

Trends

magazine

Losing Pandemic Pounds

Tip the Scales with Changes
in Communication **28**

Serving Those
Who Serve

Caring for Working Dogs
Offers Unique Challenges
and Rewards **36**



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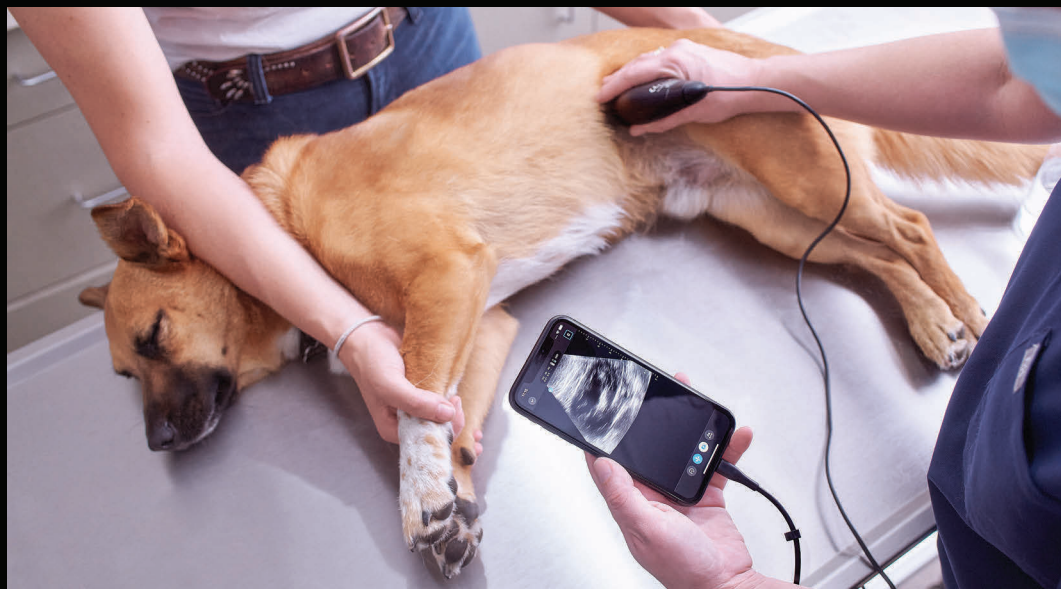
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Trends magazine

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by Jen Reeder



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from the editor's desk

FOR MANY OF US HUMANS, THE PANDEMIC BROUGHT MANY UNEXPECTED CHALLENGES, including the infamous “Quarantine 15”: extra weight gained from stress, working from home, or ordering too many pizzas from Door Dash. Unfortunately, pets were not exempt from this trend, and many dogs and cats also gained pandemic pounds along with their owners.

One way to tip the scales back in favor of a healthy lifestyle (for your patients, at least) is to focus on effective communication with clients. This article dives into the recurring problem of obesity and explores ways to start effective conversations with your clients.

This month we are also continuing the conversation around working dogs, with an article featuring interviews with veterinarians that reveal some of the special considerations that need to be taken into account when treating these extraordinary patients, and ways of communicating with their handlers.

Also of note, some thoughts on why pet insurance still has not taken off in North America. With some European countries reaching 50% market penetration, why is it that in the US and Canada that number is closer to 2%? Our own Tony McReynolds takes a look at some of the barriers that exist and how we might break through them.

WE WANT YOUR OPINION!

The *Trends* team is always interested to hear what our readers have to say about the topics *Trends* is covering—and what we are not covering. Feel free to reach out any time with your thoughts or ideas for article topics.

And don't forget to nominate your own Employee of the Month to win \$100!

COMING NEXT MONTH

Coming up in February: The growing field of remote monitoring, a new case study in dentistry, and bringing back the conversation around microchipping. We'll also have a profile of AAHA's new president, Adam Hechko, DVM.

As always, let me know what you think at trends@aaha.org.

—Ben Williams, Editor

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View from the Board

Test-Drive Your Software Features

Much like how we only use a portion of our brain, many of us only use a small portion of our practice management software's abilities. But there's always room for growth, right? Regardless of what practice information management system (PIMS) you use, I would be willing to bet there are features you don't use that could improve efficiency or accuracy. When my practice went to electronic records in 2005, it was—at first—a glorified invoice system that had some SOAP notes attached to it. Over the past 16 years, though, we have grown into using more of the features and generally find that they make our work simpler. While we don't find all the features helpful, the only way to discover what works is to try them all!

I recommend everyone step outside of their comfort zone and experiment with different features periodically to see what sticks and what doesn't. For example, I wouldn't know what to do if my practice did not rely on the inventory feature to let us know if something is expiring or when we are running low on something. It took some time to get it set up properly, but now that it works, my staff and I save hours every month not having to chase things down or worry about running out of an important drug because we didn't realize we needed to order more.

A few more benefits of utilizing electronic medical records are that they are easier to send to specialists and we are not reliant upon someone being able to read our handwriting. People in the medical professions are not known for our penmanship, so typing records is more accurate and easier for others to read. In addition, many

PIMs have features that allow frequently typed notes or instructions to be added to the medical record with shortcut keys, saving valuable time and minimizing typographical errors. Another benefit of electronic records is that they are easier to back up in case of disaster. With fires, floods, hurricanes, and other natural disasters occurring, it is a weight off my mind to have my practice's records kept on a backup drive or off-site.

For those of us who like to get nerdy with our numbers, utilizing our PIMS to create reports or track whatever key performance indicators you are interested in is an added benefit. You can also track diagnoses, the number of times you have ordered certain tests, and so much more. The sky is the limit when it comes to tracking different data points.

Whatever system you employ, see if there are aspects you are not using that could make your life easier. No system is perfect, but the only way to improve it is to try out new features. There's no time like the present to improve efficiencies, and I would be willing to bet that there is something in your software that will help you do just that.

Scott Driever, DVM, is a director on the AAHA board. Driever is a Houston native who received his Doctor of Veterinary Medicine degree from Texas A&M University in 2000. He began his career at Animal Hospital Highway 6 in Sugarland, Texas, where he became a partner in 2005 and purchased the practice in 2015. He is a member of the American Veterinary Medical Association, the Texas Veterinary Medical Association, the International Veterinary Academy of Pain Management, the American Association of Feline Practitioners, and the Harris County Veterinary Medical Association.



AAHA MEETINGS AND EVENTS

JANUARY							FEBRUARY							MARCH						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
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23	24	25	26	27	28	29	27	28						27	28	29	30	31		
30	31																			



DEVTP classes begin



Beyond Medicine Workshop



Veterinary Management Institute

To register for a learning program and learn more about AAHA's upcoming events, visit aaha.org.

DEAR AAHA

Dear AAHA,

Do you have any recommendations for how to stay current with OSHA safety requirements?

—Safety Training

Dear Safety Training,

Creating a safe work environment for your team, patients, clients, and yourself is one of the most important responsibilities of being a practice leader. We recommend providing an annual safety training and routinely checking alignment with OSHA standards (osha.gov). Rather than one big training, keep safety topics top of mind with your whole team by covering one or two training topics at the beginning of each monthly staff meeting. All you need to do to meet the OSHA documentation requirement is to have a written agenda and maintain an attendance sign-in record. Reach out to your AAHA practice consultant or accreditation specialist and ask for recommendations on more specific safety training resources.

—AAHA's Member Experience Team

Have a question you'd like AAHA to answer? Email us at dearaaha@aaha.org.



Members of the AAHA Board of Directors in 2021



AAHA's Board Wants YOU to Apply!

Scott Driever, DVM, believed in AAHA's purpose so much that he wanted to help the association any way he could. He applied for a role on a committee.

"I did not intend to be a board member per se, I just wanted to help," Driever said. "The individuals on the board planted that seed and asked why I didn't throw my hat in the ring. Having those board members ask me that question started the ball rolling. They saw something in me that I didn't see in myself."

Driever is a Houston native who received his Doctor of Veterinary Medicine degree from Texas A&M University in 2000. He has owned Animal Hospital Highway 6 in Sugar Land, Texas, since 2015. He joined the AAHA Board of Directors in 2020. Read his View from the Board letter on page 10 of this issue.

Now entering his second year on the board, would he recommend others apply? You bet.

"You get to help a phenomenal association in a direct way, and do so with some amazing humans that become friends," he said.

To be eligible for the board, you must have been a member of the association for at least three years immediately preceding election. In addition, any member who has an ownership interest in a veterinary practice must have an ownership interest in an AAHA-accredited practice.

Other than that, the only requirement is for directors to be committed to AAHA's mission and objectives. The board aims to reflect a range of skills and diversity in thought, geography, and practice types.

Who does Driever hope applies? "People who are passionate about helping practices achieve veterinary excellence."

"If you are an AAHA member and are interested in helping, but think that is something 'others' do, step up," he said. "Having people stand on the sidelines does not improve organizations. If you are interested, reach out. You are who we are looking for!"

To learn more and apply to the AAHA Board of Directors, visit aaha.org/leadership. The deadline for applications to the 2022–2023 AAHA Board of Directors is February 25.

A close-up photograph of a dog's face, likely a Weimaraner, with its mouth open and tongue hanging out. The image is overlaid with a semi-transparent red filter. The dog's eyes are looking upwards and to the left.

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We care about the veterinary profession, about excellent medicine, and about you. We care about high standards of care and service, constant growth and improvement, and veterinary professional wellbeing. We care about attracting the best and brightest into the profession, providing the resources you and your team need, and nurturing the unique community you have created for one another.

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aaha.org/vmi



Colorado State University





notebook

AVMA Report Informs Competitive Business Strategy and Career Decisions

The American Veterinary Medical Association (AVMA) recently released its 2022 State of the Profession report, available at no cost to AVMA members. The report breaks down AVMA's most recent economic research into actionable takeaways along with information on business efficiency and productivity, salaries, team wellbeing, and more.

It looks at average starting salaries for new veterinarians who graduated in 2020 from a comparative standpoint. Among the findings:

- Private-practice veterinarians had an average starting salary of \$92,704, compared with \$76,117 in public practice.
- Starting salaries for new graduates pursuing internships averaged \$36,433.
- Within private practice, companion-animal exclusive veterinarians claimed the highest average starting salary, at \$96,824. The lowest was for veterinarians entering equine practice, at \$58,621.

The report sells for \$125 in the AVMA store, but all AVMA and SAVMA members can download it free of charge as a benefit of membership. For more information, visit avma.org.

Dog Nose Prints Are Distinctive

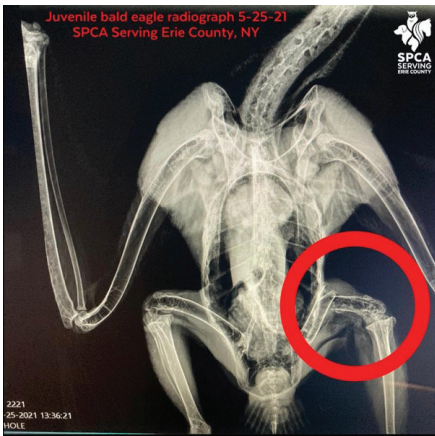
A team of Korean investigators headed by Hyeong In Choi of Seoul National University investigated whether a dog's nose print is distinctive enough to allow the identification of individual dogs. The study was published in the journal *Animals*.

In an effort to determine if nose prints are a viable means to identify dogs, the researchers asked two questions: if the canine nose pattern is properly formed by two months of age and if this nose pattern remains unchanged throughout the first year of the dog's life. They report that the findings were clear. By two months of age, the nose print pattern was established, and monthly testing over the first year of their life showed no changes in the pattern. Investigators also concluded that a computer program could be used to identify nose prints.





The wildlife team at the SPCA worked quickly to determine the extent of her injuries.



The bird suffered a fractured femur.



Messinger Woods in Holland, NY, was perfectly suited to complete the eagle's recovery.



The eagle was released in a park along Lake Erie.

Three Veterinarians Help Injured Eagle

A team consisting of a wildlife rehab center, county SPCA, university wildlife hospital, and local law enforcement worked together to help a severely injured young bald eagle. The bird hit a building in downtown Buffalo, New York, suffering severe injuries. Judy Seiler of Messinger Woods Wildlife Care and Education Center describes what happened. "There were police officers in the office where she hit the window; they heard the sound, went down, and found her on the pavement."

The wildlife team at the SPCA Serving Erie County determined that the bird had a severely fractured femur. She was driven to the Janet L. Swanson Wildlife Hospital at Cornell University, where she underwent surgery, spending the next month there recovering. Afterward, the bird was transferred to nearby Messinger Woods, which was equipped with a flight cage.



The big bird is now back in the wild where she belongs.

"In our barn, we have perches that can be raised and lowered depending on the ability of the eagles to fly," Seiler said. "So as they gain strength, they can get up to a higher altitude and we can raise those perches. They fly up as high as they can get and when we see that, and we see them flying back and forth several times, we know they have sufficient strength in those wings to survive."

The young eagle was released in a park along Lake Erie, spelling a positive end to a collaborative effort.

Researchers Identify Gene Linked to Dangerous Drug Reactions

Scientists at Washington State University's (WSU) College of Veterinary Medicine discovered a genetic mutation in greyhounds and, more recently, in other common dog breeds that hinders the breakdown of some drugs. The research group published its findings in *Scientific Reports*.

The researchers stated that veterinarians have known that some greyhounds struggle to break down certain drugs, which results in potentially life-threatening and prolonged recovery periods following anesthesia. The previously unknown genetic mutation that the WSU researchers uncovered in greyhounds causes less CYP2B11, the enzyme that breaks down these drugs, to be made. The mutation was also found in several other dog breeds that are closely related to the greyhound including borzoi, Italian greyhound, whippet, and Scottish deerhound.

When the research team extended their survey to more than 60 other breeds using donated samples from the WSU Veterinary Teaching Hospital DNA Bank, they were surprised by what they found. According to the study, some popular dog breeds, including golden retrievers and Labrador retrievers, may also struggle to break down the commonly used anesthetics midazolam, ketamine, and propofol.

"We started with a condition we thought was specific to greyhounds and affected a relatively small number of dogs," said Stephanie Martinez, postdoctoral research associate and lead author on the study. "It now appears that there could be a lot more dogs affected by this mutation—dogs from breeds that we wouldn't have expected."

Genius Dog Challenge Finds Gifted Canines

A team of Hungarian researchers has released a study indicating that some dogs may possess a remarkable grasp of the human language. The group spent two years locating dogs who could recognize the names of their various toys. They stated that although most can learn commands to some degree, learning the names of items appears to be a very different task, and most dogs are unable to master this skill.

Their research found six dogs—Max, Hungary; Gaia, Brazil; Nalani, Netherlands; Squall, US; Whisky, Norway; and Rico, Spain—who each knew the names of more than 28 toys, with some knowing more than 100. The animals then took part in a series of livestreamed experiments known as the Genius Dog Challenge where they tried to learn and remember the names of new toys.

"These gifted dogs can learn new names of toys at a remarkable speed," said Claudia Fugazza at Eötvös Loránd University in Budapest, who led the research team.

The dogs could also remember the names of the toys when they were tested months later.

"It turned out that, for these talented dogs, this was not much of a challenge. They easily learned between 11 to 12 toys," said researcher Shany Dror from the same university. She stated that this rate of learning is comparable to that of human infants at the beginning of their vocabulary spurt, when they suddenly start stringing words together at about 18 months old.

All of the dogs taking part were border collies, although Dror stated that that the group has also found dogs from other breeds including a German shepherd, a Pekingese, a mini Australian shepherd, and a few dogs of mixed breeds.

The research was published in *Royal Society Open Science*.

QUOTE OF THE MONTH

Everything depends on our ability to sustainably inhabit this earth, and true sustainability will require us all to change our way of thinking on how we take from the earth and how we give back.

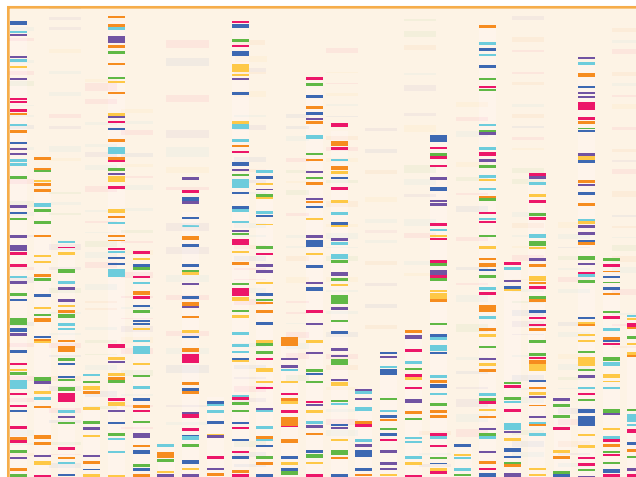
—Deb Haaland, 54th US Secretary of the Interior, first Native American to serve as Cabinet secretary

New Veterinary Cannabis Society Offers Education and Advocacy

The newly formed Veterinary Cannabis Society (VCS, veterinarycannabissociety.org) has a stated mission of creating lasting solutions that ensure the safe use of cannabis for pets through education, advocacy, and promoting product standards.

On its website, the organization's founders stated that they believe that medicinal cannabis is an important, newly emerging discipline of veterinary medicine. They go on to say that to promote this industry, they believe it is essential to remove stigma and actively advocate for legislative changes to improve access for patients.

As such, the VCS states that they intend to provide up-to-date, accurate education for veterinary professionals, pet owners, and cannabis producers as well as advocate for legislative and regulatory changes and create a system of product quality standards.



Basepaws Seeks Partnerships with Veterinary Hospitals

Basepaws reports that it is in the process of developing a unique category of screening tools that will combine genomic, microbiome, and health history data to identify preclinical indicators associated with health-related outcomes. They say that by targeting the prediction of disease and risk of negative outcomes, the company aims to provide veterinarians with advanced treatment options that will elevate the standard of patient care.

In a company release, Basepaws stated that it is generating the world's largest feline genomics database by performing whole genome sequencing on thousands of pedigree and mix-breed cats across the globe. This database is a consistently augmented resource that allows professionals to identify novel genetic variants associated with a variety of feline breeds, physical traits, and diseases.

Currently, the company is seeking participants for clinical studies involving divergent areas of unmet needs in feline health. Basepaws is asking for oral swab samples and clinical records from felines "matching certain exclusion and inclusion criteria." The company is also looking to collaborate with veterinary practices and hospitals to recruit samples matching strict clinical criteria. Interested parties can email science@basepaws.com.

CDC, USDA Work Toward Robust Surveillance Programs

The AVMA reports that the Centers for Disease Control and Prevention (CDC) unveiled plans for a new outbreak analysis and forecast hub for anticipating infectious disease threats and helping deal with them in real time. They also report that the US Department of Agriculture (USDA) announced it is dedicating \$300 million in American Rescue Plan funding to conduct surveillance for SARS-CoV-2 and other emerging and zoonotic diseases in susceptible animals and build an early warning system.

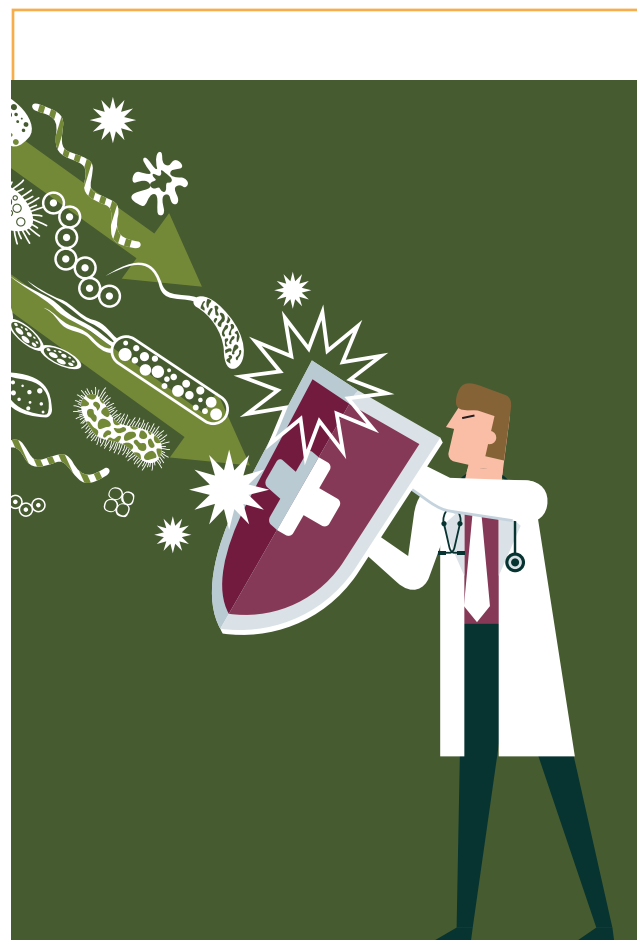
The CDC Center for Forecasting and Outbreak Analytics, expected to be operational in 2022, is intended to improve the federal government's ability to forecast and model emerging threats, expand data-sharing capabilities, and communicate quickly with key public health decisionmakers to quickly respond to an infectious disease outbreak.

"This is an amazing opportunity for CDC and public health as we stand up the country's first government-wide public health forecasting center," said CDC Director Rochelle P. Walensky, MD, in a release.

At the USDA, American Rescue Plan funding will help build an early warning system to alert public health partners to potential threats so they can act quickly to prevent or limit another pandemic. Establishing an early warning system that will help protect both people and animals from future disease threats will require a multiyear effort, the USDA said in a release.

The USDA will build on its existing infrastructure to implement a risk-based, comprehensive, integrated disease monitoring and surveillance system domestically and to enhance collaborations with national, regional, and global partners to build additional capacity for zoonotic disease surveillance and prevention using a one-health approach.

"We are pleased that the USDA is moving forward with a one-health approach to surveillance for SARS-CoV-2 and other emerging zoonotic diseases," said Dr. José Arce, AVMA president. "The AVMA fully supported the \$300 million for monitoring and surveillance in the American Rescue Plan and looks forward to providing input on the Strategic Plan that the USDA announced."



Generic Antimicrobial Approved by FDA

Federal drug officials approved a generic version of an antimicrobial used to treat infections in cats and dogs. On August 18, 2022, Food and Drug Administration (FDA) officials approved a generic version of Zoetis' Clavamox, which contains amoxicillin and clavulanate potassium for oral suspension. Cronus Pharma Specialties India Private Ltd. received the approval for the generic version.

The drug is used to treat skin, soft tissue, and periodontal bacterial infections in dogs as well as skin, soft tissue, and urinary tract bacterial infections in cats, FDA information states. Amoxicillin trihydrate kills a variety of bacteria, and clavulanic acid broadens the drug's activity by inhibiting beta-lactamase enzymes that can destroy the amoxicillin, agency information states.

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CLEVOR® (ropinirole ophthalmic solution)

30 mg/mL

For ophthalmic use in dogs only
Single use dropper

BRIEF SUMMARY: Before using CLEVOR® (ropinirole ophthalmic solution), 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.

INDICATION:

For induction of vomiting in dogs.

DOSAGE AND ADMINISTRATION:

This product should be administered by veterinary personnel.

Dosing Instructions:

Administer the appropriate number of eye drops topically according to Table 1. The number of eye drops administered corresponding to body weight results in a target dose of 3.75 mg/m² (dose band 2.7 - 5.4 mg/m²). If the dog does not vomit within 20 minutes of the first dose, then a second dose may be administered.

Dose Administration

4 - 11.1 lbs (1.8 - 5 kgs), 1 drop. Example: 1 drop into either left or right eye. 11.2 - 22.1 lbs (5.1 - 10 kgs), 2 drops. Example: 1 drop into each eye. 22.2 - 44.1 lbs (10.1 - 20 kgs), 3 drops. Example: 2 drops in one eye and 1 drop in the other eye. 44.2 - 77.2 lbs (20.1 - 35 kgs), 4 drops. Example: 2 drops in each eye. 77.3 - 132.3 lbs (35.1 - 60 kgs), 6 drops. Example: an initial dose of 1 drop in each eye, followed 2 minutes later by 1 drop in each eye. 132.4 - 220.5 lbs (60.1 - 100 kgs), 8 drops. Example: an initial dose of 2 drops in each eye, followed 2 minutes later by 2 drops in each eye.

Wear gloves and protective eye wear when handling or administering this product to prevent accidental exposure.

- Open the dropper by twisting off the tail.

- Keep the dog's head steady in a slightly upright position.
- Hold the dropper in an upright position without touching the eye.
- Rest your finger on the forehead of your dog to maintain the distance between the dropper and the eye.
- Squeeze the prescribed number of drops in to the eye(s).
- CLEVOR is a single use dropper and is light sensitive.
- After administration, with gloves on, return the dropper to the aluminum pouch and place in the carton.
- If the dog does not vomit, a second dose can be given 20 minutes after administration of the first dose.
- This second dose is the same number of drops as the first dose.
- Thirty minutes after opening, with gloves on, dispose of dropper, aluminum pouch, and carton.

Refer to the **Animal Safety Warnings** section for treatment of protracted vomiting.

CONTRAINDICATIONS:

Do not use in dogs with central nervous system depression or seizures.
Do not use in cases of ingestion of sharp foreign objects, corrosive agents (acids or alkalis), volatile substances or organic solvents. Do not use in cases with corneal ulceration, ocular irritation, or ocular injury.
Do not use when there is a known sensitivity to ropinirole or the inactive ingredients.

WARNINGS:

Human Safety Warnings:

Not for use in humans. Keep out of reach of children.

Wear gloves and protective eye wear when handling or administering this product to prevent accidental exposure. In case of accidental eye, oral or skin exposure, flush with water. If wearing contact lenses, eyes should be rinsed first, then remove contact lenses and continue rinsing. Remove contaminated clothing. Ropinirole is a dopamine agonist. **Seek medical attention if accidental**

exposure occurs and show the package insert or label to the physician.

Exposure to this drug may cause adverse reactions such as headache, nausea, vomiting, dizziness, orthostatic hypotension, and sleepiness. Avoid contact with the product if pregnant, planning to become pregnant, or breast-feeding, as exposure has been shown to have adverse effects on embryo-fetal development based on rodent studies.

Animal Safety Warnings:

This product should be administered by veterinary personnel. Dogs should be monitored for CLEVOR-associated clinical signs, including protracted vomiting, salivation, muscle tremors, evidence of abdominal discomfort, lethargy, transient tachycardia, transient decrease in blood pressure and signs of ocular irritation, including conjunctival hyperemia, mild blepharospasm, and protrusion of the third eyelid. These clinical signs are related to the pharmacological action of ropinirole.

To stop protracted vomiting, administer metoclopramide (dopamine D2 antagonist) at a dose of 0.5 mg/kg intravenously (IV) or subcutaneously (SQ). Metoclopramide also decreases the prevalence of most CLEVOR-associated clinical signs.

PRECAUTIONS:

The safe use of CLEVOR has not been evaluated in dogs with cardiac disease or cardiovascular compromise. CLEVOR can cause transient tachycardia and transient decreased systolic blood pressure.

The safe use of CLEVOR has not been evaluated in dogs with hepatic impairment. CLEVOR is metabolized by the liver.

The safe use of CLEVOR has not been evaluated in dogs younger than 4.5 months of age and weight less than 4 pounds.

The safe use of CLEVOR has not been evaluated in dogs that are pregnant, lactating, or intended for breeding.

ADVERSE REACTIONS:

Safety was evaluated during a field study that enrolled 132 dogs (100 in the CLEVOR group and 32 in the vehicle control group).

CLEVOR was administered as drops into the eyes at the dose as directed by the dosing table (see **DOSAGE AND ADMINISTRATION**). The following table shows the number of dogs exhibiting ocular, systemic, and clinical pathology adverse reactions.

Adverse Reactions Reported During the Study (all dogs): Ocular organ system were conjunctival hyperemia, protrusion of the third eyelid, conjunctival discharge, blepharospasm, conjunctival swelling, scratching/rubbing of eyes, corneal ulceration and corneal fluorescein uptake without corneal ulceration. Systemic organ system were lethargy, tachycardia (>160 beats per minute), vomiting duration longer than one hour, salivation, trembling, diarrhea or soft stool, anxious and borborygmi. Clinical pathology organ system were crystalluria, pyuria, increased liver enzymes, decreased blood glucose and increased prothrombin time.

To report suspected adverse events call 1(800) 835-9496, for technical assistance or to obtain a copy of the SDS, contact Vetoquinol USA, Inc. at 1 (800) 267-5707 or www.vetoquinolusa.com.

For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or online at www.fda.gov/reportanimalae.

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For complete product safety information, see brief on adjacent page or visit:
<https://www.vetoquinolusa.com/clevor-info>

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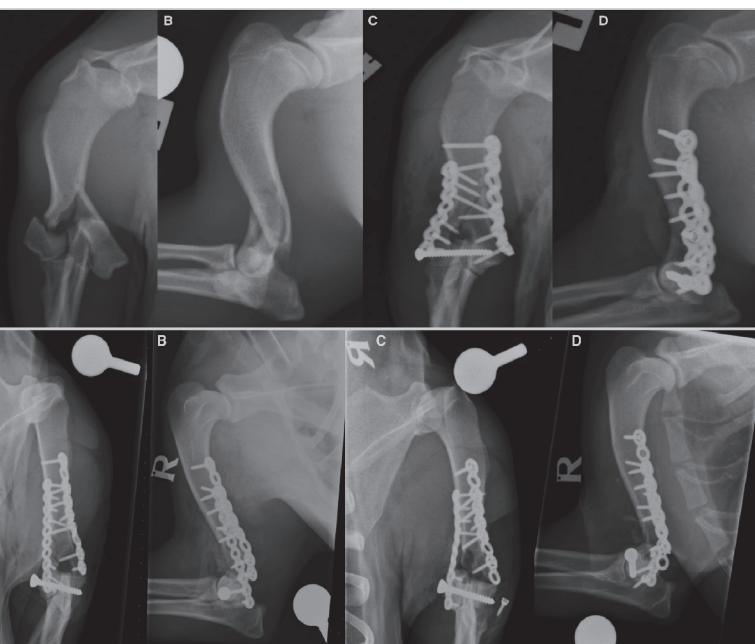
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ABSTRACTS



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ORIGINAL STUDIES

Presample Volume Necessary to Obtain Accurate Laboratory Parameters from Central Venous Catheters in Dogs

Yekaterina Buriko, Megan Murray, Rebecka Hess, Deborah Silverstein

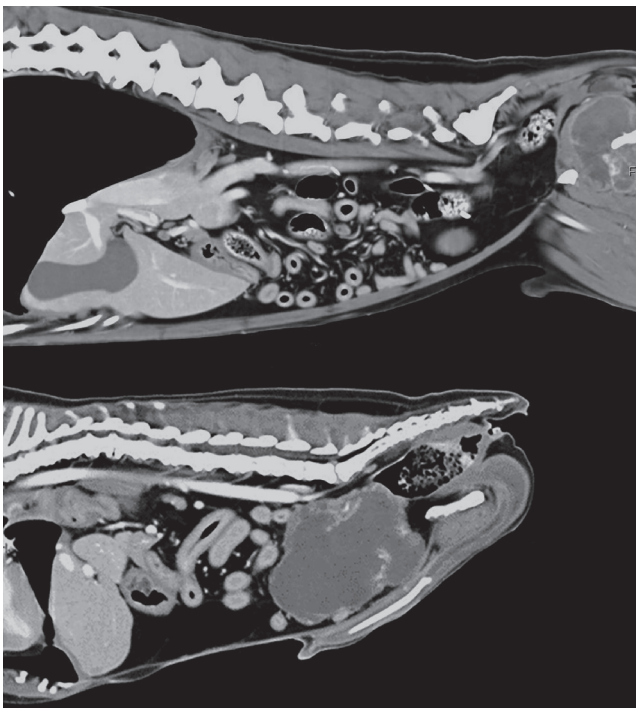
We compared laboratory parameters from central venous catheters using multiple presample volumes (PSVs) to venipuncture values. Blood was obtained from dogs for a venous blood gas, packed red blood cell volume (PCV), total solids (TS), and a coagulation panel. Blood was drawn both by venipuncture and from the catheter (using PSVs 300%, 600%, and 1200% of the dead space volume). Twenty dogs were enrolled. Venipuncture values were significantly higher than those obtained from the catheter for PCV (300% [P = .007], 600% [P = .005], and 1200% [P = .02]), TS (300% [P = .006] and 600% [P = .04]), and lactate (600% [P = .04] and 1200% [P = .01]). Venipuncture values were significantly lower than those obtained from a catheter for pH (1200% [P = .008]) and chloride (300% [P = .04], 600% [P = .003], and 1200% [P = .03]). An increase was found in prothrombin time in samples drawn with 600% PSV compared with 1200% (P = .008). The PCV and TS are diluted when smaller PSVs are used. A 1200% PSV best approximated the PCV and TS obtained by venipuncture. A 300% PSV may be adequate to evaluate coagulation and venous blood gas values.

RETROSPECTIVE STUDIES

Management of Canine Y-T Humeral Fractures Using Titanium Polyaxial Locking Plates in 17 Dogs

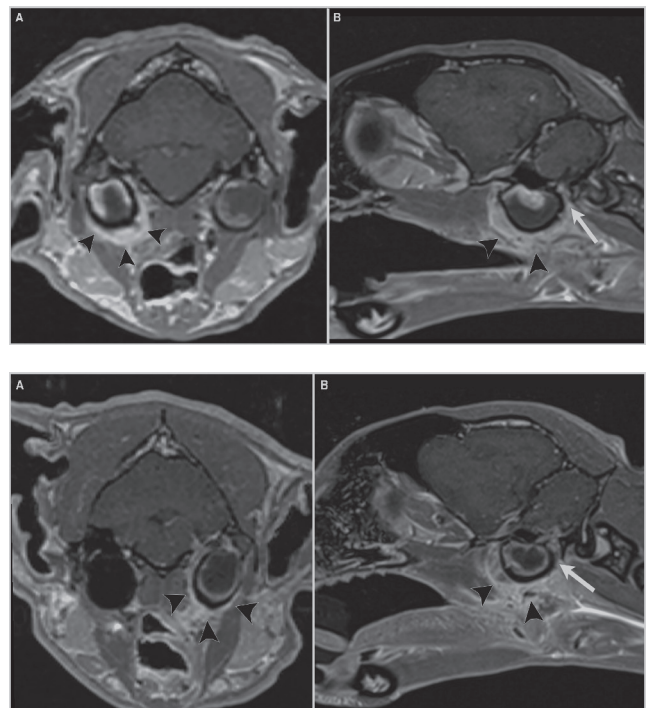
Claudio Motta, Phil Witte, Andrew Craig

The objective of this study was to document the short- and medium-to-long-term outcomes and complication rates of Y-T humeral condylar fractures fixed using titanium polyaxial locking plate (T-PLP). A retrospective review was performed of the medical records and radiographs of dogs with a Y-T humeral condylar fracture treated with T-PLP at a single veterinary referral center (2012–2018). Seventeen cases met the inclusion criteria. Medium- to long-term follow-up (>6 mo) information was derived using the Liverpool Osteoarthritis in Dogs (LOAD) questionnaire. Recorded complications were catastrophic (1/17) and minor (2/17). Gait at 10–12 wk following surgery was subjectively assessed as good or excellent for 13 cases. Radiographic bone union was achieved in 7/12 cases at 4–6 wk. LOAD scores obtained a mean of 15 mo (range 6–29 mo) following surgery and indicated no or mild impairment in 15/16 and moderate functional impairment in 1. The application of T-PLP for the treatment of Y-T humeral condylar fractures resulted in adequate stabilization allowing successful fracture healing and medium- to long-term outcomes comparable to previous reports. According to results of LOAD testing, the medium- to long-term follow-up suggests that clients were aware of mild to moderate functional impairment in all cases.

**CASE SERIES****Canine Intrapelvic Hemangiosarcoma in 12 Dogs (2000–2019): a Retrospective Case Series**

Kira Lynn Bourne, Kaitlan N. Hovis, Christopher R. Dolan, Brandon Wusterfeld-Janssens, Heather Wilson-Robles

Intrapelvic hemangiosarcoma (IP HSA) is an uncommon primary location of canine HSA, and its presentation appears to be different than that of other intra-abdominal HSA locations. The objectives of this study were to report on the clinical presentation, diagnostic options, and clinical outcomes of dogs with IP HSA. Medical records from two veterinary teaching hospitals between 2000 and 2019 were reviewed for dogs diagnosed with IP HSA. Inclusion criteria consisted of a cytologic or histopathologic diagnosis of HSA from a mass arising from the muscles of the pelvic canal. Exclusion criteria included masses arising from organs within the pelvic canal, including the urethra, prostate, and urinary bladder. Twelve dogs were ultimately included in the study. Clinical presentation of IP HSA was varied, with clinical signs including hindlimb lameness, urethral obstruction, and evidence of hemoperitoneum. The median progression free survival was 92 days (range: 1–1057 days). The overall survival time was 165 days (range: 1–1170 days). IP HSA is an underreported location of canine HSA with similar biologic behavior and outcome compared with visceral HSA. It serves as an important differential in patients presenting with new-onset lameness and urethral obstruction.

**CASE REPORTS****Unilateral Laryngeal Paralysis Secondary to Otitis Media/Interna in Two Cats**

Marc Kent, Susan A. Arnold, Michael Perlini, Eric N. Glass, Renee M. Barber

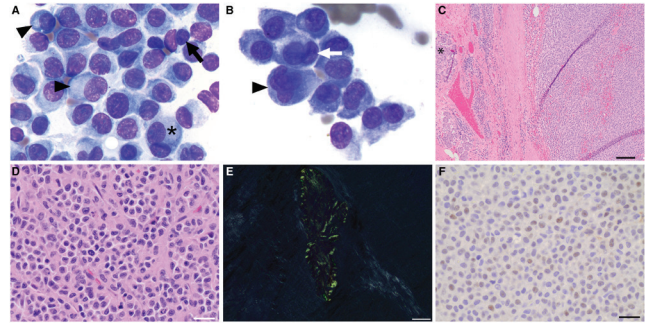
Two adult cats were presented for coughing, gagging, dysphonia, exaggerated swallowing attempts, unilateral vestibular dysfunction, and/or Horner syndrome. In both cats, unilateral laryngeal paralysis was identified on the side ipsilateral to other neurological deficits. Cross-sectional imaging was consistent with otitis media/interna. In both cats, there also was extensive cellulitis surrounding the tympanic bulla and dissecting through tissue planes to involve the opening of the tympano-occipital fissure on the side ipsilateral to the laryngeal paralysis. Laryngeal paralysis was presumed secondary to involvement of the vagus nerve as it emerged from the tympano-occipital fissure. Antibiotic therapy resulted in resolution of clinical signs in both cats and restored laryngeal function as evidenced by visual examination of the larynx in one cat.

CASE REPORTS

Successful Outpatient Management of Severe Ionized Hypercalcemia Secondary to Cholecalciferol Ingestion in a Puppy

Adrienne M. Felix, Rebecca K. Davies

A 4 mo old female intact boxer was presented because of polyuria, lethargy, and vomiting after ingestion of cholecalciferol rodenticide roughly 3 days prior. Blood work revealed an ionized hypercalcemia 2.23 mmol/L (reference range 1.04–1.33 mmol/L) on presentation. Because of financial limitations, the patient was unable to be hospitalized for standard of care. She was treated with a pamidronate infusion and discharged with medical management to include oral prednisone, furosemide, and subcutaneous fluids. The dog's signs, body weight, and biochemical parameters were serially monitored over 3 wk as the ionized hypercalcemia resolved. To the authors' knowledge, this is the first published report documenting a successful outpatient medical protocol for potentially life-threatening hypercalcemia secondary to cholecalciferol toxicosis in a puppy.

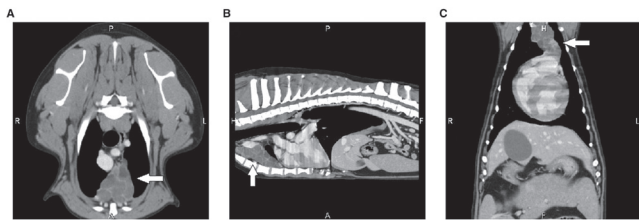


CASE REPORTS

Parotid Salivary Gland Extramedullary Plasmacytoma with Local Lymph Node Metastasis in a Dog

Laura E. Chadsey, Matthew Raymond Cook, Laura E. Selmic, BVetMed (Hons), Christopher Premanandan, Mallory J. DiVincenzo, Maxey Wellman, Megan E. Brown

A 12 yr old spayed female mixed-breed dog presented for evaluation of a recurrent soft-tissue sarcoma. On physical examination, a firm mass was palpated ventral to the left ramus of the mandible. A fine-needle aspirate of the mass was suggestive of a round-cell neoplasm. A complete blood count, serum biochemical profile, and an abdominal ultrasound with liver and splenic aspirates were performed, and no clinically relevant abnormalities were identified. Advanced imaging of the skull identified an enlarged parotid salivary gland and an enlarged ipsilateral medial retropharyngeal lymph node. The medial retropharyngeal lymph node was sampled via fine-needle aspiration, and a round-cell population similar to what was present in the mass was identified. An incisional biopsy was performed under general anesthesia, which yielded a diagnosis of salivary gland extramedullary plasmacytoma, confirmed with immunohistochemistry (MUM-1). The parotid salivary gland and medial retropharyngeal lymph node were then surgically excised, and metastasis to the lymph node was confirmed by histopathology. The dog remained alive for 685 days after surgery until she was euthanized for hindlimb paresis of undetermined cause.



CASE REPORTS

Cranial Mediastinal Thyroglossal Duct Adenocarcinoma in a Dog

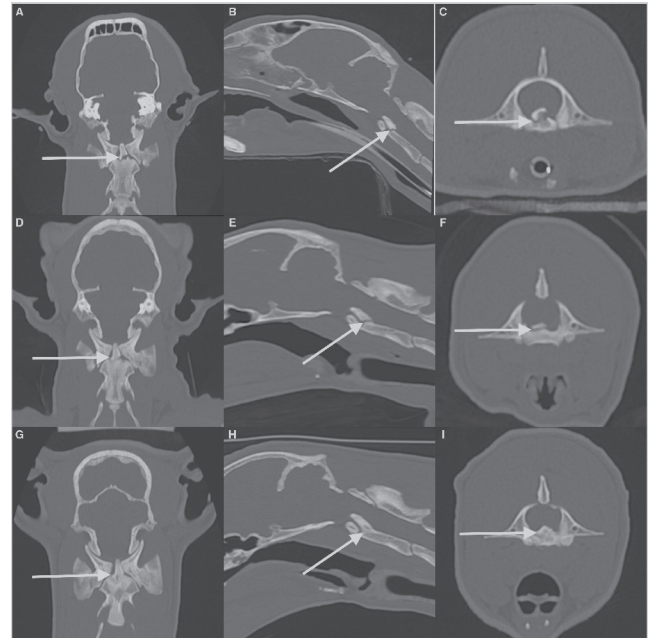
Barbara Li, Amanda Thomer

A 7 yr old female spayed Cane Corso dog was presented for evaluation of a subclinical intrathoracic mass noted during metastatic staging for a digit and lingual mass. Thoracic ultrasound and computed tomography revealed a 6.0 × 5.5 cm mass within the cranial mediastinum. The mass was septated with mixed fluid and soft-tissue structures and no evidence of vascular invasion. Narrow excision of the mass via a sternal thoracotomy was performed. Histopathology of the mass was consistent with a thyroglossal duct cyst adenocarcinoma. This is the first reported case of a thyroglossal duct cyst adenocarcinoma arising in the cranial mediastinum of a dog. There was no evidence of metastasis or recurrence 25 mo after surgery and adjunctive therapy.

**CASE REPORTS****Suspected Obstructive Sleep Apnea Successfully Treated with Ondansetron in a Pug**

Erika Villedieu, William Robinson, Chris Shales

Obstructive sleep apnea (OSA) has been uncommonly reported in dogs and is often associated with brachycephalic obstructive airway syndrome (BOAS). OSA independent from BOAS has been rarely reported. Treatment of OSA with ondansetron has only been reported in one dog and has not been reported in a breed commonly affected by BOAS. Here, we report the case of a pug with episodes of OSA despite appropriate treatment of BOAS. Administration of ondansetron led to a rapid and near-complete resolution of the clinical signs, with a follow-up of 3 mo. OSA independent of BOAS should be considered as a differential diagnosis in dogs that present for sleep-disordered breathing without exercise intolerance after appropriate treatment for BOAS. Use of certain serotonin antagonists may be useful as a treatment option for these cases.

**CASE REPORTS****Successful Nonsurgical Management of a Traumatic Dens Fracture in a Cat with Clinical and Radiographic Resolution**

Anna Kerryne Frykfors von Hekkel, Thom Watton, Joe Fenn, Andrew Phillips

An adult domestic shorthair presented with obtundation, vestibular ataxia, head tilt, and visible evidence of facial injury following motor vehicle trauma. Plain radiographs and computed tomography imaging revealed a complete minimally displaced transverse fracture of the caudal aspect of the dens of the C2 vertebra and multiple minimally displaced cranial fractures. The dens fracture was managed with 8 wk of strict rest, followed by 4 wk of supervised activity at home. No external immobilization was performed. Neurological examinations at 8 days, 10 wk, and 9 mo following initial presentation were normal. Repeat radiographic and computed tomography examinations at 10 wk and 9 mo following the traumatic event demonstrated progressive and eventual complete osseous union of the fractured dens. To the authors' knowledge, this is the first report of successful nonsurgical management of a traumatic dens fracture in an adult cat with documented radiographic and clinical resolution. This report suggests that nonsurgical management can be considered in such cats and that complete resolution with osseous union is feasible.



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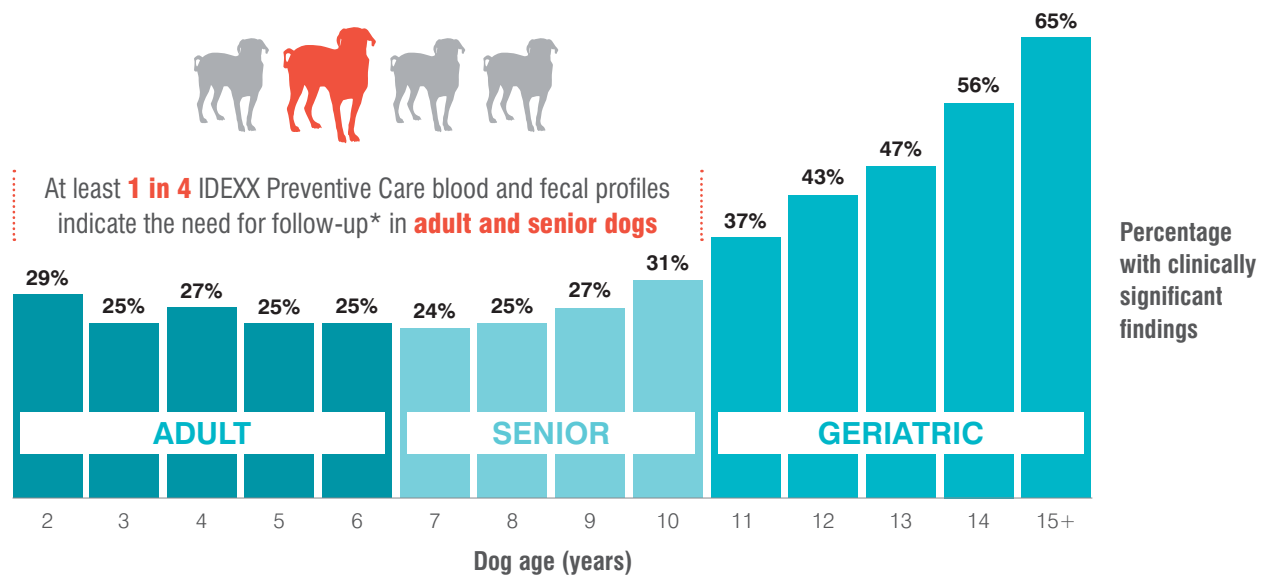
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New evidence supports the value of preventive care profiles on all adult dogs

Preventive care profiles aren't just for senior and geriatric patients



Dogs as young as 2 years of age had clinically significant findings based on results of preventive care bloodwork and fecal testing¹

Of the nearly 30,000 canine profiles included in this analysis, there was little variation in the rate of clinically significant findings between adult dogs and senior dogs.

The study was based on an analysis of IDEXX Preventive Care profiles (including the following categories: Chem 22 including the IDEXX SDMA® Test, IDEXX CBC testing with reticulocyte parameters, the Lab 4Dx® Plus Test, and Fecal Dx® antigen testing) run as part of wellness visits. While the number of clinically significant findings for each of these testing categories varied by age, all categories were important for adult, senior, and geriatric dogs.

These results are similar to a previous analysis that included cats as young as 2 years²

The previous analysis from more than a quarter of a million wellness visits that included a chemistry profile with an IDEXX SDMA® Test and a CBC, revealed significant findings required follow-up in:

- 1 in 7** adults (cats aged 2–8 years; dogs aged 3–6 years)
- 1 in 5** seniors (cats aged 9–13 years; dogs aged 7–10 years)
- 2 in 5** geriatrics (cats aged 14+ years; dogs aged 11+ years)

Routine preventive care testing has distinct medical benefits

There is ample evidence to support routine preventive care visits that include diagnostic testing. Results of routine bloodwork and fecal testing help veterinarians detect diseases and conditions, leading to earlier interventions that help patients of all ages live healthy lives for as long as possible. Once a veterinarian has baseline values, she/he can monitor trends and, if necessary, create individualized treatment plans. If no abnormality is detected, veterinarians and staff can—and should—celebrate the good news with clients. By communicating the value of every test result, practices reinforce the importance of routine wellness checks and the central role that clients play in the health of their pet. It's a win-win!

Review preventive care data and case studies at idexx.com/1in4

*Due to "clinically significant findings," which would indicate the need for follow-up, further consideration, or a change in action by the clinician. Clinical significance based on rules determined by an IDEXX veterinarian panel.

References

1. Data based on analyses of **29,795** canine wellness profiles (Chem 22 including IDEXX SDMA® Test, IDEXX CBC testing with reticulocyte parameters, the Lab 4Dx® Plus Test, and Fecal Dx® antigen testing) associated with wellness visits; testing performed at IDEXX Reference Laboratories on July 13, 2016–February 28, 2019. Represented U.S. regions by proportion of included profiles: Northeast (32.0%), South (41.3%), Midwest (17.4%), West (7.6%), and region not reported (1.7%).

2. Data on file at IDEXX Laboratories, Inc. Westbrook, Maine USA.

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A photograph of a winter landscape. The foreground is covered in a thick layer of snow, with long, soft shadows cast across it. In the middle ground, several large, dark tree trunks stand prominently. The background is filled with more trees, some with bare branches and others with sparse, brownish leaves, suggesting a late autumn or early winter setting. The overall tone is quiet and somewhat somber.

Losing Pandemic Pounds

Tip the Scales with Changes
in Communication

by Maureen Blaney Flietner

SINCE THE ARRIVAL OF COVID-19, AMERICA'S PROBLEM with pet obesity has only compounded.

"The obesity problem has been an epidemic within the pandemic," said Ron Biese, DVM, co-owner of the AAHA-accredited Kaukauna Veterinary Clinic, who noted an increase in weight gain among patients at his Wisconsin practice.

"Many of my clients who learn their dog gained weight since their last visit are not surprised," said Biese. "We will discuss why that may have happened and then what we can do to remedy the situation. The reason given most often is that they are giving more treats since they are home more often. It is difficult to stop despite knowing that overfeeding can have serious medical consequences."

Biese, who estimated that at least 75% of his clients don't take it to heart that their pet needs to lose weight, noted that "it can be a frustrating and difficult conversation to have."

His findings are not an anomaly, according to a June 2021 press release on data pulled from Banfield Pet Hospital's electronic veterinary health records system. It confirmed that the pet weight problem has grown over the past year, just as it has grown long before quarantine.

Banfield's analysis of the health records of pets seen at the practice each year over the past decade saw a 108% increase in dogs diagnosed as overweight or obese, jumping from 16% in 2011 to 34% in 2020. The increase seen in cats was even greater: 114%, jumping from 18% in 2011 to 38% in 2020. Data from March 2020 to December 2020 revealed that dogs diagnosed as overweight or obese rose 2.3%, the largest increase in the past 10 years.

A Complex, Multi-Factored Problem

It's not that pet owners have not been aware of the problem. Obesity has long been the subject of weight loss initiatives by veterinary organizations, pet food companies, and others. The below examples illustrate some of the efforts that have been initiated over the years.

- In 2005, Ernie Ward, DVM, founded the Association for Pet Obesity Prevention (APOP) to develop and



"It can be a frustrating and difficult conversation to have."

—RON BIESE, DVM

promote parallel weight loss programs designed to help pet owners safely and effectively lose weight alongside their pets. APOP produced the first annual US pet obesity prevalence survey in 2007 and now has moved to a biennial survey with the most recent conducted October 13, 2021, on National Pet Obesity Awareness Day.

- In 2012, Hill's Pet Nutrition and NBC's The Biggest Loser host Alison Sweeney offered the online Million Pound Pledge, a program for pet owners to help their cats and dogs lose weight. Participants received access to a support system with live video chats, weight loss tips, interactive body condition scoring, and pet food rebates.
- In 2013, Nestle Purina and weight-loss company Jenny Craig teamed up for the Power of Two program. It joined pets and their owners with weight loss

experts who developed customized eating and activity recommendations, supervised regular weigh-ins, and provided ongoing counsel and support.

- Ideally, a client with an overweight pet should just be made aware of the need to bring the pet back to its appropriate weight. Too many calories + too little exercise = excess weight. That may be the simple math for obesity, but other aspects influence why the problem is hard to solve. Among those factors:
 - Social and psychological behaviors that link food and weight with love, control, and prejudices
 - Pet owners' emotional responses to signs of hunger and begging from pets
 - Pet owners' misunderstandings about what overweight or obesity in pets looks like
 - Neuter status, metabolic rate changes with age, weight set point persistence, and genetic predispositions of pets

In addition, the gut microbiome increasingly appears to be a player. In 2018, Purina collaborated with the European Molecular Biology Laboratory, a renowned research group in Heidelberg, Germany. Their study showed that human and dog gut microbiomes are similar, suggesting the link between obesity and gut microbiota in humans could be similar to that in dogs.

“Our research has shown that gut microbes respond differentially to diet intervention in obese versus lean dogs or cats. The hypothesis is that certain gut microbe–produced metabolites activate the molecular pathways that lead to lipogenesis and triglyceride accumulation in adipocytes as well as increase energy absorption in the gut. This is a rapidly growing area of research, and we still have a lot of work to do in pets,” said Johnny Li, PhD, molecular biology and genetics, senior research scientist at Nestle Purina Petcare.

Even when and how often a pet is fed—specifically cats—may play a role.

Adronie Verbrugghe, DVM, PhD, Diplomate European College of Veterinary and Comparative Nutrition, associate professor, and Kate Shoveller, PhD, associate professor, both at the University of Guelph, reported in 2020 on a small, controlled crossover study of eight lean cats to determine physiological responses to when and how often cats were fed.

“We saw that the cats fed once a day had an increase in the satiety hormones and a decrease in the hormones associated with feeling hungry,” said Shoveller. That could mean less begging for food and fewer chances for owners to give in to their demands. A 2022 study will look at physiological responses to lean and obese cats but over a longer period of time.

Just feeding less and restricting calories to achieve weight loss in cats without also changing the diet to a veterinary weight loss food is not good. Verbrugghe noted that certain essential micronutrients such as choline may be restricted too much and have a detrimental effect, predisposing the cats to fatty liver disease, for example. A 10% restriction of an over-the-counter maintenance food is likely still safe, she said, but a specially designed weight loss plan with a veterinary weight loss food has less risk of nutrient deficiency and targets satiety.



“We often give recommendations without explaining the value.”

—JANE SHAW, DVM, PHD

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The image shows a screenshot of a web form titled "Nutrition Prescription and Weight Loss Plan Generator". The form is divided into several sections:

- Practice Information:** Fields for Practice Team Member (with a ".DVM" suffix), Phone Number, Website, Online Booking URL (Optional), Email Address (Optional), and Practice Logo (Optional) with a "Browse" button.
- Pet Information:** Fields for Pet's Name, Select Species (with "Cat" and "Dog" buttons), Current Weight (with "kg" and "lbs" options and a numeric keypad), Body Condition Score (with a "1" through "9" keypad), and Is Pet Overweight? (with "Yes" and "No" buttons).
- Your Pet's Individual Nutrition Requirements:** A section with instructions: "Please select the species to see calculations." and "Please enter the current weight to see calculations."
- Recommended Nutrition:** Fields for Food Name, Amount, and a dropdown for "Cup(s)".

Get Client Buy-in

While veterinary teams keep up to date with the latest in research, their concern day-in and day-out is working with the main weight control factor: owners. So what is not getting through to them?

Studies are finding that changes in communication may make a difference.

Jason B. Coe, DVM, PhD, professor in the Department of Population Medicine at Guelph, and Kat Sutherland, PhD candidate there, noted that much of the discussion around pet obesity to date appears to focus on the content of the message: that pet obesity is a problem and a health concern for our pets, and that clients need to be educated.

"The way the message is delivered has been less of a focus until more recently. We are seeing in our research that how the message is communicated around pet obesity, including the way veterinary professionals navigate the topic with their clients, may have significant implications for the outcome of these conversations," said Sutherland.

"When addressing pet obesity, our research supports that a comprehensive understanding of the pet's diet history is likely to be critically important. The *2021 AAHA Nutrition and Weight Management Guidelines for Dogs and Cats* emphasizes the importance of collecting information about the pet, the diet, the home environment, and the pet owner," noted Coe, a member of the task force that crafted the AAHA guidelines.

"During our research we have observed limited information gathering by veterinary professionals from clients about their views and the pet's diet and lifestyle," said Coe. "Without that information, veterinary professionals run the risk of making recommendations without understanding the client's individual

Gather a comprehensive diet history using open-ended inquiry, rather than the common question "What kind of food are they eating?"

circumstances or preferences. When that happens, client buy-in becomes less likely and adherence goes down.”

A 2020 Veterinary Emerging Topics Report from Banfield Pet Hospital and the North American Veterinary Community seems to support that lack of buy-in. The report noted, for example, that pet owners who did not follow diet recommendations reported that they did not because of:

- the cost of diet (31.6%),
- the pet’s food preference (26.3%),
- comorbidity (5.3%),
- multi-pet household (5.3%),
- ineffectiveness of the diet (5.3%), and
- owner habit (5.3%).

Owner reasons given for not following activity recommendations included:

- time or schedule (40.7%),
- owner health or other physical limitations (33.3%),
- change in weather or season (18.5%),
- change in living situation (3.7%), and
- “pet is lazy” (3.7%).

To get needed information for better client buy-in, Coe and Sutherland suggested that veterinary hospitals try the following tips.

Gather a comprehensive diet history using open-ended inquiry, rather than the common question “What kind of food are they eating?” Previous research shows that closed-ended questions do not yield much information from clients, especially when it comes to treats and other aspects of the diet that are important in developing a tailored plan for managing pet obesity.

Gather information about the client’s preferences and perceptions of their pet’s nutrition and weight so communication and recommendations can be tailored to the individual client and their pet.

Meet Communication Challenges

From her research, Jane R. Shaw, DVM, PhD, professor and director of veterinary communication for professional excellence at Colorado State University, found four specific challenges that are not often met in gathering information:



“This can be a fragile or sensitive conversation. Clients can feel judged. We can overwhelm them, or they can be detached or not involved because we are doing all of the talking.”

—JANE R. SHAW, DVM, PHD

Seek Out the Client’s Perspective

“What is your perception of your pet’s weight? What’s important about your relationship with your pet? What do you consider when feeding your pet? What criteria do you use in choosing pet’s food?” are all questions that Shaw asks to seek out the client’s perspective. “Part of the complexity is the caregiver’s beliefs, thoughts, and values around feeding their pet, which probably relates to their own choices in nutrition and feeding themselves,” said Shaw, noting that it’s critical to find out where the client is coming from on this issue.

Use a Conversational Approach

“We tend to use more of a lecture/expert approach instead of being conversational,” said Shaw. “This can be a fragile or sensitive conversation. Clients can feel judged. We can overwhelm them, or they can be detached or not involved because we are doing all of the talking.”



“We choose the things to talk about and this is a courageous conversation. But if we are not talking about weight, how do we move the needle?”

—JASON B. COE, DVM, PhD

Make It a Collaborative Effort

“[Veterinarians] tend to be—even after all of these years—paternalistic instead of a partner. Clients want partners today. They want a collaborative relationship. They’re engaged with their pets, empowered to make decisions, and want to be an advocate,” said Shaw. “So take a more collaborative approach: ‘We’re in this together. We’re going to work on this as a team. I’m going to support you and rely on you to implement the changes at home.’”

Shaw’s suggestion is to “chunk and check, give small pieces of information and then check for the client’s response. For example: ‘I have other clients with similar problems with their pets. I am concerned about the long-term effect of this on Charlie’s life. How has this weight gain changed how Charlie acts?’ or ‘It is going to take commitment to reduce calories and increase his exercise. How would you see that fit in with your life right now?’”

Remember to Explain Why

“We often give recommendations without explaining the value, the benefit to the client and the pet—this is the why and what motivates the client to change, noted Shaw. “How will it benefit the pet? Why should the client put their pet on a weight-management diet?”

“This is the hardest thing about obesity,” said Shaw. “We have diets and medications but none of these are very successful without a compliance program at home. The only way to get compliance is to get buy-in. And the only way to get buy-in is to have the client be invested in it.”

Take the Lead

“Prevention is easier than a cure,” said Coe, noting that the *2021 AAHA Nutrition and Weight Management Guidelines* encourage veterinary practices to pursue their expertise in pet nutrition and take the lead in helping prevent and treat obesity.

“Normalize conversations about a pet’s weight by engaging with clients early and often about their pet’s nutrition and weight, especially when the pet is at a healthy weight. It is important to help clients maintain their pet at a healthy weight and prevent weight gain throughout their pet’s lifetime.” One way is to include all five vital physical assessments in every physical exam: temperature, pulse, respiration, pain, and the one there is a tendency to skip: a nutritional assessment.

“Veterinarians walk a tightrope,” explained Shaw. “You can’t make clients do something they don’t want to. If the client says ‘no, this is not possible right now,’ we can say ‘We’re glad you brought him in.’ Then, the next time you see them, mention the earlier conversation and ask for their thoughts again. It may take multiple attempts to engage a client and there will be a certain percentage of clients who don’t buy in and comply with your recommendations. The key is keeping that client coming back for regular visits and preventive care.

“Our profession is already stressed. But we need a call to action, and the entire veterinary team can take part in it. We choose the things to talk about and this is a courageous conversation. But if we are not talking about weight, how do we move the needle?” ※



Maureen Blaney Flietner is an award-winning freelance writer living in Wisconsin.

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Serving Those Who Serve

Caring for Working Dogs Offers Unique Challenges and Rewards

by Jen Reeder

As a police dog, K9 Loki faces dangerous scenarios and working conditions on the job. The three-year-old Belgian Malinois knows how to search for suspects—and apprehend them. He might run after perpetrators on roadways and through parking lots and fields or track down evidence like guns or narcotics.

Loki's handler, Agent Shelby Wright of the Lakewood Police Department in Lakewood, Colorado, said her partner was bred and trained to "sit" and "bite" in The Netherlands, and then she took over his training when they teamed up in April of 2020.

Recently, two suspects stole a car, then crashed it. As they fled, one of them stashed his football jersey in a piece of

construction equipment. Police established a perimeter and arrested the men, and Loki searched for and alerted on the jersey—a valuable piece of evidence.

"He's learned very fast. I got very lucky with him," she said. "These K9s are huge assets."

Dogs like Loki are obviously more than simply pets, with specialized training to help perform tasks for humans. In all, there are three types of working and service dogs, according to the *2021 AAHA Working, Assistance, and Therapy Dog Guidelines*.

Working dogs, also categorized as detection or protection animals, are highly trained to accomplish

specific tasks. These dogs include police K9s; search and rescue dogs who locate missing people or human remains; and narcotics, wildlife, and arson detection dogs.

Assistance dogs are also formally trained animals that include diabetic and seizure alert dogs; dogs working with people in courthouses, mental health offices, and other facilities; guide dogs for people who are blind; and emotional support dogs.

Therapy dogs are known as “happiness delivery” animals and can include dogs that visit hospitals and generally spread good feelings by their presence. These dogs are not formally trained but are usually good-natured and obedient.

Though their work greatly differs, these service dogs share a common trait. As the *2021 AAHA Working, Assistance, and Therapy Dog Guidelines* note, “Because working dogs have a particularly close relationship with their handlers, a trust relationship between the practice team and the working-dog client is imperative.”

To that end, it is helpful to keep the working dog and handler together whenever possible. Agent Wright and other K9 handlers visited numerous veterinary hospitals in the metro Denver area to find a practice to trust with the care of the canine officers.

“I feel like the most important question we asked was, ‘If my dog gets injured, am I able to go in the back with them?’ Those who don’t have experience with police K9s don’t quite understand the bond that we have with them and how much more comfortable they are with us being back there with them,” she said.

Some facilities refused that request, but AAHA-accredited Wheat Ridge Animal Hospital in Wheat Ridge, Colorado, not only honors it but also recently hosted a training event for handlers from several regional police departments to teach stabilization techniques should a K9 be shot or otherwise injured in the field.

Stacy Meola, DVM, MS, DACVECC, staff criticalist and associate medical director at Wheat Ridge Animal Hospital, spent three hours training the officers how to manage a gunshot wound in their dog, how to stabilize

their dog for a fracture or an injury, what to do for an intoxication if they eat something harmful or are injected with a narcotic by a perpetrator, and which medications and items to keep in their first aid kits. (Agent Wright added a second dose of Narcan to her own kit as a result.)

“And they know they can call us at any point because we’re staffed 24 hours a day,” Meola said. “Because we have a veterinary-client-patient relationship with these canine officers, my doctors know that they are advised to give as much medical advice as they can, which can include treatment to get these officers stabilized before they can get to our hospital to be seen.”

Involving handlers for exams and treatment is important since police dogs trained in apprehension can be uncooperative. Some, like Loki, understand commands in several languages. Sometimes, special handling or sedation is necessary.

“Our goal is to keep them happy and healthy so that they can do their jobs to the fullest potential,” Meola said.

Inspiration and Motivation

When police K9 units are underfunded, animal hospitals can play a vital role in providing care. Mark Thompson, DVM and owner of AAHA-accredited Country Hills Pet Hospital in Eden, Wisconsin, which was the 2018 AAHA-accredited Practice of the Year, said his practice sponsors the canine unit for the local police department with free vaccinations, heartworm and tick screenings, routine blood work, and other preventive care.

He noted that in addition to police dogs, the practice works with service dogs for people with disabilities.

“Working with service dogs is not just giving them free service,” he said. “You have to work with the handler and make sure you’re doing everything correctly with their training.”

Sometimes handlers of service dogs are not responsible for their veterinary care, so the team communicates with the nonprofit organization that trained the dog.

“The company that provides the service dog is making those assessments,” he said. “I’m thinking of one case in

particular where the owner needed a service dog and she wasn't mentally competent to make decisions. So we work through all of that."

Typically, a nonprofit will reach out to the practice before the first visit to ask whether they are willing to see the client. "Absolutely we're willing to provide that kind of service," Thompson said.

The entire staff knows never to touch any animal in a vest or harness. One entire family of clients is deaf and have emotional support animals. "You can't just go up and grab them and play with them like you would a regular puppy or kitten," he noted.

Thompson said supporting working dogs is a terrific way for community-service minded practices to give back. He's attended a funeral for an active-duty police dog and several retirement ceremonies in which the police department thanked the veterinary team, but he emphasized that the practice doesn't treat working dogs for special recognition.

"I don't think this is something that you do for publicity or for notoriety, because you're not going to get famous or rich doing that kind of thing," he said. "You do it because it's the right thing to do."

Doing the right thing can motivate and inspire veterinary staff. John Silbernagel, DVM, DACVS, president of AAHA-accredited Madison Veterinary Specialists in Madison, Wisconsin, said his team feels good about donations and discounts the practice offers to the nonprofit OccuPaws Guide Dog Association, local rescue organizations, and police K9s.

Of course, saving lives—and careers—is immensely rewarding as well. The breeding and training of working dogs often costs around \$50,000, so helping a dog keep working can save an organization a significant investment of time and money.

In one case, a police K9 was referred to the practice for a tumor alongside his anus, which could have been career ending. An exam revealed it was actually an enormous hernia and a pouch packed with stool.

"All we needed to do was clean all the stool out of this huge rectal sacculum and then do a parallel hernia



"Our goal is to keep them happy and healthy so that they can do their jobs to the fullest potential."

—DR. STACY MEOLA

repair," Silbernagel recalled. "After he was healed up, he was able to go back to work."

Preventive Care and Considerations

The Morristown, New Jersey campus of the nonprofit guide dog organization The Seeing Eye is home to AAHA-accredited Vincent A. Stabile Canine Health Center, which cares for guide dog puppies in training as well as working guides in the region.

Dolores Holle, VMD, director of canine medicine and surgery at The Seeing Eye, stresses preventive care to handlers and encourages general practice veterinarians to refer dogs with any eye issues to veterinary ophthalmologists since vision is crucial to guide dogs.

She noted the American College of Veterinary Ophthalmologists usually offers complimentary screening eye exams to service dogs during the month of May, though it was postponed during the pandemic (a decision for 2022 is anticipated in January).



Veterinarians should contact the guide dog school with any health updates and questions, she said. Some treatable diseases, such as Addison's disease, still might end a guide dog's career.

"Addison's can be treated, but usually in times of high stress the medication is altered, for example if the dog is going to be kenneled," Holle explained. "But in a situation where you have a guide dog, you can't adjust the medication because you can't anticipate when somebody might take a right turn on red without looking to their

right and go careening into an intersection that a guide dog team is already in the middle of—the dog needs to be able to respond to that."

Any medications that can affect a dog's mentation are potentially problematic, such as antihistamines that could make them sleepy. In that case, avoid prescribing antihistamines or make sure the handler will be observed the whole time the dog is trying the medication in case they're not at the top of their game, she advised.

Communication is key to working with handlers with visual deficits. Rather than saying "I'm taking your dog," offer "The exam room is to the left about ten feet away. Would you like any assistance getting there?" The person might say "Yes, we'd like to follow you" and cue the dog to follow, or "Yes, I'll go sighted guide. Might I have your elbow?"

Holle also suggests:

- Never touch the dog or call the dog by name when the dog is in harness. (And don't offer treats!)
- Speak to the handler, not the dog.
- Don't ask a guide dog in harness to jump onto an exam table.
- Remove the harness for the exam—with permission from the handler.
- If possible, direct the guide dog team to an exam room as soon as possible to avoid pet dogs trying to play with the working dog in the waiting area.
- Describe what you're doing during the exam. (Example: "Now I'm feeling his lymph nodes.")
- If there is home treatment involved, demonstrate how to clean a wound, etc., before they leave the practice.
- Ear and eye drops can be challenging—ask if it's something that can be done or avoid altogether.
- Suggest the handler record the conversation on a memo app so you can note things like, "The ear cleaner is in the large bottle. The small bottle contains such-and-such" to differentiate medications.
- Recommend referral to a specialist if it will expedite resolution of an issue; guide dog teams should be together as much as possible.

Specialists in orthopedics are often invaluable to working dogs given the physical demands of their jobs. Hannah McLean, DVM, DACVSMR, CCRP, and director of regenerative medicine, rehabilitation, and sports

medicine at AAHA-accredited Saint Francis Veterinary Center in Woolwich Township, New Jersey, the 2019 AAHA-accredited Practice of the Year, said about 70 active and retired police dogs, TSA dogs, and National Security Agency dogs participate in the practice's K9 Heroes Total Health Program.

The program offers discounted services and at-cost preventive medicines, as well as unlimited access to McLean's services. The dogs grow accustomed to seeing the same veterinarian at every visit, and some even act excited for their underwater treadmill conditioning.

She noted that cardiovascular fitness is required for apprehension dogs as well as narcotics and explosives detection dogs. "You can't sniff if you're panting, so they have to be very fit," McLean said. "And if they need their nose, we more heavily rely on nutrition. Their weight, what they eat, what medications they're on—these all affect their olfaction."

She's been able to help several dogs stay on the force, including a police dog named Deca who was still in training when he took a spill off a culvert and broke his carpal bone. After cast removal, McClean and her team helped Deca regain full range of motion of his carpus. "He's out on the streets keeping his handler and his community safe," she said.

Naturally, the gratitude of handlers for their veterinary teams is immense. Colorado resident Rae Randolph volunteers as a search and rescue and forensic detection dog handler. Her German shepherd, Oso, became sick after locating a decomposing body in contaminated water, and the team at AAHA-accredited Riverview Animal Hospital in Durango, Colorado, nursed him back to health—one of many heroic saves.

"My own family wouldn't have done as much as they all did for him," she said. "It was incredible." ✖



Award-winning journalist Jen Reeder is incredibly grateful that Stacy Meola, DVM, and the team at AAHA-accredited Wheat Ridge Animal Hospital saved the life of her retired therapy dog, Rio.



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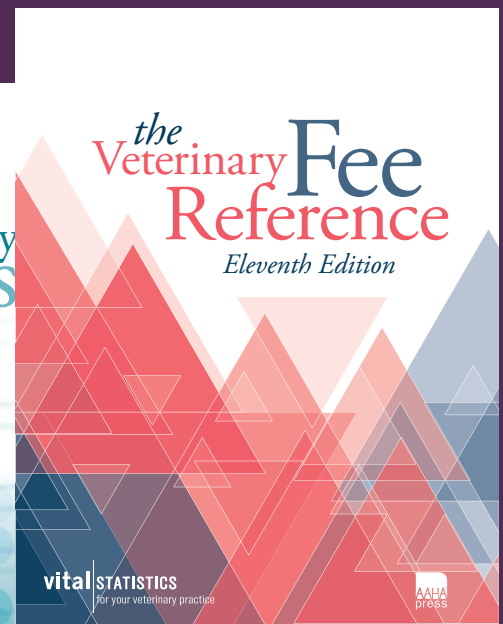
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Happy in the Country, Part Two

Small Town Veterinarians Thinking Big

by Constance Hardesty, MSc

Note: This is Part Two of a two-part series profiling veterinarians in rural areas. Part One appears in Trends, Nov. 2021.

In Part One of this article, we looked at three AAHA-accredited practices, one each in the southern US, the midwestern US, and in rural Ontario. This time we'll revisit practices in the southern and midwestern US, and add in a new rural locale, New England. These practitioners have different backgrounds and different reasons for being where they are, but they all share one thing in common: a love for the countryside and a love for their chosen profession.

Paula Yankauskas, VMD

Owner, Lamoille Valley Veterinary Services, Hyde Park, Vermont

The Lamoille River Valley is nestled among northern Vermont's trees, rivers, lakes, and mountains. In its midst is Hyde Park, the shire town of Lamoille County, with its core population of about 3,000 people ranging from old families with more than 200 years of history to those who moved here to establish their own stories, with students and summer people cyclically adding to the area. Tourism is a central industry, so tourists and visitors are seen year-round.

Paula Yankauskas, VMD, owner of the AAHA-accredited Lamoille Valley Veterinary Services (LVVS), is a transplant who moved to the area



“I enjoyed mixed animal practice. [...] Work was different every day. I also got to get outdoors and met several very nice people.”

—DARREN TAUL, DANVILLE, KENTUCKY

almost 40 years ago because “the man I married wasn’t leaving.”

As a young veterinarian, Yankauskas was “mixed-animal all the way. I loved it for the first ten years of my career,” she said. “Circumstance forced the small-animal hand, but it’s not a problem; I discovered that I love that too,” she added with characteristic resilience.

Fairly early in her career, she decided to open her own practice. “I started practicing out of my living room,” she remembered. Her husband’s parents owned a snack bar in town, and when Yankauskas suggested converting it to an animal hospital, they agreed, as they were feeling the effects of the passing years.

The practice became even more of a family affair when Yankauskas’s younger sister, Valerie, joined her as an associate veterinarian in 1987, a role she holds to this day. “It was

a little rocky at first because, you know, sisters,” Yankauskas said, and in the next breath added, “It’s been a joy to have my sister here and working with me nearly this whole time.” You know, sisters.

The classic image of the small-town veterinarian belongs to a bygone era, Yankauskas said. “When I started in Vermont 40 years ago, doctors were lifelong icons of their communities. Over the years, that’s changed. There’s been significant turnover in the practitioners around here.”

“Veterinary medicine is imploding,” she said. “Right now, there is not enough capacity to handle the demand—and this is worldwide.”

The increase in pet ownership, particularly during the pandemic, meant an unforeseen new case load for many practices. “We had problems for a while,” Yankauskas said. “For the first time ever, we stopped taking new clients as a temporary strategy to survive. You can’t have staff burning out.”

After-hours care is an intransigent problem. “When I became a vet, being on-call was part of the job; it was expected. Now it’s different. Professors advise their students to decline a job if there’s on-call obligations because it will affect their life adversely,” she said.

“I can see the burden side, but there is also a real joy in helping people in times of extreme and scary need—they are boundlessly grateful, and you feel the satisfaction of making a difference. And because the burden back then was shared by so many, you could get to those moments

and bypass feelings of resentment more easily.”

Yankauskas recalls a time when veterinary practices collaborated to provide after-hours service. Then ER hospitals became more common. “That sounds great, because you can send all of your after-hours work to them,” Yankauskas said. Now, however, “I know many ER practices that are constantly trying to find people who want that work.”

With ER capacity diminished and a staffing shortage at her own practice, “we’re sending people to six-to-eight-hour waits in parking lots [for emergency care]. It breaks your heart because some animals are not getting care. The compassion side is getting really challenged,” she said.

When her practice recently lost an associate veterinarian, it suspended any on-call service from 8 p.m. to 8 a.m. (It had been limited to cases meeting certain criteria prior to that.) Yankauskas considers that unacceptable on many levels, and she intends to attempt creating an after-hours service separate from the daytime practice in the near future. “As I looked into this, [I found] out about the shortage of ER personnel, both veterinarians and support staff.”

Meanwhile, to care for hospitalized patients, she keeps the practice staffed 24/7. The overnight crew includes assistants who monitor any animals present, answer the phone, and clean and prep the facility for the following day.

Yankauskas can pinpoint when the veterinary shortage hit Vermont. “Back in the day, if I lost a practitioner



The classic image of the small-town veterinarian belongs to a bygone era.

—PAULA YANKAUSKAS, VMD



“What I enjoyed most was the variety. Work was different every day. I also got to get outdoors and met several very nice people.”

—DARREN TAUL, DVM

I could replace them in two months. In 2013 it started taking longer, up to 18 months,” she said. Now, staffing shortage is reaching a crisis point where the situation is dire even for nonurgent appointments. “We have to book them six weeks out or tell them no,” she said. “Staff on the phone get screamed at by angry clients, and a lot of it is frustration speaking.”

“We’re working hard on a solution, and we have hope on the horizon—an experienced veterinarian is joining LVVS, and we are adding carefully recruited support staff and training them as well as those still with us with the goal of building a dream team, she added. “The need is certainly broader—the veterinary industry won’t be sustainable if things continue as they have been—but at least we are getting things started in our corner.”

“I am on the Vermont Board of Veterinary Medicine, and at times I find myself becoming concerned about what we can actually expect of people,” Yankauskas concluded.

Despite the stresses and strains, the doctor keeps work-life balance firmly in hand. A swimmer since childhood, at the age of 64 she completed the Triple Crown of long-distance open water swimming: the English Channel (2016), the twenty bridges swim around Manhattan (2017), and Catalina Island to California (2018). She’s currently training to swim a double Lake Memphremagog (50 miles) and may attempt further ultra-marathons if it goes well. Attending to her wellbeing makes a difference. “The staff notices when I don’t swim enough,” she said.

Practicing in a small town is no more amenable to achieving work-life

balance than working anywhere else. “What works is how you integrate all the things you care about into your life,” Yankauskas observed. “Love your work but live fully outside it. I learned a lot from marathon swimming, [such as] to accept the unexpected, as you are going to deal with whatever it is anyway. Skipping the drama helps everyone, especially oneself.”

Darren Taul, DVM

Owner, Animal Hospital of Danville, Kentucky

With a population under 20,000, Danville is a small college town tucked deep in Kentucky’s famed horse country. About an hour from the two larger cities of Lexington and Louisville, it is far enough away from major metro areas to have a personality of its own.

“It is very attractive for people looking for small town amenities. Apparently, it is attractive to veterinarians as well,” said Taul. “There are four other veterinary hospitals within four miles of my practice!”

Taul started out as a mixed-animal veterinarian in the even more rural setting of Lancaster, Kentucky. “I have a farming background raising crops and livestock (cattle and hogs),” he remembered. “That was my first exposure to veterinary medicine. It wasn’t the pet exposure that attracted me to this profession. I enjoyed mixed-animal practice. I was exposed to dogs, cats, horses, and cattle mainly, but also treated some llamas, alpacas, and even some ostriches, emus, and rheas along the way.”

“What I enjoyed most was the variety. Work was different every day. I also got to get outdoors and met several

very nice people,” he said.

Any practice owner will recognize some of Taul’s headaches, but others were unique to mixed-animal practice. “I started out as a solo practitioner and owner, so I had to handle everything: management, staffing, scheduling, HR, as well as the client-patient interaction and practicing medicine and surgery,” he said.

He also had to balance hospital and farm call appointments. “As my practice grew, it became more challenging to balance everything. During the peak of my mixed-animal career, it wasn’t uncommon for me to start at 6:30 a.m. and finish my day after dark,” Taul noted. “I would eat lunch—if I was lucky—driving between farm calls or back to the hospital. If I was really lucky, I wouldn’t have an emergency call that night.”

Converting to a small animal-only practice was both a business and lifestyle decision.

“It is very difficult to do both large animals and companion animals as it splits your focus; you can’t give 100% to each,” he explained. “Lifestyle certainly played a major role as well. It took me longer to recover from some of the physical hard knocks I took on the large animal side!”

Once the decision was made, it took some time to implement. Taul managed the conversion in three stages, giving up livestock work and then equine patients. “The horses were the hardest to let go,” he said. “In 2017, I purchased a small animal practice in Danville and practiced out of both hospitals. Finally, in 2020, I



The increase in pet ownership, particularly during the pandemic, meant an unforeseen new case load for many practices.

sold my mixed-animal practice and became small animal exclusive at Animal Hospital of Danville, which is where I am today. There are some things I miss greatly about large animals: the outdoors, the people, and specifically the equine work,” he added.

Rural veterinarians don’t have as large a pool of nearby potential clients as practices in large cities do. That’s why, Taul said, client retention is fundamental. Maintaining his client base is all about personal

relationships. And that means face-to-face time with clients.

“Ironically, despite our efforts to offer telehealth during COVID and other times, we rarely get any request for that. I think small town veterinary medicine will continue to be largely relationship-oriented,” he observed. “Our clients want to have face-to-face interactions, and they prefer seeing the same doctor.”

And, as in any practice, they demand good service. Taul finds AAHA an

invaluable ally in that. “I earned accreditation in both hospitals because I wanted to be the best I could be,” he added. Taul was president of AAHA in 2018–2019.

For Taul, rural practice is about living well. “My personal lifestyle does not fit with urban life,” he said. “I like to come home to our “mini-farm” and be outdoors, enjoy the night sky, and watch and listen to the wildlife.”

Mark Thompson, DVM, CCRP, MBA

Owner, Country Hills Pet Hospital, Eden, Wisconsin

Eden, Wisconsin, is a town of 950 people set in a sea of green fields. Just after Highway 45 takes a sharp

turn north, you’ll find Country Hills Pet Hospital. And just up the way, you’ll find Country Hills Animal Health.

Wait, Country Hills Pet Hospital is next door to Country Hills Animal Health? Well, yes, and that’s a story.

Country Hills Animal Health (a consultancy to dairy herds) was once the mixed-animal practice that brought Thompson to Eden. “Four large animal vets had built a nice building, and they thought they would do small animal on the side,” Thompson explained. “When I arrived in 1997, the companion animal side of the practice was as bare-bones as could be. They had hired several vets before me, but I was the one who stayed.”

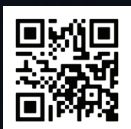
“I told them when I was hired that my number-one goal was to become AAHA accredited,” he added. “I wasn’t even sure mixed practices could have the small animal part accredited. I had to call and see if it was possible. To justify accreditation to my partners, I said, ‘This is where the practice needs to go. It costs money, but everything worthwhile does.’ I convinced them to let me take the reins and do what I was hired to do, which was to develop the practice,” he said.

The practice became accredited in 2000, the same year Thompson became a partner. Eight years later the partnership dissolved, and Thompson opened Country Hills Pet



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“Wherever you are, you can thrive. The medicine, the surgery are the same.”

—MARK THOMPSON, DVM, CCRP, MBA

Hospital in the same building. The practice was named 2018 AAHA Practice of the Year.

For Thompson, as for many rural veterinarians, practicing in a rural setting was a return to his roots. Sort of. “I grew up on a dairy farm, but it wasn’t at all typical. We had sheep, goats, pigs, chickens, and dairy cattle. So, I grew up with a lot of different animals. All of which had names. We named all the cows, and when they had calves, we named them. I didn’t realize that was unusual,” he recalled.

“When I started vet school, I thought I would be a large animal vet with some small animal practice. The large farms, with thousands of cows, were not what

I imagined. How would I remember all of their names?” After one year as a small animal veterinarian in a suburb of Milwaukee, Thompson relocated to Eden. He has thrived ever since.

“Wherever you are, you can thrive,” he believes. “The medicine, the surgery are the same. You need to have direction and a good foundation. You need to do a good job. That said, growth is slower in rural areas,” he added. “In the whole year of 1997, the small animal practice grossed about what we gross in two weeks now. One year our receipts tripled, but of course that’s rare.”

The practice even offers physical therapy, including underwater

treadmill, whirlpool, therapy laser, therapeutic ultrasound, and soundwave therapy. In the rural setting, this unique part of the practice is doing well.

Still, growing a rural practice takes patience because your reputation needs time to evolve. “Pay attention to quality,” Thompson advised. “People will pay for it. We have one of the highest exam costs in the area, and that’s a shoppable service. I have lots of people traveling good distances to this practice. My client base is a 25-mile radius,” he added.

“It’s about quality care, and that’s where AAHA comes in. Before I was accredited, I thought I was doing the best job I could do. You don’t know what you don’t know,” he noted. Thompson currently serves on the AAHA Board of Directors.

For Thompson, as for other rural veterinarians, the greatest reward is the lifestyle. He married his high school sweetheart, and the move to Eden was the perfect fit for them. “Everyone knows who you are. I literally have to take extra time if I’m going to the grocery store because I get stopped three or four times,” he said. “When I practiced in a suburb of Milwaukee, no one at the grocery store recognized me.”

“Good relationships and community are why I practice in Eden.” ✧



Constance Hardesty, MSc, tells stories about the people, medicine, and technology serving our animal companions.

Healthy Pets

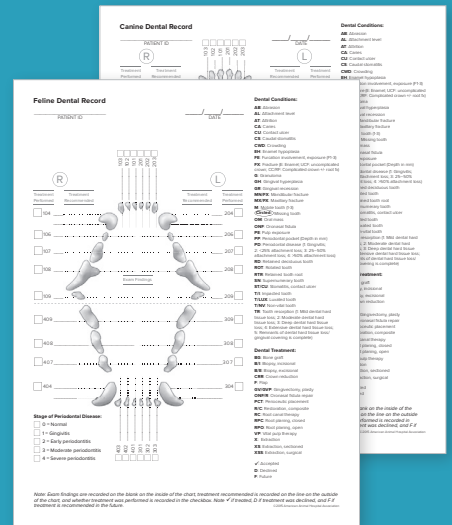
begin with *Healthy Teeth*



Educate clients with an illustrated guide to dental care



Create thorough dental histories



Send clients home with clear instructions

Dental Discharge Instructions

Client's Name _____
 Pet's Name _____
 Date of Dental Procedure _____

Diet

- Withhold food for _____ hour(s).
- You may offer water to your pet without restriction.
- Feed your pet his/her regular diet.
- Feed soft food for _____ days.
- Feed special diet _____.
- Special instructions _____.

Medications and Other

- Start medications tomorrow.
- Use medication(s) according to label directions.
- No medication dispensed.

Dental Care Products

- Toothpaste _____.
- Oral cleaning gel _____.
- Oral rinse _____.
- Home care _____.
- Other _____.

Special Instructions

Return Visit

- Return visit scheduled on _____.
- Return in _____ days _____ weeks.
- Return visit not required.

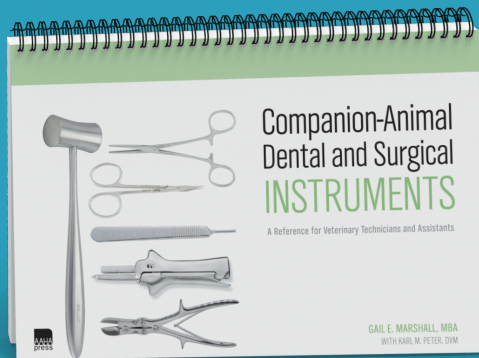
If you have questions or your pet has complications, please contact the hospital.

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 Client Signature

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Barriers to Buying Pet Insurance

Problems Remain for a Growing but Still Small Industry

by Tony McReynolds

Why don't more pet owners buy pet insurance? Dusty Bonner thinks the name might be part of the problem.

“The term most people use is ‘pet insurance,’” said Bonner, senior vice president of distribution and field sales at Trupanion. “I call it medical insurance, because at Trupanion, we believe we’re a medical insurance provider.”

Bonner noted that the word “insurance” itself can be problematic. “As someone raised in North America, you have this stigma in your mind when you hear the word ‘insurance,’” Bonner said. Insurance can be perceived as mind-numbingly boring, impenetrable, and a subject most people don’t want to think about unless forced to. “

Bonner said veterinarians are no different—they don’t want to think about insurance, either.

More problematic, said Bonner, is that when people think of pet insurance, they often equate it with property insurance. Which makes sense, because despite the growing trend to consider pets as members of the family, they’re legally considered property in the US. As a result, insuring your pets’ healthcare isn’t considered to be in the same category as insuring, say, your children’s healthcare.

Bonner said it’s very different in Europe. Although pet insurance was



“In European veterinary schools, students are taught that insuring pets is the norm.”

—DUSTY BONNER, TRUPANION

first introduced around the same time in both the US and Europe—about 40 years ago—the models were very different. European insurance companies based their pet policies on a human healthcare model, and so European pet owners perceived it in those terms and always have. But in the US, the first pet insurance policies were rolled out in a traditional insurance model, meaning that it looked more like property insurance.

“It was like the same policy you’d buy to insure a boat,” said Bonner. “A boat is a piece of property you own. You can insure a boat and get coverage in case you get into an accident.”

As result, pet insurance is far more common in Europe than it is in the US—in the United Kingdom, around 25% of pet owners buy medical insurance for their pets. In Sweden, around 50% have pet insurance. In the US, according to research by the North American Pet Health Insurance Association (NAPHIA), the figure is closer to 2%.

That’s 2%—a number it’s hovered around for years.

Karen Lynch, executive director of the North American Pet Health Insurance Association (NAPHIA), puts that 2% in perspective. While the number of insured pets might hover around 2%, you have to factor in a couple of things: “The pet population is growing,” she said, and so are the number of insured pets. NAPHIA’s latest figures show that pet health insurance has been increasing at an average annual growth rate of 23.4% over the past five years.

The pet insurance market has grown at an even faster pace since the

start of the pandemic, and Lynch attributes this growth to a couple of things. “Pet owners are spending more time with their pets, [which] strengthens the human-animal bond.” Additionally—and perhaps a tad counterintuitively—people are seeing more financial uncertainty in their own future. “Pet insurance is a way to create certainty around their ability to care for their pets.”

So while the percentage of insured pets remains much the same, Lynch says the number of insured pets is increasing steadily. Another thing to consider: “Pets also live shorter lives, so a percentage of those who *are* covered leave the market each year.”

So why don’t more pet owners buy pet insurance?

Lynch said people tend to perceive pet insurance to be about return on

investment, rather than understanding it’s meant to be a support that helps you take care of your pet during tough times. “You’ll use it,” Lynch said. “It’s just a matter of when.”

Lynch calls people who do buy pet insurance “medicalized”—pet owners who are already far more likely to take their pets to see a veterinarian, know what the costs of treating their pets is, and realize that as their pets age their pet medical bills go up. “Pet medical bills are inevitable,” Lynch added. “But when pets are young, people don’t want to think about that.”

Lynch said another reason people don’t buy is blind optimism—people assume their pets are going to be fine. “By the time they’re not fine, their pet has a pre-existing condition that makes their coverage more expensive.” Or it could even exclude their pet from coverage.



“Pet medical bills are inevitable, but when pets are young, people don’t want to think about that.”

—KAREN LYNCH, NAPHIA

And one last reason: Lynch said most veterinarians don't take the necessary few minutes to explain the benefits of coverage and the likelihood of their pet becoming ill or injured throughout their lifetime. "We know from our research that when a vet and their practice spend that little bit of extra time, pet owners follow through and get coverage. And when they do, vet practices reap the benefits of increased spending by insured pet owners."

Bonner believes that European pet owners' comfort and acceptance of the concept of medical insurance for pets begins with their veterinarians' comfort in recommending it, a comfort level that's encouraged early on in the veterinary career.

"In European veterinary schools, students are taught that insuring pets is the norm," Bonner said, noting that in Europe, veterinary students learn that a big part of their job is to remove restrictions to care. "Medical insurance for pets accomplishes this. It is how you optimize care." That in turn means that veterinarians in Europe start out in practice feeling comfortable recommending pet insurance to their clients. "It's not the same in this country," Bonner noted.

And that's too bad, because NAPHIA research shows that 50% of pet owners would consider getting pet insurance if their veterinarian actively recommended it. The difference in revenue can be dramatic—the NAPHIA study shows that dog owners with pet insurance spend 29% more on veterinary care than those who don't. Cat owners with pet insurance spend a whopping 81% more.

Bonner said one thing US insurance companies have gotten right is providing different levels of care. "Not everybody can afford 100% coverage," Bonner said. "You have to have different tiers. That's why you have multiple carriers providing multiple levels of care."

Multiple carriers are also important because there are so many different breeds of dogs and cats in this country, each with its own particular—and sometimes predictable—health risks. The cost of treating those myriad potential health problems is also going to vary depending on where you live because rates can vary significantly by region.

"In Kentucky, where I live," noted Bonner, "my cost of care is going to be significantly less. Surgery is considerably more expensive in New York, so why should a person who lives in Kentucky [pay the same for pet insurance?]"

Bonner has a Labrador retriever and uses him as an example. "They eat everything, right?" he said, laughing. "If he eats the television remote tomorrow, I know that's going to be a bowel obstruction. Because I know that, I know the risk I need to associate with it. And I have the data I need to assess that risk. I know how much my local veterinary practice is going to charge to fix it, and that's how much I should pay."

"That goes along with education of why pet owners have to have pet insurance—because their pets are going to have health problems. And different breeds are going to have different problems."

To Bonner's mind, the biggest barrier to pet owners purchasing pet insurance is the fact that so few of them know it even exists. "I work for a medical insurance company for pets," he said. "And my own mom didn't know it exists! She loves her dog, and she wants him to get the best care possible. But nobody told her that pet insurance is a thing." (Obviously, Bonner has since educated her on the subject.)

Nationwide's chief pet officer, Heidi Sirota, agrees with Bonner. "Many people [are] unaware coverage is available or where to seek it," she said. "For others, cost may be a barrier. Some may not understand or appreciate the protection it provides in accessing or helping with veterinary expenses."

Demographics also play a role in the pandemic-fueled response to increased concern for pet health. "Although we see the impact of the human-animal bond showing up across all demographics, one trend is the way that millennials prioritize their pets," Sirota said, citing research showing that 62% of millennials say they would put their pet's health before their own.

Given that millennials make up 35% of all US pet owners, that's a sentiment with powerful long-term implications. And educating pet owners on the value of pet insurance is a long-term strategy that will pay big dividends for the profession.

But don't underestimate the power of pet owner procrastination, said Lynch. "Most people will tell you they plan to get coverage, but they put off the decision and get lost in the



“If your practice believes recommending pet health insurance is worthwhile, be definitive in your recommendation and have some specific reasons why.”

—JULES BENSON, BVSc, MRCVS,
NATIONWIDE

details of what coverage to buy.” They get overwhelmed by what coverage to buy versus just making sure they have coverage in place.

Bonner said a big part of educating people about pet insurance is letting them know it exists *before* they need it: “Say your dog breaks his leg in six different places and you decide you need pet insurance. That’s considered a pre-existing condition and no insurance company is going to cover that because it’s already a problem.”

“It’s like getting in a car accident, and then wanting to buy automobile insurance after the fact,” Bonner explained. You can’t buy collision insurance after you’ve had the collision. “That’s not how it works.”

Bonner says the real challenge is getting information about medical insurance for pets into owners’ hands when the pets are still puppies and kittens: “It needs to come up during the adoption process. People need to hear about it when their pets are still healthy.”

“The real issue of why more people aren’t getting their pets insured is because they aren’t hearing about it.” Bonner mentioned the boom in pet adoptions during the pandemic and events that sought to clear shelters by adopting out pets. “But how many of those events were saying, ‘Hey, let’s make sure you insure that pet?’”

“So that, to me, is a barrier of education,” Bonner said. “Do people even know this exists?” Bonner comes back to that 2% figure: “No, they *don’t* know it exists.”

So how do you educate them?

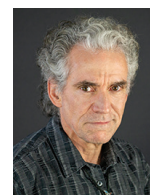
Jules Benson, BVSc, MRCVS, Nationwide’s chief veterinary officer, says that pet owners still look to the veterinary healthcare team as the primary source for their pet health advice. “If your practice believes recommending pet health insurance is worthwhile, be definitive in your recommendation and have some specific reasons why, with some personal examples from within your practice,” he said. “Yes, we recommend pet health insurance. We see so many unexpected

health issues in pets of all ages, from cruciate ligament tears to skin allergies. We recently had a pet who was diagnosed with lymphoma, and the pet owner was able to make medical decisions without having to worry about the financial aspect.”

That touches on a sticking point that continues to impact the industry: many veterinarians in the US simply aren’t comfortable talking about finances in general, and insurance in particular, with their clients. Of vets surveyed in a 2016 NAMPHIA study, only 24% said they agreed completely that they felt comfortable talking with their clients about insurance.

“At the end of the day, the veterinarian shouldn’t be an insurance salesperson,” Bonner said. “That feels terrible. And clients think you’re getting some commission off of it.” But like Benson, Bonner said veterinary staff need to have the ability to explain the value of health insurance for pets.

Bonner’s ideal scenario: for a veterinarian to be able to hand a pet owner off to somebody on staff who can describe the value of health insurance for pets. “If I’m a veterinarian and I know an insured pet brings two-and-a-half times more revenue to me because research shows owners with pet insurance are more compliant, I’m more likely to make sure that recommendation is going out.” ✨



Tony McReynolds is AAHA's
NEWStat writer.



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Take Charge of Your Templates

Streamline Workflow, Ensure Protocols, and Touch Clients' Hearts

by Constance Hardesty

Whether you're collecting new client's information, entering notes during a routine appointment, prescribing, generating estimates, making referrals, or even recording a surgical procedure, you're tapping and typing in one of your practice information management software's (PIMS) many forms. Those forms are the user-friendly face of the system's behind-the-scenes workhorse: templates.

"Well-defined, easy-to-follow templates ensure that your standards are followed to the letter," said Peter Terhune, manager of strategic content at IDEXX Laboratories. "Simply put, they make the easy way the right way."

Tyler Udenberg, DVM, DACVD, of Northwest Veterinary Dermatology Services in Vancouver, British Columbia, finds that using templates "saves us time, allows for more thorough documentation, and allows us to focus on clients and patients instead of paperwork." Udenberg uses Cornerstone, but the benefits apply broadly.

Typically, PIMS producers rely on expert practitioners to help develop templates. Veterinary software company Instinct, for example, relies on experienced practitioners to "pinpoint major stress points" and eliminate repetition to create "thoughtful templates," says Staci Welsh, CVPM, CVT, LVT, director of



"Our charting goal is to maximize your efficiency and get staff home on time."

—STACI WELSH, INSTINCT

sales and marketing at Instinct. “We take great pride in creating software that increases efficiency for the staff,” she added. “Our charting goal is to maximize your efficiency and get staff home on time.”

Modifying the default templates or creating new ones is standard procedure when you’re adopting a new PIMS, and that task never really stops. Some practices, like Art City Veterinary Clinic in Philadelphia, Pennsylvania, take customization to the max. Art City’s four veterinarians wanted different templates. Working in NaVetor, each veterinarian created their own set of templates.

Another multidocor practice created hundreds of medical notes. That allowed each veterinarian to drop a prewritten medical note into the patient’s medical record and then modify the note as appropriate for the patient. “The practice found that using medical notes in this way saved time and added continuity to medical care,” said Lisa Jones, software product manager for IntraVet.

At the other end of the spectrum are the practices that are satisfied with their PIMS’s default templates, making only necessary adjustments. That means linking every product or service to a specific charge that will autopopulate the invoice to guard against missed charges.

Most practices could squeeze more efficiency out of their PIMS by making the best use of templates. But with hundreds of customization options, where to begin?

We asked several software producers how to maximize use of templates.

The features listed here apply to many brands; check with your system administrator to learn what your PIMS allows.

Auto-populate: You’re already using this for things like including the practice logo and contact info on all documents and to import client and patient information into various forms. To take autopopulate to the next level, open a frequently used template and look at the fields that are blank. What taps and keystrokes could you avoid if the template simply pulled information from elsewhere in the system to fill in the blanks for you? Would it be helpful if your staff to-do list autopopulated daily, weekly, quarterly, or annual tasks? Each time period can be created as a separate picklist, and the appropriate picklists can be linked to the template.

Short text: Substitute a combination of letters for an often-used word or phrase. Choose a combination that is unique and easily remembered, like “2x” for “twice.” When keying in text, the software replaces the short text with the longer. This is similar to Microsoft Word’s “Auto-correct/ Replace text as you type” feature.

Preset text blocks: Similar to short text, these can be used for longer blocks of type.

Picklists: Create a list of related items and insert the picklist in the relevant template. The list works like a drop-down menu. By including all of the options, picklists guard against omissions (think: task lists). They limit and standardize responses to questions, so that “Is Fluffy an indoor cat?” can only be answered yes or no, not usually. And they help to eliminate

typos and other errors that show up in free-text (empty fields where the user inputs text).

Task templates: Use picklists to create standing to-do lists for staff members; alter them as needed. This is a great use of picklists.

Digital signatures: These will make life easier by eliminating unnecessary paper copies.

Visit or appointment templates: You probably created these when you adopted your current PIMS, or you might have adopted the default templates. Or perhaps you imported templates you created years ago. Is it time to refresh? Pick a template and compare it with your current protocols. Ask staff whether the template’s organization and outputs make sense. Create an outline of everything related to that type of visit, like a wellness visit or dental prophylaxis. Then update the template and, finally, if your PIMS allows it, attach the template to the appointment type. Test it for a few weeks, and then gather staff feedback and make tweaks. These templates save time and ensure consistent adherence to your protocols.

Link relevant information to each template. Be sure to link client and patient information not only to medical records, notes, and forms but also to client education handouts, discharge instructions, and the like. If you haven’t already done so, consider personalizing client communications by adding fields to display the name of the pet and client. If you link the document to the patient information record or medical record, those fields



Turn Templates into Meaningful Touchpoints

Templates enforce standardization and consistency. That's good for branding, where repetition creates recognition, familiarity, comfort, and trust. But let's face it, the default templates in PIMS are necessarily generic. Sure, you can drop in your logo, but is that enough? Can a template express your practice's mission and personality? Can you make your brand shine through in the invoices, reminders, home-care instructions, and other documents that your PIMS produces all day, every day?

"Absolutely," said Robert Sanchez, founder and CEO of Digital Empathy.

To get started, you'll need four bedrock ingredients that should appear in every message (digital or paper) that you produce. Start with a high-quality logo that is emblematic of your business philosophy. Add a slogan or tagline, something that distills your practice's mission in a few words, like "Every pet like our own." Round it off with a one-liner that "distills what makes your practice unique, special, differentiated, and meaningful to the people and pets that you serve," Sanchez said.

And don't worry if your one-liner runs to two or three sentences; aim for 24 to 36 words. The point is to get your story across succinctly but fully.

The fourth ingredient is the overall design of templates and finished documents. "Your forms should be beautiful and modern," Sanchez noted. "You want them to be a great representation of your practice and a meaningful touchpoint with clients."

Look on Canva or other websites for inspiration. When you find a beautiful form, analyze it to understand the principles that make it aesthetically pleasing, and bring those principles into your templates.

"Spend the time or money up front to design a beautiful template," Sanchez advised. Here, doing it yourself may be a false economy. Like all professionals, graphic designers have specialized knowledge. They study both design principles and user behavior, so they know how to make the template and the finished document pleasant to see and use.

A good graphic designer may charge \$100 or \$200 for a template. The investment is well worth it, according to Sanchez, because "people read a great deal into appearances."

"Based on the small experiences we have with you, we create expectations of what's to come. This is why Apple invests so much in packaging," noted Sanchez. "They know we as customers are going to use our first impression, however small, to make

assumptions about the company, to fill in what we don't yet know."

Finally, to connect meaningfully with clients, incorporate an elusive ingredient: empathy. How that gets expressed depends on each document's purpose.

"Whenever we are looking at a question or problem that needs to be solved, we look at its different layers. There's the logical layer and then there's the emotional layer. You always want to be thinking about the emotional layer. So, if you're creating a new patient form, find ways to speak to what a great decision the client made in bringing their pet to you," Sanchez said. For a euthanasia consent, speak sensitively to the emotions your clients are experiencing, and reassure them with messages that they're caring for the pet in the best possible way.

Whatever the form, strive to connect with clients beyond the functional relationship. "Make them feel good about their choice in entrusting you with their pet. Finding ways to build that trust—that is the bedrock of any relationship," Sanchez said. Ultimately, "in terms of the finished product, you want to make it a pleasant experience that is sensitive to the emotional experience the pet owner is having in that moment."

will automatically populate.

It goes without saying, of course, that all products and services should be linked to a charge so when they are entered in medical records, treatment forms, and the like, they autopopulate the invoice.

Bundle and link: Create a group of products and services related to a specific type of appointment with each item linked to its fee. This reinforces your practice's protocols and protects against missed charges. Start with bundles for common services like spay/neuter, dental prophylaxis, ear infection, or wellness exam.

Views: To accommodate multitasking, pin forms or documents to the screen while you are working in the main application. Likewise, when you build a template, use the preview screen to see the effect of your inputs in real time.

Auto-print: If a client likes paper, enable auto-print at checkout. This works well for client education materials, discharge instructions, or invoices linked to the medical record. To go paperless, find out whether your software allows you to auto-email materials.

New employee training: Templates standardize workflow and enforce consistency. That eliminates a huge stressor for new employees. It also helps new staff adopt the practice's protocols and unspoken habits, providing consistency while new hires are trained.

This is also an area where you can get creative. Complete the medical



“If you’re creating a new patient form, find ways to speak to what a great decision the client made in bringing their pet to you.”

—ROBERT SANCHEZ, DIGITAL EMPATHY

record by enabling staff to add photos or videos, personalized text, and more. Share useful information among the SOAP notes, treatment sheet, prescription history, and even client education materials.

Most importantly, make your templates a collaborative process. Start small, invite staff input, and build/refine your templates systematically. “Templates are a great way to save time in a veterinary practice,” said Mel Heinz, software

product manager at Patterson Veterinary. “They are basically designed to streamline and simplify repetitive tasks, so it pays to explore and utilize all the template features in your software.” ✖



Constance Hardesty, MSc, is an award-winning writer and editor.



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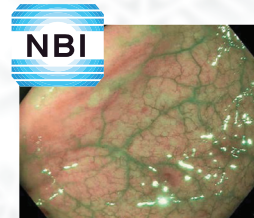
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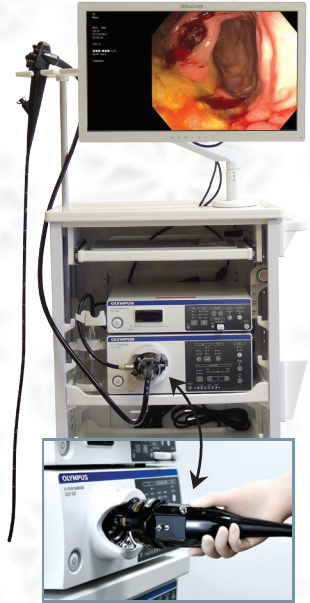
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Employee of the Month



NAME:
Melita Pinkston

PRACTICE NAME:
The Village Vets, Decatur, Georgia

OCCUPATION:
Technician Manager

YEAR STARTED IN VET MEDICINE: 1996

YEARS WITH PRACTICE: 15

Each month in *Trends*, we will spotlight a team member from an accredited practice.

Does your team boast an outstanding veterinarian, veterinary technician, customer service representative, or kennel worker? Let us know at trends@aaha.org and you can win \$100!

Why Is Melita So Awesome?

Melita started with our practice as a technician assistant and worked her way up. She now leads our daytime emergency team as a manager at the largest privately-owned 24-hour veterinary practice in metro Atlanta. She does all of this full-time, as a single mother (and now grandmother). She is the epitome of putting your mind to something and accomplishing your goals.

How Does She Go Above and Beyond?

Melita comes to work every day with bright greetings, an infectious smile, and lots of positivity. She expects greatness from the team and leads by example. She works as hard as anyone at the practice, top to bottom.

In Her Own Words

Why do you love your job? I love my job because it is truly my home away from home. I enjoy waking up in the morning knowing I'm going to a job I love and being surrounded by coworkers who share my same love for pets and their people.

Favorite celebrity: Beyoncé. I have four beautiful children that will sing every lyric in the car while traveling. It builds great memories and true bonding moments for us.

Pets at home: We have a beautiful fur-baby named Angel (4-month-old cattle dog mix) that we recently adopted and surprised my grandson with on his birthday. She's already a member of the family.

What brought you to the profession? My lifelong love for pets and wanting to contribute by being an advocate for the care and nurturing of animals.

Hobbies outside of work: Yoga and enjoying the outdoors and nature. It helps to keep me balanced.

Favorite book/show: My favorite Netflix series is currently All American. I love realistic shows and movies that you can potentially learn life lessons from. ✖

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