Emerging from COVID-19: challenges and changes

Possible IMHA dog—now what?

Discerning true seizures from imposters

Practice marketing: May the Force be with you
Health is not just one thing. It is everything.

Health is taking stock. It is remembering what’s important. Over the past few weeks, having taken the time to reflect, here’s what we’ve found. When health is suddenly precarious, we learn to what lengths we will go to preserve it. When maintaining our distance becomes necessary, we understand how fortunate we are to be so close with the veterinarian community. And when we have the companionship of a cat or dog, we are never really isolated.

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Don't sell product sales short

Recommending and selling products is not a veterinary hospital’s primary function. But it’s still an important part of patient care and client education, says practice manager and Fetch dvm360 speaker Brian Conrad.

By dvm360 staff

D o you know what the great thing is about box stores and online shopping websites like Chewy.com? Lots of choices and options. You know what they’re short on? Fetch dvm360 speaker Brian Conrad, CVPM, wants you to know: They’re short on what you’ve got in spades—education and specific, smart, medically sound recommendations.

Don’t give up on recommending and selling products out of your veterinary hospital when it makes sense, Conrad says: “I don’t want you to be salespeople. I don’t think you’re salespeople. You’re advocates—doctors and technicians.”

Conrad recommends general tips to maintain product sales in a veterinary hospital, but he is careful not to be perceived as a product hawk: “Look, if I can get a product dollar or a service dollar,” he says, “I’ll take a service dollar every time.” But don’t give up on products, because your clients need your advice and often want a convenient sale right now. So, make sure you’ve got:

- A consistent message from doctors. Make sure doctors meet monthly to discuss any changing product options. Find one line of products everyone can agree on, along with default pet food diets.
- An educated and trained staff. Organize 30-minute, picture-filled lunch-and-learns on practice product lines and recommendations. Ask team members for a list of product topics they’d like to cover.
- Available products. “There’s nothing worse than [asking a sales rep for] a lunch-and-learn and not being sure you’re going to stock the company’s product,” Conrad says. Educate team members on items you’re going to carry; don’t give free samples and get your stuff pumped about something you’re not going to recommend and sell.

This isn’t too much, Conrad emphasizes. And it’s for the good of your patients’ owners who, without your help, are going to go from website to website and from store to store to try to solve their pet’s most itchy, agitating problems.

“Every hospital has the ability to complete each of these goals,” he says. Your clients still need you to sell.
During our monthly team meetings, which are usually well attended (we offer free lunch, go figure), we discuss client service, hospital events, and practice policies and procedures, and we also make time for some team-building exercises.

One week we did a photo scavenger hunt with two teams and two cell phone cameras. We ran around the hospital performing silly tasks and taking photos. Everyone had a great time.

**Why good leaders want a fun workplace**

When team members are having fun, they’re less stressed. People who are stressed make more mistakes, take more sick days and have poorer communication than those who are less stressed. Simply put, fun reduces stress.

When team members have fun, they are more engaged in the business. Engaged employees provide better customer service to clients and pay more attention to details.

Productivity also increases when people have fun. Some fun or relaxation time refreshes us and allows us to feel energized, engaged and motivated, allowing us to get more done.

When work is fun, the business has lower turnover. When workers know that their employer has their back and that they are allowed to have fun, they’re less likely to look for another job.

**How can we create fun for our team?**

**Pay attention to your employees**

Watch your employees to observe when they have a good attitude or are having fun. When you notice, tell them you love to see them happy and having fun at work. Participate in the merriment if you can, and reward them for their great attitude.

**Model a positive outlook**

When you’re the leader, you’re expected to do better and act better. Do you enjoy your work? If it’s not obvious, you need to share your feelings more openly with your team. If you have fun, your team will join you.

**Allow them to have fun**

As a leader, it can be difficult to see people who are on the time clock not working, but team members need a little space to chat, joke and eat together. One morning I bought my team donuts, and we all ate them together. This gave staff a few minutes away from their work. Once they ate, they were much happier and more excited to get back to work and serve clients.

**Create a fun workplace**

This is my favorite step when it comes to fun for my team. I love to create games and fun things for us to do at work: scavenger hunts, shopping trips, movies, puzzles, auctions. In an ongoing game at our hospital right now, we dress a Barbie doll in a lab coat and move her around the hospital. When a team member finds her, that team member must write a compliment about another team member and post it in the lunchroom on the board “Barbie says.” Then the team member hides her again for the next person to find.

**Hand in hand**

Work and fun are not mutually exclusive. We can create a more successful work environment simply by creating and allowing a little more fun. Lead well and have some fun while you’re at it!

Dr. Cappel owns Warren Woods Veterinary Hospital in Warren, Michigan. She served as president of the Michigan Veterinary Medical Association in 2015.
Radiographic measurements of cardiac size and shape have long been used to detect cardiomegaly associated with heart disease. While experienced veterinarians may recognize cardiomegaly readily, many practitioners could benefit from a quantitative approach.

Why this study?
The traditional quantitative measurement in veterinary cardiology is the vertebral heart score (VHS). The VHS has limited use, however, because while it incorporates the overall size of the cardiac silhouette, it fails to encompass each cardiac dimension and chamber. Furthermore, breed variations and other factors can cause disparities in thoracic conformation and vertebral size, leading to nonrepresentative VHSs that may blur the lines between radiographically normal and enlarged cardiac silhouettes.

The manubrium heart score (MHS), on the other hand, uses the length of a single, easily identifiable structure: the manubrium. A strong and static correlation exists between the length of the manubrium and that of the corresponding cardiac axes. The MHS scoring system has been used experimentally to determine cardiac short-, long- and overall-MHSs in large- and small-breed dogs with radiographically normal cardiac structures.

In a study recently published in the Journal of the American Veterinary Medical Association, investigators at the University of Florida College of Veterinary Medicine performed various cardiac measurements using radiographic images generated during routine care of dogs at their small animal hospital.

Study details and findings
The study subjects were 64 pet dogs (23 large breeds, 41 small breeds) diagnosed with cardiomegaly by echocardiogram between 2012 and 2015. The dogs had a mix of congenital and acquired cardiac diseases; the latter were predominant in both large and small breeds, and included heartworm disease, valvular endocarditis and degeneration, hypertrophic cardiomyopathy and dilated cardiomyopathy. More than two-thirds of the large-breed dogs had left-sided heart disease; in the small-breed group, the right:left ratio was roughly 50:50.

The control group consisted of 120 pet dogs (60 large and 60 small breeds) whose cardiovascular status was clinically and radiographically normal (VHS < 10.9). All evaluations were performed on right lateral radiographs, and the following measurements were obtained:

- **Cardiac long-axis length (cLAL):** length of the line extending from the ventral border of the carina to the most ventrolateral margin of the cardiac apex; spans the left atrium and left ventricle
- **Cardiac short-axis length (cSAL):** length of the line drawn perpendicular to the cardiac long axis at the widest point of the cardiac silhouette; spans the atria
- **Manubrium length (ML):**

Using these measurements, several scores were calculated:

- **MHS:** cLAL + cSAL/ML
- **Long-MHS:** cLAL:ML ratio
- **Short-MHS:** cSAL:ML ratio
- **VHS:** cLAL + cSAL expressed in the corresponding number of vertebrae (beginning at the cranial end plate of T4) representing the same length
- **CSI (cardiac sphericity index):** cSAL:cLAL ratio

Evaluating a new radiographic tool for canine heart disease diagnosis

In the spirit of “building a better mousetrap,” researchers have tested a novel measurement protocol—the manubrium heart score—for flagging cardiac disease in dogs.

By Joan Capuzzi, VMD
Compared with controls, dogs with left-sided cardiac disease had significantly greater mean overall-MHSs, long-MHSs and short-MHSs, as well as significantly higher VHSs. Dogs with right-sided cardiac disease had significantly greater mean short-MHSs and CSIs than did control dogs.

Furthermore, the mean CSI was significantly greater in all case dogs with right-sided versus left-sided cardiac disease. For large breeds only, the mean long-MHS was significantly greater in dogs with left-sided compared with right-sided cardiac disease.

The study’s findings bolstered the investigators’ hypothesis that MHSs and CSIs are higher in dogs with cardiac disease and vary with the side of the heart affected. The findings also supported their theory that different MHS reference values may be needed to evaluate cardiac dimensions radiographically across different size breed groups.

The authors also found that neither MHS nor VHS is reliable in diagnosing cardiac diseases that develop without eccentric heart enlargement.

**Study limitations and conclusion**

The limitations of this study included the lack of echocardiography to rule out cardiac disease in control dogs, as well as physiologic variations in cardiac cycle, respiratory phase and blood volume that alter the radiographic appearance of the cardiac silhouette.

Overall, the study found the MHS to be useful in diagnosing cardiac disease, correlating wide (high short-MHS) and long (high long-MHS) cardiac silhouettes, as well as high overall-MHS, with left-sided cardiomegaly, and linking wide cardiac silhouettes (high short-MHS) with right-sided cardiomegaly.

While the authors maintain that echocardiography is the gold standard for diagnosing cardiomegaly in dogs, they concluded that radiographic assessments should incorporate MHSs to estimate heart size objectively, and CSI scores to represent cardiac sphericity.

Dr. Capuzzi is a small animal veterinarian and journalist based in the Philadelphia area.

**REFERENCES**


*Keep us posted*

We know you don’t have time to read through the mountain of veterinary publications that cross your desk each month, piling up like your personal Mount Everest. That’s why we break down original research for you, sharing what matters most to practicing veterinary professionals in succinct, pragmatic articles. Have you come across some interesting new research that would be good to share with your colleagues? Let us know by emailing dvm360news@mmhgroup.com.
Does your team love processing online pharmacy requests? Is it more appealing knowing that for all of your effort you’ll receive $0? I didn’t think so. Online pharmacies are hijacking revenue from your practice because they deliver more than just medications, food and pet supplies. They deliver a convenient, easily navigable, one-on-one customer experience that feels good.

Your practice can do the exact same thing but even better. Turn this threat into an opportunity to grow your practice in ways you may never have thought possible.

Pricing pivot
An online request must go through a series of steps: receive the request, review it for validity, approve it and submit the approval to the pharmacy. This typically also includes multiple phone calls from the pharmacy asking for verbal approval. You are paying one or more team members and a doctor to make this process happen and likely receiving $0 in return.

Gone are the days of marking up your inventory products by 150%. Clients won’t purchase from your practice unless your products are priced competitively. Medication costs for chronic conditions can be daunting to pet owners. Price shop common medications at some of the most popular online pharmacies, and then adjust your prices to be more competitive. Even if you profit just $10 from each prescription, at least you are not losing money.

You could argue that you are bonding clients to your practice by helping them save money. But the reality is that it’s costing your practice money to do so. Put in the effort to price your products competitively. The bond you have with your clients will flourish and the practice will benefit by keeping the revenue in your business.

Don’t forget about service
No longer can you tell your clients there is no guarantee on the products they purchase online, and that you have no idea how the products are stored or where they come from. Today, giant online pharmacies can “give away the farm” with free shipping, deep discounts and coupons. Pair that with flawless refunds and return policies, and your clients are happy to purchase from them again and again. The big dogs can do these things and survive financially. Veterinary practices, unfortunately, can’t.

But there is another very notable piece of the online pharmacy client experience we overlook: client service. Service from most online pharmacies is excellent, drawing pet owners...
in and creating a strong bond. They offer guarantees far beyond what we are typically comfortable offering, from cute notes that include pictures of the pet right down to heartfelt condolences when a pet passes away. If these giant corporations can make your clients feel like they truly care and that their pet is their top priority, what is stopping your practice from delivering the same warm and fuzzy feeling?

As an industry, we are missing the mark if these big dogs can put us to shame in the customer service arena. Creativity, resources and a little reorganization will give your clients the service they want and keep them shopping at your practice.

Keep them coming back
What we know: Clients love convenience and a “good deal,” and they expect a stellar experience that is super easy to navigate. Here’s how to position your practice to check every one of these boxes.

Convenience
• Offer a delivery service. Without too much fuss you can deliver medications and food right to your client’s door.
• Make requests easy. Make prescription and food requests easy with an app or directly through your website.
• Make payments easy. Speak with your merchant service provider about services that would make requesting payments from your clients simple and quick. Also consider emailing invoices and integrating a purchasing platform on your website.
• Implement autoship/auto-fill. This is great for long-term medications and parasiticides. You should be able to set up reminders in your practice software that will alert the team that a pet needs a refill. Fill it automatically, process the payment, alert the client that the order is ready, and drop it in the mail or deliver it to their door. The client doesn’t even have to engage if they choose not to.

Good deals
• Offer rebates and coupons. Make them visible to everyone in the practice, on your website and social media. Help clients navigate submitting a rebate or submit it on their behalf.
• Run specials. Work with your manufacturer representatives to run one-of-a-kind specials, such as a $10 gift certificate for service with every ProHeart injection, or buy six months of a parasiticide or therapeutic diet and get one month free.
• Post price sheets. Post price sheets around your practice, breaking down the cost per day for each parasiticide, medication or food. Include prices at popular online pharmacies so clients can compare. Many of your clients spend $4 to $5 on a cup of coffee every day. Showing them that a ProHeart 12 injection will cost them around $0.20 per day really puts the cost into perspective.

Stellar experience
• Dedicate a pharmacy phone line. Make sure clients can leave voicemails on the dedicated extension.
• Create relationships. Assign a team member (or two) to receive and process every request. A consistent team member in the pharmacy position can deliver the same experience every time and get to know what each client needs when. Make the experience more personal for the client by always mentioning the pet’s name.
• Thank them. Taking 45 seconds to handwrite a thank-you note to include in every pharmacy bag will put a smile on many a client’s face.

Don’t carry a needed product?
This is bound to happen at some point, but don’t give in to that online pharmacy request so quickly. Do some price shopping with your distributor or manufacturer. Can the product be returned if it expires? Can you sell the entire bottle and still be competitive? Purchasing a larger quantity for the same price, or potentially even cheaper at your practice, is very convenient for the client. And shipping from most distributors and manufacturers is quick.

• Stay two steps ahead. Lean on your practice software for reminders so you can alert clients when it’s time to reorder.
• Create warm fuzzies. I realize some of the big dogs have call centers and all they do is answer the phone all day. Meanwhile, we are juggling six other things while trying to remain pleasant and complete the pharmacy request quickly so we can move on to the next task. A dedicated pharmacy team member who is fully focused fulfilling orders will provide a much more compassionate and empathetic client experience.

Let it go
Online pharmacies aren’t going anywhere, and any resentment you may have against them is pushing your clients farther away. Start by identifying your most requested products, rethinking some of your pricing strategies and putting the right people in place to manage orders. The rest will fall into place.

Emily Shiver, CVPM, is practice manager at Cleveland Heights Animal Hospital in Lakeland, Florida.
Disease prevention and management in individual veterinary patients rely on the veterinarian’s understanding of what that pet eats. A thorough nutrition history includes information about the pet’s main diet, treats and supplements, feeding schedule and practices, and environment and exercise. Studies show that capturing this information from clients and enacting nutritional modifications is not so easy, and hinges on the nuances of communication between veterinarian and pet owner.

In the exam room, conversations about diet typically begin with the word “what,” as in “What kind of food do you feed your cat?” But questions phrased this way may glean little information. One study found that this style of questioning unmasked a mere one or two food items in 89% of interactions. And in most of these situations, veterinarians failed to ask follow-up questions to round out the narrow nutrient picture painted.

But open-ended questions—such as “Tell me about...” —were found to produce more comprehensive responses because they encourage people to talk more freely and expand their answers.

**Study details**

A study recently published in the *Journal of the American Veterinary Medical Association* was performed to investigate the effect of question design on breadth of response in veterinary diet history-taking. During the summer of 2015, researchers from Ontario Veterinary College and the University of Guelph invited clients with scheduled appointments for their dog or cat at four Ontario veterinary clinics to participate.

An investigator asked each owner one of three standardized diet history questions and one question about physical activity. The nutrition questions were:

- “Tell me about everything your pet eats throughout a day, starting first thing in the morning right through to the end of the day.”
- “What kind of food does your pet eat?”
- “What kind of foods does your pet eat?”

In videotaped data collection sessions held in the exam room, the investigator posed one of the variably worded diet questions, randomly assigned to each participant, followed by the physical activity question.

The answers were then measured against information yielded in a comprehensive diet history survey (paper or online) directly following the visits. Survey questions sought specifics about a pet’s:

- Main diet (e.g. food type [brand, ingredients, wet/dry, etc.], amounts, frequency)
- Pet treats
- Human foods
- Medications/supplements

The survey also included an open-ended query regarding anything else the pet regularly ate, and sought the pet’s weight, (owner-reported) body condition, eating behaviors and exercise, as well as the owner’s feeding habits (who feeds, food availability, food measurement, etc.).

Responses were coded using standardized definitions. Quantified variables included main diet items, pet treats, human food items and medications/supplements, as well as a comprehensive total. The duration of clients’ verbal responses to diet questions was also recorded.

Statistical analyses were performed to:

- Determine associations between the frequency of participants’ reporting specifics (brand name, diet form, feeding quantity/ frequency) for main diet items and the diet question posed
• Compare numbers for main diet items, treats, human foods, medications/supplements, plus total number of diet-related items reported and duration of participants’ responses among the three diet history questions
• Measure information harvested through the written dietary history surveys against that gained through each of the three verbal questions

Tell’ is the way to ask

A total of 99 participants were recruited for the study; each recruit addressed the diet of a single pet. For 76 of the videorecorded interactions, the pet was a dog; for the remaining 23, a cat. Thirty-three participants were assigned to the “Tell me…” group, 40 to the “What kind of food…” (singular question) group and 26 to the “What kind of foods…” (plural question) group.

What they found

For the “Tell me…” question, feeding frequency (for the main diet) was the most commonly reported variable. But for the two “What kind of…” questions, it was brand name. Yet brand name reporting frequency did not vary significantly among the three diet questions. By contrast, reporting of diet form (wet/dry...) was significantly greater for the “tell” question than for the “what” questions; for the “what” questions, “What kind of food…” elicited more detail about diet form than did the “What kind of foods…” question. Feeding quantity (for main diet) was more likely to be reported with the “tell” question than with the “what” questions.

While the diet question phrasing did not impact whether an owner reported medications and dietary supplements, the detail with which an owner described their selections and feeding regimens for main food items, treats, humans foods and medications/supplements did: “Tell” phrasing generally teased out the most complete picture, including the greatest quantities of diet-related items reported, with reported quantities for the two “what…” questions running neck-in-neck.

How a nutrition question was posed to pet owners determined how much time they spent answering it. Individuals asked the “tell” question spoke for some 43 seconds in response, compared with about 11 seconds in reply to “what… food?” and about 27 seconds answering “what…foods?”

When compared with results for the dietary history survey—deemed closer to the gold standard in accuracy because of administration without time constraints and pressures inherent in verbal questioning—the “tell” question produced no differences in the breadth of dietary data offered up, but owners copped to fewer treat items verbally than in the written survey.

The “what” questions elicited lower total reports of diet-related items than did the dietary history surveys. The “what…food” question also produced lower numbers for main diet items, treats and human foods than did the written survey; likewise, respondents to the “what… foods” question disclosed fewer treat items and medications/supplements in their videotaped verbal responses than in the written survey.

What’s the take-home?

This study found that nuances of wording can impact the quality of communication between veterinarian and pet owner. Open-ended “tell” questions about pet feeding practices elicited more comprehensive responses than did targeted questions, and approximated the results produced by written diet surveys. For “what” questions, minimizing specificity by inquiring about the plural “foods” versus the singular “food” did not broaden overall results, with the exception of more human food items being disclosed.

Open-ended questions can be followed by a coned-down approach to specific variables, particularly those that are patient-specific, embarrassing to reveal or perhaps deemed irrelevant. Transparency during the veterinary visit sets the stage for shared decision-making between owner and doctor, particularly where feeding habits are concerned. Full disclosure enables an open forum for meeting those factors that can deter optimal nutrition choices once the owner leaves the office.

REFERENCES

E ven after many years in practice, the dog with immune-mediated hemolytic anemia (IMHA) can still leave us baffled. Should we refer to a specialist, transfer to emergency, or send the dog home on medication? When should we recheck—tomorrow, in a week, in a month? What drugs do we pick? Or should we just run screaming from the building?

IMHA cases usually start out in the emergency room, but sometimes they are caught early during routine bloodwork or because the patient presents in general practice with mild early disease. A better understanding of how to manage these cases will help with early diagnosis, catching relapses and even managing them on our own. You don’t need to become an expert to get the ball rolling on a good diagnostic and treatment plan. At a recent Fetch dvm360 conference, Elisa Mazzaferro, MS, DVM, PhD, DACVECC, shared her approach to IMHA cases.

This is the first of two articles on this topic. Here, we discuss the causes and diagnosis of IMHA. The second article, in our July issue, will shed light on best practices for short- and long-term therapy as well as monitoring IMHA patients.

Disease background
IMHA is a disease in which the body attacks its own red blood cells (RBCs). It is among the most common immune-mediated diseases that we see in dogs. IMHA has a 30% to 70% mortality rate despite aggressive therapy, Dr. Mazzaferro noted, and relapse rates range from 11% to 15%. Upon initial diagnosis, Dr. Mazzaferro said she tells her clients that their hemolyzing pet has roughly a 40% to 50% chance for long-term survival, then she customizes this prognosis based on follow-up diagnostics and response
to treatment. Many patients do not make it through the initial hemolytic crisis, but those that do can die later as a result of a thromboembolic disease, renal failure, liver failure, relapse or complications of medical therapy. Dogs with concurrent immune-mediated thrombocytopenia, hypoproteinemia or very rapid hemolysis can have a significantly worse prognosis.

The median age at presentation is 6 years. Although most cases of IMHA occur in female dogs, males statistically have a worse prognosis. Cocker spaniels, sheepdogs and poodles, among others, are particularly susceptible. IMHA in susceptible breeds is usually far more severe and requires more rapid, aggressive treatment than that in non-predisposed breeds. Pit bull terriers are predisposed to Babesia and have secondary IMHA from this.

Intravascular hemolysis is less common than extravascular hemolysis. The difference between the two—besides the site of RBC destruction—is that with intravascular hemolysis you must be sure to rule out zinc toxicity (and some of the infectious diseases), and you should expect the clinical progression to be more severe, with a higher risk for disseminated intravascular coagulation (DIC). You still treat these patients the same way, but be prepared to be more aggressive, and don’t forget to address the thromboembolic and coagulopathy risks using medication and coagulation testing.

Seventy percent to 80% of canine IMHA cases are idiopathic, known as primary IMHA. Secondary IMHA is caused by an immunoglobulin (Ig) M or IgG antibody attack against RBCs in response to infection, neoplasia, an inflammatory condition, drug or toxin, and maybe vaccination. Some toxicities cause direct RBC damage, which can be mistaken for IMHA but is not immune mediated.

Following are potential underlying causes of secondary IMHA:

- **Infection:** Babesia, Anaplasma, Mycoplasma spp., Ehrlichia
- **Drugs:** Nonsteroidal anti-inflammatory drugs, sulfonamides, cephalosporins
- **Vaccinations:** There is still not substantial evidence that vaccines can cause IMHA, but we suspect that they might, Dr. Mazzaferro said. There is a 2% to 26% incidence of vaccine-implicated IMHA depending on which study you look at; Dr. Mazzaferro pointed out. It is also not at all clear what the duration from vaccination to onset of IMHA is supposed to be.
- **Neoplasia:** Any malignancy is potentially causal, either directly or indirectly. In patients that are significantly hypoproteinemic, be sure to rule out erythrophagocytic histiocytic sarcoma, Dr. Mazzaferro said.
- **Toxins:** Zinc, onions, large amounts of garlic (although these toxicities are not truly immune mediated, they cause Heinz body anemia)
- **Other infections or inflammatory conditions** in the body that can overstimulate the immune system (i.e. cholecystitis, pylonephritis, pancreatitis)

**Diagnosing IMHA**

**Clinical presentation and history**

Clinically, patients with IMHA present with lethargy, weakness, vomiting, diarrhea, pale or yellow gums, collapse, discolored urine and petechiae if they have immune destruction of both RBCs and platelets. Alternatively, patients can appear clinically normal with just spherocytes and a mild anemia on routine bloodwork.

They can have a regenerative or non-regenerative anemia. We are encouraged to see regeneration, but it takes the body four to five days to mount a significant regenerative response, so about 30% of cases are nonregenerative on presentation. Spherocytes are present in only 67% to 94% of dogs with IMHA. They are not pathognomonic to IMHA, but spherocytes are great markers for diagnosing IMHA.

**Slide agglutination testing**

This type of test can be tricky. Here’s how to do it right.

Place one drop of blood from a purple-top tube on a slide, visualize it for clumping (agglutination), then add four tiny incremental drops of 0.9% saline with a needle-on syringe to the edges of the blood drop to see if the blood cells disperse or stay clumped. If they stay clumped, the result is positive.

Always look for macroagglutination first (you can see it with your own eyes). If the macroagglutination is negative (blood cells either do not clump or they disperse quickly with saline), then examine for microagglutination. Microagglutination is the same test but under a microscope, wet and unstained. Use a coverslip, and look for RBCs clumping or clumping together.

For both tests, if the blood cells disperse evenly with the saline, the test is negative. For the microagglutination test it is even more important to use the saline to differentiate agglutination versus rouleaux. Assess the slides immediately; letting the blood sit on the slide for even a few minutes can give the appearance of false-positives as the edges dry out.

If test results are unclear, the ACVIM consensus guidelines recommend washing the blood sample and retesting. Agglutination is caused by cross-linking of IgM immune complexes across RBCs, so it should still be happening after washing.

*Note: This article is intended to be educational for the veterinary profession. It is not intended as a replacement for professional medical advice.*
Getting a platelet estimate
To do a platelet estimate, count the number of platelets in each of 10 random views on high-power field (100x oil immersion) near the feathered edge, add them up, divide by 10 (basically the average number of platelets per high-power field), and then multiply by 10 to 15. That is your platelet estimate range in thousands.

Now look at the feathered edge. If there are huge clumps of platelets, factor these in as best you can as they will falsely lower your total estimate.

and monitoring this disease. Very few other things cause this.

History is very important. Ask whether the dog is or has:
- Been traveling?
- On adequate flea and tick prevention?
- Taking any drugs or supplements?
- At higher risk for tick exposure?
- Had recent vaccinations?
- Been exposed to onions or garlic?
- Eaten something like a penny or other zinc-containing toxin?

Testing
The baseline diagnostic workup is more extensive than for most diseases and includes the following:
- Routine testing. Complete blood counts (CBCs) and chemistries, a urinalysis with culture and sensitivity, and a platelet count.
- Packed cell volume/total solids (PCV/TS; in-house). Note that the PCV is more accurate than hematocrit because agglutination can interfere with calculated hematocrit.
- Slide agglutination test (in-house). (See Slide agglutination testing on page 11)
- Slide agglutination test.
- Coombs test. If both macro- and microagglutination tests are negative, do a Coombs test. If your patient is already auto-agglutinating, a Coombs test will not give you any extra information. (Nobody is going to fault you, though, if you send out a Coombs test because you are unsure of your in-house agglutination test findings. However, there is no good substitute for a slide agglutination test, or for the immediate information that it gives you if it is positive.)
- Blood smear (in-house). It should be a smear with a beautiful feathered edge, dried and stained with Diff-Quik. You are looking for reticulocytes, spherocytes, shistocytes and ghost cells in a monolayer near (but not at) the feathered edge—all of which are consistent with IMHA—and using this to do a platelet estimate while you are waiting for the CBC from the lab. (See Getting a platelet estimate)
- Radiographs for metastatic neoplasia or metallic foreign body ingestion.
- Abdominal ultrasound to complete your screening for neoplasia.
- Infectious disease panel. Always send out an infectious disease panel. North Carolina State University’s Vector Borne Disease Lab offers a panel that has historically been the best test, but Idexx offers a similar comprehensive version. The Idexx test does have a polymerase chain reaction (PCR) test for Babesia conradae (seen in the Western U.S.) that the NCSU test does not offer. If using Idexx, always test for both antibodies and genetic material (i.e. both PCR and serology).
- Lactate. This may be of limited availability except at emergency or specialty hospitals. If the lactate level is elevated, your patient may need a transfusion, as elevated lactate can indicate that too little oxygen is getting to the cells (oxygen debt).

For more in-depth information and detailed resources about IMHA diagnosis, the most recent ACVIM Consensus Statement on the Diagnosis of Immune-Mediated Hemolytic Anemia in Dogs is now available online.

Dr. Johnson practices at Berkeley Dog and Cat Hospital in Berkeley, and at Cameron Veterinary Hospital in Sunnyvale, California. Her nonveterinary loves are writing, dressage with her Iberian warmblood mare Synergy, watercolor painting on yupo paper, vinyasa yoga and running with her dog Tyson. Try as she might, her curly-coated Scottish Fold, Hootie, refuses to go jogging with her.

REFERENCES
The need for social distancing has many veterinary professionals pondering newer and safer ways to care for patients, including offering telehealth services. For some veterinarians, however, telemedicine is uncharted territory. How are appointments scheduled? What services can be offered? Should there be a charge?

To help address these concerns, the Viticus Group (formerly Western Veterinary Conference) recently hosted a Facebook Live discussion with telehealth experts Aaron Smiley, DVM, and Jessica Vogelsang, DVM. One of the key takeaways? Telemedicine is not limited to real-time video chats.

"Everyone assumes that telemedicine means a live video appointment, and that is not true," said Dr. Vogelsang, owner of Pawcurious and founder of the Facebook group Veterinary Telemedicine Community.

Dr. Smiley, who is chief of staff at both Devonshire Veterinary Clinic and Geist Station Animal Hospital in Indiana, wholeheartedly agreed, adding that what makes veterinary telemedicine so brilliant is that it functions perfectly while remaining asynchronous. "That means [sending] text messages, videos and pictures, which is so much more efficient for the client and the doctor," he said. "From a 20-second video, I can get an amazing amount of perspective and the owner can do it on her time. That is key."

Dr. Smiley advised veterinarians to establish telemedicine habits they can sustain long term. "Someday the pandemic is going to be gone, and when that day comes, if veterinary medicine is only doing synchronous telemedicine it is going to be very difficult to maintain because doctors are really busy," he said.

Ideal telehealth patients
Without a doubt, the best types of clients to offer telehealth services to are those with whom you have an established veterinarian-client-patient relationship, Dr. Smiley said. As for which services to offer through telemedicine, he suggested virtual medical rechecks as a hospital’s first foray. Many times it is the ideal, convenient option for both the veterinarian and the pet owner.

"Inevitably, I wasn’t able to get my clients in for rechecks but I wanted to see how my therapy worked out," he said. "I had always assumed no news was good news, but that is not always the case." At his practice, Dr. Smiley bills the client for the recheck while they are at the office for the initial visit and requests that the pet owner send a video of the patient at a determined future date for the staff to assess.

Telemedicine is not a substitute for in-office appointments across the board, Dr. Smiley emphasized. "As the doctor, you are the expert," he said. "You know when a dog needs to be physically touched."

Don’t devalue your services
Hospitals that offers telemedicine must communicate to clients that it is still a specialized service and will be billed accordingly. "Sometimes veterinarians fail to value themselves as professionals," Dr. Smiley admitted. This can result in misinterpreting a consultation or recheck as simply offering advice to a client, when in fact the veterinarian is providing a highly skilled service.

Dr. Smiley added that hospitals can—and should—continue to offer free telehealth services through their veterinary technicians and nurses. "Mrs. Jones can still call for a prescription refill or general advice, but if there is something that needs to be diagnosed, prognosed or prescribed, we’re going to roll the doctor in," he explained.

Ask for help
Dr. Vogelsang added that in recent weeks, several veterinary professionals have told her they’re feeling overwhelmed [about telemedicine], but she reassures them that active measures are being taken by various groups to provide guidance for new adopters. She encourages first-time telemedicine users to rely on the experience and resources of the American Veterinary Medical Association, American Animal Hospital Association and the newly formed Veterinary Virtual Care Association.

"Don’t rush into anything if you’re not comfortable, and ask your colleagues for help," she advised. "We have your back."

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Telemedicine: more than just video chats
With so many practices turning to telemedicine during the COVID-19 pandemic, experts share what it really means—and some key benefits of incorporating telehealth into veterinary practice.

By Amanda Carrozza
Emerging from COVID-19: challenges and changes

As shelter-in-place restrictions are lifted throughout the country, the full impact of the pandemic shutdown will come into clearer focus. Here are four major challenges veterinary practices can expect—and how to handle them.

By Bash Halow, CVPM, LVT

As veterinary hospitals try to return to business as usual in the wake of nationwide shutdowns related to the novel coronavirus pandemic, they do so in the face of a global recession, continued COVID-19 outbreaks, employees unwilling to return to work and lingering fears about disease transmission. Here are four challenges that you and your team can expect to confront in the months ahead, with suggestions for mitigating their impact on your business and your staff.
Challenge 1: Recession
Most economists agree that we’re not just headed for a recession; we’re already in one. The question is how long will it last? To mitigate the crisis, Congress has greased the paddles of a ginormous economic defibrillator with nearly three trillion dollars as a way to get the heart of American business beating again.

But it’s not just the U.S. that’s in danger of flatlining; the rest of the world’s economy is also a worried some blue. Improved consumer confidence, intact supply chains, and some way for the service industry to recover or transform is required before we can return to more sanguine times.

What to do
Prepare your business as best you can for a recession:
- Hold on to as much cash as possible. Request forbearance from your creditors as needed.
- Reduce your inventory, and use any existing down time to review and implement inventory management best practices.
- Stay abreast of federal and state aid packages for which your veterinary business may be eligible.
- Review your exit strategy. Practice owners interested in selling should talk with potential buyers now.
- Devise ways to improve the efficiency of your new workflow and lower costs.
- Manage your high-interest debt.

Challenge 2: No ‘all clear’ date
COVID-19 infections may continue to crop up regionally, dampening economic activity and in some cases instigating new community-wide lockdowns. Consumers may also choose to sit tight for another month or two at home because of lingering fears of infection.

Keep in mind that one of your team members may test positive for the virus, forcing all practice employees to self-quarantine and your business to close. Expect a dizzying array of what-should-I-do scenarios as team members exhibit mild symptoms of allergies or illness that you and your coworkers fret may be signs of COVID-19.

What to do
Revisit your sick leave policy. Decide how you will handle employees’ potential exposure to COVID-19, when it’s okay for COVID-19–positive employees to return to work and how you will manage employees’ varying levels of fear about infection. The CDC and Society for Human Resource Management are great resources for planning.

Make a plan for how your practice will operate post COVID-19. Many practice teams have determined that some of their pandemic protocols are more efficient and client-friendly than their former protocols were, and those will become part of normal practice.

If you haven’t already, explore telemedicine providers. Use this time to get acquainted with the technology and start thinking about how to use it to best service your clients while continuing to generate revenue.

Challenge 3: Cash-strapped clients and cautious spenders
Thus far, about 75% of American workers have emerged from the COVID-19 shakeup relatively unscathed, but for many restaurant employees and other service workers, farmers, the travel industry and the poor, the pandemic has created crippling hardship. Depending on where you live and what kind of industries are in your area, you may find that your clients don’t have the money they once had for pet care, even if it’s urgent care.

What to do
First, review local and national economic forecasts as a way to understand your community’s progress through the recession. Then, keep the following points in mind:
- Pet owners will look to online sources for answers. Write (and share on your website and via social media) material that not only helps pet owners find those answers, but also introduces them to the affordable care that your practice provides.
- Consider using telemedicine platforms to offer generalized tele-advice as a way to meet new clients and introduce them to your practice.
- Do not resort to knee-jerk instincts to lower prices or give away services unless doing so is part of a larger structured strategy to grow overall revenue.
- Younger pet owners are more likely than older pet owners to adapt quickly to the post–COVID-19 economy. These young people approach health care more holistically and may be looking for alternatives to the traditional allopathic model. Pivot your focus of annual visits away from vaccines to more competitive services like titers.
- Weigh the optics of offering payment plans. Companies like Vetbilling.com have low default rates and a line of financial products that many veterinary hospitals find extremely helpful.

Editor’s note: The information in this article was presented in a webinar by Bash Halow, CVPM, LVT, and sponsored by Nationwide. For a more in-depth discussion of post–COVID-19 challenges for veterinary practices, you can view the complete webinar at nationwidepetconnect.com/ce/covid-recovery.
What about PPE?
The CDC, OSHA, WHO and AVMA have all weighed in on workplace safety in the wake of COVID-19. If you’re still wearing a mask and gloves come September, it will be just as much because of the cautionary guidelines set forth by various government and professional entities as it will be out of concern for your own personal safety.

Personal protective equipment (PPE) and other safety measures will add cost and time to appointments. They will also affect how we are perceived by clients. Engaging in delicate discussions about euthanasia or financing with half of our face concealed will confound our ability to demonstrate empathy and register understanding.

If you are compelled to follow local or regional guidelines on the use of PPE, then practice the new protocols for time and cost efficiencies. Also discuss with your team the clinical look of masks, gloves and gowns, and how you can work around them to continue to instill a sense of warmth, trust, compassion and understanding, both to clients and to one another.

Keep lines of communication with local shelters open for more information on how the economic downfall is affecting a broader sampling of your pet-owning community. Review your policy on pet relinquishment and convenience euthanasia, and be sure to provide your team members with sensitivity training on the topic.

Challenge 4: Persistent callouts and HR issues
Regardless of whether you are permitted to return to normal business activity, regional outbreaks may cause local school and business shutdowns that will force your parent-workers to stay home with children. Some employees may fear returning to work and will resign. Some furloughed employees may qualify for both unemployment and additional CARES Act funds, and find that in its haste to rescue workers from economic catastrophe the federal government has given them more money to stay at home than to return to work.

Other employees will exceed the maximum number of paid hours they have left for the year, even exhausting the additional time allowed for by the CARES Act. Expect a significant portion of your and your practice manager’s time to be consumed with addressing unemployment claims, CARES Act–related Payroll Protection Plan issues and applications to other aid packages as they become available.

What to do
Review the laws for full-time and part-time layoffs in your state, being mindful of the internal and external optics of layoffs. Handle such discussions with delicacy and respect.

Stay transparent with your team regarding your financial needs as a business owner, but don’t use your predicament to reproach your staff for what you may regard as their insensitivity to your plight.

There will likely be an uptick in the number of people looking for employment. Revisit the way you hire employees, and try to take as much of it online as you can.

Last but not least
COVID-19 has put pressure on all of us. Don’t underestimate the ability of stress to ruin your professional and personal relationships, negatively color your decision-making and take a toll your health. Take control of your wellbeing through the many available veterinary resources, including dvm360.com and the Fetch conferences.

Despite the bleak forecast, change can be as much an opportunity as a liability. If you push yourself to see the world as a source of positives instead of negatives, your decisions are more likely to propel you toward a positive outcome.

Strong leadership, on every level, is how we’ll navigate our way forward successfully as a nation and world. The same is true for your business. It’s okay to be human, but try to be the best human you can be. It will make your job easier, it will garner loyalty from your team, and it will help you to better recognize your best attributes and to evolve as a person.

Bash Halow, CVPM, LVT, is a graduate of the College of William and Mary and of the Veterinary Management Institute series at Purdue University. During his 18 years as a veterinary professional, Bash has served as a practice manager, regional manager position and hospital administrator before opening his practice management consulting business Halow Consulting. Bash is also a regular Fetch dvm360 speaker.

References and resources available online at dvm360.com.
The real reasons why (some) team members don’t care

A veterinary practice manager and consultant shares from personal experience why some team members are disengaged—and what to do about it.

By Bash Halow, CVPM, LVT

If you take the time to look, there’s usually little mystery about why some staff members at veterinary clinics are “checked out.” Many of the reasons for employee apathy stem from hospital mismanagement. Here’s a look at some of the top factors and a few solutions to combat them.

They don’t care
For some team members, the reason why they don’t care is that they truly don’t care. Specifically, they don’t care about the work you do or the job they have. For some, their job in a veterinary practice is equivalent to a retail job at Target or a lifeguard post at the local pool. Hiring folks who don’t have a sincere desire to work in animal health is like trying to staff The Ritz-Carlton with a crew from Motel 6. After dozens of interviews with America’s best companies, one hiring strategy is common to all: Don’t suffer the fools. Terminate them.

You don’t care
That’s right. The reason your employees don’t care is because they don’t think you do. High-functioning people want their hard work and success acknowledged. I understand that you’re busy being a full-time veterinarian, but don’t forget to acknowledge your employees’ contributions and growth. Appreciation and approbation are powerful tools when wielded with sincerity.

Their jobs are mundane
I once visited a practice where the owner complained that his team was “brainless.” Upon closer inspection, I discovered that he was right; they weren’t the brightest bulbs in the box! What was interesting to me was that he hired the very people he was complaining about. His dictatorial management style and his insistence that only he could make decisions regarding service, care, client issues, and the like naturally eliminated all employees eager to think for themselves. It’s in your best interest to hire people who think like owners, but here’s the trick: Let them try to act like owners, too.

The work environment is toxic
One quick way to suck the life out of your veterinary team is by allowing—or being part of—an unhealthy work environment where people backstab, gossip, gripe, snipe and bicker incessantly. Sure signs of a toxic workplace environment include chronic callouts, high turnover, employee isolation and sluggish productivity. These are all hints that your employees are disengaged. It’s never too late to turn around a negative workplace, but it requires honestly and open communication among the entire team.

Your mission statement is two-faced
At one practice, a nurse noticed that she had missed a boarder’s treatment. She planned on telling the pet owner about the oversight but was coached by the practice owner to stay quiet because no harm had been done. Perhaps this should have been the mission statement for this practice: “We have the best service around… provided you’re gullible enough to believe it!” If you want to create a team of enthusiastic employees, create an ethical and moral system that they’ll want to engage in—not one that only counts when someone’s looking.

Many disorders in veterinary patients involve abnormalities of movement and mentation, and they may look like seizures. That’s why the first challenge in managing “seizures” is determining whether what’s occurring is, in fact, a seizure.

“The abnormal activity that is happening might only be occurring at home,” said Simon Platt, BVM&S, FRCVS, DACVIM, DECVN, professor of neurology at the University of Georgia College of Veterinary Medicine, during a lecture at the 2019 Atlantic Coast Veterinary Conference. “So, owners should be instructed to videotape these episodes, when possible, and submit them for veterinary review.”

So, what differentiates seizure mimics from actual seizures? Dr. Platt divided the mimics into five categories based on physiology and clinical characteristics.

**Syncope**

Unlike the rigidity that characterizes seizures, the hallmark of syncope is acute, flaccid collapse associated with activity. These episodes are abrupt, transient and typically accompanied by a brief loss of consciousness.

Syncopal episodes result from a sudden, global reduction in perfusion secondary to cardiac compromise. If syncope is suspected, a cardiac workup should be performed and a Holter monitor used to determine whether a cardiac condition is present.

**Movement disorders**

Movement disorders encompass a broad category of abnormal physical activity. “[The animals] move either too much or too little,” Dr. Platt explained.

Involuntary motions are mostly present during inactivity. They involve no loss of consciousness, may be local or generalized, and are often breed related. The difference between movement disorders and seizures is that the patient is responsive during movement disorder events.

Most movement disorders in dogs are paroxysmal dyskinesias that feature intermittent, episodic, involuntary movements and abnormalities of muscle tone in conscious individuals. They are often triggered by stress or sudden movement. These include:

- **Scottie cramps.** This autosomal-recessive disease affects young (<3 years old) Scottish terriers. Scottie cramps are involuntary episodes of spinal arching and limb rigidity brought on by stress and/or excitement; they typically resolve within 10 minutes. Thought to be caused by a serotonin deficiency, this nonprogressive disease sometimes responds to treatment with selective serotonin reuptake inhibitors.

- **Episodic hypertonicity of Cavalier King Charles spaniels.** This nonprogressive disease, also known as episodic falling syndrome, is characterized by...
stiffening of the thoracic and pelvic limbs, followed by collapse. Affected dogs remain conscious during episodes, which are precipitated by stress, excitement and exercise. This condition, which typically presents between ages 3 and 7 months, involves an autosomal-recessive gene deletion carried by about one in 10 Cavaliers. Clonazepam and acetazolamide are effective in mitigating clinical signs.

- **Border terrier cramping syndrome.** These two- to 20-minute episodes of epileptic cramping feature dystonia, tremors and difficulty ambulating, affecting dogs by around 3 years of age. The gastrointestinal tract and skin may also be involved. Gluten hypersensitivity has been implicated, and dietary changes have been effective in some dogs.

- **Lafora disease.** This syndrome, which features repetitive muscular contractions brought on by visual, auditory and tactile stimuli, is familial in miniature wire-haired dachshunds. It typically manifests between the ages of 6 and 13 years, and is diagnosed by muscle biopsy.

- **Dancing Doberman disease.** The intermittent involuntary flexion of one or both pelvic limbs gives affected dogs a high-stepping gait that could mimic seizure-like tremors. Muscle atrophy and weakness may also be seen.

- **Head bobbing.** These idiopathic tremors occur at rest and cease when the dog resumes activity. Inherited in Dobermans, boxers and American bulldogs, the condition usually begins before age 2 and can be associated with anxiety.

- **Orthostatic tremors.** These postural tremors occur only when standing. They are familial in Great Danes and Scottish deerhounds, present when dogs are young and sometimes respond to gabapentin.

**Neuromuscular collapse**

Also known as "exercise-induced collapse," neuromuscular collapse manifests as weakness in the hind (and sometimes all) limbs and collapse following five to 20 minutes of intense exercise. This inherited disease is common in Labrador retrievers but is also seen in other breeds, primarily retrievers, spaniels and pointers. Because of the rapid onset, abnormal gait, possible increase in muscle tone and collapse, many owners mistake these events for seizures.

**Sleep disorders**

Inappropriate movements during sleep and inappropriate sleep during movement can both masquerade as seizure disorders. During the rapid eye movement (REM) phase of sleep, muscles become generally atonic and, therefore, still. But some dogs exhibit violent limb movements, biting, howling and growling in their sleep.

There is also some breed predilection involved. Dr. Platt said that an estimated 30% of golden retrievers are affected and sometimes treated inappropriately based on a seizure misdiagnosis.

Narcolepsy, a disorder of the sleep-wake cycle, and cataplexy, a disorder of muscle tone, are conditions featuring episodes induced by excitement. The narcoleptic dog collapses into sudden REM sleep, and the cataplectic dog experiences acute paralysis of the limbs, head and torso while remaining conscious.

This family of disorders, which is inherited in Doberman pinschers, Labrador retrievers, miniature poodles, dachshunds and beagles, is associated with neurotransmitter defects. “They can be very debilitating," Dr. Platt said, noting that treatment with imipramine or methylphenidate can be effective.

**Behavioral disorders**

Compulsive behavioral disorders share certain commonalities with seizures: Both can involve repetitive, unvarying movements that have no apparent goal or function. These actions include locomotor and oral movements, aggressive motions, vocalization and hallucinatory demeanor. Compulsive behaviors are multifactorial and can be caused by stress, conditioning, genetics and medical conditions. They are treated very differently from seizures, with opioid, serotonergic, dopaminergic or glutamatergic medications, highlighting the importance of flagging seizure imposters.

**The bottom line**

Dr. Platt illustrated the difficulty for both owners and veterinarians in distinguishing seizures from disorders of behavior, sleep, motion, muscle tone and the cardiovascular system. He cited a recent study in which veterinary neurologists were asked to differentiate seizures from “other” episodes shown on video: They were in agreement, on average, in only about 30% of cases.¹

A careful eye and a healthy dose of scrutiny are critical in managing “seizure” cases, Dr. Platt concluded: “You don’t need to medicate every case. Some of these [seizure mimics] don’t really affect the dog, only the owner.”

**REFERENCE**

Spring and summer usher in a host undesirable visitors that pester pets and people alike. As veterinarians, we cannot help but associate warm weather and mosquitoes with heartworm disease (HWD). For dogs, the evolution of macrocyclic lactone preventives has made available new products, such as ProHeart 12 (moxidectin) and Simparica Trio (sarolaner + moxidectin/pyrantel), both from Zoetis, to prevent canine HWD, but where does that leave cats?

Despite the availability of monthly heartworm preventives for cats, feline HWD remains a less common conversation in the exam room. With the high success of feline heartworm prevention in both experimental and field trials, veterinary teams should be more excited to share with clients our trust in these products to prevent the nightmare of managing a heartworm-positive cat.

What am I looking for, doc?
Suspicion of feline HWD should be based on a combination of history, environment, clinical examination and diagnostic findings. Clinical findings may include acute or chronic respiratory distress (hemoptysis, dyspnea, orthopnea, cough); sudden death may also occur. Orthogonal thoracic radiographs may reveal dilated peripheral pulmonary arteries, a bronchointerstitial lung pattern and/or an enlarged cardiac silhouette. Less common radiographic findings reported by the American Heartworm Society (AHS) include chylothorax, pneumothorax and ascites.

The most trust in diagnosing feline HWD should be placed in serology: heartworm antigen and antibody testing. We must recall our epidemiology roots established in veterinary school to explain the limitations, and often frustrations, of these diagnostics to our clients. Specifically, a false-negative heartworm antigen test can occur with a same-sex male infection, a low worm burden, an early infection or operator error. However, an antigen-positive test is considered 100% specific in confirming HWD. Alternatively, a positive antibody test could suggest current infection or previous exposure to *D. immitis* larvae, but overall this is less sensitive than antigen testing. Experts recommend that we explain to clients that paired serology—both antigen and antibody testing—is better than a single test when screening for feline HWD.

Treatment pitfalls
Our options for managing feline HWD are limited. The use of corticosteroids, surgical extraction of adult worms and benign neglect all offer much lower than the 99% success rate in eliminating adult heartworms with the melarsomine three-injection protocol used in dogs. (The melarsomine protocol is not an option for cats due to its reported toxicity in the species.)

There has been some success with retrieving adult worms via cardiac catheterization; however, these were considered salvage surgeries. Both clients and veterinarians should understand and agree that prevention is a much better option than treatment when it comes to HWD cats.

Prophylaxis is power
HWD can be scary for both clients and veterinarians. It is important to emphasize our trust in monthly chemoprophylaxis, given its great success in preventing HWD and its high margin of safety. Selamectin + sarolaner (Revolution Plus—Zoetis)
and imidacloprid + moxidectin (Advantage Multi—Bayer) are the powerhouse macrocyclic lactones for preventing feline heartworm disease. Both products offer 100% prevention of developing adult heartworms following exposure to *D. immitis*.1-4

In one experimental study,2 cats were injected with L3 larvae and treated with monthly Revolution Plus for one to three consecutive months. Four to six months following treatment, 100% of the cats had no adult worms on necropsy.

A 2015 study4 investigated the opposite pattern: application of Advantage Multi prior to inoculation with L3 larvae. All cats received four consecutive monthly applications of Advantage Multi, after which they were exposed to heartworm larvae every seven days for about one month. At the end of seven months, all cats were reportedly antigen- and antibody-negative.

Your clients don’t need to understand the nuances of these studies, but they should understand these simple words conveyed by your veterinary team: “These products work.” If the curious client would like to be pointed in the direction of these studies and product labels, we can confidently provide them with these resources.

**Making the client connection**

One way we can connect to our clients is by being transparent about the unpredictability of feline heartworm disease during annual wellness visits. For example, “Mrs. Dyer, unlike Chloe’s chronic kidney disease, which is manageable, treating heartworm disease in cats can be difficult. Let’s discuss ways to keep Chloe protected with a topical monthly preventive to avoid this.” This statement explains the difficulty of treating heartworm disease, provides a personal parallel to the patient and provides the client with a solution.

We can also rely on the feline heartworm disease guidelines provided by the American Heartworm Society when talking with clients. In one small study on heartworm disease in the U.S., for example, a reported 25% of strictly “indoor cats” tested positive for heartworm disease.6 This is a great opportunity to discuss why all domestic cats—even those that do not go outside—should be on year-round monthly parasite prevention. If the owner is unwilling to commit to this, share the American Heartworm Society’s recommendation that heartworm prevention can be started one month before the onset of warm weather and continued three months after the warm season ends to accommodate the molting of larvae to adults.5 This conversation can be initiated by the nursing staff collecting information on indoor/outdoor status that the veterinarian can reference later during the examination.

At the end of day, we want to provide our clients with power. There are many ways to celebrate their decision to apply monthly heartworm prevention. This includes educating them about rebate programs available through Zoetis for clients purchasing six to 12 months of Revolution Plus, hanging a wall display of the names of feline patients that are on monthly prevention or encouraging clients to post photos of “protected cats” on the practice’s social media platforms, with a prize offered to one of those clients selected randomly. Whatever celebration your practice creates to motivate clients to purchase feline heartworm prevention, have comfort that there will be one fewer case of feline heartworm disease.

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What Luke Skywalker has to do with veterinary practice marketing

To reel in new veterinary clients—and turn them into loyal customers—you must appeal to their hidden “hero.”

By Robert Sanchez

If yours is like thousands of veterinary practices, this is the essence of your marketing: “Welcome to ABC Animal Hospital. We are a full-service veterinary facility. We provide preventive care, spay/neuter services, parasite control and more. Give us a call!”

Although these statements are accurate, they actually accomplish very little. This messaging reaches the cortex of your audience’s brain—the logical, linguistic region—but it fails to reach the limbic brain, the part that makes us feel something.

We in the veterinary industry often miss the mark when it comes to marketing our practices: We don’t face communication strategies with the same intellectual rigor as we do our clinical duties.

By the end of this article, you will learn how to market your practice in a fundamentally new way. Afterward, your messaging might sound something like this: “She’s there for you when life is hard. She’s there for you when work is stressful. She’s there for you when you need a friend. Now, you get to be there for her. Give us a call, and let’s protect her together.”

The secret

Some 80 years ago, literature professor Joseph Campbell began to see a pattern in works of fiction. Publication of his book, The Hero with a Thousand Faces, in 1949 forever changed the world of literature and mythology. Campbell discovered that there is a hidden story structure, an archetype, that can be found in virtually all stories we tell. It’s called “the hero’s journey.” You can see it throughout our world today (take Game of Thrones for a pop culture example).

This hero’s journey is a powerful tool and the secret behind Apple’s and Nike’s success. It’s actually quite simple: There is a well-worn structure that you can begin incorporating right now to create closer and more meaningful bonds with clients, furnish brand advocates and referrals, help more pets, increase your practice revenue and build a more empowered company culture.

Breaking it down

There are six primary components to the hero’s journey as it applies to marketing: A character has a problem and meets a guide who shows him a path and calls him to action, resulting in transformation.

Let’s dig deeper.

The character

Almost every company markets the same way: They brag and boast about how amazing their products and services are. You’ll notice that Apple and Nike don’t follow that approach. They tell a story about their customer’s hopes, dreams, fears and aspirations. The No. 1 lesson about the power of storytelling is that you must flip the script. You are not the hero, your customer is.

The problem

When Luke Skywalker flew his X-wing skyfighter down those narrow corridors, using the Force to guide his missiles and blow
up the Death Star, you probably experienced a significant emotional release. Why? The three layers of the problem had been building up throughout the entire Star Wars movie.

The first layer is external, a logistical problem. For Luke, it was the Evil Empire killing his aunt and uncle, and threatening the way of life in the galaxy. The internal layer—Luke’s questioning whether he is good enough to be a Jedi—is far more interesting.

The internal layer is always related to self-doubt and fears of inadequacy. In fact, this is probably why there is one dominant archetypal layer: It’s an allegory for our most basic of fears: We all wish to feel good enough, to make ourselves good enough to be worthy of love and respect. In an instant, which is why you see evidence of this theme throughout the movie. When Luke shot those missiles, he eviscerated the Evil Empire and proved that he was good enough to be a Jedi. In the end, good triumphed over evil. The layers of the problem were resolved in an instant, which is why you experienced such a profound emotional reaction while watching.

When a veterinary practice markets itself, it typically speaks to the external layer of a potential client’s problem: I need veterinary care for my pet. But the internal layer of the problem is far more important: Am I doing right by my pet? Do I deserve the intense love they have for me? And the philosophical layer is almost never mentioned: the importance of the bond that humans and animal share. This bond means everything to so many pet owners.

The guide
We instinctively look for guides in life—a teacher, parent or coach who encourages us to believe in ourselves. This is what you must become. Helping a hero address their internal problem is a powerful, sacred role. For Luke, that helper was Yoda. For pet owners, it’s you.

In my job running a web design and marketing company, we use the hero’s journey strategy every day. I have learned a few things about how to unearth what makes a particular guide special and how to see the heart and soul of a veterinary practice. My advice to you would be to get your entire team together (founders, veterinarians, technicians, client service representatives ... everyone), lock the doors for 90 minutes, and come up with answers to these questions:

• What, at its core, makes this practice special?
• What are we most proud of?
• What do we find most meaningful?
• What resonates with our clients?

The best answers will demonstrate two qualities: empathy and authority.

The path and the call
The hero must have a clear path to walk. For Luke, that path was Jedi training. For pet owners, it’s forming a relationship with you. Tell them exactly what to expect ahead of time—how the appointment will work, how your team is uniquely equipped to care for them, and what the follow-up care and time between visits will be. And you must call them to action.

Let’s revisit the example used earlier in the article: “She’s there for you when life is hard. She’s there for you when work is stressful. She’s there for you when you need a friend. Now, you get to be there for her. Give us a call, and let’s protect her together.”

This works well because it’s a powerful call to action for the hero. It speaks to our inner emotional life and lays bare the significance of this relationship.

Transformation
The world is different to a hero. A hero’s life will never be perfect, but they will feel capable, unburdened by self-doubt and empowered to do what they must. Paint a picture for pet owners that shows how working with you will have a positive impact on their relationship with their pet as well as on their own emotional wellbeing, and make clear other logistical and emotional benefits you can achieve together.

Next steps
Open up a journal or a Word document and begin writing down the major themes of your practice’s “hero journey.” Then include it on your website’s home page, in your social media strategies, in your print marketing and everywhere else. Once you do, your marketing will reach the limbic brain of potential customers, instead of merely the cortex.

You might not attract every pet owner in the world, but you will attract the right ones. After all, your customers are the heroes. You’ll just help them care for their pets like one.

Robert Sanchez is the founder and CEO of Digital Empathy, an award-winning web design and marketing firm for veterinary practices. He frequently lectures at national conferences, leads a team of wonderful employees, sits on the board of VetPartners, and shares his home with two very spoiled dogs—Cole and Lula.
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