VOLUME 114, NUMBER 9

September 2019

Vetted™

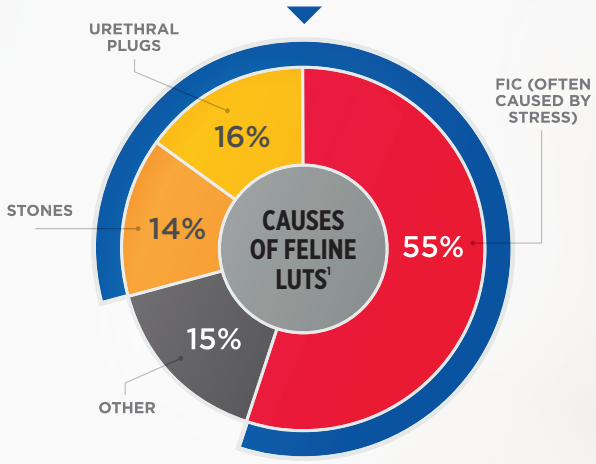
Because practice ain't perfect.

LOWER URINARY TRACT SIGNS (LUTS)
IT'S A BEAST OF A CONDITION

- Stress in the home has been shown to negatively impact bladder health. Episodes can occur and recur suddenly, catching clients by surprise
- Encompasses everything from stress-related feline idiopathic cystitis (FIC) to stones and plugs
- Difficult for clients to watch their pet suffer and have the hassle of cleanup

But with a multimodal approach, including nutrition and environmental enrichment, you can help your clients GET THEIR CAT BACK.

RECOMMEND THE SOLUTION THAT HELPS MANAGE 85%* OF THE CAUSES OF FELINE LUTS



	Added L-tryptophan and hydrolyzed casein to help manage stress, a known risk factor for FIC[2,3]
89%	The ONLY nutrition shown in a controlled study to reduce the rate of recurring (FIC) signs by 89%[4]
	Dissolves struvite stones in as little as 7 days (average 27 days)[5]
2X	Reduces urine calcium and the risk of calcium oxalate crystal formation 2X better than leading competitor[6,7]

Visit HillsPet.com/UrinaryCare to see how our food can help manage stress and lower the recurrence of urinary signs by 89%

*Based on averages from 6 publications evaluating the causes of lower urinary tract signs in cats. [1]Forrester SD, Towell TL. Feline idiopathic cystitis. *Vet Clin North Am Small Anim Pract.* 2015;45(4):783-806. [2]Pereira GG, Fragoso S, Pires E. Effect of dietary intake of L-tryptophan supplementation on multi-housed cats presenting stress related behaviours, in *Proceedings.* BSAVA 2010. [3]Beata C, Beaumont-Graff E, Coll V, et al. Effect of alpha-casozepine (Zylkene) on anxiety in cats. *J Vet Behav.* 2007;2(2):40-46.[4]Kruger JM, Lulich JP, MacLeay J, et al. Comparison of foods with differing nutritional profiles for long-term management of acute nonobstructive idiopathic cystitis in cats. *J Am Vet Med Assoc.* 2015;247(5):508-517. [5]Lulich JP, Kruger JM, MacLeay JM, et al. Efficacy of two commercially available, low-magnesium, urine acidifying dry foods for the dissolution of struvite uroliths in cats. *J Am Vet Med Assoc.* 2013;243(8):1147-1153. Average 27 days in vivo study in urolith forming cats. [6]Gluhek T, Bartges JW, Callens A, et al. Evaluation of 3 struvite-oxalate preventative diets in healthy cats. *J Vet Intern Med.* 2012;26:801. [7]Data on file. Hill's Pet Nutrition, Inc. 2017. Urine calcium directly measured and risk of calcium oxalate crystal formation measured by Hill's COT test vs. US ROYAL CANIN VETERINARY DIET® Feline Urinary SO® dry formula.

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Cats & vets:
A Venn diagram
p 28

Tips to diagnose **Addison's**
p 4

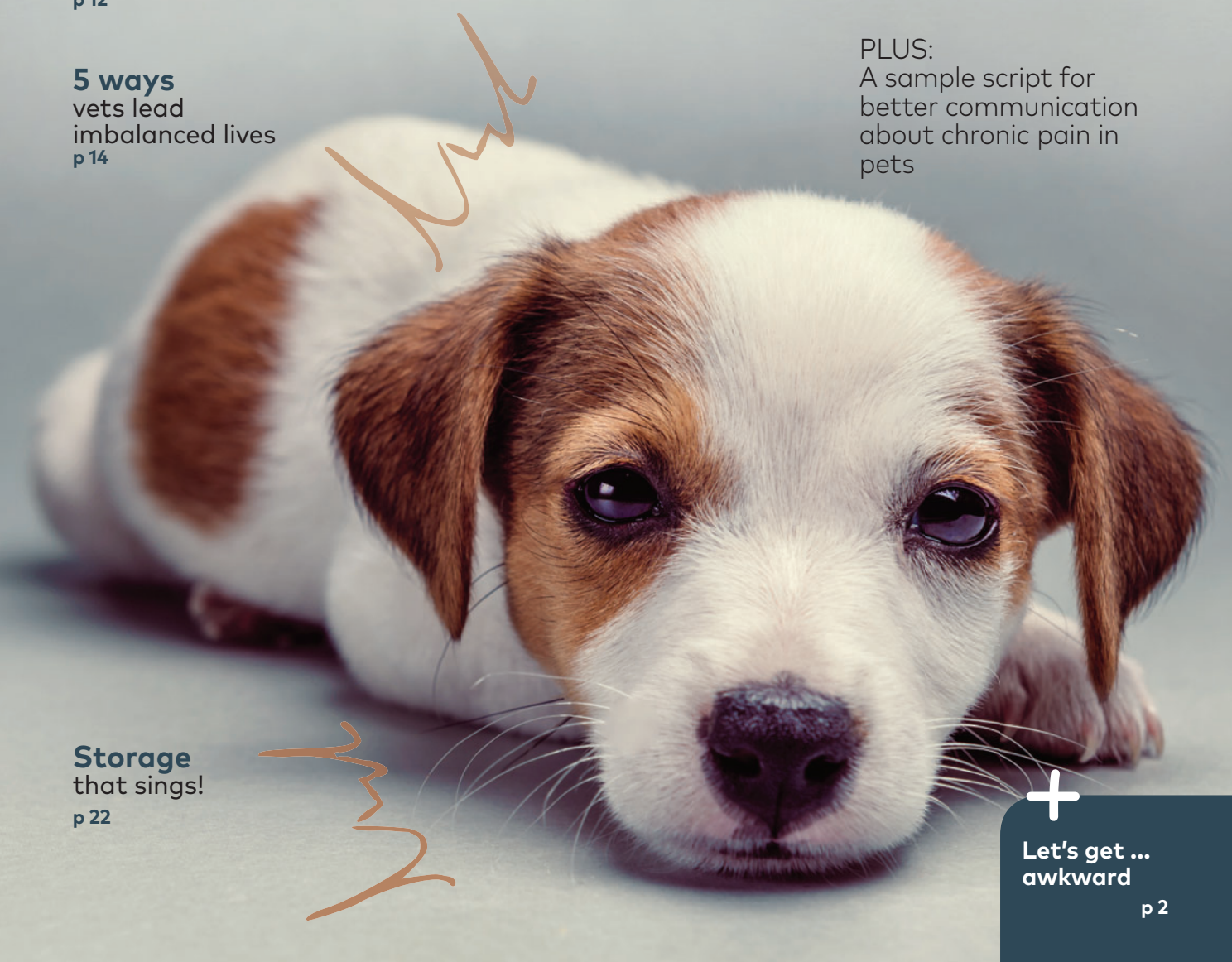
Pet pain myths BUSTED

p 16

Talking to angry clients
p 12

5 ways vets lead imbalanced lives
p 14

PLUS:
A sample script for better communication about chronic pain in pets



Storage that sings!
p 22

+ **Let's get ... awkward**
p 2

WORKING FOR THE GREATER GOOD.

BOEHRINGER INGELHEIM'S SHOTS FOR GOOD℠ PROGRAM

Boehringer Ingelheim is partnering with GreaterGood.org to join the fight against rabies in Puerto Rico. Over the next 3 years, Boehringer Ingelheim will donate IMRAB® *doses and rabies seals to help prevent rabies in 60,000 dogs and cats.*

★ *The number of stray dogs and cats is at an all-time high in Puerto Rico following Hurricane Maria*[1]

★ IMRAB *is the trusted rabies prevention with over 35 years of proven safety*[2]

[1] Stray animal population booming in post-hurricane Puerto Rico. https://commmedia.psu.edu/news/story/stray-animal-population-booming-in-post-hurricane-puerto-rico. Accessed on July 26, 2019.

[2] Data on file.

Boehringer Ingelheim

SHOTS FOR GOOD | IMRAB®

GreaterGood.org™
GIVE WHERE IT MATTERS

THE GUIDE

September 2019

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MJH life sciences™

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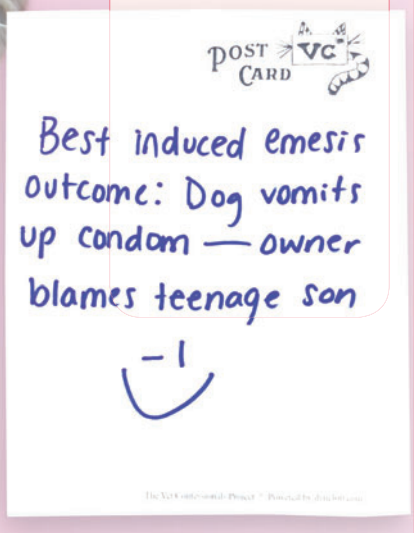
AWKWARD

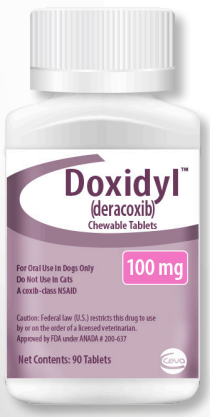
doesn't begin to describe it

When life hands you uncomfortable situations, you get veterinary confessions.

Best induced emesis outcome: Dog vomits up condom—owner blames teenage son.



The wag is back.



See your patients wagging again with NEW Doxidyl™ (deracoxib).

- ✓ Control pain and inflammation in dogs
  - Osteoarthritis
  - After orthopedic and dental surgeries
- ✓ Tasty beef-flavored chewable tablet
- ✓ Costs less than the pioneer brand

Switch to Doxidyl™ for your deracoxib needs.

IMPORTANT SAFETY INFORMATION
Not for use in humans. For use in dogs only. Keep this and all medications out of the reach of children and pets. Store out of reach of dogs and other pets in a secured location in order to prevent accidental ingestion or overdose. As with all drugs in this class, side effects involving the digestive system, kidneys or liver may occur. These are normally mild, but may be serious. Pet owners should discontinue therapy and contact their veterinarian immediately if side effects occur. All dogs should undergo a thorough history and physical examination before using Doxidyl™. Regular monitoring is recommended. Use with other NSAIDs or corticosteroids should be avoided. For additonal safety information, please see full prescribing information on page ___.

www.doxidyl.com

Doxidyl™ (deracoxib)

Chewable Tablets

For Oral Use in Dogs Only
Do Not Use in Cats

ANADA # 200-637, approved by FDA.
*Please read entire package insert before use.

Doxidyl™ (deracoxib) 12 mg, 25 mg, 75 mg, and 100 mg chewable tablets.
Nonsteroidal anti-inflammatory drug (NSAID) for oral use in dogs only.
CAUTION: Federal law (U.S.) restricts this drug to use by or on the order of a licensed veterinarian.
CONTRAINDICATIONS: Dogs with known hypersensitivity to deracoxib should not receive Doxidyl™ Chewable Tablets.
WARNINGS: Not for use in humans. Keep this and all medications out of reach of children. Consult a physician in case of accidental ingestion by humans. **For use in dogs only. Do not use in cats.**
All dogs should undergo a thorough history and physical examination before the initiation of NSAID therapy. Appropriate laboratory tests to establish hematological and serum biochemical baseline data prior to, and periodically during, administration of any NSAID is recommended. **Owners should be advised to observe for signs of potential drug toxicity (See Adverse Reactions, Animal Safety and Post-Approval Experience) and be given an "Information for Dog Owners" Sheet.**
PRECAUTIONS: Dogs needing a dose of less than 12.5 mg can only be accurately dosed through the use of the 12 mg tablet, which can be broken in half to provide 6 mg. Do not attempt to accurately dose smaller dogs through the use of breaking larger tablets. **Inaccurate dosing may result in adverse drug events (See Adverse Reactions, Animal Safety, and Post-Approval Experience).**
Since NSAIDs possess the potential to produce gastrointestinal ulceration and/or perforation, concomitment use of DOXIDYL™ tablets with other anti-inflammatory drugs, such as NSAIDs or corticosteroids, should be avoided. As a class, NSAIDs may be associated with gastrointestinal, renal and hepatic toxicity. The following collective group of clinical signs has been reported with some serious gastrointestinal events, in decreasing order of reported frequency: anorexia, tachycardia, tachypnea, pyrexia, ascites, pale mucous membranes, dyspnea. In some cases, circulatory shock, collapse and cardiac arrest have also been reported. 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 hepatic dysfunction. Plasma levels of deracoxib may increase in a greater than dose-proportional fashion above 8 mg/kg/day. Deracoxib tablets have been safely used during field studies in conjunction with other common medications, including heartworm preventatives, anthelmintics, anesthetics, pre-anesthetic medications, and antibiotics. If additional pain medication is needed after a daily dose of DOXIDYL tablets, a non-NSAID/non-corticosteroid class of analgesic may be necessary. It is not known whether dogs with a history of hypersensitivity to sulfonamide drugs will exhibit hypersensitivity to DOXIDYL tablets. The safe use of deracoxib tablets in dogs younger than 4 months of age, dogs used for breeding, or in pregnant or lactating dogs has not been evaluated.
NSAIDS may inhibit the prostaglandins which 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. Appropriate monitoring procedures should be employed during all surgical procedures. The use of parenteral fluids during surgery should be considered to decrease potential renal complications when using NSAIDs perioperatively. Concurrent administration of potentially nephrotoxic drugs should be carefully approached.
The use of concomitantly protein-bound drugs with deracoxib tablets has not been studied in dogs. Commonly used protein-bound drugs including cardiac, anticonvulsant and behavioral medications. The influence of concomitant drugs that may inhibit metabolism of deracoxib tablets has not been evaluated. Drug compatibility should be monitored in patients requiring adjunctive therapy. Consider appropriate washout times when switching from one NSAID to another or when switching from corticosteroid use to NSAID use.
Effectiveness: Deracoxib tablets were evaluated in masked, placebo-controlled multi-site field studies involving client-owned animals to determine effectiveness.
Osteoarthritis Pain and Inflammation Field Study: Two hundred and nine (209) client-owned dogs with clinical and radiographic signs of osteoarthritis of at least one appendicular joint were enrolled in this study. A total of 194 dogs were included in the safety evaluation and a total of 181 dogs were included in the effectiveness evaluation. The effectiveness of deracoxib tablets in the control of pain and inflammation associated with osteoarthritis was demonstrated in a placebo-controlled, masked study evaluating the anti-inflammatory and analgesic effects of deracoxib tablets. Tablets were administered by the owner at approximately 1-2 mg/kg/day for forty-three (43) consecutive days.
In general, statistically significant ($p<0.05$) differences in favor of deracoxib were seen force plate parameters (vertical impulse area, peak vertical force) and owner evaluations (quality of life, lameness and overall level of activity).
The results of this field study demonstrate that deracoxib tablets, when administered at 1-2 mg/kg/day for 43 days are effective for the control of pain and inflammation associated with osteoarthritis.
ADVERSE REACTIONS: Deracoxib was well tolerated and the incidence of clinical adverse reactions was comparable in deracoxib and placebo treated animals. A total of 209 dogs of 41 breeds, 1-14 years old, weighing 17-177 lbs were included in the field safety analysis. The following table shows the number of dogs displaying each adverse reaction.

Abnormal Findings in The Osteoarthritis Field Study[1]

Clinical Observation	Deracoxib Tablets (N=105)	Placebo (N=104)
Vomiting	3	4
Diarrhea/Soft Stool	3	2
Weight Loss	1	0
Abdominal Pain (Splinting)	0	1
Seizure	1	0
Lethargy	0	1
Pyoderma/Dermatitis	2	0
Unilateral Conjunctivitis	1	0
Scleral injection	0	1
Hematuria/UTI	1	0
Splenomegaly*	1	0
Grade II Murmur Systolic	1	0

[1]Dogs may have experienced more than one adverse reaction during the study.
*This dog was less active and eating less on enrollment, with elevated WBC, amylase, and AST and died 1 month after exiting the study. The dog was withdrawn from the study on Day 17 with anorexia, lethargy and a suspicion of diarrhea. Follow-up laboratory analyses revealed hypoalbuminemia, hyperphosphatemia, elevated AST and decreased BUN. Follow-up treatment included other anti-inflammatories and antibiotics.
Complete blood count, serum chemistry, and buccal bleeding time analysis were conducted at the beginning and end of the trial. Mean values of all CBC and chemistry results for both deracoxib and placebo-treated dogs were within normal limits. There was no statistically significant difference in the buccal bleeding time between deracoxib and placebo-treated dogs before or after the study, and all results remained within normal limits (less than 5 minutes). The results of this field study demonstrate that deracoxib is safe and effective for the control of pain and inflammation associated with osteoarthritis in dogs.
During this trial, dogs were safely treated with a variety of commonly used medications, including antibiotics, anti-parasiticides, topical flea adulticides and thyroid supplements.
The results of this field study demonstrate that deracoxib tablets are well-tolerated when administered at 1-2 mg/kg/day for up to 43 days for the control of pain and inflammation associated with osteoarthritis.
Postoperative Orthopedic Pain and Inflammation Field Study: In this study, 207 dogs admitted to veterinary hospitals for repair of cranial cruciate injury were randomly administered deracoxib tablets or a placebo. Drug administration started the evening before surgery and continued once daily for 6 days postoperatively. Effectiveness was evaluated in 119 dogs and safety was evaluated in 207 dogs. Statistically significant differences in favor of deracoxib tablets were found for lameness at walk and trot, and pain on palpation values at all post-surgical time points. The results of this field study demonstrate that deracoxib tablets, when administered daily for 7 days are effective for the control of postoperative pain and inflammation associated with orthopedic surgery.
Adverse Reactions: A total of 207 dogs of forty-three (43) different breeds, 1-15 years old, weighing 7-141 lbs were included in the field safety analysis. The following table shows the number of dogs displaying each adverse reaction.

Abnormal Health Findings in The Postoperative Orthopedic Pain Field Study[1]

Clinical Observation	Deracoxib Tablets (N=105)	Placebo (N=102)
Vomiting	11	6
Diarrhea	6	7
Hematochezia	4	0
Melena	0	1
Anorexia	0	4
Incision Site Lesion (drainage, oozing)	11	6
Non-Incision Site Lesions (moist dermatitis, pyoderma)	2	0
Otitis Externa	2	0
Positive Joint Culture	1	0
Phlebitis	1	0
Hematuria	2	0
Conjunctivitis	1	2
Splenomegaly	1	0
Hepatomegaly	1	0
Death	0	1

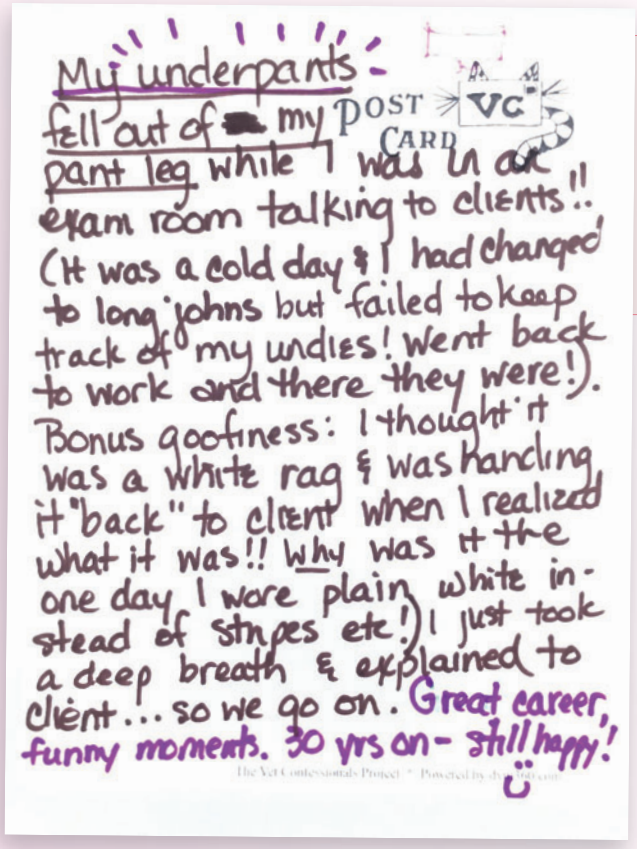
[1]Dogs may have experienced more than one adverse reaction during the study.
This table does not include one dog that was dosed at 16.92 mg/kg/day for the study duration. Beginning on the last day of treatment, this dog experienced vomiting, diarrhea, increased water intake and decreased appetite. Hematology and clinical chemistry values were unremarkable. The dog recovered uneventfully within 3 days of cessation of dosing.
Incisional drainage was most prevalent in dogs enrolled at a single study site. There were no statistically significant changes in the mean values for hepatic or renal clinical pathology indices between deracoxib tablet- and placebo-treated dogs. Four deracoxib tablet-treated dogs and two placebo-treated dogs exhibited elevated bilirubin during the dosing phase. One deracoxib tablet-treated dog exhibited elevated ALT, BUN and total bilirubin and a single vomiting event. None of the changes in clinical pathology values were considered clinically significant.
The results of this clinical study demonstrate that deracoxib tablets, when administered daily for 7 days to control postoperative pain and inflammation in dogs, are well tolerated.
Postoperative Dental Pain and Inflammation Field Study: In this study, 62 dogs admitted to veterinary hospitals for dental extractions were randomly administered deracoxib tablets or a placebo. Drug administration started approximately 1 hour before surgery and continued once daily for 2 days postoperatively. Effectiveness was evaluated in 57 dogs and safety was evaluated in 62 dogs. There was a statistically significant reduction ($p=0.0338$) in the proportion of dogs that required rescue therapy to control post-surgical pain in the deracoxib treated group compared to the placebo control group. Pain assessors used a modification of the Glasgow Composite Pain Scale (mGCPS) to assess pain.[3] A dog was rescued if it scored ≥ 4 on the combined mGCPS variables of Posture/Activity, Demeanor, Response to Touch, and Vocalization, or if the investigator determined at any time that pain intervention was needed. The results of this field study demonstrate that deracoxib, when administered once daily for 3 days, is effective for the control of postoperative pain and inflammation associated with dental surgery.
Adverse Reactions: A total of 62 male and female dogs of various breeds, 1.5-16 years old, were included in the field safety analysis. The following table shows the number of dogs displaying each adverse reaction. Digestive tract disorders (diarrhea and vomiting) and systemic disorders (abnormal clinical chemistry results) were the most frequently reported findings. There were no distinct breed, age or sex predilections for adverse reactions that were reported. No dogs were withdrawn from the study due to the occurrence of an adverse reaction.

Abnormal Health Findings in The Dental Pain Field Study[1]

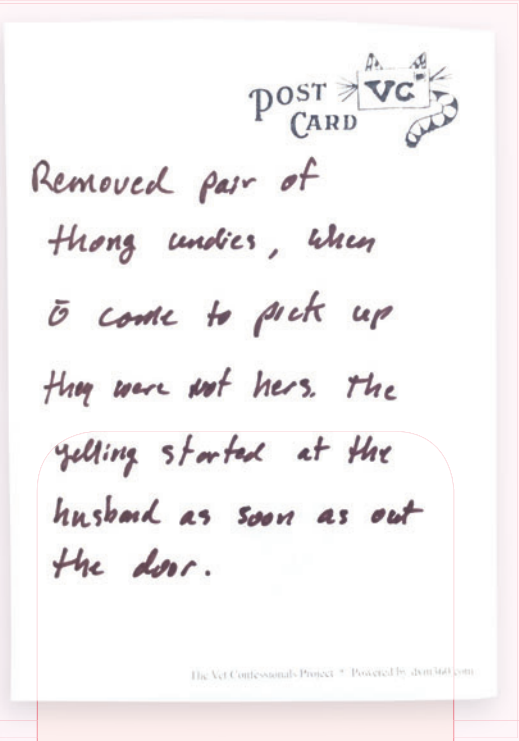
Clinical Observation	Deracoxib Tablets (N=31)	Placebo (N=31)
Vomiting	4	1
Diarrhea/soft stool	3	1
Regurgitation	0	2
Increased AST[2]	3	0
Increased ALT[2]	1	0
Hematuria	1	0
Leukocytosis	1	1
Neutrophilia	1	1
Lameness	1	0
Facial Swelling	0	1
Tachycardia	0	1

[1]Dogs may have experienced more than one adverse reaction during the study.
[2]Included animals with results over 2x the high normal.
Post-Approval Experience (Rev. 2010): The following adverse events are based on post-approval drug experience reporting. Not all adverse reactions are reported to the FDA CVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using this data. The following adverse events are listed in decreasing order of reporting frequency.
Gastrointestinal: vomiting, diarrhea, hypoalbuminemia, melena, hematochezia, elevated amylase/lipase, hematemesis, abdominal pain, peritonitis, decreased or increased total protein and globulin, gastrointestinal perforation, gastrointestinal ulceration, hypersalivation.
General: anorexia, depression/lethargy, weight loss, weakness, fever, dehydration.
Hepatic: elevated liver enzymes, hyperbilirubinemia, icterus, ascites, decreased BUN.
Hematologic: anemia, leukocytosis, leukocytopenia, thrombocytopenia.
Neurologic: seizures, ataxia, recumbency, trembling, confusion, collapse, hind limb paresis, nystagmus, proprioceptive disorder, vestibular signs.
Behavioral: nervousness, hyperactivity, aggression, apprehension.
Urologic: elevated BUN/creatinine, polydipsia, polyuria, hyperphosphatemia, hematuria, low urine specific gravity, urinary incontinence, renal failure, urinary tract infection.
Dermatologic: pruritus, erythema, urticaria, moist dermatitis, facial/muzzle edema, dermal ulceration/necrosis.
Respiratory: panting, dyspnea, epistaxis, coughing.
Cardiovascular: tachycardia, heart murmur, bradycardia, arrest.
Sensory: vestibular signs, glazed eyes, uveitis.
Ophthalmic: blindness, mydriasis, conjunctivitis, keratoconjunctivitis sicca, uveitis.
In some cases, death has been reported as an outcome of the adverse events listed above.

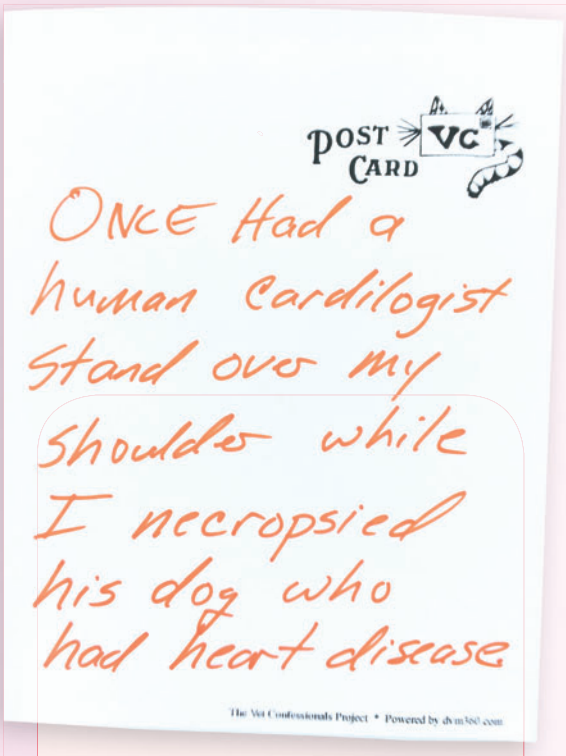
[3] Holton, L., Reid, J., Scott, E.M., Pawson, P. and Nolan, A. (2001). Development of a behaviour-based scale to measure acute pain in dogs. Veterinary Record, 148, 525-53.



My underpants fell out of my pant leg while I was in an exam room talking to clients!! (It was a cold day and I had changed to long johns but failed to keep track of my undies! Went back to work and there they were!) Bonus goofiness: I thought it was a white rag and was handing it "back" to a client when I realized what it was!! Why was it the day I wore plain white instead of stripes? I just took a deep breath and explained to the client ... so we could go on. Great career, funny moment. Thirty years on—still happy!



Removed pair of thong undies. When owner came to pick up they were not hers. The yelling at the husband started as soon as they were out the door.



Once I had a human cardiologist stand over my shoulder while I necropsied his dog who had heart disease.

NATSUKI/ ADOBE STOCK

Do you have a confession?

Something hilarious that happened to you? Something to get off your chest? Some pressure that would ease if you shared what you're thinking? The Vet Confessionals Project is your outlet. Share your secret at **dvm360.com/confess**.

Addison's disease:
Beyond the classic presentation

These two quick tips from Dr. Chen Gilor will help you more readily identify affected dogs.

When we asked Chen Gilor, DVM, PhD, DACVIM, for his best quick tips on diagnosing Addison's disease, he pinned down these two excellent pointers:

1. Don't just think about the sodium-potassium ratio—there's a lot more to Addison's disease than just the classical presentation. It's important to remember that there are lots of other presentations: Some dogs have gastrointestinal signs, some look like they have protein-losing enteropathy, and some come in with just megaesophagus.

2. Be screening for Addison's, even if your index of suspicion is not very high. You can skip ACTH stimulation testing at first and measure a baseline cortisol concentration, which is relatively quick, inexpensive and readily available. If the baseline cortisol concentration is high or high normal, it's very unlikely the dog has Addison's disease. If the concentration is low, then do an ACTH stimulation test. "You will do a lot less ACTH stimulation tests in dogs that do not have Addison's by running baseline cortisols. And you will do a lot more ACTH stimulations in dogs that do have Addison's if you run baseline cortisol," says Dr.Gilor.

WATCH THE VIDEO!

Dr. Chen Gilor discusses his tips for diagnosing Addison's disease at **dvm360.com/addisonstips.**

LEONID/ ADOBE STOCK

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zoetis

So, wellness plans ... well?

Give it to me straight, says one reader. Are veterinary wellness plans worth the time?

Katie Adams, CVPM, has tackled reader-submitted questions on all sorts of issues that come up in veterinary practice. Here's her take on wellness plans.

Q: Our practice is considering offering a wellness plan to our clients. Do you think they're worth the time they take to administer?

A: Wellness plans are definitely "a thing" right now, but I believe it's with good reason. Banfield was way ahead of their time when they offered these packages to clients, and here's why: Clients want to be able to accept your recommendations for care—otherwise, why would they bother coming to the vet in the first place?

The hurdle for most veterinary clients is the cost. As an industry, we generally respond to that hurdle by lowering or discounting our prices. What Banfield did was genius. They took all of their recommended services, added up the price (not discounted) and divided it by 12! Now, the client simply pays an affordable monthly fee and they feel good (value!) that they're able to follow the doctor's recommendations and care for their pet.

So yes, I think wellness plans are definitely worth the administration time. However, if you're going to offer more than five different wellness plans, I would advise your practice to enlist a third-party company to manage it for you.

Katie Adams, CVPM, is director of Curriculum Development at IGNITE Veterinary Solutions. Have a question of your own? Email us at dvm360@mmhgroup.com.

More from the Ask Katie series

Visit dvm360.com/askkatie to find answers to questions like ...

- What do I do when my team member can apparently do no wrong?
- Can my veterinary practice afford to fire this employee?
- How do I handle the veterinary practice owner's family?
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*Brunetto MA et al. Effects of nutritional support on hospital outcome in dogs and cats. *J Vet Emerg Crit Care*. 2010; 20: 224–231. Mohr AJ et at. Effect of early enteral nutrition on intestinal permeability, intestinal protein loss, and outcome in dogs with severe parvoviral enteritis. *J Vet Int Med*. 2003; 17: 791–798.

AVMA offers certification for wellbeing in the veterinary workplace

If you like free CE and you like championing wellbeing in your veterinary hospital, you may like the AVMA's new Workplace Wellbeing Certificate Program.

Those who complete the online course (free to AVMA and SAVMA members; $75 for nonmembers) receive four CE hours and information on "critical resources for group and individual problem solving centered around creating a culture of wellbeing," according to a release.

Everyone who signs up for the program starts with the module "Creating a Culture of Wellbeing" with Jen Brandt, PhD, AVMA director of wellbeing and diversity. Then they finish up the following in any order they want:

- "How to Request, Receive and Give Feedback" with Dr. Brandt
- "Transforming Conflict" with Dr. Brandt and Elizabeth Strand, PhD, founding director of veterinary social work at the University of Tennessee College of Veterinary Medicine
- "QPR Assessment" (risk assessment and management of suicide risk) with the QPR Institute
- "Diversity and Inclusion" with Lisa Greenhill, MPA, EdD, AAVMC senior director for research and diversity, and Dane Whitaker, DVM, president-elect for Pride Veterinary Medical Community (formerly the Lesbian and Gay Veterinary Medical Association).

The course can be accessed on AVMA Axon, the association's online learning portal. The program was made possible by an educational grant from Merck Animal Health, which also funded the Merck Animal Health Veterinary Wellbeing Study.

"It's significant that the AVMA's first online education certificate program provides the entire veterinary team with a valuable and meaningful user experience that meets their personal and professional needs," says John de Jong, DVM, president of the AVMA. "It is truly 'help for the helpers.' While veterinary professionals are busy protecting the health and welfare of people and their pets, the AVMA wants to protect the wellbeing of the entire veterinary team by providing this high-quality and unique digital education series.

What does wellbeing mean for your hospital?

Associations, companies and publishers have been focused in recent years on the mental health and wellbeing of veterinary professionals. Here's data, information and tips you might have missed:

- What the Merck Animal Health Veterinary Wellbeing Study says
- How to improve wellbeing in your veterinary practice culture
- A personality test that means something, from Merck study researcher Elizabeth Strand, PhD

Visit dvm360.com/avmawellbeing for these resources and more.

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For use in dogs

Previcox® (firocoxib)
For use in dogs only

Antinol®
For use in dogs and cats

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

ANTINOL is a joint health supplement.

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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 the following pages.

Brief Summary
NADA 141-213, Approved by FDA

Metacam®

(meloxicam oral suspension)
1.5 mg/mL (equivalent to 0.05 mg per drop) /0.5 mg/mL (equivalent to 0.02 mg per drop)
Non-steroidal anti-inflammatory drug for oral use in dogs only

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

Warning: 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. See Contraindications, Warnings, and Precautions for detailed information.

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 sodium benzoate (1.5 milligrams) as a preservative. The chemical name for Meloxicam is 4-Hydroxy-2-methyl-N-(5-methyl-2-thiazolyl)-2H-1,2-benzothiazine-3-carboxamide-1, 1-dioxide. The formulation is a yellowish viscous suspension with the odor of honey.

Indications: METACAM Oral Suspension is indicated for the control of pain and inflammation associated with osteoarthritis in dogs.

Contraindications: Dogs with known hypersensitivity to meloxicam should not receive METACAM Oral Suspension. **Do not use METACAM Oral Suspension in cats. Acute renal failure and death have been associated with the use of meloxicam in cats.**

Warnings: Not for use in humans. Keep this and all medications out of reach of children. Consult a physician in case of accidental ingestion by humans. **For oral use in dogs only.**

As with any NSAID all dogs should undergo a thorough history and physical examination before the initiation of NSAID therapy. Appropriate laboratory testing to establish hematological and serum biochemical baseline data is recommended prior to and periodically during administration. Owner should be advised to observe their dog for signs of potential drug toxicity and be given a client information sheet about METACAM.

Precautions: The safe use of METACAM Oral Suspension in dogs younger than 6 months of age, dogs used for breeding, or in pregnant or lactating dogs has not been evaluated. Meloxicam is not recommended for use in dogs with bleeding disorders, as safety has not been established in dogs with these disorders. As a class, cyclo-oxygenase inhibitory NSAIDs 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 corticosteroid use or 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: lethargy, 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 anemia, yellowing 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 METACAM and contact 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 of the importance of periodic 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. Both of the placebo-controlled, masked studies were conducted 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-bearing, pain on palpation, and overall improvement. Parameters assessed by owners included mobility, ability to rise, limping, and overall improvement. In the first field study (n=109), dogs showed clinical improvement with statistical significance after 14 days of meloxicam treatment for all parameters. In the second field study (n=48), dogs receiving meloxicam showed a 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. FOI for NADA 141-213 METACAM (meloxicam oral suspension).

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

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Revised 07/2016

18490
06/2018

Brief Summary
NADA 141-219, Approved by FDA

Boehringer Ingelheim

Metacam®

(meloxicam)
5 mg/mL Solution for Injection
Non-steroidal anti-inflammatory drug for use in dogs and cats only

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

Warning: 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. See Contraindications, Warnings, and Precautions for detailed information.

Description: Meloxicam is a non-steroidal anti-inflammatory drug (NSAID) of the oxicam class. Each mL of this sterile product for injection contains meloxicam 5.0 mg, alcohol 15%, glycofurol 10%, poloxamer 188 5%, sodium chloride 0.6%, glycine 0.5% and meglumine 0.3%, in water for injection, pH adjusted with sodium hydroxide and hydrochloric acid.

Indications:
Dogs: METACAM (meloxicam) 5 mg/mL Solution for Injection is indicated in dogs for the control of pain and inflammation associated with osteoarthritis.

Contraindications: Dogs with known hypersensitivity to meloxicam should not receive METACAM 5 mg/mL Solution for Injection.

Warnings: Not for use in humans. Keep this and all medications out of reach of children. Consult a physician in case of accidental ingestion by humans. For IV or SQ injectable use in dogs. All dogs should undergo a thorough history and physical examination before administering any NSAID. Appropriate laboratory testing to establish hematological and serum biochemical baseline data is recommended prior to, and periodically during use of any NSAID in dogs.

Owner should be advised to observe their dogs for signs of potential drug toxicity.

Precautions: The safe use of METACAM 5 mg/mL Solution for Injection in dogs younger than 6 months of age, dogs used for breeding, or in pregnant or lactating bitches has not been evaluated. Meloxicam is not recommended for use in dogs with bleeding disorders, as safety has not been established in dogs with these disorders. Safety has not been established for intramuscular (IM) administration in dogs. When administering METACAM 5 mg/mL Solution for Injection, use a syringe of appropriate size to ensure precise dosing. As a class, cyclo-oxygenase inhibitory NSAIDs 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 preexisting 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 the administration of the total daily dose of METACAM Oral Suspension, a non-NSAID or noncorticosteriod class of analgesia should be considered. The use of another NSAID is not recommended. Consider appropriate washout times when switching from corticosteroid use or from one NSAID to another in dogs. The use of concomitantly protein-bound drugs with METACAM 5 mg/mL Solution for Injection 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 5 mg/mL Solution for Injection has not been evaluated. Drug compatibility should be monitored in patients requiring adjunctive therapy. The effect of cyclo-oxygenase inhibition and the potential for thromboembolic occurrence or a hypercoagulable state has not been studied.

Adverse Reactions:
Dogs: A field study involving 224 dogs was conducted.[1] Based on the results of this study, GI abnormalities (vomiting, soft stools, diarrhea, and inappetance) were the most common adverse reactions associated with the administration of meloxicam.

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

Gastrointestinal: *vomiting, diarrhea, melena, gastrointestinal ulceration*
Urinary: *azotemia, elevated creatinine, renal failure*
Neurological/Behavioral: *lethargy, 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 the use of meloxicam in cats.**

Information For Dog Owners: Meloxicam, like other NSAIDs, 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 NSAID intolerance. Adverse reactions may include vomiting, diarrhea, lethargy, decreased appetite and behavioral changes. Dog owners should be advised when their pet has received a meloxicam injection. Dog owners should contact their veterinarian immediately if possible adverse reactions are observed, and dog owners should be advised to discontinue METACAM therapy.

Effectiveness:
Dogs: The effectiveness of METACAM 5 mg/mL Solution for Injection was demonstrated in a field study involving a total of 224 dogs representing various breeds, all diagnosed with osteoarthritis.[1] This placebo-controlled, masked study was conducted for 14 days. Dogs received a subcutaneous injection of 0.2 mg/kg METACAM 5 mg/mL Solution for Injection on day 1. The dogs were maintained on 0.1 mg/kg oral meloxicam from days 2 through 14. Variables evaluated by veterinarians included lameness, weight-bearing, pain on palpation, and overall improvement. Variables assessed by owners included mobility, ability to rise, limping, and overall improvement.

In this field study, dogs showed clinical improvement with statistical significance after 14 days of meloxicam treatment for all variables.

Reference: 1. FOI for NADA 141-219 METACAM (meloxicam) 5 mg/mL Solution for Injection.

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

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Revised 08/2014

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06/2018

Previcox® (firocoxib)

CHEWABLE TABLETS

Brief Summary: Before using* PREVICOX, *please consult the product insert, a summary of which follows:

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

Indications: PREVICOX (firocoxib) Chewable Tablets are indicated for the control of pain and inflammation associated with osteoarthritis and for the control of postoperative pain and inflammation associated with soft-tissue and orthopedic surgery in dogs.

Contraindications: Dogs with known hypersensitivity to firocoxib should not receive PREVICOX.

Warnings: Not for use in humans. Keep this and all medications out of the reach of children. Consult a physician in case of accidental ingestion by humans.

For oral use in dogs only. Use of this product at doses above the recommended 2.27 mg/lb (5.0 mg/kg) in puppies less than seven months of age has been associated with serious adverse reactions, including death (see Animal Safety). Due to tablet sizes and scoring, dogs weighing less than 12.5 lb (5.7 kg) cannot be accurately dosed.

All dogs should undergo a thorough history and physical examination before the initiation of NSAID therapy. Appropriate laboratory testing to establish hematological and serum baseline data is recommended prior to and periodically during administration of any NSAID. ***Owners should be advised to observe for signs of potential drug toxicity (see Adverse Reactions and Animal Safety) and be given a Client Information Sheet about* PREVICOX *Chewable Tablets.***

For technical assistance or to report suspected adverse events, call 1-877-217-3543. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDAVETS or http://www.fda.gov/AnimalVeterinary/SafetyHealth

Precautions: This product cannot be accurately dosed in dogs less than 12.5 pounds in body weight. Consider appropriate washout times when switching from one NSAID to another or when switching from corticosteroid use to NSAID use.

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 hepatic dysfunction. Concurrent administration of potentially nephrotoxic drugs should be carefully approached and monitored. 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 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, anticonvulsant, 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, approach concomitant use of anesthetics and NSAIDs cautiously. 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 2.27mg/lb (5.0 mg/kg) orally once daily for 30 days. The following adverse reactions were observed. Dogs may have experienced more than one of the observed adverse reactions during the study.

Adverse Reactions Seen in U. S. Field Studies

Adverse Reactions	PREVICOX *(n=128)*	*Active Control (n=121)*
Vomiting	5	8
Diarrhea	1	10
Decreased Appetite or Anorexia	3	3
Lethargy	1	3
Pain	2	1
Somnolence	1	1
Hyperactivity	1	0

PREVICOX (firocoxib) Chewable Tablets were safely used during field studies concomitantly with other therapies, including vaccines, anthelmintics, and antibiotics.

Soft-tissue Surgery: In controlled field studies evaluating soft-tissue postoperative pain and inflammation, 258 dogs (ages 10.5 weeks to 16 years) were evaluated for safety when given PREVICOX Chewable Tablets at a dose of 2.27 mg/lb (5.0 mg/kg) orally approximately 2 hours prior to surgery and once daily thereafter for up to two days. The following adverse reactions were observed. Dogs may have experienced more than one of the observed reactions during the study.

Adverse Reactions Seen in the Soft-tissue Surgery Postoperative Pain Field Studies

Adverse Reactions	*Firocoxib Group (n=127)*	*Control Group* (n=131)*
Vomiting	5	6
Diarrhea	1	1
Bruising at Surgery Site	1	1
Respiratory Arrest	1	0
SQ Crepitus in Rear Leg and Flank	1	0
Swollen Paw	1	0

**Sham-dosed (pilled)*

Orthopedic Surgery: In a controlled field study evaluating orthopedic postoperative pain and inflammation, 226 dogs of various breeds, ranging in age from 1 to 11.9 years in the PREVICOX-treated groups and 0.7 to 17 years in the control group were evaluated for safety. Of the 226 dogs, 118 were given PREVICOX Chewable Tablets at a dose of 2.27 mg/lb (5.0 mg/kg) orally approximately 2 hours prior to surgery and once daily thereafter for a total of three days. The following adverse reactions were observed. Dogs may have experienced more than one of the observed reactions during the study.

Adverse Reactions Seen in the Orthopedic Surgery Postoperative Pain Field Study

Adverse Reactions	*Firocoxib Group (n=118)*	*Control Group* (n=108)*
Vomiting	1	0
Diarrhea	2**	1
Bruising at Surgery Site	2	3
Inappetence/ Decreased Appetite	1	2
Pyrexia	0	1
Incision Swelling, Redness	9	5
Oozing Incision	2	0

A case may be represented in more than one category.
*Sham-dosed (pilled).
**One dog had hemorrhagic gastroenteritis.

Post-Approval Experience (Rev. 2009): The following adverse reactions are based on post-approval adverse drug event reporting. The categories are listed in decreasing order of frequency by body system:

Gastrointestinal: *Vomiting, anorexia, diarrhea, melena, gastrointestinal perforation, hematemesis, hematachezia, weight loss, gastrointestinal ulceration, peritonitis, abdominal pain, hypersalivation, nausea*

Urinary: *Elevated BUN, elevated creatinine, polydypsia, polyuria, hematuria, urinary incontinence, proteinuria, kidney failure, azotemia, urinary tract infection*

Neurological/Behavioral/Special Sense: *Depression/lethargy, ataxia, seizures, nervousness, confusion, weakness, hyperactivity, tremor, paresis, head tilt, nystagmus, mydriasis, aggression, uveitis*

Hepatic: *Elevated ALP, elevated ALT, elevated bilirubin, decreased albumin, elevated AST, icterus, decreased or increased total protein and globulin, pancreatitis, ascites, liver failure, decreased BUN*

Hematological: *Anemia, neutrophilia, thrombocytopenia, neutropenia*

Cardiovascular/Respiratory: *Tachypnea, dyspnea, tachycardia*

Dermatologic/Immunologic: *Pruritis, fever, alopecia, moist dermatitis, autoimmune hemolytic anemia, facial/muzzle edema, urticaria*

In some situations, death has been reported as an outcome of the adverse events listed above.

For a complete listing of adverse reactions for firocoxib reported to the CVM see: http://www.fda.gov/downloads/AnimalVeterinary/SafetyHealth/ProductSafetyInformation/UCM055407.pdf

Information For Dog Owners: PREVICOX, 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 anemia, yellowing 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 PREVICOX therapy and contact 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 of the importance of periodic follow up for all dogs during administration of any NSAID.

Effectiveness: Two hundred and forty-nine dogs of various breeds, ranging in age from 11 months to 20 years, and weighing 13 to 175 lbs, were randomly administered PREVICOX or an active control drug in two field studies. Dogs were assessed for lameness, pain on manipulation, range of motion, joint swelling, and overall improvement in a non-inferiority evaluation of PREVICOX compared with the active control. At the study's end, 87% of the owners rated PREVICOX-treated dogs as improved. Eighty-eight percent of dogs treated with PREVICOX were also judged improved by the veterinarians. Dogs treated with PREVICOX showed a level of improvement in veterinarian-assessed lameness, pain on palpation, range of motion, and owner-assessed improvement that was comparable to the active control. The level of improvement in PREVICOX-treated dogs in limb weight bearing on the force plate gait analysis assessment was comparable to the active control. In a separate field study, two hundred fifty-eight client-owned dogs of various breeds, ranging in age from 10.5 weeks to 16 years and weighing from 7 to 168 lbs, were randomly administered PREVICOX or a control (sham-dosed-pilled) for the control of postoperative pain and inflammation associated with soft-tissue surgical procedures such as abdominal surgery (e.g., ovariohysterectomy, abdominal cryptorchidectomy, splenectomy, cystotomy) or major external surgeries (e.g., mastectomy, skin tumor removal ≤8 cm). The study demonstrated that PREVICOX-treated dogs had significantly lower need for rescue medication than the control (sham-dosed-pilled) in controlling postoperative pain and inflammation associated with soft-surgery. A multi-center field study with 226 client-owned dogs of various breeds, and ranging in age from 1 to 11.9 years in the PREVICOX-treated groups and 0.7 to 17 years in the control group was conducted. Dogs were randomly assigned to either the PREVICOX or the control (sham-dosed-pilled) group for the control of postoperative pain and inflammation associated with orthopedic surgery. Surgery to repair a ruptured cruciate ligament included the following stabilization procedures: fabellar suture and/or imbrication, fibular head transposition, tibial plateau leveling osteotomy (TPLO), and 'over the top' technique. The study (n = 220 for effectiveness) demonstrated that PREVICOX-treated dogs had significantly lower need for rescue medication than the control (sham-dosed-pilled) in controlling postoperative pain and inflammation associated with orthopedic surgery.

Animal Safety: In a targeted animal safety study, firocoxib was administered orally to healthy adult Beagle dogs (eight dogs per group) at 5, 15, and 25 mg/kg (1, 3, and 5 times the recommended total daily dose) for 180 days. At the indicated dose of 5 mg/kg, there were no treatment-related adverse events. Decreased appetite, vomiting, and diarrhea were seen in dogs in all dose groups, including unmedicated controls, although vomiting and diarrhea were seen more often in dogs in the 5X dose group. One dog in the 3X dose group was diagnosed with juvenile polyarteritis of unknown etiology after exhibiting recurrent episodes of vomiting and diarrhea, lethargy, pain, anorexia, ataxia, proprioceptive deficits, decreased albumin levels, decreased and then elevated platelet counts, increased bleeding times, and elevated liver enzymes. On histopathologic examination, a mild ileal ulcer was found in one 5X dog. This dog also had a decreased serum albumin which returned to normal by study completion. One control and three 5X dogs had focal areas of inflammation in the pylorus or small intestine. Vacuolization without inflammatory cell infiltrates was noted in the thalamic region of the brain in three control, one 3X, and three 5X dogs. Mean ALP was within the normal range for all groups but was greater in the 3X and 5X dose groups than in the control group. Transient decreases in serum albumin were seen in multiple animals in the 3X and 5X dose groups, and in one control animal. In a separate safety study, firocoxib was administered orally to healthy juvenile (10-13 weeks of age) Beagle dogs at 5, 15, and 25 mg/kg (1, 3, and 5 times the recommended total daily dose) for 180 days. At the indicated (1X) dose of 5 mg/kg, on histopathologic examination, three out of six dogs had minimal periportal hepatic fatty change. On histopathologic examination, one control, one 1X, and two 5X dogs had diffuse slight hepatic fatty change. These animals showed no clinical signs and had no liver enzyme elevations. In the 3X dose group, one dog was euthanized because of poor clinical condition (Day 63). This dog also had a mildly decreased serum albumin. At study completion, out of five surviving and clinically normal 3X dogs, three had minimal periportal hepatic fatty change. Of twelve dogs in the 5X dose group, one died (Day 82) and three moribund dogs were euthanized (Days 38, 78, and 79) because of anorexia, poor weight gain, depression, and in one dog, vomiting. One of the euthanized dogs had ingested a rope toy. Two of these 5X dogs had mildly elevated liver enzymes. At necropsy all five of the dogs that died or were euthanized had moderate periportal or severe panzonal hepatic fatty change; two had duodenal ulceration; and two had pancreatic edema. Of two other clinically normal 5X dogs (out of four euthanized as comparators to the clinically affected dogs), one had slight and one had moderate periportal hepatic fatty change. Drug treatment was discontinued for four dogs in the 5X group. These dogs survived the remaining 14 weeks of the study. On average, the dogs in the 3X and 5X dose groups did not gain as much weight as control dogs. Rate of weight gain was measured (instead of weight loss) because these were young growing dogs. Thalamic vacuolation was seen in three of six dogs in the 3X dose group, five of twelve dogs in the 5X dose group, and to a lesser degree in two unmedicated controls. Diarrhea was seen in all dose groups, including unmedicated controls. In a separate dose tolerance safety study involving a total of six dogs (two control dogs and four treated dogs), firocoxib was administered to four healthy adult Beagle dogs at 50 mg/kg (ten times the recommended daily dose) for twenty-two days. All dogs survived to the end of the study. Three of the four treated dogs developed small intestinal erosion or ulceration. Treated dogs that developed small intestinal erosion or ulceration had a higher incidence of vomiting, diarrhea, and decreased food consumption than control dogs. One of these dogs had severe duodenal ulceration, with hepatic fatty change and associated vomiting, diarrhea, anorexia, weight loss, ketonuria, and mild elevations in AST and ALT. All four treated dogs exhibited progressively decreasing serum albumin that, with the exception of one dog that developed hypoalbuminemia, remained within normal range. Mild weight loss also occurred in the treated group. One of the two control dogs and three of the four treated dogs exhibited transient increases in ALP that remained within normal range.

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Better communication with angry clients

It's happened to all of us. An irate client wants to speak with you. What do you do?

By Meg Oliver

Clients get mad for all kinds of reasons. And sometimes they displace some of those frustrations onto you. There are the clients who you just can't make happy. You did everything right, but they wanted something that you couldn't provide. In my experience, the primary reason clients get upset is because they don't see the inherent value in the service you provide to them. This is a result of poor communication.

Advice for DVMs and RVTs

It's important as veterinary professionals that we explain our rationale, recommendations and reasons for treatments in ways that the client can understand. Veterinarians and veterinary technicians should always verbalize exam findings to the pet owner so the client is aware of all areas examined. In addition, emphasizing the importance of the physical exam, going over the treatment plan, and detailing your diagnostic and treatment recommendations are critical things that could influence a client's decision regarding a pet's care.

When clients don't see the value in what they're paying for, they're prone to turn against you. They may feel that unnecessary procedures were done or that your team is "just in it for the money." Although many of us have been in the industry for decades and have heard this numerous times, it still stings. It's insulting to be misunderstood on both a professional and personal level, especially when you've earned degrees, licenses and other experience in the pursuit of helping animals.

I handle these situations by introducing myself and explaining to clients that I've been told they're unhappy with their experience, which is concerning to me. I ask them to tell me what happened while I take notes so we can find the cause of the issue. Listen to their entire story without interrupting and then summarize it back to them to make sure you understand correctly. Most of the time, you'll be able to pinpoint what went wrong right away, but sometimes you may need to consult a fellow staff member to figure out what happened. If a part of the experience didn't match your practice's customer service expectations, explain how the situation should have gone and let them know that you'll speak to those involved, figure out what happened and get back to them as soon as possible.

The goal (regardless of the situation) is to validate the client's concerns. Once I figure out what happened, I call the client and tell them what information I found, why I believe it happened and how the practice is going to prevent the situation from occurring again. Acknowledge how the situation made them feel and thank them for bringing the issue to your attention so that it could be resolved. The last thing I usually do is ask whether they would be comfortable with my bringing up the issue at the next staff meeting so that the team and I can discuss the situation and its repercussions, and brainstorm ways to prevent it from happening in the future.

Good communication is necessary to portray value. It's imperative to make sure clients receive follow-up calls from staff or doctors to review results or discuss the continuation of a treatment plan. Follow-ups aren't always necessary for well-pet visits, but there's no harm in reaching out with an automated survey asking clients how they felt the visit went. Doing so might open the door for questions, comments or concerns that pet owners might have kept to themselves had they not been prompted. Communication is key. Whether it's written or verbal, communicate the value of your services through a clear explanation of not only the exam, but also the written treatment plan for their pet. No one should have their pet disappear into the treatment room without seeing a plan and then end up at the front desk with a $300 bill without any idea as to what procedures were done.

Be diligent. Make sure you're portraying your clinical skill and value as well as your concern and care for the client and their pet by having the best communication game in town.

Meg Oliver is practice manager at Cicero Animal Clinic in Brewerton, New York.

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5 WAYS vets lead imbalanced lives

I think that we well-meaning, hard-working veterinarians sabotage our own happiness, job satisfaction and personal health by doing these five things.

By Shana Bohac, DVM

Every veterinarian understands that the struggle for work-life balance is real. We all know how difficult it is to take time for ourselves and, if we do manage it, we feel guilty about it.

But the solution to the problem isn't just doing more yoga or eating healthier, although those things can certainly help. We talk about work-life balance, but what does it really mean? Is it more vacations, fewer work hours, not as many commitments? What makes you happy?

Millennials (I'm one) have been stereotyped as lazy. The reality is, we just want more out of life. We don't want to spend our entire lives working just to find out at age 65 that all we have to show for our hard work are a broken marriage, kids who wish we would've been there for them, two houses, a few new cars and a big retirement account we can't enjoy because we now have health issues or can't get around like we used to.

Mistake No. 1: Don't do what makes you happy in practice

The ideal way to be a happier veterinarian is to do what makes you happy. Of course, that's easier said than done. We can't avoid every blocked tom (my nemesis) that walks through the door. But we can focus on our favorite things and be the best we can be in those areas, in practice and our private lives. You'll get a reputation for excelling in these areas and enjoy that aspect of the field more often. On the flip side, you also may want to take time to learn more about the things you don't like so much. (Editor's note: Say, at a conference.) You may find you like these areas of practice more once you learn more about them and build more confidence.

> You are allowed to spend time with your family and have a life away from work.

Mistake No. 2: Refuse to face your imperfection

One thing I've realized is that it's OK to not make everyone happy. We are not perfect, although we may strive to be. You don't need to accept offers to be on every board, volunteer for every event in your area or take every emergency call that comes in. You are allowed to spend time with your family and have a life away from work. It's OK to work to live and not live to work.

Mistake No. 3: Spend time with people who make you feel bad

Surround yourself with people who build your confidence, not tear it down. Find a great support system. Unfortunately, this isn't always family because family may not understand fully the struggles we face. A mentor or old classmate is the perfect person to confide in when work or life becomes challenging. You can mull over that dog with pancreatitis that just won't stop vomiting or discuss the challenges of working for a baby boomer. Sometimes we just need to remind each other that we're good people and good veterinarians and that we have each other's backs.

Hey, associates!

You don't like your job? You know, the world is your oyster right now. Read up on dvm360's coverage of the associate shortage in vet med at dvm360.com/associateshortage.

Mistake No. 4: Skip sleep

Find a way to leave work at work. Restless nights spent worrying about cases are only going to make you exhausted the next day. You owe it to your patients to be on top of your game, and lack of sleep is not going to help anyone. (See more on page 28).

Of course, getting a good night's sleep may be much easier said than done. Cut your caffeine intake early in the day. Turn off your phone or TV well before bedtime. If worries keep you awake at night, set time aside in your schedule to go over events or stressors that occurred throughout the day. Avoid large meals and alcohol in the evening.

Mistake No. 5: Stay in a terrible job

If you are truly unhappy in your work situation, then change your situation. Don't be afraid to make a move. We are constantly concerned with our patients' quality of life, yet we often forget about our own.

Are you an associate?

If you're put in a situation where you are unable to practice the type of medicine you feel is best for your patients, you are being verbally abused or your work environment is hostile, make a change for your well-being. Most importantly, learn from these experiences. They will mold you into a better person and veterinarian. Even if you simply discovered what not to do, you were allowed to grow and sometimes growth can be difficult and painful.

Dr. Shana Bohac is the owner of Navarro Small Animal Clinic in Victoria, Texas. She has a passion for surgery as well as compassionate wellness care. She has a husband, Brandon, daughter, Aiden, three crazy cats, two dogs and a handful of horses.

JOSHSCHUTZ/ ADOBE STOCK

3 pet pain myths, BUSTED

From "young animals don't feel pain the same as adults" to "my Lab peters out after a short walk," Dr. Robin Downing sets the record straight.

Veterinarians' brains are stuffed with a million and one pieces of information directed at taking the best possible care of patients. Among that mass of intelligence there may even lurk a few stances, long held as truths, that simply aren't accurate. Fetch dvm360 conference speaker Robin Downing, DVM, DAAPM, DACVSMR, CVPP, CCRP, CVA, MS, is here to help you take a step back and question some beliefs you may have taken as gospel. Dr. Downing lowers the boom on three theories about pain as they might appear over the course of pets' lives.

1

"PUPPIES AND KITTENS DON'T FEEL PAIN THE WAY ADULT ANIMALS DO"

Dr. Downing says that, veterinary students were once taught that younger pets hadn't developed to an extent to experience pain the way adult patients would. She cautions that this idea is incorrect.

"Now what we know is if we violate the nervous system with such a profound pain experience that early on, we can actually damage [pets] for the rest of their lives," she says.

Dr. Downing adds that this approach may even lay the groundwork for chronic pain.

TATYANA GLADSKIH/STOCK.ADOBE.COM

2

"SHORTER SURGERIES REQUIRE LESS ATTENTION TO PAIN RELIEF"

One school of thought proposes that patients undergoing so-called "commodity surgeries" (ovariectomies, castrations)—because the procedures are relatively short—need less concern for their level of pain. Dr. Downing calls that another whopper.

"Nothing could be further from the truth," she says.

Here she borrows from human medicine research, pointing out that lack of attention to pain can establish a path for future pain at the surgery site and more.

"What it also may do is set the stage that, if they need another surgery later in life, they may have a worse pain experience than they would if we had taken care of their pain well at the first surgery," Dr. Downing says.

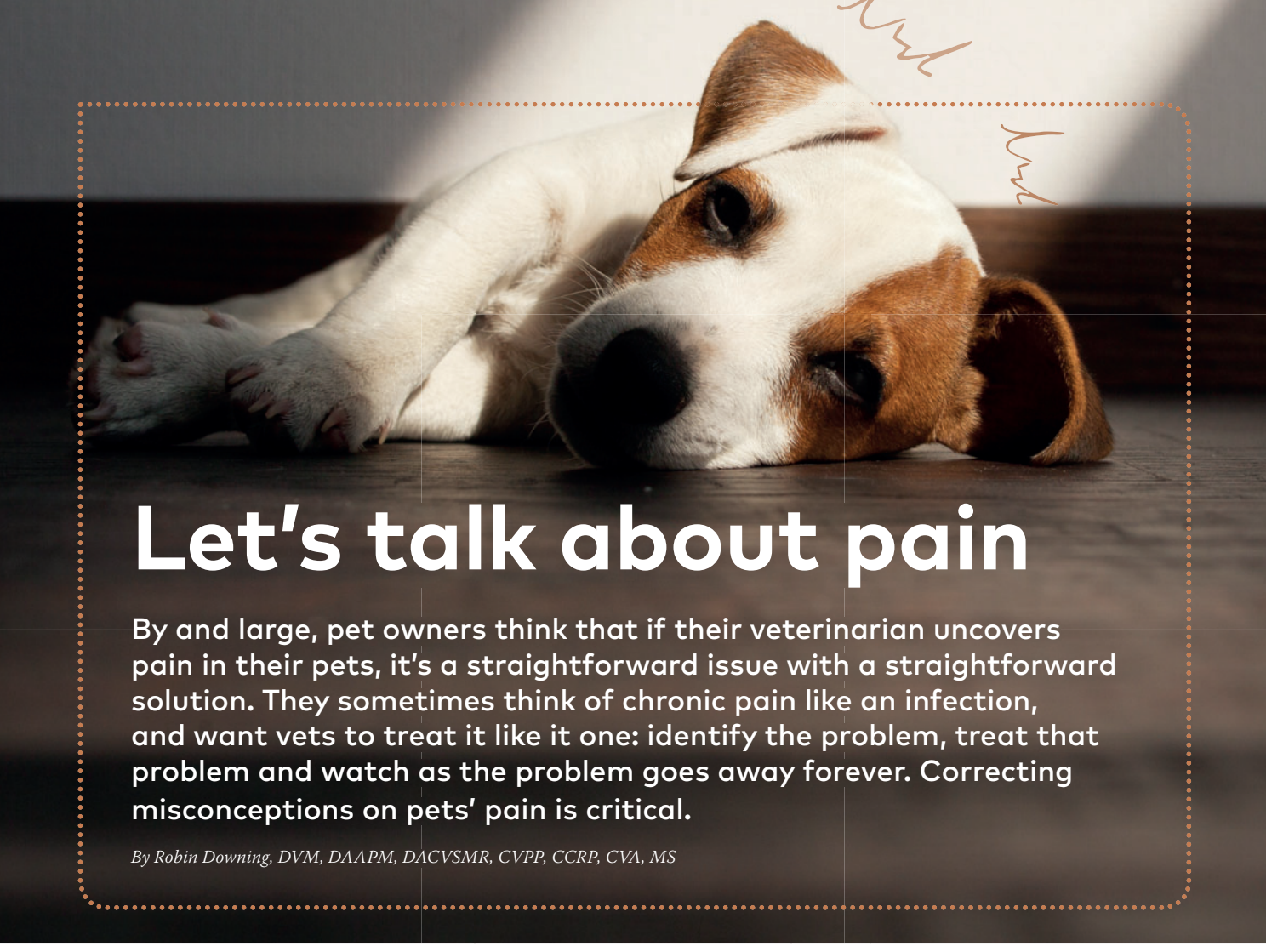
3

"OLDER PETS JUST SLOW DOWN"

Dr. Downing bristles at this one: "I'm here to tell you that old age is not a disease!"

She urges practitioners to listen for key client observations that may indicate a pet in pain. Prompts might include, "My dog used to be able to walk for miles, but now tires out more quickly," or "My cat used to sit in the window to watch birds, but not so much anymore." Dr. Downing says these are red flags that should precipitate additional investigation.

"When we hear those kinds of cues, we in the veterinary profession have an obligation to ask some more questions," she says.



Let's talk about pain

By and large, pet owners think that if their veterinarian uncovers pain in their pets, it's a straightforward issue with a straightforward solution. They sometimes think of chronic pain like an infection, and want vets to treat it like it one: identify the problem, treat that problem and watch as the problem goes away forever. Correcting misconceptions on pets' pain is critical.

By Robin Downing, DVM, DAAPM, DACVSMR, CVPP, CCRP, CVA, MS

Once clients understand their pet's pain, education continues through common questions. But how do we do that? Where do we start?

First steps: Education, education, education

Our clients cannot know what they don't know. The foundational principle of clinical bioethics—respect for the client's autonomy—obligates us to inform and educate clients to understand, to the best of their ability, what's happening in their pets' bodies. We must illuminate pain, identify where in the body it's present, diagnose the cause whenever possible and give them an appreciation for the intensity of that pain. A careful pain palpation in front of the client is the first step.

Before beginning the pain palpation, demonstrate the pressure to be used by palpating the owner's forearm (with their permission, of course). This shows the clients what firm pressure feels like and helps them appreciate that palpation, while not painful by itself, can reveal pain that's present. Seeing (and feeling) is believing. It allows the pet's reactions to take on deeper meaning. Radiographs or other imaging may also be needed before undertaking treatment.

Next: Take the pain out of conversations

Once clients understand their pet's pain, education continues through common questions. Here are some sample responses to questions like these that provide helpful language that faciliate the owner's understanding about their pets' pain problems.

"I feel terrible! I had no idea Max was in so much pain. I just thought he was getting older and slowing down. How could I have missed it?!"

"I know it can be upsetting to learn a family member is hurting. Don't be too hard on yourself. It's important to understand that animals do their best to hide any weakness when they don't feel their best. They're masters at hiding pain, and they do their best to carry on with all the things they're used to doing.

"When I'm doing my physical exam, I'm asking my patients very specifically, "Does it hurt when

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I touch you here?", and I watch for the reaction. My examination is very different from the ways in which you touch and interact with Max. "Max always wants you to think that everything is fine."

"So, now what? How can we help Max feel better and get back to normal?"

"The good news is, we have many tools to help Max. But it's important to understand that there is no "magic bullet" for chronic pain. We'll include a lot of these tools in our approach. That could mean nutrition, supplements, medications and physical medicine options like chiropractic that together work better than any single option works on its own. And we'll talk about modifying Max's home environment and lifestyle to help him be more comfortable and active.

"We'll work together to tailor specific treatments to meet Max's needs. Breaking the pain cycle quickly is our No. 1 priority, so we'll use medications that target pain and inflammation as well as medicines that work on the nervous system itself. Some or all of the medications we choose may be in place long term.

"We'll also focus on scientifically proven nutrition and supplements to support joint health, decrease pain and inflammation, and allow us to decrease the doses of medications to the lowest effective doses.

"Finally, we'll discuss physical medicine options—for instance, acupuncture, chiropractic and physiotherapy—that could benefit Max."

"That sounds like a lot. Exactly how long will Max need to take all this medication or use special food?"

"Unfortunately, chronic pain is the gift that keeps on giving, so we will need to be doing something for Max's pain management for the rest of his life. It's important to take the long view. You and our healthcare team are now partners in Max's care, working together to help him as his body continues to age and change."

"I'm not sure I can do all of this for Max. To be honest, I'm feeling a bit overwhelmed."

"Don't panic. Part of my job as Max's veterinarian is to partner with you, set priorities among Max's medical issues and help you understand what we need to focus on first, second, third and beyond. I'm also here to help you identify what you can do at home to help Max remain comfortable and active. I think you'll be surprised at how simple some of that can be."

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

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Please see brief summary on the left page.

Storage that sings

Every house, and every veterinary hospital, accumulates too much stuff. Join me as I offer the best tips I've seen practice team members put in place to store things where everyone can find them and get rid of the things you don't need.

By Heather E. Lewis, AIA

In the July issue of *Vetted*, I laid out the reasons why you need to tidy up your veterinary hospital (it's not just for neat freaks) and the first few steps to cleaning up clutter. This time, I get down into the details of how all that work can help you reimagine and redesign both staff and client areas all over your veterinary practice.

Rethinking your space

Your space may not be a blank slate, exactly, but at least you won't be moving things from one place to another as you make some necessary updates. While minimalism in veterinary medicine isn't a thing (and maybe it can't be due to the number of things you do every day), my team has worked with many veterinarians who maintain a serene, peaceful and clutter-free vision for their hospitals, from which they design and build. Here are my tips:

Hang items, if possible, to keep the floor clear. If the item can be hung from above (such as a light fixture, an oxygen drop or an IV bag), then do it. The floor will remain less cluttered, there will be fewer items to roll into storage, and everything will be more cleanable.

Design for convenient storage. There isn't a practice built that feels it has enough storage. But as I've outlined already, so much of what's stored doesn't need to be stored or is stored all over the place because the hospital is disorganized. One way to preventing this problem is to keep storage convenient. Follow these simple storage tips:

- Use reachable upper cabinets, rather than lower cabinets, for primary storage. No one likes to bend over 200 times per day to get things. If you use lower cabinets, use drawers rather than doors, for convenience and easy reach. (When I visit hospitals, I peek into lower cabinet space and often

find that it is poorly used.) Alternately, consider crash carts for storage, as you can move them to where you need them.

- Keep pharmaceuticals dust-free and organized with glass cabinets (people tend to be sloppier about items that are stored behind opaque cabinet doors).
- Label what's in each cabinet. That way everything has a logical place.
- Set up every cabinet in exam rooms and treatment stations the same way. This is called "same-handed" design in human hospitals, and it helps, for instance, a medical assistant know where the gauze is in every similar patient's exam room.
- Designate a single storage room for staging, rather than a bunch of small rooms. If you can't do this, at least store the entire stock of the same category of item in one space. (For example, all stored food goes in the food closet.) That way you can see at a glance if stock of any one item is getting low.
- Stop storing items in absurd locations. That means in exam room benches where Ms. Smith has to be evicted from her seat to get to something, in spidery crawl spaces or hard-to-access attics, or high up on a wall in your storage room where employees need ladders to access supplies. Keep these inaccessible areas empty; otherwise they fill up with junk no one wants to deal with. If you have no choice but to use odd storage solutions due to your hospital's size or layout—and you truly need the items being stored—use this storage for once-a-year items such as holiday decorations. Bonus tip: While you're at it, ensure you've purged your tacky holiday items and reduced them to only tasteful essentials.

> Keep inaccessible areas empty. Otherwise, they fill up with junk no one wants to deal with.

Don't give in to the desire to fill every space. It will be harder to know what you have, and your hospital will be cluttered again in no time. According to Fumio Sasaki, part of minimalism is accepting and leaving unused space empty.

Heather Lewis, AIA, NCARB, is a partner at Animal Arts, an architecture firm in Boulder, Colorado and frequent HospitalDesign360 Conference speaker. She's a lighting geek and a devoted advocate of minimizing pets' anxiety during their veterinary visits.

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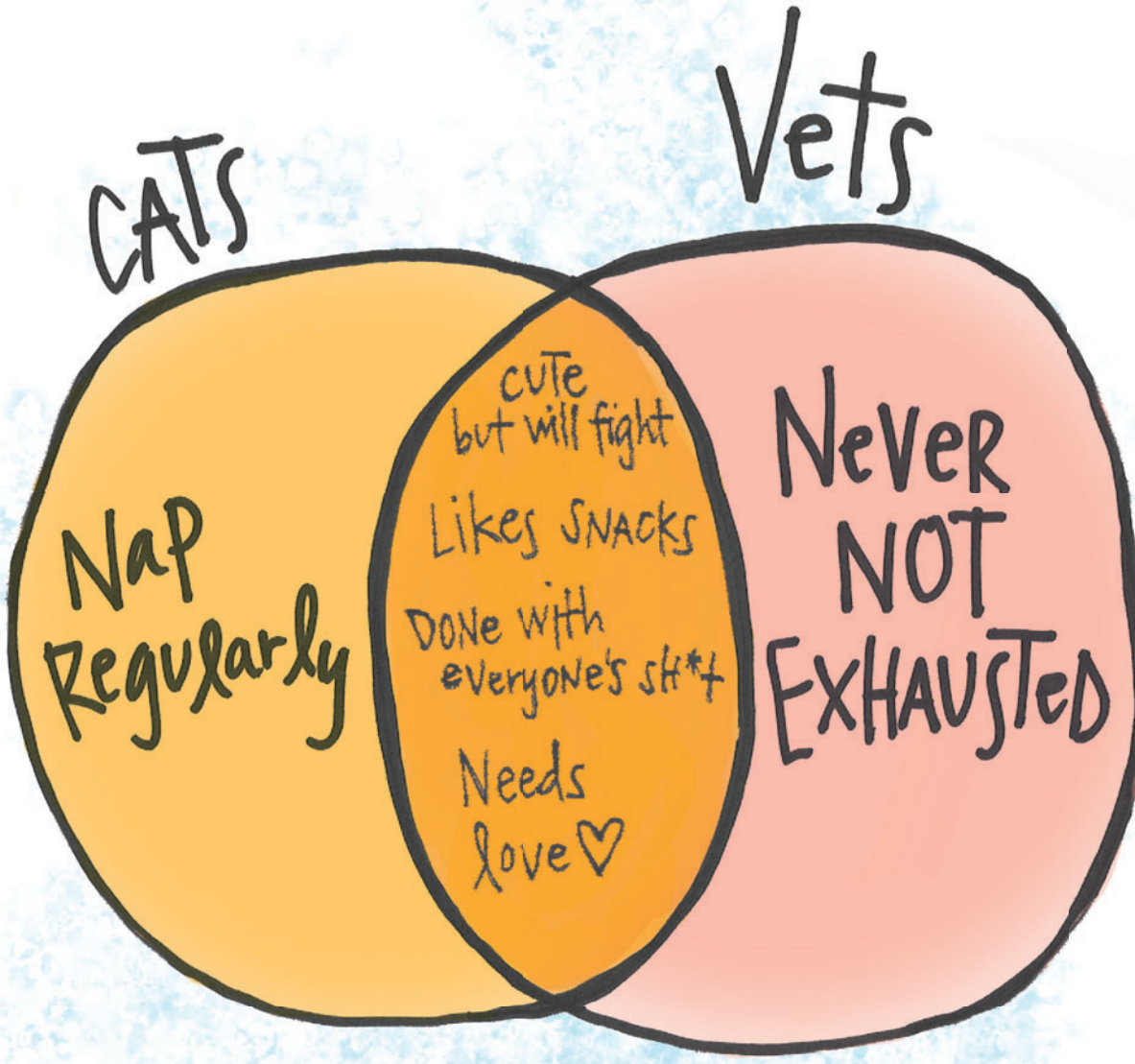
NC Under-Contract! WINSTON SALEM Area- Grossing $2Million! AAHA Accredited.
NC Under-Contract! LUMBERTON AREA- Grossing approximately $1.5M. Well-equipped.
NC Under-Contract! HIGH POINT- Grossing $800K. $154 ATC. Owner Willing to Stay On.
NC SOLD! CLINTON- Tram Road Animal Hospital! Grossing $600K.
TN SOLD! KNOXVILLE Area- Grossing Approx. $1Million. Commercial Location.
TN Under-Contract! EASTERN TN - Grossing $1.4Million. AAHA Accredited.
TX WOODLANDS Area- Corporate Sale, Multiple Practices, Grossing $3.3Million!
TX NEW! ROTAN Veterinary Hospital. Grossing $600K, with no practice website in place!
SC SOLD! GREENVILLE Area- Prime Commercial Area, 3,000SF Facility.
GA ROME Area- New Website! Spacious Facility. Practice & RE Offered.
GA NEW! COLUMBUS AREA- Grossing $1Million. Commercial Location.
CA NEW! EAST OF OAKLAND- Grossing $1.2Million with steady year over year growth!
NY NEW! SOUTHERN NY – $115 AT. Solo-Doctor. Practice & RE Offered.
WI MILWAUKEE- Well-Equipped AAFP Practice. Grossing $850K. Owner Willing to Stay On.
NM PRICE REDUCTION! Santa Fe- Seller Motivated!



These are just a couple examples of veterinary professionals, similarities with our feline friends. And it's funny because it's true. But on a more serious note—long work hours and continued exposure to high levels of stress are factors in the lives of many veterinarians. Back in 2015, Steve Noonan, DVM, CPCC, a management consultant, counselor, mindfulness instructor and professional life coach in Guelph, Ontario, Canada wrote, "This profession continues to propagate a culture of overwork resulting in a lack of sleep and an abundance of stress. In fact, we've been selected for our resilience and ability to tolerate these conditions. They are forced upon us as veterinary students, interns and residents. But the cumulative effects of poor sleep will continue to take their toll until we do something different." At dvm360.com we have made it a mission to provide vet professionals with resources, tips and tools to help. Find solutions at **dvm360.com/mentalhealthresources**.

ILLUSTRATION BY ADRIENNE WAGNER

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Please see Brief Summary on page 23.