<tr>
<th>Dog Weight</th>
<th>Chewables Per Month</th>
<th>Ivermectin Content</th>
<th>Pyrantel Content</th>
<th>Color Coding On Foil Backing and Carton</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 25 lb</td>
<td>1</td>
<td>88 mcg</td>
<td>57 mg</td>
<td>Blue</td>
</tr>
<tr>
<td>26 to 50 lb</td>
<td>1</td>
<td>136 mcg</td>
<td>114 mg</td>
<td>Green</td>
</tr>
<tr>
<td>51 to 100 lb</td>
<td>1</td>
<td>272 mcg</td>
<td>227 mg</td>
<td>Brown</td>
</tr>
</tbody>
</table>

HEARTGARD Plus is recommended for dogs 6 weeks of age and older. For dogs over 100 lb use the appropriate combination of these chewables.

ADMINISTRATION: Remove only one chewable at a time from the foil-backed blister card. Return the card with the remaining chewables to its box to protect the product from light. Because most dogs find HEARTGARD Plus palatable, the product can be offered to the dog by hand. Alternatively, it may be added intact to a small amount of dog food. The chewable should be administered in a manner that encourages the dog to eat rather than to swallow without chewing. Chewables may be broken into pieces and fed to dogs that normally swallow treats whole.

Care should be taken that the dog consumes the complete dose, and treated animals should be observed for a few minutes after administration to ensure that part of the dose is not lost or rejected. If it is suspected that any of the dose has been lost, redosing is recommended.

PRECAUTIONS: Adult heartworms and microfilariae before initiating a program with HEARTGARD Plus.

CAUTION: HEARTGARD Plus Chewables, given orally using the recommended dose and regimen, are effective against the tissue larval stage of D. immitis for a month (30 days) after infection and, as a result, prevent the development of the adult stage. HEARTGARD Plus Chewables are also effective against canine ascarids (T. canis, T. canina, T. ovis), and hookworms (A. caninum, U. stenocephala, A. braziliense). Clients should be advised of measures to be taken to prevent reinfection with intestinal parasites.

EFFICACY: HEARTGARD Plus also provides effective treatment and control of ascarids (T. canis, T. ovis) and hookworms (A. caninum, U. stenocephala, A. braziliense) in dogs. Clients should be advised of measures to be taken to prevent reinfection with intestinal parasites.

ACCEPTABILITY: In acceptability and field trials, HEARTGARD Plus was shown to be an acceptable oral dosage form that was consumed at first offering by the majority of dogs.

PRECAUTIONS: All dogs should be tested for existing heartworm infection before starting treatment with HEARTGARD Plus which is not effective against adult D. immitis. Infected dogs must be treated to remove adult heartworms and microfilariae before initiating a program with HEARTGARD Plus.

While some microfilariae may be killed by the ivermectin in HEARTGARD Plus at the recommended dose level, adult heartworms and microfilariae before initiating a program with HEARTGARD Plus.

SAFETY: HEARTGARD Plus has been shown to be bioequivalent to HEARTGARD, with respect to the bioavailability of ivermectin. The dose regimens of HEARTGARD Plus and HEARTGARD are the same with respect to bioavailability of ivermectin. The dose regimens of HEARTGARD Plus and HEARTGARD are the same with respect to bioavailability of ivermectin. Studies with ivermectin indicate that certain components of the Collie breed are more sensitive to the effects of ivermectin-administered at elevated dose levels (more than 10 times the target use level) than dogs of other breeds. At elevated doses, sensitive dogs showed adverse reactions which included mydriasis, depression, ataxia, tremors, drooling, seizures, anorexia, vomiting, inappetence, excitement, stupor, coma and death. HEARTGARD demonstrated no signs of toxicity at 10 times the recommended dose (60 mcg/kg) in sensitive Collies. Results of these trials and bioequivalency studies, support the safety of HEARTGARD products in dogs, including Collies, when used as recommended.

HEARTGARD Plus has shown a wide margin of safety at the recommended dose level in dogs, including pregnant or breeding bitches, stud dogs and puppies aged 6 or more weeks. In clinical trials, many commonly used flea collars, dogs, shampoos, anthelminitics, antibiotics, vaccines and Lunar preparations have been administered with HEARTGARD Plus in a heartworm disease prevention program.

In one trial, where some pups had parvovirus, there was a marginal reduction in efficacy against intestinal nematodes, possibly due to a change in intestinal transit time.

HOW SUPPLIED: HEARTGARD® Plus is available in three dosage strengths (See DOSAGE section) for dogs of different weights. Each strength comes in convenient cartons of 6 and 12 chewables.

For customer service, please contact Merck at 1-800-637-4251.

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Should you have been a plumber? Comparing vet team pay to other jobs

These jobs provide a similar pay rate to those in the veterinary industry—they also require little to no formal education.

By Anissa Fritz, contributing writer

vm360’s 2018 Firstline Career Path Study surveyed the salaries of credentialed veterinary technicians, veterinary hospital managers, veterinary assistants and receptionists.

Out of 399 respondents, nearly 32 percent reported making $10 to $15.99 an hour, while 41 percent reported an hourly wage of $16 to $20.99.

With years of training and potential mounds of student debt, we wanted to see how the compensation of veterinary team members compares to jobs that require little to no formal education, so we checked PayScale. This is what we found:

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Hourly Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florist</td>
<td>$11.83</td>
</tr>
<tr>
<td>School bus driver</td>
<td>$15.59</td>
</tr>
<tr>
<td>Mail carrier</td>
<td>$16.95</td>
</tr>
<tr>
<td>Garbage truck driver</td>
<td>$17.26</td>
</tr>
<tr>
<td>Embalmer</td>
<td>$19.84</td>
</tr>
<tr>
<td>Plumber</td>
<td>$20.54</td>
</tr>
</tbody>
</table>

31.71% of respondents make $10-$15.99 an hour
41.18% of respondents make $16-$20.99 an hour
Get the lowdown on what conditions cannabidiol (CBD) has shown efficacy for, where to learn more about it, what supporting role you can play and more.

Q: What pet conditions or concerns do CBD dog treats address?
A: If we are talking about ElleVet Mobility Chews, I would refer to the recent study published out of Cornell University that shows a wide safety profile and great success in pain reduction related to osteoarthritis in dogs.¹

But that is only the tip of the iceberg. Dogs with conditions such as epileptic seizures, anxiety, acute pain, poor appetite and nausea could also experience benefits from cannabinoid-infused treats. Preliminary results from an in vitro study looking at the cancer killing ability of ElleVet in four different canine cell lines were also recently released.² In addition, preliminary data from Dr. Stephanie Mc- Grawth’s lab at Colorado State University reportedly showed 89% of canines that received CBD in a clinical trial had a reduced frequency of seizures compared to 43% in the control group.

While we don’t have studies for specific conditions other than osteoarthritis in dogs published so far for companion animals, we do have numerous studies in laboratory animal models and in people on the efficacy of cannabis products for several conditions such as epilepsy, anxiety, inappetence and nausea.
Q: What particular role can veterinary technicians play in educating pet parents about CBD?
A: In the words of Dr. Casara Andre, founder of Veterinary Cannabis Education and Consulting, we must teach harm reduction to veterinary staff and pet owners. There are too many bogus products flooding the market. The only way for our patients to be safe is if veterinary personnel take the initiative to educate themselves on cannabis products, despite federal or state laws on the topic of prescribing, recommending, discussing or dispensing cannabis products.

Technicians can act as liaisons between DVMs and clients’ questions and concerns. Veterinary Cannabis also offers a program for technicians to become certified consultants.

Cannabis sativa L no longer defined as an illegal substance as long as products derived from it contain less than 0.3% THC

By Katie James

Get all the dope on the bill at dvm360.com/farmbill.
When treating four-legged patients, make each moment matter.

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Q: What would you recommend to other vet team members when they discuss CBD in dog treats?
A: If team members are asked about CBD or cannabis products, I would encourage them to pass the question off to someone who is well-versed on the endocannabinoid system, potential drug interactions, the pros and cons of cannabis therapy and how to choose the right product for the patient.

Once again, a great tool for educating oneself about cannabis is www.veterinarycannabis.org or the Veterinary Cannabis Academy on Facebook.

Q: What would you recommend to a vet team member who’s interested in discussing these products with a skeptical practice owner or manager in order to provide them as a retail option to clients? What tips would you give?
A: If a team member wanted to discuss cannabis as a modality within the hospital and is being met with resistance, I’d encourage them to ask why the practice owner or manager has reservations. If concerns are about the legal climate, that’s fair. I suggest checking with their state board. I would also encourage them to read the revised Farm Act of 2018 and its specific language surrounding hemp and its derivatives. If they are concerned about the “evidence,” I would remind skeptics that there are over 23,000 scientific papers on cannabinoids in humans, lab animals and companion animals in 24 different species that have been published. I’d also encourage them to get CE on the topic from a qualified cannabis educator that has practical experience.

Stephen Cital, RVT, RLAT, SRA, VCCS and VTS-LAM, is the Academic Liaison for the Society of Laboratory Animal Veterinary Technicians, Executive Director at the Academy of Laboratory Veterinary Technicians and Nurses, Chief Operating Officer of the Veterinary Anesthesia Nerds and co-founder of the Veterinary Cannabis Academy.

REFERENCES
HELPING YOU SOLVE THE PUZZLE OF JOINT HEALTH

Choose from a range of multimodal products from Boehringer Ingelheim.

Order now from your Boehringer Ingelheim representative.

Metacam® (meloxicam oral suspension)
For use in dogs only

Antinol®
For use in dogs and cats

ANTINOL is a joint health supplement.

Metacam® (meloxicam) Solution for Injection
For use in dogs

Previcox® (firocoxib)
For use in dogs only

METACAM and PREVICOX are indicated for the control of pain and inflammation associated with osteoarthritis in dogs.

IMPORTANT SAFETY INFORMATION: METACAM (meloxicam oral suspension) and PREVICOX (firocoxib) are for use in dogs only. METACAM (meloxicam) Solution for Injection is approved for use in dogs or cats. Repeated use of meloxicam in cats has been associated with acute renal failure and death. Do not administer additional injectable or oral meloxicam to cats. As a class, cyclooxygenase inhibitory NSAIDs like METACAM and PREVICOX may be associated with gastrointestinal, kidney, or liver side effects. Dogs should be evaluated for pre-existing conditions and currently prescribed medications prior to treatment with METACAM or PREVICOX, then monitored regularly while on therapy. Concurrent use with another NSAID, corticosteroid, or nephrotoxic medication should be avoided or monitored closely.

For more information on products mentioned in this ad, please see full prescribing information on pages 12 and 13.
Description: Meloxicam is a non-steroidal anti-inflammatory drug (NSAID) of the oxicam class. Each milliliter of METACAM Oral Suspension contains meloxicam equivalent to 0.5 or 1.5 milligrams and a dye that may be associated with gastrointestinal, renal, and hepatic toxicity. Sensitivity to drug-associated adverse events varies with the individual patient. Dogs that have experienced adverse reactions from one NSAID may experience adverse reactions from another NSAID. Patients at greatest risk for renal toxicity are those that are dehydrated, on concomitant diuretic therapy, or those with existing renal, cardiovascular, and/or hepatic dysfunction. Concurrent administration of potentially nephrotoxic drugs should be carefully approached. NSAIDs may inhibit the prostaglandins that maintain normal homeostatic function. Such anti-prostaglandin effects may result in clinically significant disease in patients with underlying or pre-existing disease that has not been previously diagnosed. Since NSAIDs possess the potential to induce gastrointestinal ulcerations and/or perforations, concomitant use with other anti-inflammatory drugs, such as NSAIDs or corticosteroids, should be avoided. If additional pain medication is needed after administration of the total daily dose of METACAM Oral Suspension, a non-NSAID or non-corticosteroid class of analgesia should be considered. The use of another NSAID is not recommended. Consider appropriate washout times when switching from one NSAID to another in dogs. The use of concomitantly protein-bound drugs with METACAM Oral Suspension has not been studied in dogs. Commonly used protein-bound drugs include cardiac, anticonvulsant and behavioral medications. The influence of concomitant drugs that may inhibit metabolism of METACAM Oral Suspension has not been evaluated. Drug compatibility should be monitored in patients requiring adjunctive therapy.

Adverse Reactions: Field safety was evaluated in 306 dogs.¹ Based on the results of two studies, GI abnormalities (vomiting, soft stools, diarrhea, and inappetance) were the most common adverse reactions associated with the administration of meloxicam. The following adverse events are based on post-approval adverse drug experience reporting. Not all adverse reactions are reported to FDA/CVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using these data. The following adverse events are listed in decreasing order of frequency by body system.

Gastrointestinal: vomiting, anorexia, diarrhea, melena, gastrointestinal ulceration
Urinary: azotemia, elevated creatinine, renal failure
Neurological/Behavioral: depression
Hepatic: elevated liver enzymes
Dermatologic: pruritus

Death has been reported as an outcome of the adverse events listed above. Acute renal failure and death have been associated with use of meloxicam in cats.

Information for Dog Owners: METACAM, like other drugs of its class, is not free from adverse reactions. Owners should be advised of the potential for adverse reactions and be informed of the clinical signs associated with drug intolerance. Adverse reactions may include vomiting, diarrhea, decreased appetite, dark or tarry stools, increased water consumption, increased urination, pale gums due to anaemia, reeling of gums, skin or white of the eye due to jaundice, lethargy, incoordination, seizure, or behavioral changes. Serious adverse reactions associated with this drug class can occur without warning and in rare situations result in death (see Adverse Reactions). Owners should be advised to discontinue use of METACAM if their veterinarian immediately if signs of intolerance are observed. The vast majority of patients with drug related adverse reactions have recovered when the signs are recognized, the drug is withdrawn, and veterinary care, if appropriate, is initiated. Owners should be advised to follow up for all dogs during administration of any NSAID.

Effectiveness: The effectiveness of meloxicam was demonstrated in two field studies involving a total of 277 dogs representing various breeds, between six months and sixteen years of age, all diagnosed with osteoarthritis. Dogs were treated with placebo (oral) or METACAM 5 mg/mL Solution for Injection. Dogs were treated for 14 days. All dogs received 0.2 mg/kg meloxicam on day 1. All dogs were maintained on 0.1 mg/kg oral meloxicam from days 2 through 14 of both studies. Parameters evaluated by veterinarians included lameness, weight change, and pain on palpation. Overall improvement was measured by a 5 point scale. Parameters assessed by owners included mobility, ability to rise, limp, and overall improvement. In the first field study (n=110), dogs showed clinical improvement with statistical significance after 14 days of meloxicam treatment for all parameters. In the second field study (n=167), dogs showed clinical improvement after 14 days of therapy for all parameters; however, statistical significance was demonstrated only for the overall investigator evaluation on day 7, and for the owner evaluation on day 14.¹

Reference: 1. Fori for NADA 141-213 METACAM (meloxicam oral suspension).

Manufactured By: Boehringer Ingelheim Vetmedica, Inc. St. Joseph, MO 64506 U.S.A.

METACAM is a registered trademark of Boehringer Ingelheim Vetmedica GmbH, licensed to Boehringer Ingelheim Vetmedica, Inc. 60107-07 Revised 08/2014
Prior to the administration of PREVICOX Chewable Tablets at the above-recommended dose, the American Animal Hospital Association’s guidelines should be reviewed. As a class, cyclooxygenase inhibitory NSAIDs may be associated with renal, gastrointestinal and hepatic toxicity. Sensitivity to drug-associated adverse events varies with the individual patient. Dogs that have experienced adverse reactions from one NSAID may experience adverse reactions from another NSAID. Patients at greatest risk for adverse events are those that are dehydrated, on concomitant diuretic therapy, or those with existing renal, cardiovascular, and/or hypercoagulability. Concurrent administration of potentially nephrotoxic drugs should be carefully approached and monitored. NSAIDs may inhibit the prostaglandins that maintain normal hemostatic function. Such anti-prostaglandin effects may result in clinically significant disease in patients with existing bleeding or pre-existing disease that has not been previously diagnosed. Since NSAIDs possess the potential to produce gastrointestinal ulceration and/or gastrointestinal perforation, concomitant use of PREVICOX Chewable Tablets with other anti-inflammatory drugs, such as NSAIDs or corticosteroids, should be avoided. The concomitant use of protein-bound drugs with PREVICOX Chewable Tablets has not been studied in dogs. Commonly used protein-bound drugs include cardiac, anticoagulant, and behavioral medications. The influence of concomitant drugs that may inhibit the metabolism of PREVICOX Chewable Tablets has not been evaluated. Drug compatibility should be monitored in patients requiring adjunctive therapy. If additional pain medication is needed after the daily dose of PREVICOX, a non-NSAID class of analgesic may be necessary. Appropriate monitoring procedures should be employed during all surgical procedures. Anesthetic drugs may affect renal perfusion and concomitant administration of anesthetics and NSAIDs is cautioned. The use of parenteral fluids during surgery should be considered to decrease potential renal complications when using NSAIDs perioperatively. The safe use of PREVICOX Chewable Tablets in pregnant, lactating or breeding dogs has not been evaluated.

**Adverse Reactions:**

**Osteoarthritis:** In controlled field studies, 128 dogs (ages 11 months to 15 years) were evaluated for safety when given PREVICOX Chewable Tablets at a dose of 2.27 mg/lb (5.0 mg/kg) once daily for up to 30 days. The following adverse reactions were observed. Dogs may have experienced more than one of the observed adverse reactions during the study.

### Post-Approval Experience (Rev. 2008)

The following adverse reactions are based on post-marketing adverse drug event reporting. The categories are listed in descending order of frequency by body system:

- **Gastrointestinal:** Vomiting, anorexia, diarrhea, melena, gastrointestinal perforation, hematemesis, hematochezia, weight loss, gastrointestinal ulceration, peritonitis, abdominal pain, hyperalgesia, nausea
- **Respiratory:** Respiratory arrest
- **Renal:** Increased BUN, elevated creatinine, icterus, polyuria, hyperkalemia, proteinuria, urine protein:creatinine ratio, hematuria
- **Neurological/Behavioral/Specific Sense:** Depression, lethargy, ataxia, seizures, nervousness, confusion, convulsions
- **Cutaneous:** Pruritis, exfoliation, hyperpigmentation, pruritus, hair loss
- **Hematological:** Leukopenia, lymphopenia, eosinophilia, neutropenia, thrombocytopenia
- **Clinical Biochemistry:** Hyperglycemia, increased total protein, decreased albumin, ALT, AST, T4, alkaline phosphatase, amylase, lipase, lactate dehydrogenase, total bilirubin, SGOT, SGPT, BUN, creatinine, total protein, albumin, globulin, ALP, bilirubin, urea nitrogen, uric acid

**Adverse Reactions Seen in U.S. Field Studies**

<table>
<thead>
<tr>
<th>Adverse Reactions</th>
<th>PREVICOX (n=120)</th>
<th>Active Control (n=121)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vomiting</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Hypersalivation</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Decreased Appetite or Anorexia</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Hyperglycemia</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Pan</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Incontinence</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
I f you've never played “Never Have I Ever …,” it’s simple. A question is asked, and participants raise a two-sided paddle, showing one side to the audience: “I have” or “I have never.” To our amazement, when we used this game in Women’s Veterinary Leadership Development Initiative (WVLDI) sessions last year at Fetch dvm360, attendees admitted all sorts of things—tasting pyrantel pamoate, asking clients on dates, peeing in pools and secretly wishing they were wizards at Hogwarts. (As an aside, I think veterinary professionals possess the courage of Gryffindors and the knowledge of Ravenclaws—and where is my letter?)

Apart from being fun and hilarious, the game was revealing. Almost everybody admitted to telling lies to avoid conflict with co-workers, wishing they could leave work on time and cussing out clients behind their backs. Many people admitted to staying in toxic jobs because they were afraid. Mostly, the game taught us that we aren’t facing the challenges of life in vet med alone and that it’s safe to talk about the things that haunt us in this profession—namely, conflict, fear and poor self-care …

Never have I ever … been stressed by conflict with a coworker or client

We’ve all been there. When you’re in conflict with another person, it’s hard to know whether to die on that hill or keep quiet. According to Dr. Therrien, conflict avoidance is when a person does not deal with the conflict at hand—instead, they use other tactics, such as ignoring the problem, changing the subject, complaining to someone else or shutting down.

Conflict avoidance is easy, because it deludes our brain into thinking we’re safe from the conflict. The feeling of relief you get reinforces

Ever noticed that people tend to be a lot more honest about their life choices when asked to tell the truth in a game? This phenomenon is exactly what Drs. Caitlin DeWilde and Kimberly-Ann Therrien and I experienced when we use a popular party game to teach life lessons. By Sarah J. Wooten, DVM
the avoidance behavior, making it more likely that you’ll avoid conflict again in the future. The problem is that conflict avoidance can silently rot an organization and your emotional health from the inside out. Suppressed emotions, anyone?

Dr. Therrien (who knows what she’s talking about, BTW, as she manages more than 100 hospitals and spent a decade working for Canada’s own border patrol) says that if we don’t deal with conflict, we stunt our own personal growth. Instead of avoiding, we can choose to view conflict as an opportunity to change and grow. In her professional career, Dr. Therrien found *Crucial Conversations* by Kerry Patterson to be an invaluable resource.

The premise is simple: Anytime you find yourself stuck, there’s a crucial conversation you’re either not having or not holding well. Above all, these crucial conversations must be safe.

Dr. Therrien recommends starting with empathy and positive intent, managing your emotions and mindset, maintaining a place of mutual respect and avoid getting bogged down in the stories you tell yourself about why people do things—stick to facts and own your contribution to the conflict. Ego is not allowed.

... been stressed by conflict with a fellow furry family member

Some of our more fun choices for the game

This article is real talk about tough situations, but our “Never Have I Ever …” game also had some fun (and funnier) choices. Here are a few.

**Have you ever …**
- Farted and blamed it on a client?
- Grossed out your significant other by talking about a cool case during dinner?
- Worn the same underwear two days in a row?
- Contracted something infectious from a patient?
- Really liked a song by Justin Bieber?
- Swiped right on Tinder?
- Felt like you weren’t good enough?
- Regretted becoming a veterinarian?

**A sample session:** Watch me and my WVLDI friends play at dvm360.com/neverever
in crucial conversations. Following these recommendations could get you to a place where you can brainstorm new strategies to find mutual solutions.

Never have I ever... chosen to care for others over myself
If you haven’t seen the recent Time article, the word is out: Vets are more likely to die by suicide than many others. Dr. DeWilde redirected some of her own energy as a veterinarian towards correcting some bad self-care habits that infect our industry. More often than not, vets are working more than 40 hours a week and spend six to seven days a week in the clinic.

For Dr. DeWilde, the moment of reckoning came when she realized she’d been devoting her life to a clinic that didn’t appreciate her, and because she left for work so early in the morning, she didn’t even know what her 1-year-old son ate for breakfast. During the session, Dr. DeWilde shared several tools that helped her course-correct, including establishing and sticking to boundaries and taking time for herself.

When asked if they worked through lunch, almost every attendee raised the “I have” paddle. While it might not seem important, scheduling and actually taking breaks (and leaving the building!) is a must. Fifteen-minute breaks? Take them. Go outside. Walk. Breathe. Appreciate the birds or the sky or the lack of barking dogs. The work will still get done. How about your vacation time? It’s amazing how many veterinarians have unused vacation hours accruing ... for what? That magic time in the future when they’ll have permission to take time for themselves? Take it now.

From experience, I know that you cannot pour from an empty cup, and if you continue to do so, your body, your mental health, your emotional health and your relationships will...
suffer. Take one step now to improve your self-care. It doesn’t have to be huge to make a big impact.

**Never have I ever ... wanted to tackle a new challenge but was too afraid of failure**

I spent years imprisoned by fear. I stayed in jobs that sucked me dry, because I was afraid I wouldn’t find anything else. I tiptoed through life, hoping to make it safely to death.

The saddest part was that I didn’t even know I was afraid. It felt like I’d been conditioned since birth to avoid risks, be a good employee, follow all the rules and never make mistakes.

What I didn’t realize was that my fear of failure was greater than my faith in myself. Then one day, I woke up. Even though fear still had power over me, I realized that at its root, fear was a liar and I could choose whether I listened to fear or not.

So I cut the crap. I geeked out on books about fear and mindsets. I went to neurofeedback and talk therapy. I started meditating. I cut my excuses and started doing things that were way outside my comfort zone, like public speaking, diving with sharks and half-Ironmans. I stopped watching the news, I took Facebook off my phone and I refused to engage with scary thoughts at night.

I confronted my fear of failure head on, and books like *Mindset* by Carol Dweck and *You Are a Bad Ass* by Jen Sincero helped me along the way.

We are in charge of the life we design. Taming conflict and fear and engaging in self-care like a MOFO are all ways to get out of victim mode and take control of how we spend our days on this planet. How are you spending yours?

Dr. Sarah Wooten graduated from UC Davis School of Veterinary Medicine in 2002. A member of the American Society of Veterinary Journalists, Dr. Wooten divides her professional time between small animal practice in Greeley, Colorado, public speaking on associate issues, leadership, and client communication and writing.
Here’s a scenario: A 9-year-old, 25-lb (11.3-kg), fixed, mixed-breed male dog is brought to your clinic because, as the owner says, “Something is off with Marley” ... she hasn’t been eating much and is lethargic.

Is gastrointestinal (GI) bleeding on your differential diagnosis list? According to Jonathan Lidbury, BVMS, MRCVS, PhD, DACVIM, DECVIM, it should be.

At a recent Fetch dvm360 conference, Dr. Lidbury explained that although GI bleeding can be obvious with clear GI signs, this isn’t always the case. Sometimes the only noticeable clinical sign is a behavioral change or anorexia. Luckily, Dr. Lidbury outlined a step-by-step approach for diagnosing obscure (cause is identified endoscopically) or occult (cause can’t be determined endoscopically) GI bleeding.

Check vitals, stabilize the patient, do a physical exam
Dr. Lidbury emphasizes checking for petechiae; looking for blood in all orifices (e.g. nose, eyes); performing a rectal examination to check for blood, masses and other foreign bodies; and, finally, palpating the abdomen.

Gather a thorough history
Ask owners about access to drugs such as nonsteroidal anti-inflam-
Inflammatory drugs (NSAIDs), glucocorticoids, antithrombotic drugs and heparin and if the pet could’ve been exposed to coumarin rodenticides. A description of recent bowel movements is also needed.

Order a CBC and serum chemistry profile
Results may reveal anemia, hypoproteinemia, an increased blood urea nitrogen (BUN)-creatinine ratio or variable platelet counts. However, Dr. Lidbury says that normal blood results don’t automatically rule out GI bleeding. Other lab tests, such as a coagulation test or a fecal direct smear, can be useful for identifying or ruling out potential causes of bleeding.

Perform diagnostic imaging
GI ulceration is difficult to capture with abdominal ultrasonography, but Dr. Lidbury says you may see mucosal thickening, a mass effect, thickening around an ulcer or a crater. Ultrasonography isn’t a definitive diagnostic tool, but it can detect abdominal masses and lesions of other organs that may help you rule out GI ulceration. Abdominal radiography is not a good way to detect GI ulceration but is useful for identifying foreign bodies, masses or free fluid.

Visualize the GI tract with endoscopy or surgery
If you still suspect GI bleeding but haven’t been able to confirm it, endoscopy or exploratory laparotomy is the next step. Dr. Lidbury recommends endoscopy over surgery since it allows you to look for a lesion from the inside rather than looking for it from the outside. However, both methods have pros and cons. For example, endoscopy allows you to biopsy lesions but doesn’t allow you to resect them.

Endoscopy is a definitive tool in diagnosing GI ulceration in most of the GI tract. Unfortunately, it isn’t possible to assess the entire GI tract with conventional endoscopy; there is a section in the middle of the tract that is inaccessible. Dr. Lidbury suggests endoscopy combined with exploratory laparotomy if you can’t find a lesion by using conventional endoscopy. With this method, the surgeon pulls the intestine over the endoscope, guiding it further into the GI tract than a conventional endoscopy could do alone. While this is time-consuming, Dr. Lidbury says it allows you to visualize the entire GI tract.

Treat the patient
Ideally, you treat the underlying cause of the bleeding, Dr. Lidbury says. For example, you would resect a tumor if it’s the cause or administer vitamin K if there’s vitamin K antagonism. Occasionally, resection of gastroduodenal ulcers is recommended. However, for GI ulceration, medical treatment is standard. Sucralfate, proton pump inhibitor (PPI [omeprazole, pantoprazole]) or famotidine therapy (although this is less effective than PPIs) is the generally recommended medical treatment. Dr. Lidbury’s treatment of choice is usually sucralfate combined with PPI. There does not appear to be an advantage to combining PPIs with famotidine.

What about fecal occult blood tests?
Although it seems like a fecal occult blood test would be an important diagnostic tool in regards to GI bleeding, Dr. Lidbury rarely performs it. He says that it results in a lot of false-positives, most likely because of a patient’s diet. Dr. Lidbury does note that there are sensitive and specific tests used in human medicine, and he is hopeful that a similarly effective assay will be developed for veterinary medicine.

Alyson Collins is a freelance writer in Olathe, Kansas, and a former editor at dvm360 magazine.

A FAILURE TO COMMUNICATE?
In conditions like these, rechecks are an important part of the process. Is part of the problem with client compliance that clients never got the message? A recent survey asked what clients really want when it comes to communication after a visit.

If post-appointment follow-up is provided, how would you prefer to be contacted by the veterinary team outside of the examination room or after-hours?

20% Email
15% Text message
65% Phone call

A sneak peek here. See the rest at dvm360.com/clientcom.
ProZinc® (protamine zinc recombinant human insulin)

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

Description: ProZinc® insulin is a sterile aqueous protamine zinc suspension of recombinant human insulin. Each mL contains:

- recombinant human insulin 40 International Units (IU)
- protamine sulfate 0.466 mg
- zinc oxide 0.088 mg
- glycerin 16.00 ml
- dibasic sodium phosphate, heptahydrate 3.78 mg
- phenol (added as preservative) 2.50 mg
- hydrochloric acid 1.63 mg
- water for injection (maximum) 1005 mg

pH is adjusted with hydrochloric acid and/or sodium hydroxide.

Indication: ProZinc (protamine zinc recombinant human insulin) is indicated for the reduction of hyperglycemia and hyperglycemia-associated clinical signs in cats with diabetes mellitus.

Dosage and Administration: USE OF A SYRINGE OTHER THAN A U-40 SYRINGE WILL RESULT IN INCORRECT DOSING.

For subcutaneous injection in cats only. ProZinc insulin should be mixed by gently rolling the vial prior to withdrawing each dose from the vial. Using a U-40 insulin syringe, the injection should be administered subcutaneously on the side of the neck or on the back of the cat. Always provide the Cat Owner Information Sheet with each prescription.

The initial recommended ProZinc dose is 0.1 – 0.3 IU insulin/pound of body weight (0.2 – 0.7 IU/kg) every 12 hours. The dose should be given concurrently with or right after a meal. The veterinarian should re-evaluate the dose at appropriate intervals and decrease the dose as these be based on both clinical signs and glucose nadirs until adequate glycemic control has been attained. In the effectiveness field study, the glycemic control was considered adequate if the glucose nadir from a 9-hour blood glucose curve was between 80 and 150 mg/dL and clinical signs of hyperglycemia such as polyuria, polydipsia, and weight loss were improved.

Further adjustments in the dosage may be necessary with changes in the cat’s diet, body weight, or concomitant medication, or if the cat develops concurrent infection, inflammation, neoplasia, or an additional endocrine or other medical disorder.

Contraindications: ProZinc insulin is contraindicated in cats sensitive to protamine zinc recombinant human insulin or any other ingredients in the ProZinc product. ProZinc insulin is contraindicated during episodes of hypoglycemia.

Warnings: User Safety: For use in cats only. Keep out of the reach of children. Avoid contact with eyes. In case of contact, immediately flush eyes with running water for at least 15 minutes. Accidental injection may cause hypoglycemia. In case of accidental injection, seek medical attention immediately. Exposure to product may induce a local or systemic allergic reaction in sensitized individuals.

Animal Safety: Owners should be advised to observe for signs of hypoglycemia (see Cat Owner Information Sheet). Use of this product, even at established doses, has been associated with hypoglycemia. An animal with signs of hypoglycemia should be treated immediately. Glucose should be given orally or intravenously as dictated by clinical signs. Insulin should be temporarily withheld and, if indicated, the dosage adjusted.

Any change in insulin should be made cautiously and only under a veterinarian’s supervision. Changes in insulin strength, manufacturer, type, species (human, animal) or method of manufacture (rDNA versus animal-source insulin) may result in the need for a change in dosage.

Appropriate diagnostic tests should be performed to rule out other endocrinopathies in diabetic cats that are difficult to regulate.

Precautions: Animals presenting with severe ketoacidosis, anorexia, lethargy, and/or vomiting should be stabilized with short-acting insulin and appropriate supportive therapy until their condition is stabilized. As with all insulin products, careful patient monitoring for hypoglycemia and hyperglycemia is essential to attain and maintain adequate glycemic control and to prevent associated complications. Overdose can result in profound hypoglycemia and death. Pregestogens, certain endocrinopathies and glucocorticoids can have an antagonistic effect on insulin activity. Pregestogens and glucocorticoids should be avoided.

Reproductive Safety: The safety and effectiveness of ProZinc insulin in breeding, pregnant, and lactating cats has not been evaluated.

Use in Kittens: The safety and effectiveness of ProZinc insulin in kittens has not been evaluated.

Adverse Reactions: Effectiveness Field Study

In a 45-day effectiveness field study, 176 cats received ProZinc insulin. Hypoglycemia (defined as a blood glucose value of < 50 mg/dL) occurred in 71 of the cats at various times throughout the study. Clinical signs of hypoglycemia were generally mild in nature (described as lethargic, sluggish, weak, trembling, uncoordinated, grunting, glassy-eyed or dazed). In 17 cases, the veterinarian provided oral glucose supplementation or food as treatment. Most cases were not associated with clinical signs and received no treatment. One cat had a serious hypoglycemic event associated with stupor, lateral recurrency, hypothermia and seizures. All cases of hypoglycemia resolved with appropriate therapy and if needed, a dose reduction. Three cats had injection site reactions which were described as either small, punctate, red lesions; lesions on neck; or palpable subcutaneous thickening. All injection site reactions resolved without cessation of therapy.

Four cats developed diabetic neuropathy during the study as evidenced by plantigrade stance. Three cats entered the study with plantigrade stance, one of which resolved by Day 45. Four cats were diagnosed with diabetic ketoacidosis during the study. Two were euthanized due to poor response to treatment. Five other cats were euthanized during the study, one of which had hypoglycemia. Four cats had received ProZinc insulin for less than a week and were euthanized due to worsening concurrent medical conditions.

The following additional clinical observations or diagnoses were reported in cats during the effectiveness field study: vomiting, lethargy, anorexia, polyuria, polydipsia, and glucocorticoid use should be avoided.

Appropriate diagnostic tests should be performed to rule out other endocrinopathies in diabetic cats that are difficult to regulate.

Fourteen cats died or were euthanized during the extended use study. In two cases, continued use of insulin despite anorexia and signs of hypoglycemia contributed to the deaths. In one case, the owner decided not to continue therapy after a presumed episode of hypoglycemia. The rest were due to concurrent medical conditions or worsening of the diabetes mellitus.

To report suspected adverse reactions, or to obtain a copy of the Material Safety Data Sheet (MSDS), call 1-866-638-2236.

Information for Cat Owners: Please refer to the Cat Owner Information Sheet for more information about ProZinc insulin. ProZinc insulin, like other insulin products, is not free from adverse reactions. Owners should be advised of the potential for adverse reactions and be informed of the associated clinical signs. Potential adverse reactions include hypoglycemia, insulin antagonism/resistance, rapid insulin metabolism, insulin-induced hyperglycemia (Somogyi Effect), and local or systemic reactions. The most common adverse reaction observed is hypoglycemia. Signs may include: weakness, depression, behavioral changes, muscle twitching, and anxiety. In severe cases of hypoglycemia, seizures and coma can occur. Hypoglycemia can be fatal if an affected cat does not receive prompt treatment. Appropriate veterinary monitoring of blood glucose, adjustment of insulin dose and regimen as needed, and stabilization of diet and activity help to minimize the risk of hypoglycemic episodes. The attending veterinarian should evaluate other adverse reactions on a case-by-case basis to determine if an adjustment in therapy is appropriate, or if alternative therapy should be considered.

Effectiveness: A total of 187 client-owned cats were enrolled in a 45-day field study, with 176 receiving ProZinc insulin. One hundred and fifty-one cats were included in the effectiveness analysis. The patients included various purebred and mixed breed cats ranging in age from 3 to 19 years and in weight from 4.6 to 20.8 pounds. Of the cats included in the effectiveness analysis, 101 were castrated males, 49 were spayed females, and 1 was an intact female. Cats were started on ProZinc insulin at a dose of 0.1–0.3 IU/lb (0.2–0.7 IU/kg) twice daily. Cats were evaluated at 7, 14, 30, and 45 days after initiation of therapy and the dose was adjusted based on clinical signs and results of 9-hour blood glucose curves on Days 7, 14, and 30. Effectiveness was based on successful control of diabetes which was defined as improvement in at least one blood glucose variable (glucose curve mean, nadir, or fructosamine) and at least one clinical sign (polyuria, polydipsia, or body weight). Based on this definition, 115 of 151 cases (76.2%) were considered successful. Blood glucose curve means decreased from 415.3 mg/dL on Day 0 to 203.2 mg/dL by Day 45 and the mean blood glucose nadir decreased from 407.9 mg/dL on Day 0 to 142.4 mg/dL on Day 45. Mean fructosamine values decreased from 505.9 μmol/L on Day 0 to 380.7 μmol/L on Day 45.

Cats that completed the effectiveness study were enrolled in an extended use field study. The mean fructosamine value was 342.6 μmol/L, after a total of 181 days of ProZinc therapy.

How Supplied: ProZinc insulin is supplied as a sterile injectable suspension in 10 mL multidose vials. Each mL of ProZinc product contains 40 IU recombinant human insulin.

Storage Conditions: Store in an upright position under refrigeration at 36-46°F (2-8°C). Do not freeze. Protect from light.

Manufactured for: Boehringer Ingelheim Vetmedica, Inc.
St. Joseph, MO 64066 U.S.A.
Manufactured by: AIPharma Services Corp., Charleston, SC 29405

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449901-01-1002 Revised 02/2010 Code 449911

Charleston, SC 29405
AAIPharma Services Corp.,
Jimmer—focused on soaring to new heights.

PROZINC—focused on Jimmer.

No matter what your patients are focused on, PROZINC is the ideal insulin choice that meets their individual needs.

That’s because PROZINC puts diabetic cats first with efficacy proven to improve clinical signs, a duration of action appropriate for felines, and expert veterinary support. Plus, PROZINC is the only veterinary insulin recommended by the AAHA for the initial treatment of diabetic cats.

Make PROZINC your first choice. Visit PROZINC.us.

Important Safety Information: For use in cats only. Animals presenting with severe ketoacidosis, anorexia, lethargy, and/or vomiting should be stabilized with short-acting insulin and appropriate supportive therapy until their condition is stabilized. As with all insulin products, careful patient monitoring for hypoglycemia and hyperglycemia is essential to attain and maintain adequate glycemic control and to prevent associated complications. Overdose can result in profound hypoglycemia and death. Progestogen and glucocorticoid use should be avoided. PROZINC insulin is contraindicated in cats during episodes of hypoglycemia and in cats sensitive to protamine zinc recombinant human insulin or any other ingredients in the PROZINC product.


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Please see Brief Summary on page 20.
When faced with renovating the West Kendall Animal Hospital in Miami, Florida, which is a more than 25-year-old practice that had a distinctly 1980s look and small 2,100 square foot space, the architects at Rauhaus Freedenfeld & Associates focused on making the most out of their available footprint. The Vetted team spoke with Eric Nelson, AIA, associate at Rauhaus Freedenfeld & Associates about the small touches that made a big difference.

Small space doesn’t mean no storage
“It was a very tight project in terms of overall space available, but we mined every inch of it for storage,” Nelson says. The kinds of storage needed were broken down into very accessible, less accessible and long term. Cabinets are intelligently placed, from below the countertops to lining the ceilings down the staff corridor and accessed only by a rolling ladder. “This is the most highly engineered project in terms of storage that we’ve been involved with to date.”

Embrace urban sophistication
Located within an unremarkable strip mall, the West Kendall Animal Hospital shines as an urban, sophisticated space that evokes thoughts of the ocean. “The wood variety was selected to mimic driftwood, and the glass tiles connote the sense of light on water. The blue background reinforces that,” says Nelson. A Rulon ceiling treatment creates a focal point, running across the ceiling and down the wall behind the reception area, and the soft colors of the laminate cabinet adds a calming vibe.

Expand where you can
The West Kendall Animal Hospital was able to expand their leasehold to take over half the adjacent space, increasing their square footage by approximately 500 square feet. “This gave us just enough space so that inpatient areas had sufficient depth,” Nelson says.

Storage wars: Animal hospital edition
When building or renovating your practice in a small space, take notes from the 2019 under-8,000-square-foot Hospital of the Year.
says. “We wanted the functionality to revolve around the center of the hospital,” and the expansion gave them room to do that. They also kept up the quality of the finishes into the back of the hospital, maintaining a warm feel throughout.

By expanding their leasehold, the clinic was able to add a third examination room.

West Kendall Animal Hospital was resourceful in where they placed their cabinetry to maximize storage space.
Safety is always a concern, but for cats, so is obesity. One Fast Cat’s exercise wheel is designed to improve felines’ physical and mental health without having them go outside. The wheel is designed for cats that do not exceed 25 lbs. According to One Fast Cat’s website, this product is best fit for trainable cats with moderate to high energy levels.

We went ahead and asked three veterinarians to watch One Fast Cat’s product video and share their thoughts on the design, as well as the potential pros and cons. Here’s what they said:

**Behavior expert Dr. Lisa Radosta’s thoughts**
The videos of the cats that I’ve seen using exercise wheels show cats doing it voluntarily and happily.

As for whether or not it’s well designed, that’s going to vary by wheel. This one looks pretty sturdy.

If the cat is trained with positive reinforcement and chooses to perform this activity, it could be a great way to fight obesity and enrich the cat’s life.

**Pain expert Dr. Michael Petty’s thoughts**
They seem safe enough, and not as bad as some of the knuckle-headed stuff cats will just do on their own.

[Dr. Petty said he is considering purchasing an exercise wheel since one of his daughter’s 10-month-old cats is already out of shape.]

**Pain expert Dr. Robin Downing’s thoughts**
We know that for cats to be as safe as possible and to live as long as possible, they really need to live indoors. We also know that cats are extremely intelligent and that they do best when they have a rich environment in which to live—lots of mental stimulation.

Indoor cats don’t receive the natural exercise that cats who live outdoors obtain. So, in addition to the mental doldrums in which cats may find themselves, they don’t burn calories. Obesity remains the single most important preventable disease we deal with in feline patients. I love the idea of helping cats learn how to burn calories and build muscle by utilizing a game or toy like this one.

One caveat: Some cats will become very obsessive when they are taught to chase a laser pointer. It’s important for people training cats to use an exercise wheel to utilize different enticements in order to minimize the risk of creating an obsessive “monster.”

Entertaining to watch, but is it safe for cats? Veterinarians weigh in on cat running wheels

Hamster wheels, but for cats. We asked three experts for their thoughts on One Fast Cat exercise wheels.

By Anissa Fritz, contributing writer

MORE THAN TOYS AND GAMES

Sort through a toybox full of thoughts on environmental enrichment at dvm360.com/petenrichment.
The CareCredit credit card gives clients a way to pay for all the care you recommend. CareCredit can be used for everything from exams and lab tests to surgery, pet food, medicine and parasite control.* In addition, 94% of cardholders are highly satisfied with CareCredit.¹

Already enrolled? Call 800-859-9975, option 1, then 6, to learn how CareCredit can help more pets get the care they need. To get started with CareCredit, call 844-812-8111 and ask for the one-time enrollment fee of $59 by April 30, 2019.

*Subject to credit approval.
¹ Cardholder Engagement Study, Q2 2018.
When the question goes beyond “What's in your wallet?” with pet owners, the answer is the companies providing third-party loans and credit card options to veterinary clients. We asked a number of companies offering third-party payment options for veterinary clients to give us the basics on their products and services that pet owners can use to pay a veterinary bill in the clinic.

### Comparing third-party veterinary payment options

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<th>CareCredit</th>
<th>ClearGage</th>
<th>Scratchpay</th>
<th>Wells Fargo Health Advantage</th>
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<tr>
<td>How long have you been in vet market?</td>
<td>25 years</td>
<td>10 years</td>
<td>Since early 2016</td>
<td>10 years</td>
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<tr>
<td>Product details?</td>
<td>Credit card with promotional financing available on purchases of $200 or more; no interest if paid in full within six, 12 or 18 months; otherwise, accrued interest applies</td>
<td>Loans for three to 36 months for $300 up to $5,000; interest rates set by—and go to—provider and are limited by state maximums</td>
<td>Loans for $200 to $10,000 for (1) 90 days interest-free (Pay Later) and (2) 12 or 24 months with interest ranging from 5.9 to 29 percent, depending on the borrower’s application as well as the state (Pay Over Time)</td>
<td>Loans for (1) no interest if paid in full and (2) fixed-rate plan at 12.99% (at press time)</td>
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Download a PDF at dvm360.com/3rdpartypay.
<table>
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<th><strong>What does this cost the practice?</strong></th>
<th>CareCredit</th>
<th>ClearGage</th>
<th>Scratchpay</th>
<th>Wells Fargo Health Advantage</th>
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<tr>
<td>Merchant fee based on financing option</td>
<td>$69-$99/month license fee, plus $19 per activated agreement</td>
<td>Flat 5 percent transaction fee for the veterinary clinic per Scratchpay transaction, no matter which plan the client chooses</td>
<td>Varies based on plan type and length, but can be lower than accepting a regular credit card</td>
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| **How long until the practice is paid?** | Two days | Down payment in 2 to 5 days; balance within 10 business days | Practice paid in full within two to three business days | Within 48 hours (24 hours for practices banking with Wells Fargo) |

| **Do you do a credit check on the pet owner?** | Yes | “Soft” credit pull that does not affect the pet owner’s FICO score | Yes (Pay Over Time), No (Pay Later); no Scratchpay plan affects a veterinary client’s credit just to see if they qualify | Yes |

| **What percentage of veterinary clients are typically not accepted?** | Varies | ClearGage accepts 100% of veterinary clients with a valid government-issued ID, social security number and two unique forms of payment | Varies depending on state as well as how the clinic offers Scratchpay to clients | Competitive |

| **What marketing support do you offer?** | Field staff provide personalized orientation, onboarding and training, along with an online and print advertising toolkit as well as CareCredit Direct software for veterinary clients to quickly and privately apply for credit | Brochures, table tents and product flyers | Brochures, signage options, a how-to guidebook and other items | Table tents, window clings, “take-ones” and brochures |

| **Can your product be used for anything else?** | CareCredit can be used at more than 210,000 locations nationwide for a variety of health and wellness procedures, treatments, products and services | Yes, also for human healthcare providers | No | Yes, also for human dental, audiology and vision |
FROM YOUR VETERINARIAN

My cat has diabetes—cats can maintain a good quality of life. Here’s what you need to know.

What are the clinical signs?

Cats may drink a lot of water, urinate frequently and in greater volumes, have a decreased appetite, often lose weight. In some cats, if the disease isn’t diagnosed soon enough, a serious condition known as ketoacidosis can develop and vomiting, diarrhea, dehydration, lethargy and anorexia can occur.

How is it diagnosed?

To diagnose diabetes, with a simple blood test, your veterinarian can determine whether there’s an elevated amount of sugar in your cat’s body. Elevated blood sugar levels. Your pet’s dose of insulin may need to be adjusted, depending on these results.

How is it treated?

With prompt and correct treatment, many cats will go into remission and no further injections may be necessary. Initially, you will want to perform a glucose curve. This can be performed at the hospital or your veterinarian may also speak to your veterinary team (or you) will take and perform this, your veterinarian will make a decision based on these findings.

Your cat’s body needs insulin every day, so it’s easy to assume that a boarding environment in your veterinary hospital can’t ever really be comfortable for the residents because it isn’t home. This actually need not be the case. Look to Fear Free and the growing body of data supporting low-stress techniques to enhance patients’ experiences in your facility.

Creating a Fear Free boarding environment does not mean a complete facility makeover. Far from it! Attention to detail, some imagination and an understanding of Fear Free principles—coupled with the willingness to look at the boarding experience from your patients’ perspective—can transform simple overnight care to true tender loving care.

Adjust sight lines

> Provide visual barriers. Fear Free boarding means creating visual barriers between occupants. One example is making all the cages in a ward face a single direction to eliminate any aggressive posturing or the stress of feeling pursued or dominated by patients across the way. Some pets may appreciate a privacy curtain at the front of their spaces.

> Cats like to hide and go vertical. If possible, install cat-specific condas. These provide great flexibility in housing, and most have built-in shelves for cats to climb onto. There are also made-for-cats cubbies that can be placed in an existing cage to provide privacy and offer a raised surface for perching.

Change your protocols

> Pheromones, pheromones. You can’t overdo pheromones: Adaptil diffusers for dog spaces and Feliway Classic diffusers in the cat spaces. Adaptil reminds dogs of time with their mommas, and Feliway leverages the way cats mark objects with their chins and faces. Another option for dogs is an Adaptil collar, which creates a “zen zone” around their head. You can also spray
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dog bedding with Adaptil and cat bedding with Feliway about 10 to 15 minutes before a patient arrives. Ask team members to spray their tops or jackets with Feliway and pants with Adaptil at the beginning of their shifts and halfway through the day. This reassures the residents.

> No harsh chemicals, please. Quaternary ammonia and bleach products are effective at killing bugs, but equally effective at rendering cats and dogs “nose blind.” Cats and dogs rely heavily on their sense of smell, so it’s incredibly disorienting for them to lose that sense. It’s time to use the same accelerated hydrogen peroxide products that are used in most human hospitals. (Virox makes relevant products.) These products kill all the bugs, but break down into water and oxygen—no odors and no residue.

Find more insights on touching up your interior design to the benefit of boarding pets (go for pastel colors instead of bold colors and LED instead of fluorescent lights), plus thoughts on music and medication at dvm360.com/relaxedboarding.

Dr. Robin Downing, who holds a master’s degree in clinical bioethics, is a diplomate of the Academy of Integrative Pain Management, a diplomate of the American College of Veterinary Sports Medicine and Rehabilitation, a certified veterinary pain practitioner, a certified canine rehabilitation practitioner and hospital director at the Downing Center for Animal Pain Management in Windsor, Colorado.

3 products to help cats lose weight

Shed fat, not tears. Here are three products we scoped out that will help felines achieve and maintain a healthy physique.

**PortionPro Rx**
Portion control just got a whole lot easier. With the PortionPro Rx, your clients are equipped to serve their cats the professionally recommended meal portions for healthy weight loss. Designed by Vet Innovations, the PortionPro Rx automatically dispenses timed, portion-controlled meals. Made for overweight pets in multi-pet households, the system can be set up to dispense certain amounts of food to each animal at specific times, while preventing access to all other pets. The PortionPro Rx is designed to reverse and prevent obesity in multi-pet homes. And it only takes 60 seconds to set up!

**The Indoor Hunter Feeder**
A large contributor to obesity in cats is a lack of psychological stimulation, which is why Doc and Phoebe’s Cat Co. invented the Indoor Hunting Feeder. These mouse-shaped gadgets hold healthy portions of food and trigger innate feline behaviors associated with eating, like hunting, catching and playing with prey. As a result, the Indoor Hunting Feeder provides an outlet for exercise, improves eating habits and eases feline anxiety.

**Cosequin for Cats**
Reward good behavior while also protecting joint health? Now, that’s a win-win. Cosequin for Cats soft chews contains FCHG49 glucosamine and TRH122 sodium chondroitin sulfate for joint support. But that’s not all. These chews are also packed with omega-3 fatty acids EPA and DHA to promote healthy skin and coat, allowing cats to look as good as their joints feel.
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- [ ] Veterinarian (four-days)
  - By 2/4/19: $569
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- [ ] Veterinarian (two-days, please note days)
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- [ ] Veterinarian (one-day, please note day)
  - Thursday and Friday: $349
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- [ ] 2019 veterinary graduate — (Please provide a diploma.)
  - $259
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- [ ] Practice manager (non-veterinarian)
  - $329
- [ ] Veterinary technician (four-days)
  - $329
- [ ] Veterinary technician (three-days)
  - Thursday and Friday: $299
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- [ ] Spouse attending seminars (non-veterinarian)
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