

# Trends<sup>®</sup> magazine

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# Trends magazine

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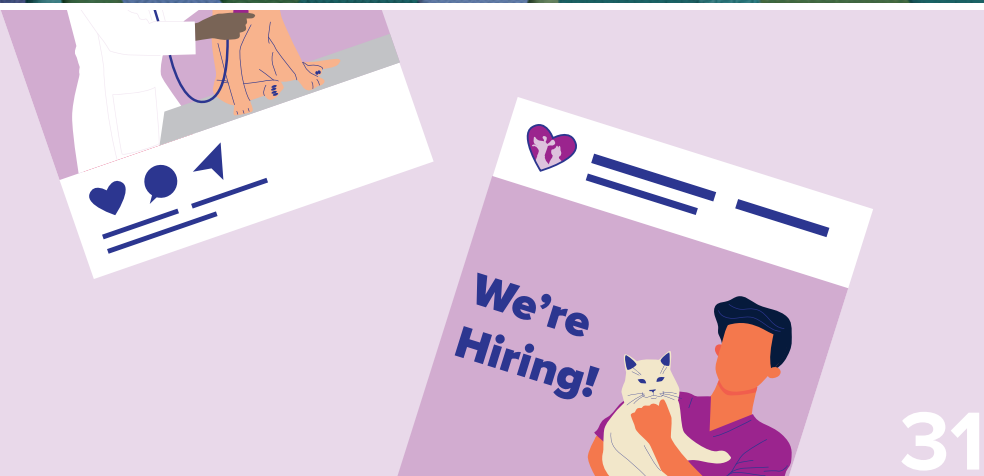
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# from the editor's desk

## HAPPY PRIDE MONTH!

Recruiting the right team is essential to a practice's ultimate success. But what does the right team look like? Of course, the team should mesh and share certain values, but a team also can find strength in the members' differences. It is critical to show individuals (e.g., pet owners) from different backgrounds that they are represented in the field of vet med.

To that point, our cover story delves into focusing recruitment efforts on finding those employees from diverse backgrounds. And who better to tell the story than Melody Martínez, CVT, president of the Multicultural Veterinary Medical Association?

Also fitting the theme of recruitment, another expert, Nicole Scott-Jones, penned a great article on using social media to hire the people you need. So if you are looking for employees—and who isn't these days?—grab your copy of *Trends* and get started!

## WE'RE LOOKING FOR A FEW GOOD EMPLOYEES...

... to give \$500 to! Have you entered our Employee of the Month contest yet? Eligible practices can enter the contest online by filling in a few details about why your employee is the best, and then we will randomly select one winner each month to win a \$500 Amazon gift card, courtesy of our friends at CareCredit. If you don't win, don't worry, you can enter again the next month! Enter today at [aaha.org/EOTM](http://aaha.org/EOTM).

## COMING NEXT MONTH

July brings the heat with articles on mentorship, staff retention, and client service. OK, those are not exactly heat-related, but they are hot topics, and we have some awesome writers lined up to tackle them. Don't miss it!

As always, let me know what you think at [trends@aaha.org](mailto:trends@aaha.org).

—Ben Williams, Editor





# THE RIGHT COMBINATION



Current combination flea-tick-heartworm products could compromise coverage, compliance, and doses purchased.

Maybe it's time for the right combination: better protection and more revenue for your practice.

Ask your Merck Animal Health representative about **BRAVECTO® Chews** and **SENTINEL® SPECTRUM® Chews**.

**BRAVECTO®**  
(fluralaner)  
Chews



**sentinel®**  
**spectrum® chews**  
(milbemycin oxime-lufenuron-praziquantel)

## IMPORTANT SAFETY INFORMATION:

**BRAVECTO (fluralaner) Chews for Dogs:** The most commonly reported adverse reactions include vomiting, lethargy, diarrhea, anorexia and pruritus. In some cases, adverse events have been reported following use in breeding females. **BRAVECTO Chews** has not been shown to be effective for 12-weeks' duration in puppies less than 6 months of age. **BRAVECTO Chews** is not effective against lone star ticks beyond 8 weeks of dosing. Fluralaner is a member of the isoxazoline class. This class has been associated with neurologic adverse reactions including tremors, ataxia, and seizures. Seizures have been reported in dogs receiving isoxazoline class drugs, even in dogs without a history of seizures. Use with caution in dogs with a history of seizures or neurologic disorders. For full prescribing information, please see page 10.

**SENTINEL® SPECTRUM® Chews** (milbemycin oxime/lufenuron/praziquantel). Dogs should be tested for heartworm prior to use. Mild hypersensitivity reactions have been noted in some dogs carrying a high number of circulating microfilariae. Treatment with fewer than 6 monthly doses after the last exposure to mosquitoes may not provide complete heartworm prevention. For full prescribing information, please see page 11.





# BRAVECTO® (fluralaner) Chews

Flavored chews for dogs.

## Caution:

Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

## Description:

Each chew is formulated to provide a minimum dose of 11.4 mg/lb (25 mg/kg) body weight.

The chemical name of fluralaner is (±)-4-[[5-(3,5-dichlorophenyl)-5-(trifluoromethyl)-4,5-dihydrooxazo-3-yl]-2-methyl]-N-[12-oxo-2-(2,2,2-trifluoroethylamino) ethyl]benzamide.

## Indications:

Bravecto kills adult fleas and is indicated for the treatment and prevention of flea infestations (*Ctenocephalides felis*), and the treatment and control of tick infestations (*Ixodes scapularis* (black-legged tick), *Dermacentor variabilis* (American dog tick), *Rhipicephalus sanguineus* (brown dog tick), and *Haemaphysalis longicornis* (Asian longhorned tick)) for 12 weeks in dogs and puppies 6 months of age and older, and weighing 4.4 pounds or greater.

Bravecto is also indicated for the treatment and control of *Amblyomma americanum* (one star tick) infestations for 8 weeks in dogs and puppies 6 months of age and older, and weighing 4.4 pounds or greater.

## Dosage and Administration:

Bravecto should be administered orally as a single dose every 12 weeks according to the **Dosage Schedule** below to provide a minimum dose of 11.4 mg/lb (25 mg/kg) body weight.

Bravecto may be administered every 8 weeks in case of potential exposure to *Amblyomma americanum* ticks (see **Effectiveness**).

Bravecto should be administered with food.

Dosage Schedule	Body Weight Ranges (lb)	Fluralaner Content (mg)	Chews Administered
	4.4 – 9.9	112.5	One
	>9.9 – 22.0	250	One
	>22.0 – 44.0	500	One
	>44.0 – 88.0	1000	One
	>88.0 – 123.0*	1400	One

\*Dogs over 123.0 lb should be administered the appropriate combination of chews

Treatment with Bravecto may begin at any time of the year and can continue year round without interruption.

## Contraindications:

There are no known contraindications for the use of the product.

## Warnings:

Not for human use. Keep this and all drugs out of the reach of children. Keep the product in the original packaging until use, in order to prevent children from getting direct access to the product. Do not eat, drink or smoke while handling the product. Wash hands thoroughly with soap and water immediately after use of the product.

Keep Bravecto in a secure location out of reach of dogs, cats, and other animals to prevent accidental ingestion or overdose.

## Precautions:

Fluralaner is a member of the isoxazoline class. This class has been associated with neurologic adverse reactions including tremors, ataxia, and seizures. Seizures have been reported in dogs receiving isoxazoline class drugs, even in dogs without a history of seizures. Use with caution in dogs with a history of seizures or neurologic disorders.

Adverse events have been reported following use in breeding females. Before use in breeding female dogs, refer to Post-Approval Experience and Animal Safety sections.

Bravecto has not been shown to be effective for 12-weeks duration in puppies less than 6 months of age. Bravecto is not effective against *Amblyomma americanum* ticks beyond 8 weeks after dosing (see **Effectiveness**).

## Adverse Reactions:

In a well-controlled U.S. field study, which included 294 dogs (224 dogs were administered Bravecto every 12 weeks and 70 dogs were administered an oral active control every 4 weeks and were provided with a tick collar); there were no serious adverse reactions. All potential adverse reactions were recorded in dogs treated with Bravecto over a 182-day period and in dogs treated with the active control over an 84-day period. The most frequently reported adverse reaction in dogs in the Bravecto and active control groups was vomiting.

## Percentage of Dogs with Adverse Reactions in the Field Study

Adverse Reaction (AR)	Bravecto Group: Percentage of Dogs with the AR During the 182-Day Study (n=224 dogs)	Active Control Group: Percentage of Dogs with the AR During the 84-Day Study (n=70 dogs)
Vomiting	7.1	14.3
Decreased Appetite	6.7	0.0
Diarrhea	4.9	2.9
Lethargy	5.4	7.1
Polydipsia	1.8	4.3
Flatulence	1.3	0.0

In a well-controlled laboratory dose confirmation study, one dog developed edema and hyperemia of the upper lips within one hour of receiving Bravecto. The edema improved progressively through the day and had resolved without medical intervention by the next morning.

## Post-Approval Experience (2022):

The following adverse events are based on post-approval adverse drug experience reporting for fluralaner. Not all adverse events are reported to FDA/CVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using this data.

The following adverse events reported for dogs are listed in decreasing order of reporting frequency:

Vomiting, lethargy, diarrhea (with and without blood), anorexia, pruritis, polydipsia, seizure, allergic reactions (including hives, swelling, erythema), dermatitis (including crusts, pustules, rash), tremors and ataxia. In some cases, birth defects (including limb deformities and cleft palate), stillbirth, and abortion have been reported after treatment of breeding females.

## Contact Information:

To report suspected adverse events, for technical assistance or to obtain a copy of the Safety Data Sheet (SDS), contact Merck Animal Health at 1-800-224-5318. Additional information can be found at [www.bravecto.com](http://www.bravecto.com).

For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or online at <http://www.fda.gov/epo/animalmae>.

## Clinical Pharmacology:

Peak fluralaner concentrations are achieved between 2 hours and 3 days following oral administration, and the elimination half-life ranges between 9.3 to 16.2 days. Quantifiable drug concentrations can be measured (lower than necessary for effectiveness) through 112 days. Due to reduced drug bioavailability in the fasted state, fluralaner should be administered with food.

## Mode of Action:

Fluralaner is for systemic use and belongs to the class of isoxazoline-substituted benzamide derivatives. Fluralaner is an inhibitor of the arthropod nervous system. The mode of action of fluralaner is the antagonism of the ligand-gated chloride channels (gamma-aminobutyric acid (GABA)-receptor and glutamate-receptor).

## Effectiveness:

Bravecto began to kill fleas within two hours after administration in a well-controlled laboratory study. In a European laboratory study, Bravecto killed fleas and *Ixodes ricinus* ticks and reduced the numbers of live fleas and *Ixodes ricinus* ticks on dogs by > 98% within 12 hours for 12 weeks. In a well-controlled laboratory study, Bravecto demonstrated 100% effectiveness against adult fleas 48 hours post-infestation for 12 weeks. In well-controlled laboratory studies, Bravecto demonstrated ≥ 93% effectiveness against *Dermacentor variabilis*, *Ixodes scapularis*, *Rhipicephalus sanguineus*, and *Haemaphysalis longicornis* ticks 48 hours post-infestation for 12 weeks. Bravecto demonstrated ≥90% effectiveness against *Amblyomma americanum* 72 hours post-infestation for 8 weeks, but failed to demonstrate ≥90% effectiveness beyond 8 weeks.

In a well-controlled U.S. field study, a single dose of Bravecto reduced fleas by ≥ 99.7% for 12 weeks. Dogs with signs of flea allergy dermatitis showed improvement in erythema, alopecia, papules, scales, crusts, and excoriation as a direct result of eliminating flea infestations.

**Palatability:** In a well-controlled U.S. field study, which included 559 doses administered to 224 dogs, 80.7% of dogs voluntarily consumed Bravecto within 5 minutes, an additional 12.5% voluntarily consumed Bravecto within 5 minutes when offered with food, and 6.8% refused the dose or required forced administration.

## Animal Safety:

**Margin of Safety Study:** In a margin of safety study, Bravecto was administered orally to 8- to 9-week-old puppies at 1, 3, and 5X the maximum label dose of 56 mg/kg at three, 8-week intervals. The dogs in the control group (OX) were untreated.

There were no clinically-relevant, treatment-related effects on physical examinations, body weights, food consumption, clinical pathology (hematology, clinical chemistries, coagulation tests, and urinalysis), gross pathology, histopathology or organ weights. Diarrhea, mucoid and bloody feces were the most common observations in this study, occurring at a similar incidence in the treated and control groups. Five of the twelve treated dogs that experienced one or more of these signs did so within 6 hours of the first dosing. One dog in the 3X treatment group was observed to be dull, inappetent, with evidence of bloody diarrhea, vomiting, and weight loss beginning five days after the first treatment. One dog in the 1X treatment group vomited food 4 hours following the first treatment.

**Reproductive Safety Study:** Bravecto was administered orally to intact, reproductively-sound male and female Beagles at a dose of up to 168 mg/kg (equivalent to 3X the maximum label dose) on three to four occasions at 8-week intervals. The dogs in the control group (OX) were untreated.

There were no clinically-relevant, treatment-related effects on the body weights, food consumption, reproductive performance, semen analysis, litter data, gross necropsy (adult dogs) or histopathology findings (adult dogs and puppies). One adult 3X treated dog suffered a seizure during the course of the study (46 days after the third treatment). Abnormal salivation was observed on 17 occasions: in six treated dogs (11 occasions) after dosing and four control dogs (6 occasions).

The following abnormalities were noted in 7 pups from 2 of the 10 dams in only the treated group during gross necropsy examination: limb deformity (4 pups), enlarged heart (2 pups), enlarged spleen (3 pups), and cleft palate (2 pups). During veterinary examination at Week 7, two pups from the control group had inguinal testicles, and two and four pups from the treated group had inguinal and cryptorchid testicles, respectively. No undescended testicles were observed at the time of necropsy (days 50 to 71).

*In a well-controlled field study*, Bravecto (fluralaner) was used concurrently with other medications, such as vaccines, anthelmintics, antibiotics, and steroids. No adverse reactions were observed from the concurrent use of Bravecto with other medications.

## Storage Information:

Do not store above 86°F (30°C).

## How Supplied:

Bravecto is available in five strengths (112.5, 250, 500, 1000, and 1400 mg fluralaner per chew). Each chew is packaged individually into aluminum foil blister packs sealed with a peelable paper backed foil lid stock. Product may be packaged in 1, 2, or 4 chews per package.

Approved by FDA under NADA # 141-426

## Distributed by:

Intervet Inc. (d/b/a Merck Animal Health)  
Madison, NJ 07940

Fluralaner (active ingredient) Made in Japan.

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Rev. 10/2022

375232 R4





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

**Description:** SENTINEL® SPECTRUM® Chews are available in four strengths in color-coded packages for oral administration to dogs and puppies according to their weight. Each chewable flavored tablet is formulated to provide a minimum of 0.23 mg/pound (0.5mg/kg) of milbemycin oxime, 4.55 mg/pound (10mg/kg) of lufenuron, and 2.28 mg/pound (5mg/kg) of praziquantel.

Milbemycin oxime consists of the oxime derivatives of 5-didehydromilbemycins in the ratio of approximately 80% A<sub>1</sub> (C<sub>22</sub>H<sub>32</sub>N<sub>2</sub>O<sub>2</sub>, MW 555.71) and 20% A<sub>2</sub> (C<sub>21</sub>H<sub>28</sub>N<sub>2</sub>O<sub>2</sub>, MW 541.68). Milbemycin oxime is classified as a macrocyclic anthelmintic.

Lufenuron is a benzoylphenylurea derivative with the following chemical composition: N-[2,5-dichloro-4-(1,1,2,3,3,3-hexafluoroisopropoxy)-phenyl-aminocarbonyl]-2,6-difluorobenzamide (C<sub>17</sub>H<sub>10</sub>Cl<sub>2</sub>F<sub>6</sub>N<sub>2</sub>O<sub>2</sub>, MW 511.15). Benzoylphenylurea compounds, including lufenuron, are classified as insect development inhibitors (IDIs).

Praziquantel is an isoquinoline anthelmintic with the chemical name 2-(Cyclohexylcarbonyl)-1,2,3,6,7,-11b-hexahydro-4H-pyrazino[2,1-a]isoquinolin-4-one.

**Indications:** SENTINEL SPECTRUM Chews are indicated for the prevention of heartworm disease caused by *Dirofilaria immitis*; for the prevention and control of flea populations (*Ctenocephalides felis*); and for the treatment and control of adult roundworm (*Toxocara canis*, *Toxascaris leonina*), adult hookworm (*Ancylostoma caninum*), adult whipworm (*Trichuris vulpis*), and adult tapeworm (*Dipylidium caninum*, *Taenia pisiformis*, *Echinococcus multilocularis* and *Echinococcus granulosus*) infections in dogs and puppies two pounds of body weight or greater and six weeks of age and older.

**Dosage and Administration:** SENTINEL SPECTRUM Chews should be administered orally, once every month, at the minimum dosage of 0.23 mg/lb (0.5 mg/kg) milbemycin oxime, 4.55 mg/lb (10 mg/kg) lufenuron, and 2.28 mg/lb (5 mg/kg) praziquantel. For heartworm prevention, give once monthly for at least 6 months after exposure to mosquitoes (see **EFFECTIVENESS**).

**Dosage Schedule**

Body Weight	Milbemycin Oxime per chewable	Lufenuron per chewable	Praziquantel per chewable	Number of chewables
2 to 8 lbs.	2.3 mg	46 mg	22.8 mg	One
8.1 to 25 lbs.	5.75 mg	115 mg	57 mg	One
25.1 to 50 lbs.	11.5 mg	230 mg	114 mg	One
50.1 to 100 lbs.	23.0 mg	460 mg	228 mg	One
Over 100 lbs.	Administer the appropriate combination of chewables			

To ensure adequate absorption, always administer SENTINEL SPECTRUM Chews to dogs immediately after or in conjunction with a normal meal.

SENTINEL SPECTRUM Chews may be offered to the dog by hand or added to a small amount of dog food. The chewables should be administered in a manner that encourages the dog to chew, rather than to swallow without chewing. Chewables may be broken into pieces and fed to dogs that normally swallow treats whole. Care should be taken that the dog consumes the complete dose, and treated animals should be observed a few minutes after administration to ensure that no part of the dose is lost or rejected. If it is suspected that any of the dose has been lost, redosing is recommended.

**Heartworm Prevention:** SENTINEL SPECTRUM Chews should be administered at monthly intervals beginning within one month of the dog's first seasonal exposure to mosquitoes and continuing until at least 6 months after the dog's last seasonal exposure (see **EFFECTIVENESS**). SENTINEL SPECTRUM Chews may be administered year-round without interruption. When switching from another heartworm preventative product to SENTINEL SPECTRUM Chews, the first dose of SENTINEL SPECTRUM Chews should be given within a month of the last dose of the former product.

**Flea Treatment and Prevention:** Treatment with SENTINEL SPECTRUM Chews may begin at any time of the year, preferably starting one month before fleas become active and continuing monthly through the end of the flea season. In areas where fleas are common year-round, monthly treatment with SENTINEL SPECTRUM Chews should continue the entire year without interruption.

To minimize the likelihood of flea reinfestation, it is important to treat all animals within a household with an approved flea protection product, as necessary.

**Intestinal Nematode and Cestode Treatment and Control:** Dogs may be exposed to and can become infected with roundworms, whipworms, hookworms, and tapeworms throughout the year, regardless of season or climate. Clients should be advised of appropriate measures to prevent reinfection of their dog with intestinal parasites. Because the prepatent period for *E. multilocularis* may be as short as 26 days, dogs treated at the labeled monthly intervals may become reinfected and shed eggs between treatments.

**Contraindications:** There are no known contraindications to the use of SENTINEL SPECTRUM Chews.

**Warnings:** Not for use in humans. Keep this and all drugs out of the reach of children.

**Precautions:** Treatment with fewer than 6 monthly doses after the last exposure to mosquitoes may not provide complete heartworm prevention (see **EFFECTIVENESS**).

Prior to administration of SENTINEL SPECTRUM Chews, dogs should be tested for existing heartworm infections. At the discretion of the veterinarian, infected dogs should be treated to remove adult heartworms. SENTINEL SPECTRUM Chews are not effective against adult *D. immitis*.

Mild, transient hypersensitivity reactions, such as labored breathing, vomiting, hypersalivation, and lethargy have been noted in some dogs treated with milbemycin oxime carrying a high number of circulating microfilariae. These reactions are presumably caused by release of protein from dead or dying microfilariae. Do not use in puppies less than six weeks of age.

Do not use in dogs or puppies less than two pounds of body weight.

The safety of SENTINEL® SPECTRUM® Chews has not been evaluated in dogs used for breeding or in lactating females. Studies have been performed with milbemycin oxime and lufenuron alone (see **ANIMAL SAFETY**).

**Adverse Reactions:** The following adverse reactions have been reported in dogs after administration of milbemycin oxime, lufenuron, or praziquantel: vomiting, depression/lethargy, pruritus, urticaria, diarrhea, anorexia, skin congestion, ataxia, convulsions, salivation, and weakness.

To report suspected adverse drug events, contact Merck Animal Health at 1-800-224-5381. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or <http://www.fda.gov/reportanimalae>.

For technical assistance, call Merck Animal Health at 1-800-224-5318.

**Information for Owner or Person Treating Animal:** *Echinococcus multilocularis* and *Echinococcus granulosus* are tapeworms found in wild canids and domestic dogs. *E. multilocularis* and *E. granulosus* can

infect humans and cause serious disease (alveolar hydatid disease and hydatid disease, respectively). Owners of dogs living in areas where *E. multilocularis* or *E. granulosus* are endemic should be instructed on how to minimize their risk of exposure to these parasites, as well as their dog's risk of exposure. Although SENTINEL SPECTRUM Chews were 100% effective in laboratory studies in dogs against *E. multilocularis* and *E. granulosus*, no studies have been conducted to show that the use of this product will decrease the incidence of alveolar hydatid disease or hydatid disease in humans. Because the prepatent period for *E. multilocularis* may be as short as 26 days, dogs treated at the labeled monthly intervals may become reinfected and shed eggs between treatments.

**Effectiveness**

**Heartworm Prevention:** In a well-controlled laboratory study, SENTINEL SPECTRUM Chews (*milbemycin oxime, lufenuron, praziquantel*) were 100% effective against induced heartworm infections when administered once monthly for 6 consecutive months. In well-controlled laboratory studies, neither one dose nor two consecutive doses of SENTINEL SPECTRUM Chews provided 100% effectiveness against induced heartworm infections.

**Intestinal Nematodes and Cestodes Treatment and Control:** Elimination of the adult stage of hookworm (*Ancylostoma caninum*), roundworm (*Toxocara canis*, *Toxascaris leonina*), whipworm (*Trichuris vulpis*) and tapeworm (*Dipylidium caninum*, *Echinococcus multilocularis*, *Echinococcus granulosus*, *Taenia pisiformis*) infections in dogs was demonstrated in well-controlled laboratory studies.

**Flea Prevention and Control:** In well-controlled studies, SENTINEL SPECTRUM Chews were effective in preventing flea eggs from hatching, thus providing control of the development of flea populations (*Ctenocephalides felis*).

**Palatability:** In a field study of 117 dogs offered SENTINEL SPECTRUM Chews, 113 dogs (96.6%) accepted the product when offered from the hand as if a treat, 2 dogs (1.7%) accepted it from the bowl with food, 1 dog (0.9%) accepted it when it was placed in the dog's mouth, and 1 dog (0.9%) refused it.

**Animal Safety:** In a margin of safety study, 40 ten-week-old puppies (10 per group) were administered either a sham dose (0X) or doses of 1, 3, or 5X the maximum exposure dose of SENTINEL SPECTRUM Chews once every two weeks for a total of seven treatments. Transient ataxia, lethargy, tremors, and salivation were seen in the 3X and 5X groups following each of the seven doses. Lethargy and ataxia were occasionally reported in sham-dosed (0X) and 1X dogs. Tremors were observed twice post-treatment in the 1X treatment group. Vomiting was seen in all treatment groups but at a higher incidence in the 3X and 5X groups. At the 5X dose, shallow breathing was noted in two dogs and one dog was unable to stand following two different doses. All clinical signs resolved within 24 hours.

In a second margin of safety study, 64 six-week-old puppies (16 per group) were dosed with either a sham (0X) or 1, 3, or 5X the maximum exposure dose of SENTINEL SPECTRUM Chews on days 1, 15, 29, and 43. A dose dependent increase in ataxia, decreased activity, tremors, and salivation was seen within 24 hours of treatment. Splayed hind limbs were observed once in one dog in the 5X treatment group. Vomiting was observed in the 5X treatment group.

For SENTINEL SPECTRUM Chews, the maximum exposure based on product dosing is 2.5 mg/kg for milbemycin oxime, 50.7 mg/kg for lufenuron and 25.1 mg/kg for praziquantel, which is higher than the minimum effective dose used in the safety studies for milbemycin oxime and lufenuron (see below).

**Milbemycin Oxime:** Two studies were conducted in heartworm-infected dogs treated with milbemycin oxime. Mild, transient hypersensitivity reactions were observed in dogs with high microfilariae counts (see **PRECAUTIONS**).

Safety studies in pregnant dogs demonstrated that doses of 0.6X the maximum exposure dose of SENTINEL SPECTRUM Chews (1.5 mg/kg of milbemycin oxime), administered daily from mating through weaning, resulted in measurable concentrations of milbemycin oxime in milk. Puppies nursing these females demonstrated milbemycin oxime-related effects (depression, decreased activity, diarrhea, dehydration, nasal discharge). A subsequent study, which evaluated the daily administration of 0.6X the maximum exposure dose of SENTINEL SPECTRUM Chews, from mating until one week before weaning, demonstrated no effects on the pregnant females or their litters. A study, in which pregnant females were dosed once, at 0.6X maximum exposure dose of SENTINEL SPECTRUM Chews before, on the day of, or shortly after whelping, resulted in no effects on the puppies.

Some nursing puppies, at 2, 4, and 6 weeks of age, administered oral doses of 9.6 mg/kg milbemycin oxime (3.8X the maximum exposure dose of SENTINEL SPECTRUM Chews) exhibited tremors, vocalization, and ataxia. These effects were all transient and puppies returned to normal within 24 to 48 hours. No effects were observed in puppies administered 0.5 mg/kg milbemycin oxime (minimum label dose).

A rising-dose safety study conducted in rough-coated Collies resulted in ataxia, pyrexia, and periodic recumbency in one of fourteen dogs administered milbemycin oxime at 12.5 mg/kg (5X the maximum exposure dose of SENTINEL SPECTRUM Chews). Prior to receiving the 12.5 mg/kg dose on day 56 of the study, all animals had undergone a dosing regimen consisting of 2.5 mg/kg milbemycin oxime on day 0, followed by 5.0 mg/kg on day 14, and 10.0 mg/kg on day 32. No adverse reactions were observed in any of the Collies treated with doses less than 12.5 mg/kg.

**Lufenuron:** In a ten-month study, doses of lufenuron up to 2X the maximum exposure dose of SENTINEL SPECTRUM Chews (10 mg/kg) caused no overt toxicity. A single dose of 200 mg/kg had no marked effect on adult dogs, but caused decreased activity and reduced appetite in eight-week-old puppies. Lufenuron tablets were evaluated with concurrent administration of flea adulticides containing carbaryl, permethrin, chlorpyrifos, and cythothate. No toxicity resulted from these combinations. Lufenuron tablets did not cause cholinesterase inhibition nor did they enhance cholinesterase inhibition caused by exposure to organophosphates.

Two laboratory and two well-controlled field studies were conducted to evaluate reproductive safety of lufenuron tablets in breeding dogs. In one of the laboratory studies, in which lufenuron was administered to Beagle dogs as three divided doses, equivalent to 17.8X the maximum exposure dose of SENTINEL SPECTRUM Chews (10 mg/kg), the ratio of gravid females to females mated was 8/8 or 100% in the control group and 6/9 or 67% in the lufenuron-treated group. The mean number of pups per litter was two animals higher in the lufenuron versus control groups and mean birth weights of pups from treated females in this study was lower than control groups. These pups grew at a similar rate to the control pups. The incidence of nasal discharge, pulmonary congestion, diarrhea/dehydration, and sluggishness was higher in the lufenuron-treated pup group than in the control pup group. The incidence of these signs was transient and decreasing by the end of lactation.

Results from three additional reproductive safety studies, one laboratory and two field studies, evaluating eleven breeds of dogs, did not demonstrate any adverse findings for the reproductive parameters measured, including fertility, pup birth weights, and pup clinical signs, after administration of lufenuron up to 1X the maximum exposure dose of SENTINEL SPECTRUM Chews. The average milk: blood concentration ratio was approximately 60 (i.e. 60X higher drug concentrations in the milk compared to drug levels in the blood of treated females). Nursing puppies averaged 8-9 times higher blood concentrations of lufenuron compared to their dams.

**Storage Information:** Store in a dry place at controlled room temperature, between 59° and 77°F (15-25°C).

**How Supplied:** SENTINEL SPECTRUM Chews are available in four strengths, formulated according to the weight of the dog. Each strength is available in color-coded packages of six chewable tablets each.

Manufactured for: Intervet Inc (d/b/a Merck Animal Health)  
2 Giralda Farms  
Madison, NJ 07940

Approved by FDA under NADA # 141-333

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# View from the Board

## Encourage Technicians at All Levels

All recruitment is a challenge in the veterinary industry today, and credentialed veterinary technicians are one of the most elusive hires. Many of the most qualified individuals decide to leave the industry entirely, with the average technician staying in the field for only five to seven years. According to the US Bureau of Labor Statistics, the growth rate of available veterinary technician positions far exceeds the predictions for all other occupations.

Trained veterinary technicians are essential to the operation of any veterinary hospital, and it is imperative for the industry to create a sustainable career pathway for these talented professionals. Competitive compensation and benefits packages combined with increasing technician utilization and expanding job responsibilities may help stem the loss of technicians and encourage students to enter the field.

Professional associations should serve as a conduit to increase awareness of the need for uniform standards for veterinary technicians and licensure in all 50 states. Each state has its own Veterinary Practice Act that details the rules and regulations and permissible duties of veterinarians and veterinary technicians.

We need to encourage technicians to volunteer, adding their voices to and sharing their perspectives with various veterinary-affiliated associations. It is key for technicians to be at the center of leading this effort, detailing their experiences to create a team approach with all members of the veterinary field. Organized veterinary medicine must include technicians' input and support their stature as professionals within the industry. Veterinary hospital owners and managers need to challenge each other to fully utilize the technicians within each practice and inspire them to engage in continuing education and maximize their skill sets.

Hiring from within and creating opportunities for talented team members has become a necessity for finding

technicians. Keeping the talent in-house while supporting further education in programs such as AAHA-affiliated Distance Education Veterinary Technology Program benefits both the hospital and the aspiring technician. The employee continues to work in the practice while immediately implementing skills learned through class lessons. An opportunity to participate in these accredited programs benefits all parties.

Education comes with a cost, and the work-as-you-learn model helps to lighten the debt load upon completion of the program. Employers need to realize the high value a credentialed technician brings to the table and support motivated individuals early in their careers to achieve licensure or credentialing to help stem recruiting challenges moving forward.

Cheryl Smith, CVPM, is a director on the AAHA board. She earned her bachelor's degree in agricultural economics from Cornell University in 1985 and entered the world of veterinary medicine when she married a veterinarian. In 1994, her husband opened Galway Veterinary Hospital in Galway, New York, and as their children grew, so did Smith's involvement with the AAHA-accredited practice, where she now serves as hospital administrator. Smith became a certified veterinary practice manager in 2009, and she graduated from the Veterinary Management Institute in 2011. When not overseeing the management of Galway Veterinary Hospital, Smith dedicates her time to serving as a member of the Galway Board of Education, a position she's held for more than 10 years.



**This month in AAHA's Publicity Toolbox . . .**

Here are the downloadable social media images available for AAHA-accredited members at [aaha.org/publicity](http://aaha.org/publicity) this month:

**Pride Month**

**Adopt a Cat Month**

**Father's Day**

June 18

**International Box Day**

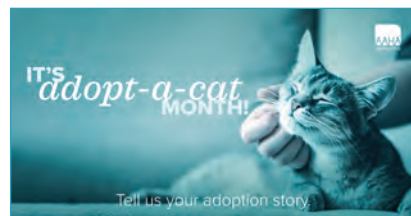
June 19

**Juneteenth**

June 19

**Cat World Domination Day**

June 24



**How do you handle re-assigning caseloads when you have a departing doctor?**

Our practice has a doctor leaving and we are scrambling to manage the coverage of their appointment calendar. We have tried several different approaches with varying levels of success, but ultimately, I am looking for a solution that won't shake up staff and clients. Any insights or ideas that have worked for you all?

**A:** We have found that trying to book areas of opportunity in between patient needs has been successful. For example, on surgery days, scheduling a couple of drop-offs so the doctor can do an exam while waiting for an anesthesia patient has proven to be really helpful when playing catch-up.

**A:** In our practice we have expanded our search when looking to replace doctors to also include licensed technicians. In particular, we have utilized them for things like nail trims, basic procedures, and giving vaccine boosters if the pet has been examined by a vet within the last six months. It has been really helpful to unburden the doctors during those times of transition.



**Community**

**AAHA members, add to the conversation at [community.aaha.org](http://community.aaha.org). For help, email [community@aaha.org](mailto:community@aaha.org).**



# NexGard<sup>®</sup> COMBO

(esafloxolaner, eprinomectin, and praziquantel topical solution)

## For topical use in cats only

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

### Description:

NexGard<sup>®</sup> COMBO is a topical solution containing esafloxolaner, eprinomectin and praziquantel available in 0.3 mL and 0.9 mL unit applicators to treat cats from 1.8 lbs to 33 lbs. Each mL of NexGard<sup>®</sup> COMBO contains 12 mg of esafloxolaner, 4 mg of eprinomectin, and 83 mg of praziquantel. Inactive ingredients: dimethyl isosorbide, unstabilized glycerol formal, and butylated hydroxytoluene.

Esafloxolaner is a member of the aryl isoxazoline class of compounds. Its chemical name is 4-[(5S)-5-[3-chloro-5-(trifluoromethyl)phenyl]-5-(trifluoromethyl)-4,5-dihydro-1,2-oxazol-3-yl]-N-(2,2,2-trifluoroethyl)aminoethyl-1-naphthamide.

Eprinomectin belongs to the avermectin class of anthelmintics and is a mixture of homologous components referred to as eprinomectin B1a and B1b. The chemical name for eprinomectin B1a is (4'R)-acetylamo-5-O-demethyl-4'-deoxyavermectin A<sub>10</sub>. The chemical name for eprinomectin B1b is (4'R)-acetylamo-5-O-demethyl-25-de(1-methylpropyl)-4'-deoxy-25-(1-methylethyl) avermectin A<sub>10</sub>.

Praziquantel is a pyrazinoisoquinoline anthelmintic. Its chemical name is 2-(Cyclohexylcarbonyl)-1,2,3,6,7,11b-hexahydro-4H-pyrazino[2,1-a]isoquinolin-4-one.

### Indications:

NexGard<sup>®</sup> COMBO is indicated for the prevention of heartworm disease caused by *Dirofilaria immitis* and for the treatment and control of roundworm (fourth stage larval and adult *Toxocara cati*), hookworm (fourth stage larval and adult *Ancylostoma tubaeforme*, adult *Ancylostoma braziliense*), and tapeworm (*Dipylidium caninum*) infections. NexGard<sup>®</sup> COMBO kills adult fleas (*Ctenocephalides felis*) and is indicated for the treatment and prevention of flea infestations and the treatment and control of Ixodes scapularis (black-legged tick) and *Amblyomma americanum* (lone star tick) infestations for one month in cats and kittens 8 weeks of age and older, and weighing 1.8 lbs or greater.

### Dosage and Administration:

NexGard<sup>®</sup> COMBO is dosed at a minimum of 0.055 mL/lb (0.12 mL/kg), which delivers a minimum dose of 0.65 mg/lb (1.44 mg/kg) esafloxolaner, 0.22 mg/lb (0.48 mg/kg) eprinomectin, and 4.53 mg/lb (9.98 mg/kg) praziquantel.

**For heartworm disease prevention, apply once monthly for at least three months after last exposure to mosquitoes** (see Effectiveness).

Administer the entire contents of a NexGard<sup>®</sup> COMBO unit applicator topically once a month as specified in the following table:

### Dosing Schedule:

Cat Weight (lb)	Volume (mL)	Esafloxolaner (mg)	Eprinomectin (mg)	Praziquantel (mg)
1.8-5.5	0.3	3.6	1.2	24.9
5.6-16.5	0.9	10.8	3.6	74.7
16.6-22	0.3 + 0.9	14.4	4.8	99.6
22.1-33	0.9 + 0.9	21.6	7.2	149.4

A veterinarian or veterinary technician should demonstrate or instruct the pet owner regarding the appropriate technique for applying NexGard<sup>®</sup> COMBO topically to cats and kittens prior to first use.

Keep product in original packaging until ready to use.



- Use scissors to cut the blister along the dotted line.
- Then pull the lid away.
- Remove the applicator from the package and hold it upright. Pull back the plunger slightly.
- Twist and pull off the cap.
- Part the hair on the midline of the neck, between the base of the skull and the shoulder blades until the skin is visible. Place the tip of the applicator on the skin and apply the entire contents directly onto the skin in one spot. The product should be applied to dry skin on an area where the cat cannot lick it off. If the weight of the cat requires a second application, apply the contents in the same manner as described above in the same location.
- Wash hands after use with soap and water.

### Heartworm Prevention:

For the prevention of heartworm disease, NexGard<sup>®</sup> COMBO should be administered once a month year-round. At a minimum, administration of NexGard<sup>®</sup> COMBO should start at least 1 month before the cat's first expected exposure to mosquitoes and monthly thereafter until at least 3 months after the cat's last seasonal exposure to mosquitoes (see Effectiveness). If a dose is missed and a 30-day interval between doses is exceeded, administer NexGard<sup>®</sup> COMBO immediately and resume the monthly dosing schedule. Treatment with fewer than 3 monthly doses may not provide complete heartworm prevention. When replacing another monthly heartworm preventive product in a heartworm prevention program, the first treatment with NexGard<sup>®</sup> COMBO should be given within one month of the last dose of the former medication. At the discretion of the veterinarian, cats older than 6 months of age may be tested to determine the presence of existing heartworm infection before treatment with NexGard<sup>®</sup> COMBO. Cats already infected with adult heartworms can be given NexGard<sup>®</sup> COMBO monthly to prevent further infections.

### Flea Treatment and Prevention:

For the treatment and prevention of flea infestations, the use of NexGard<sup>®</sup> COMBO may begin at any time of year. NexGard<sup>®</sup> COMBO should be administered year-round at monthly intervals or begin at least one month before fleas become active. However, an environmental infestation may persist for a short time after beginning treatment with NexGard<sup>®</sup> COMBO because of the development of adult fleas from eggs that were laid prior to the initiation of treatment.

### Tick Treatment and Control:

For the treatment and control of infestations with *Ixodes scapularis* and *Amblyomma americanum*, the use of NexGard<sup>®</sup> COMBO may begin at any time of year. NexGard<sup>®</sup> COMBO should be administered year-round at monthly intervals or begin at least one month before the ticks become active.

Treatment and Control of Roundworms, Hookworms, and Tapeworms: NexGard<sup>®</sup> COMBO provides treatment and control of roundworms (adult and fourth stage larval *Toxocara cati*), hookworms (adult and fourth stage larval *Ancylostoma tubaeforme*, adult *Ancylostoma braziliense*), and tapeworms (*Dipylidium caninum*). For the treatment of hookworm, roundworms and tapeworm infections, NexGard<sup>®</sup> COMBO should be administered once as a single dose. Monthly use of NexGard<sup>®</sup> COMBO will control any subsequent infections. Cats may be exposed to and can become infected with roundworms, hookworms, and tapeworms throughout the year, regardless of season or climate.

### Contraindications:

There are no known contraindications for the use of NexGard<sup>®</sup> COMBO.

### Human Warnings:

Not for human use. Keep this and all drugs out of sight and reach of children.

### Avoid direct contact with application site for 4 hours or until visibly dry.

This product may act as a mild to moderate eye irritant.

Keep product in the original packaging until use. Wash hands after product administration. If the product accidentally gets into the eyes, rinse thoroughly with water. If wearing contact lenses, flush the eyes first with water and then remove the lenses and continue to flush thoroughly with water. In case of accidental ingestion, or if skin or eye irritation occurs, contact a poison control center or physician for treatment advice.

### Precautions:

Esafloxolaner, one of the ingredients in NexGard<sup>®</sup> COMBO, is a member of the isoxazoline class. This class has been associated with neurologic adverse reactions including tremors, ataxia, and seizures. Seizures have been reported in cats receiving isoxazoline class drugs, even in cats without a history of seizures. Use with caution in cats with a history of seizures or neurologic disorders.

Do not administer orally. Cats may salivate excessively if NexGard<sup>®</sup> COMBO is accidentally administered orally or if ingested through licking/grooming the application site (see Target Animal Safety).

The safety of NexGard<sup>®</sup> COMBO has not been tested in breeding, pregnant, or lactating cats.

The safety of NexGard<sup>®</sup> COMBO has not been tested in kittens less than 8 weeks of age or weighing less than 1.8 lbs (0.8 kg).

### Adverse Reactions:

In a field safety and effectiveness study, which included a total of 201 households and 380 treated cats (244 cats treated with NexGard<sup>®</sup> COMBO, 136 cats treated with an active control), the safety of NexGard<sup>®</sup> COMBO was evaluated over a 90-day period through in-clinic physical examinations or through reporting of abnormalities by the owner. The most frequently reported reactions in the NexGard<sup>®</sup> COMBO and active control groups are presented in the following table.

### Adverse Reactions by Treatment Group

EVENT	Treatment Group			
	NexGard COMBO		Active Control	
	n <sup>1</sup>	% (n=244)	n <sup>2</sup>	% (n=136)
Vomiting	16	6.56	8	5.88
Application Site Hair Change	9	3.69	0	0.00
Anorexia	7	2.87	4	2.94
Lethargy	6	2.46	5	3.68
Bacterial Skin Infection	4	1.64	1	0.74
Itching	4	1.64	0	0.00
Sneezing	4	1.64	5	3.68
Skin Peeling	3	1.23	2	1.47
Diarrhea	3	1.23	3	2.21
Epiphora	3	1.23	1	0.74
Hypersalivation	3	1.23	0	0.00
Hyperthermia	3	1.23	0	0.00
Alopecia	2	0.82	0	0.00
Dermal Thickening	2	0.82	0	0.00
Ear Pruritus	2	0.82	1	0.74
Application Site Redness	2	0.82	0	0.00
Conjunctivitis	1	0.41	1	0.74

<sup>1</sup>Number of cats treated with NexGard<sup>®</sup> COMBO with the identified abnormality.

<sup>2</sup>Number of cats treated with Active Control with the identified abnormality.

### Contact Information:

To report suspected adverse events, for technical assistance or to obtain a copy of the SDS, contact Boehringer Ingelheim Animal Health USA Inc. at 1-888-637-4251 or www.nexgardforpets.com.

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

The Safety Data Sheet (SDS) provides additional occupational safety information. For customer service or to obtain product information, including the SDS, call 1-888-637-4251.

### Clinical Pharmacology:

#### Mode of Action:

Esafloxolaner is a member of the isoxazoline family, shown to bind at a site to inhibit insect and acarine ligand-gated chloride channels, in particular those gated by the neurotransmitter gamma-aminobutyric acid (GABA), thereby blocking pre- and post-synaptic transfer of chloride ions across cell membranes. Prolonged esafloxolaner-induced hyperexcitation results in uncontrolled activity of the central nervous system and death of insects and acarines. The selective toxicity of esafloxolaner between insects/acarines and mammals may be inferred by the differential sensitivity of the insects/acarines' GABA receptors versus mammalian GABA receptors.

Eprinomectin is an endectocycle in the macrocyclic lactone class that binds to glutamate-gated chloride channels that are present in invertebrate nerve and muscle cells and increases the permeability of the cell membrane to chloride ions that triggers hyperpolarization of the nerve or muscle cell in susceptible parasites, resulting in paralysis and death of the parasite.

Praziquantel's mode of action is not precisely known, but treated tapeworms undergo muscular paralysis accompanied by a rapid influx of calcium ions and the disruption of the tegument.

### Pharmacokinetics:

After a single topical administration to healthy male and female cats of a combined topical formulation containing esafloxolaner (12 mg/mL), eprinomectin (4 mg/mL), and praziquantel (83 mg/mL), at dose volumes of 0.06, 0.12, or 0.24 mL/kg, there was a dose proportional increase in the exposure of each ingredient based on maximum plasma concentration (C<sub>max</sub>) and area under the plasma concentration time curve (AUC). After repeated monthly doses of the combined topical formulation at the target dose of 1.44 mg/kg esafloxolaner, 0.48 mg/kg eprinomectin, and 9.98 mg/kg praziquantel, steady state was reached by the fourth dose for esafloxolaner and after the second dose for eprinomectin and praziquantel. Additionally, modest accumulation was observed for esafloxolaner (approximately 3-fold) and praziquantel (approximately 1.5- to 2-fold) between the first and fifth dose, whereas no accumulation was observed for eprinomectin.

### Effectiveness:

#### Heartworm Prevention:

In well-controlled laboratory studies, NexGard<sup>®</sup> COMBO (esafloxolaner, eprinomectin, and praziquantel topical solution) was 100% effective in preventing the development of heartworms in cats inoculated with infective larvae of *Dirofilaria immitis* 30 days prior to the first of three consecutive monthly treatments.

#### Flea Treatment and Prevention:

In a well-controlled laboratory study, NexGard<sup>®</sup> COMBO killed >92% of fleas within 24 hours. During subsequent weekly infestations, NexGard<sup>®</sup> COMBO killed >95.5% of fleas within 24 hours through Day 31 and killed fleas before they could lay eggs. The effectiveness against adult fleas at 24 hours post-infestation in the treated cats virtually eliminated flea egg production (99.8-100% control of flea egg production by 24 hours) throughout the remainder of the month.

In a field safety and effectiveness study in the United States, conducted in households with existing flea infestations, the effectiveness of NexGard<sup>®</sup> COMBO against fleas was 97.8%, 99.6%, and 99.9% when assessed on Days 30, 60, and 90, respectively. Cats with signs of flea allergy dermatitis showed improvement in alopecia, dermatitis/pododermatitis, pruritus, erythema, papules, and scaling, as a direct result of eliminating fleas.

#### Tick Treatment and Control:

In well-controlled laboratory studies, NexGard<sup>®</sup> COMBO demonstrated >95.1% effectiveness against *Ixodes scapularis* 48 hours post-infestation for a month and >95.6% effectiveness against *Amblyomma americanum* 72 hours post-infestation for a month.

#### Treatment and Control of Roundworms, Hookworms, and Tapeworms:

In 2 well-controlled laboratory studies, NexGard<sup>®</sup> COMBO provided 98.9% and 100% effectiveness against natural and/or induced roundworm infections with the dose-limiting gastrointestinal nematode species (adult *Toxocara cati*), respectively. Effectiveness studies against fourth stage larval *Toxocara cati* and hookworms (adult and fourth stage larval *Ancylostoma tubaeforme*, adult *Ancylostoma braziliense*) were conducted with an early formulation. The doses of eprinomectin in this early formulation are equivalent to that of the final formulation of NexGard<sup>®</sup> COMBO. In well-controlled laboratory studies, NexGard<sup>®</sup> COMBO provided an average 92.8% effectiveness against natural and/or induced infections with *Dipylidium caninum*.

### Target Animal Safety:

#### Margin of Safety Study:

NexGard<sup>®</sup> COMBO was applied topically to healthy kittens (8 to 9 weeks of age) at 1X, 3X, or 5X the maximum exposure dose six times at 28-day intervals; kittens in the control group were dosed with mineral oil. One kitten in the 5X group exhibited recumbency, tremors, hyperthermia, ataxia, disorientation, and pupil dilation (responsive to light) 9 hours after the third dose. This kitten received supportive care, including washing the application site, and recovered within 48 hours post-dose. During necropsy, a dark red subcutaneous area (<5 mm diameter) was observed in the treatment site area of three cats in the 5X group, but microscopic examination revealed no histologic abnormalities. No significant changes related to NexGard<sup>®</sup> COMBO were observed for physical examination, body weight, clinical pathology (hematology, coagulation, and serum chemistry), histopathology, or organ weights.

#### Study in Heartworm Positive Cats:

Adult cats, 4.7 to 6.6 months of age, were experimentally infected with adult heartworms (*D. immitis*) by venous transplantation. All cats were negative for heartworm antibody, antigen and microfilariae prior to transplantation. Two weeks after transplantation, immunoserology verified positive antigen and the presence of microfilariae in all enrolled cats. A combination of fipronil, eprinomectin, praziquantel, and (S)-methoprene was applied topically to cats at 1X or 3X the maximum exposure dose once every 28 days for three consecutive treatments; cats in the control group were dosed with mineral oil. One cat in the 1X group exhibited cyanotic mucous membranes and tachypnea for 24 hours following the first treatment. The cat recovered and exhibited no abnormal signs following two subsequent treatments. There was no difference between the treatment groups in the number of adult *D. immitis* recovered at the end of the study.

#### Oral Administration Study:

Oral tolerance was evaluated to assess the effects of accidental oral ingestion. Kittens (male and female) ranging in age from 7.4 to 8.9 weeks were orally administered NexGard<sup>®</sup> COMBO at 1X the maximum exposure dose; kittens in the control group were dosed with saline. Cats were observed for adverse reactions at 1, 2, 3, 4, and 8 hours following administration, then twice a day until Day 14. All 8 cats administered NexGard<sup>®</sup> COMBO immediately exhibited excessive hypersalivation after oral administration. However, all cats stopped salivating within 1 hour after exposure. No additional health-related observations were seen for the remainder of the study.

### How Supplied:

NexGard<sup>®</sup> COMBO is packaged as a single dose in 0.3 mL (for cats 1.8-5.5 lb) and 0.9 mL (for cats 5.6-16.5 lb) applicators. Each size applicator is available in cartons containing 1, 3, or 6 applications.

### Storage Information:

Store at 59° - 86°F (15° - 30° C). Brief periods up to 104° F (40° C) are permitted. Protect from light.

Approved by FDA under NADA # 141-570

### Marketed by:

Boehringer Ingelheim Animal Health USA Inc., Duluth, GA 30096  
NexGard<sup>®</sup> is a registered trademark and NexGard COMBO™ is a trademark of Boehringer Ingelheim Animal Health France, used under license.

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US-PET-0187-2023





# notebook

## Characterizing Abnormal Neural Networks in Dogs with Anxiety

In a study published in the journal *PLOS One*, researchers at Ghent University in Belgium report abnormalities in functional neural networks of dogs diagnosed with anxiety. Using functional magnetic resonance imaging (fMRI) scans, they found that anxious dogs had stronger connections between the amygdala and other regions of the anxiety network than healthy dogs did.

Twenty-five healthy and 13 anxious dogs were volunteered by their owners. The researchers examined the resting state of healthy and anxious dogs via noninvasive fMRI.

Dogs that exhibited fear and anxiety toward strangers, as well as excitability, were more likely to have brains showing abnormal network metrics in the amygdala.

The study authors commented, “We constructed functional brain networks using graph theory metrics to compare the differences between anxious and healthy dog groups. Our findings could provide more insight into the topological organization of the functional brain connectome in anxiety disorder...in both animals and humans and help the development of more personalized and effective therapies.”

## CDC Warns of Emerging Threat of Cat-Transmitted Sporotrichosis

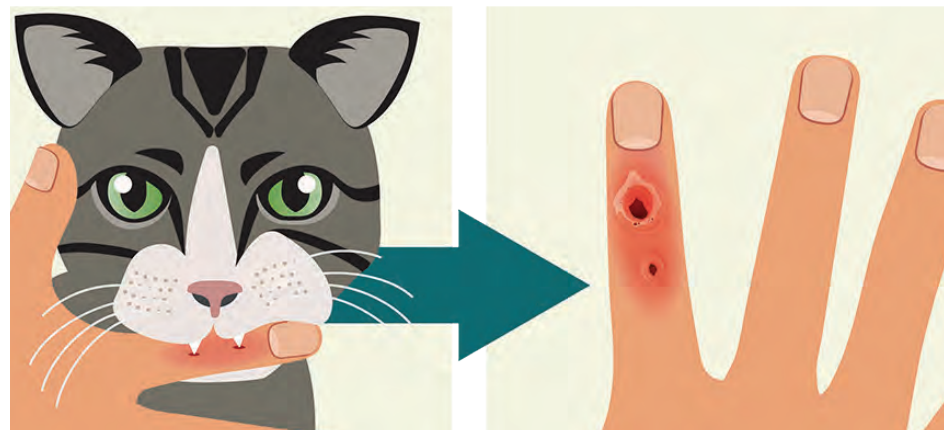
In a recent teleconference, the US Centers for Disease Control and Prevention (CDC) warned about an emerging epidemic of cat-transmitted sporotrichosis (CTS), a major public health threat in Brazil and in other parts of South America.

The CDC describes the most concerning CTS as an infection from the fungus *Sporothrix brasiliensis* that can affect humans, cats, and other mammals. CTS from *Sporothrix brasiliensis* typically causes skin lesions, but it can also spread into the nasal mucosa and lymph nodes and even cause disseminated infections that involve the bones, lungs, or central nervous system.

People can get CTS from an infected cat through a bite or scratch, after direct contact with fluids, or from inhaling the fungus, typically after a cat with obvious sores on its face shakes its head.

A 2023 study published in the journal *Medical Mycology Case Reports* describes the first three cases of CTS outside South America and the first ever cases of CTS in the United Kingdom. Those three cases were “likely acquired from an indoor domestic cat which had previously lived in South-Eastern Brazil [for] three years.” The authors conclude, “this suggests that [CTS] can lay dormant for many years and has implications for global public health.”

In the fungal diseases section of the CDC website, a one-page fact sheet for veterinarians, “Emerging Transmissible Sporotrichosis in Cats Caused by *Sporothrix brasiliensis*,” describes recognizing and treating the disease and advises, “Given the travel and exposure patterns of humans and cats, US physicians and veterinarians need to be prepared to recognize and treat infections caused by *S. brasiliensis*.”





## Despite Rising Popularity, Brachycephalic Breeds at Greater Risk for Disease

Pet insurance giant Nationwide's veterinary analytics team recently released a two-part white paper on disease risks in brachycephalic dog breeds. The paper, titled "In the know about noses: Burrowing into brachycephalic dog breeds," examined data from 50,000 brachycephalic dogs to see if they were at greater risk for certain diseases than nonbrachycephalic dogs.

Not surprisingly, the analysis showed that these dogs are indeed at greater risk for conditions such as respiratory disease, esophageal disease, and ocular disease, to name a few.

In addition, "extreme brachycephalic breeds," which include English bulldogs, pugs, and French bulldogs, face far greater risk of these diseases than regular brachycephalic dog breeds. And, extreme brachycephalic dogs who have brachycephalic obstructive airway syndrome (BOAS), are at even greater risk. According to Nationwide's pet insurance claims, extreme brachycephalic dogs with BOAS showed a dramatic increase in the risk of certain respiratory, gastrointestinal, and spinal disease comorbidities.

The analysis comes on the heels of increased popularity of brachycephalic breeds among pet owners. According to the American Kennel Club, the French bulldog has now supplanted the Labrador retriever as the most popular breed in the United States.

The white paper can be viewed online at [petinsurance.com/veterinarians/research](https://petinsurance.com/veterinarians/research).



## 3D Prep Aids Dog's Complicated Liver Repair Surgery

Olivia M. Hall recently reported the following news from Cornell University's College of Veterinary Medicine. When Sarah Kopa, DVM '23, adopted Kate, an eight-month-old black Labrador retriever puppy, she noticed that Kate lacked energy and tired easily. Kate had been diagnosed not long before with a single, large-diameter, intrahepatic portosystemic liver shunt. By the time Kate was adopted, her condition was well managed, but Kopa, a student at Cornell's College of Veterinary Medicine, was concerned.

At the Cornell University Hospital for Animals, Nicole Buote, DVM, DACVS, associate professor in the Section of Small Animal Surgery, described a minimally invasive procedure to help Kate. She would perform the coil embolization with a catheter inserted in a neck vessel.

That procedure revealed a problem. "Kate...had a complicated shunt with a very tight turn," Buote said. "It traveled right under one of the great vessels in the abdomen, the caudal vena cava." She decided to try again, this time after input from computed tomography scans was processed by computers and turned into two different 3D prints. "3D printing helped us really see the anatomy we had to deal with," Buote said.

In the second procedure, the surgical team addressed Kate's shunt by placing a catheter in a blood vessel in the neck and inserting flexible wires into the abnormal vessel and the caudal vena cava under X-ray guidance. The surgeons placed a metallic stent into the caudal vena cava and positioned special coils into the shunt, creating a blood clot and closing off the shunt to improve blood flow to the liver. "The placement went smoothly once we had the right plan, positioning, and equipment," Buote said.

Kate has recovered well, with normalized liver values and fewer medications.

"I'm so grateful for everything Kate's whole team did to take care of her and get us to this point," said Kopa.



## FDA Approves First Generic Cyclosporine Oral Solution for Treating Allergic Dermatitis in Cats

The US Food and Drug Administration has approved the first generic cyclosporine oral solution for cats. Modulis for Cats is indicated for the control of certain skin conditions resulting from feline allergic dermatitis.

Cats with feline allergic dermatitis may intensely lick, chew, and scratch at their itchy skin and hair. As a result,

affected cats can develop excoriations, miliary dermatitis, eosinophilic plaques, and self-induced alopecia.

Modulis for Cats is an immunosuppressant drug containing the same active ingredient (cyclosporine) in the same concentration and dosage form as the approved brand name drug product, Atopica for Cats, which was first approved on August 8, 2011.

Cats prescribed Modulis for Cats should be at least six months old and weigh at least three pounds. It is only available by prescription from a licensed veterinarian.

People handling, administering, or exposed to Modulis for Cats should take precautions to avoid accidentally ingesting the drug. Users should also wash hands after administering Modulis for Cats. People with known hypersensitivity to cyclosporine should avoid contact with the product.

## TAMU Teams with CDC for Companion Animal COVID-19 Surveillance Study

Nine Texas A&M University researchers contributed to the COVID-19 companion animal surveillance study led by the US Centers for Disease Control and Prevention (CDC). The study is the first to summarize nationally compiled surveillance data on the epidemiologic and clinical characteristics of natural COVID-19 infection in companion animals.

Texas data, collected by Texas A&M researchers, contributed the greatest number of animal cases reported by any state. The Texas A&M COVID-19 & Pets Project, which began in the summer of 2020, was partially funded by the CDC and proved instrumental in providing the Texas data.

“The COVID-19 & Pets Project...included active household pet sampling for two years,” explained Sarah Hamer, MS, PhD, DVM, DACVPM (Epidemiology), a veterinary epidemiologist at the Texas A&M School of Veterinary Medicine & Biomedical Sciences.

Two other faculty members helped to guide the research: Rebecca Fischer, PhD, MPH, DTMH, from the School of Public Health, and Gabriel Hamer, MS, PhD, from Texas A&M’s College of Agriculture and Life Sciences.

Dogs and cats can and have become infected from their owners throughout the pandemic but often experience mild, self-limiting illness with no strong evidence of onward transmission.

“We’ve detected more than 100 cases in cats and dogs in Texas,” said Hamer. “This high level...is simply a result of our active efforts to test companion animals living in households with confirmed cases of COVID-19—often only a day or two after their owner tested positive—early and well into the pandemic.”

The study concluded that animals whose samples test positive for infection with SARS-CoV-2 are commonly exposed to people who have tested positive for the virus.

Hamer pointed out, “[Dogs and cats] are the animals that people have closest relationships with. Many pathogens—SARS-CoV-2 included—require close contact for transmission to occur, so living with our pets, and sharing our bedrooms and beds with them...can provide opportunities for transmission.”

The study also stated that more data is needed to determine the likelihood and frequency of pet-to-pet or pet-to-person transmission within households.





## UC Davis Study of Symblepharon in Kittens Breaks New Ground

The UC Davis veterinary hospital recently treated Gratitude, a seven-month-old rescue kitten with symblepharon in her left eye, Rob Warren reported in UC Davis Vet Med news. This blinding condition occurs soon after birth when the conjunctiva—the pink tissue surrounding the eye—fuses with other nearby surface structures of the eye or eyelid. It is likely secondary to a feline herpesvirus infection on the ocular surface. Symblepharon’s outcomes are scantily documented in academic veterinary literature. In 20 years, only five published articles have described symblepharon research, covering just 20 kittens.

To help better describe the disease and its potential treatments, UC Davis veterinary scientists recently reported on 40 kittens with symblepharon seen at UC Davis over two decades. Published in the *Journal of Feline Medicine*

and *Surgery*, this study doubles the number of kittens ever described with the condition.

“There is a misconception that this disease is not treatable or that it has a high rate of recurrence,” said David Maggs, BVSc (Hons), DACVO, a professor of ophthalmology at UC Davis. “We were able to...determine that this is not one homogeneous disease. Many of these cases were previously being referred for enucleation (removal of eye), but we discovered that almost all these kittens have...eyes that can be saved.”

The researchers classified five types of symblepharon. “By carefully identifying which type of symblepharon a kitten may have, the surgery to correct two of the types could be performed by a general practitioner,” said Karen Vernau, DVM, DACVIM, a clinical professor of neurology/neurosurgery. “This could allow shelter veterinarians to correct the condition at the time of neutering.”

Taking the lead on the research paper was UC Davis undergraduate student Hikaru (Ray) Shiraishi, who has developed a strong interest in veterinary ophthalmology and is currently taking on another research project related to kitten eyes.

As well as her eye treatment, Gratitude also had a diaphragmatic hernia corrected by the soft tissue surgery service and recovered in the intensive care unit. After making a full recovery, Gratitude was adopted by a UC Davis staff member.

### QUOTE OF THE MONTH

*“We should indeed keep calm in the face of difference, and live our lives in a state of inclusion and wonder at the diversity of humanity.”*

—George Takei

## NAVTA and Virox Technologies Launch New Program to Create Infection Prevention Leaders

Hospital-associated infections (HAIs) in veterinary medicine affect patients, clients, and staff with damaging health, economic, and social consequences. According to an article on HAIs published in *Veterinary Clinics of North America: Small Animal Practice*, it is estimated that 10–70% of HAIs can be prevented with the help of better infection prevention practices resulting in safer workplaces.

To advance infection prevention best practices, the National Association of Veterinary Technicians in America (NAVTA), in partnership with Virox Technologies, has launched the Infection Prevention Leader Certificate Program.

This online program is designed to provide animal care professionals with the knowledge needed to reduce the risk of spreading infection and create a safer workplace for their team, patients, and clients. The certificate program consists of four complimentary RACE-approved courses, which include:

- Infectious Disease Control: Pathogens & Disease Transmission
- Infectious Disease Control: Infection Prevention
- Infectious Disease Control: Cleaning, Disinfection & Sterilization
- Infectious Disease Control: Implementation & Communication

Upon completion of the four courses, students will receive a certificate as well as five continuing education credits.

Enrollment in the program is complimentary to all animal care professionals.

“In partnering with Virox, NAVTA intends that this certificate course gives veterinary team members a better understanding of HAIs and their prevention” said Jamie Rauscher, LVT, president of NAVTA. “In addition, the opportunity to make the course free to all team members is something that we readily agreed to [in order to] make it more accessible to everyone.”

“Veterinary professionals are on the frontlines fighting diseases on a daily basis. Arming them with infection prevention best practices is now more important than ever,” commented founder and CEO of Virox Technologies, Randy Pilon. “As a leader in setting new standards in disinfection and infection prevention, Virox Technologies is proud to work with NAVTA on this exciting new program.”

For more information on the program, search “Infection Prevention Program” on NAVTA’s website.



## New Research Shows Environmental Impact of Small Animal Parasiticides

The Grantham Institute at Imperial College London recently published a briefing note, “Are urban areas hotspots for pollution from pet parasiticides?” The authors report that chemicals from small animal parasiticide products have been found in urban waterways in the UK, in concentrations high enough to cause environmental harm.

In light of these findings, the British Veterinary Association (BVA) is calling for more research into

the impact of parasiticides on the environment and is encouraging its members to use these medicines responsibly.

“Parasiticide treatments do an important job in preventing, treating, and protecting both animals and humans from illnesses and conditions linked to parasites,” said BVA’s Senior Vice President Justine Shotton, BVSc. “There are still many knowledge gaps surrounding parasiticide products, so this research—although shocking—by the Imperial College is welcome.”





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## 4 ways your clinic can benefit from payment technology:

### **Offer mobile-friendly online payments**

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### **Place clients' preferred card on file**

Secure, convenient card-on-file payment technology gives clinics peace of mind, gets them paid faster, and reduces or eliminates check-out time.

### **Search transaction records digitally for fast refunds**

Clinics still relying on paper receipts and labor-intensive filing systems to track payments will find that an automated, digital system saves time and hassle.

### **Leverage flexible payment plans and financing**

Offering payment plans and financing solutions helps clients afford the care their pets need and is a positive outcome for the clinic, the pet, and the owner.





# Rethinking Recruitment

Switch Up Your Strategies to Be More Inclusive

by Melody Martínez, CVT





**THE BOND BETWEEN HUMANS AND ANIMALS** is a cross-cultural phenomenon. According to survey data from the American Veterinary Medical Association (AVMA), Americans of all races and ethnicities welcome dogs and cats into their homes at similar rates and are just as likely to view them as family members, not mere property.

Yet when a client walks into a veterinary clinic, they are very likely to be greeted by a largely white staff: nearly 88% of veterinarians are white (whereas only 62% of the general population is white), and all other races and ethnicities are underrepresented in the industry. There are a few more technicians and assistants who are people of color, but the overall figures are still wildly out of step compared with the overall demographics of the United States.

Many factors have contributed to this outcome, including policies that date back to the institution of slavery, veterinary school admissions practices, the unaffordability of a formal education, and the unprofitable reality of a veterinary technician career. These are deeply rooted systemic issues that won't change overnight or without our collective determination, but that shouldn't stop us from making the changes we can where we wield influence to do so. Could changes to our hiring practices help drive a shift toward an industry that better represents society as a whole?

The answer is yes—in fact, many veterinary practices are already making big strides.



## The Ongoing Staffing Crisis

The veterinary profession has been experiencing a crisis in staffing and retention for the better part of a decade now, and it only seems to be getting worse. Educational debt has increased while wages have stagnated, mental health and wellbeing were pushed even further onto the back-burner during the pandemic, and the need for veterinary care has far exceeded the available qualified staff to keep up.

While it's true that we are having trouble attracting new veterinarians, technicians, and assistants, we need to admit that the conditions in our industry are also pushing people to leave—whether it's for other clinics, nonclinical settings, relief or private consulting, or the profession altogether for a new career.

It's a job-seekers' market, so we need to work even harder to make a career in veterinary medicine appealing to as many people as possible. Attracting and retaining dedicated professionals will require that we take proactive steps to build workplace cultures that are welcoming to people of all cultures, races, and genders, being especially attentive to creating an environment that supports individuals who have largely been underrepresented.

## Good Intentions Are Not Enough

In a recent study from the University of Pennsylvania, researchers found that even firms with stated intentions to hire more diverse candidates consistently failed to do so.

“Ultimately, our research allows a peek under the hood of big prestigious firms, where we found a surprising amount of race and gender bias given that these firms claim to be seeking diversity,” Judd Kessler and Corinne Low wrote in the *Harvard Business Review*. “To answer the call of the current moment, firms need to take a hard look at their hiring processes and face up the fact that they may not be as diversity-loving in practice as they are in intention.”

So while intentions are appreciated, workplaces need to take deliberate steps in order to ensure those intentions translate into results.

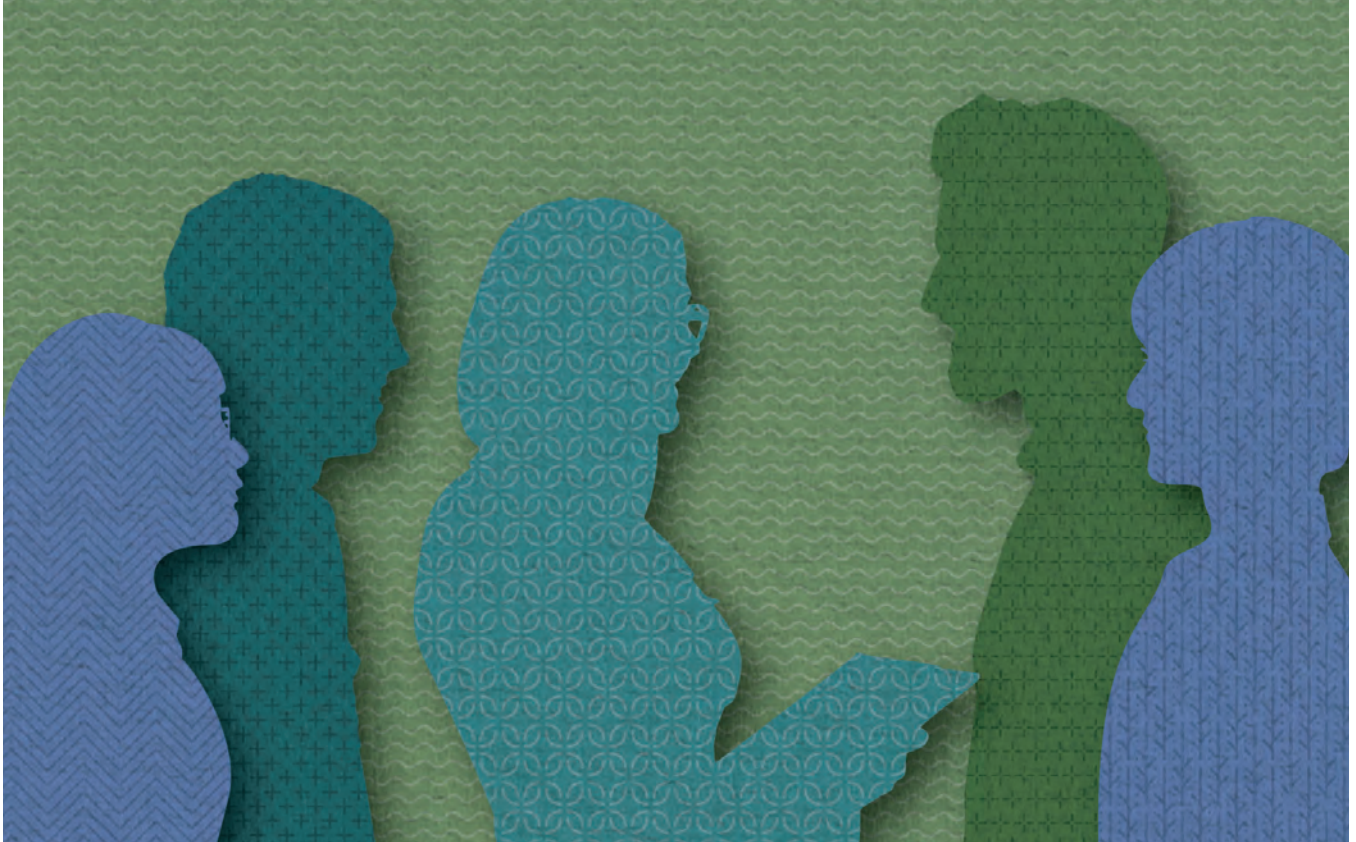
## Assessing Workplace Values and Culture

Making change starts by assessing where you are. This can be the most challenging part, since it can often require admitting that your culture is much farther from your values than you had imagined. Many companies choose to enlist the help of a consultant to perform an assessment of their values, culture, and workplace practices, but there are some steps you can take before getting outside support.

Start by asking yourself some tough questions:

- Does your clinic or organization provide the psychological safety necessary for people with marginalized identities to work there? Harvard professor Amy Edmondson has researched the concept extensively and defines psychological safety as “a belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns or mistakes.”
- When faced with conflict that includes racialized or gendered components, do you have a process that ensures the party with a marginalized identity is heard? What unique support do you offer them?
- Can prospective job applicants see themselves already in your staff, in your clientele, in your marketing, and—most importantly—in your demonstrated values?
- How are you already in relationship with or demonstrating accountability to the communities





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you seek to recruit individuals from? If you are not, what might you need to do to shift this?

- Are you being publicly honest about where you are in your understanding of issues that marginalized people face and the steps you're taking to create a more inclusive and accountable work environment?

As you answer these questions, keep in mind that the goal is for potential candidates to be confident before applying that they would be able to show up to the workplace as their whole selves. They should be able to feel a sense of belonging and that they would contribute to the existing culture in a way that wouldn't deplete them or cause undue or disparate burden. Perfection is not the goal; what matters is being able to demonstrate your awareness, actions, and accountability toward creating an inclusive work environment.

### **Developing an Appealing Benefits Package**

Everyone likes to feel appreciated at work, and for prospective employees, a strong benefits package can act as an early signal that your clinic values its staff. While benefits are applied equally to all full-time employees,

some benefits can be more meaningful to people with marginalized identities. For example:

- Offer flexible scheduling, which while it tends to benefit parents most is also helpful for people who act as part-time caregivers for elders in their family—something that is far more common in communities of color.
- Ensure that your health insurance provider supports gender-affirming healthcare.
- Create a policy for student loan payment assistance or support for veterinary technician education and credentialing. On average, professionals of color carry more educational debt than their white counterparts, so while these policies will benefit everyone, they will make your clinic more appealing to candidates of color.
- Offer a pay differential for employees who speak languages relevant to your clientele.
- Offer a pay differential for employees who have demonstrated experience and interest in supporting your clinic's diversity, equity, inclusion, and belonging (DEIB) work.
- Encourage existing employees to create employee



resource and affinity groups, and ensure that any groups that form are offered a budget for their activities. These groups can create a welcoming space for relationship building and idea generation and give a voice to staff, so long as their proposals are considered and potentially implemented.

Not every practice will be able to afford every possible benefit. The goal should be to first consider what's financially and logistically possible, and then get creative coming up with your own ideas that support the equity and inclusion efforts of your unique practice.

### **Crafting an Inclusive Job Listing**

We know it's important to accurately describe the job requirements and expectations. After all, first and foremost, employees need to be able to do their job well. But when looking to attract candidates from marginalized communities, it's equally important to communicate your values and any unique benefits your clinic offers to employees.

Your job listing is the first thing a prospective candidate will see, so what you share (or don't share) will leave an impression that either passionately encourages or discourages a potential applicant.

Here are some of the job listing strategies that might help your practice stand out to these applicants and demonstrate your commitment to inclusion and accessibility:

- Communicate your values, goals, and reasons for investing in DEIB, and be up-front about where you are along the path to a more just and inclusive workplace. This must go beyond the boilerplate "equal opportunity employer" language or verbiage that communicates a simple tolerance for diversity. Additionally, consider including explicit language to encourage applicants currently underrepresented on your staff to apply.
- Be transparent about the salary (or salary range) for the position. This is already required in some states, but in states where it is not, it demonstrates that the employer is ahead of the curve and looking to decrease persistent gender and racial pay gaps.
- Describe your hiring process so that applicants know what to expect and when, decreasing anxiety around the process.

- Remove unnecessary qualifications, including educational degrees if they are not absolutely necessary for the role. There's data that supports this shift: women and people of color are less likely to apply to a job if they do not meet 100% of the qualifications listed. Consider differentiating what skills, experiences, and attributes are absolutely necessary and those that are simply "nice to have." Additionally, if you're recruiting assistants (often the gateway role to the profession for people of color and people from lower-income households), be explicit about what you're willing to train, what mentorship opportunities you offer, and how you will support their career ambitions.
- Expand on what you consider relevant experience. Many companies tend to overemphasize formal work experience or formal education as the only avenue for obtaining the skills or traits necessary to perform a job. While formal education or formal work experience is necessary for certain roles (e.g., veterinarians and technicians), imposter syndrome is very real. It's important to consider how else someone might have obtained the skills or attributes necessary for a specific task or role and then explicitly encourage applicants to highlight their combination of life experience, volunteer experience, education, and work experience.
- Highlight the unique workplace benefits that speak to the audience you're recruiting.

### **Rethinking Your Recruitment Strategies**

Clinics often post on the same job boards and websites every time they're looking to hire. While these platforms are often the easiest way to find candidates, if they haven't helped you recruit a diverse candidate pool in the past, they are unlikely to ever do so.

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Your job listing is the first thing a prospective candidate will see, so what you share (or don't share) will leave an impression that either passionately encourages or discourages a potential applicant.

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So after you create that job listing, spend some extra time considering ways to reach the communities in your city or region who are underrepresented in your staff. Where are the communities you seek to hire from most likely to encounter your job listing? For entry-level positions that do not require degrees, it is especially important to post or share the position in nontraditional outlets to attract people new to the veterinary profession. Do you have clients from these communities you could speak to?

Equally important is to consider your existing networks. Do your colleagues in other cities or regions have potential contacts you could reach out to? Is there a nearby school offering the requisite degrees for the position you're offering? Have you tried using paid advertising for the position on social media? These are only a few ideas—every city and every community are different.

### **Conducting Successful Interviews**

The pressure is usually on the candidate to perform well in an interview, but when the candidate is a person of color, mistakes by the interviewer can just as easily lead to a candidate's downfall. In order to ensure people of color and gender-diverse candidates are given a fair shot at being hired, the veterinary industry needs to completely reimagine the interview process.

First and foremost, all interviews should be conducted by a panel, not by an individual. This is increasingly recommended as best practice for all industries, as it helps prevent the potential biases of one person dictating the hiring of an entire team.

Who should sit on a hiring panel? Research indicates that the most effective way to increase the odds that qualified candidates with marginalized identities are hired is to ensure the hiring panel for the position includes the diversity you're seeking to implement.

While this is certainly intuitive, it can sometimes be hard to implement if your organization completely lacks the representation that you're seeking to grow. In such a situation, you have a few options:

1. Hire community partners with similar DEIB values to assist in your recruitment and interview process. These could be staff at other clinics or from organizations or businesses with which you have





existing relationships. A small investment can go a long way.

2. Invest in implicit bias training for everyone involved in hiring. This won't stop bias from occurring, but it helps people be aware of how their biases may come up, be more likely to notice them when they do occur, have an opportunity to remember why they care about reducing the impact of their implicit bias, and take action to work against it in the moment.

During the interview, it is always important to be up-front about your commitment to DEIB. Share with the candidates how you demonstrate your commitment in practice, but also share your vision for the future. If a candidate expresses discomfort about your goals, then it's likely they are not a good fit for your team—regardless of their race, ethnicity, or gender.

An interview is also a great opportunity to ensure you ask (1) the correct pronunciation of the applicant's name and (2) the applicant's pronouns.

### Smooth Onboarding Is Key

Most people decide in their first days and weeks on the job if they're likely to stay for a long period of time, so it is absolutely pivotal to ensure new employees feel welcome, wanted, and listened to. This can look different for different people—hopefully you learned about them in the interview process!—but here are some ideas:

- Does your new employee have a name that some team members might find difficult to pronounce? You likely already know this from the interview, so now it's time to work with staff ahead of their first day to ensure everyone gets it right. Mistakes will occur and your staff should know to expect to be corrected. You can also tell the new hire that they are welcome to point this out to staff and staff will put in the work to say it correctly.
- Similarly, take steps to encourage staff to use the new employee's accurate pronouns. In fact, why not add pronouns to everyone's name tags?
- Does your clinic only have gendered bathrooms? At minimum, ensure that you have one all-gender bathroom available.
- Don't wait for your new staff member to be the first to ask about your clinic's DEIB efforts or available affinity groups, but be mindful not to make this the primary focus of conversation. You don't want that new staff member to think they were hired just to do DEIB work. They are, after all, also a person with experience, education, and interest in veterinary medicine.
- People feel like they belong when they are seen and when they feel connected and supported. Feeling included and like you belong has a lot to do with how much influence you wield. How are you included in decisions in your workplace? Are your ideas and suggestions not merely heard but seriously considered and acted on? Employees who can answer yes to these questions tend to have a higher sense of ownership of their workplaces—a condition for belonging—and they tend to be proud of their workplaces, another condition for belonging and for retention. This can be particularly powerful for people with marginalized identities, who often report feeling powerless in the workplace.

### Track Your Hiring Outcomes

We started this process with an assessment, but it's important to continue to evaluate your progress and



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An interview is also a great opportunity to ensure you ask (1) the correct pronunciation of the applicant's name and (2) the applicant's pronouns.

---

setbacks as you move forward. If you acknowledge that the process is not going to be perfect and commit to learning from your mistakes, you will begin to see progress.

Regular staff surveys (anonymous) and reciprocal evaluations (not anonymous) will be key to gaining a better understanding of how employees are experiencing the workplace.

Just as you regularly examine your anesthesia protocol, it's also important to evaluate your hiring and onboarding.

If you're not reaching the outcomes you desired, work together as a team to develop new ideas to test.

There's no foolproof playbook for building DEIB in the workplace. It will take practice, trial and error, patience, and, most critically, the will to make these changes. Know that your commitment is shared with many others across the profession who are doing similar work and that, together, we will soon see a veterinary industry that provides safe and fulfilling jobs to a wider workforce that more closely resembles the racial, ethnic, and gender diversity in society. In turn, this shift will result in improvements and innovation to our medical practice and ensure that all families and communities can access the benefits of veterinary medicine. ✧



Melody Martínez, CVT, is president of the Multicultural Veterinary Medical Association and the first-generation daughter of Afro-Caribbean working-class immigrants from the Dominican Republic. Melody has worked in small animal general practice, in emergency and critical care, and as a senior animal caregiver at Farm Sanctuary in New York. Melody currently works as a racial equity and organizational change management consultant at Acorde Consulting.

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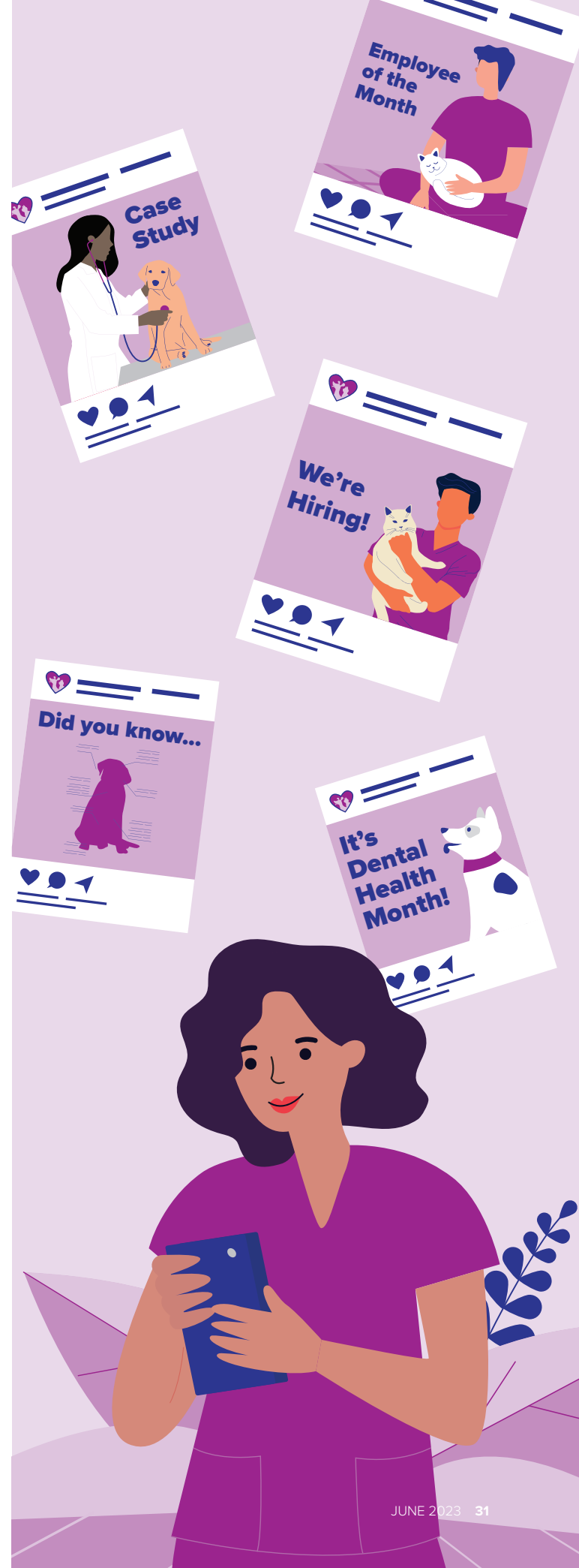
# Your Secret Weapon for Recruiting

Use Social Media to Hire the People You Need

by Nicole Scott-Jones

THE SHORTAGE OF QUALIFIED VETERINARY STAFF WAS A CHALLENGE BEFORE COVID-19, but the ongoing pandemic situation has only put further strain on the veterinary workforce. According to Merck's third annual Veterinary Wellbeing Study, a staggering 90% of respondents are worried about the shortage of qualified staff. But now the problem isn't just limited to veterinary medicine, as attracting—and retaining—skilled employees is increasingly difficult for businesses across industries. The question is: How can you differentiate your practice and attract staff in a rapidly evolving workforce?

In today's era, social media has permeated almost every area of our lives, and in recent years, the business world has certainly noticed. The data says it all: 56% of recruiters say they find the best candidates through social media, and 79% of job seekers use social media when searching for jobs. By leveraging the power of social media, you can showcase your clinic's culture and team dynamics while also highlighting the unique aspects of each job position. In this article, we explore social media (specifically, Instagram) as a recruitment tool and show how it can help you reach a larger applicant pool of better qualified candidates, at a much lower cost.





## Getting Started

### Identify Team Members

Given social media's widespread use, it's likely that at least one of your team members has an interest in content creation. Identify those individuals, allocate time for content creation and page management, and compensate them for their time and skill. Protect their time by giving them a designated title and preventing interruptions during their work (no getting pulled into exam rooms or helping with tech appointments "really quick!").

### One Rule to Rule Them All: Know Your Audience

A rule of thumb in any area of marketing is to know your audience. What social media platforms different candidates are using in their job search will depend heavily on their age range. Understanding your social media audience can help you get job postings in front of the best potential candidates. If you are in the market for a seasoned leader, LinkedIn may produce better leads, as those with higher education tend to report regularly using LinkedIn. Instagram may be a better channel to reach a younger cohort, especially with video content.

Overall, having a presence across multiple platforms is integral to success. The content on these sites reaches everyone and provides a valuable opportunity to showcase what makes your clinic unique—to both clients and potential job seekers.

## Stay in Your Lane

There is a lot of content out there today, but picking two or three content types and doing them well is the key. Some basic choices could be:

- **Spotlight:** Highlight staff members, new pets, and new team members to create a sense of community and personality.
- **Motivate:** These are shared positive stories from patient cases or personal anecdotes, whatever staff and clients are comfortable sharing.
- **Inform:** This is not as boring as it sounds, but posting important veterinary or public health-related updates establishes your clinic as an authoritative and reliable source of information. In an age where misinformation reigns, this can strengthen your clinic's brand with clients and job seekers alike. Most importantly, you want to inform followers of job postings/availability.

**Tip:** Take advantage of marketing and awareness dates to celebrate staff and clients or educate your community on topics like Heartworm Awareness or Pet Dentistry Month. Did you provide opportunities for your staff to earn higher education? Show off their accomplishments and demonstrate that you invest in and value your staff members as instrumental parts of your team.





When planning your content, schedule posts at a frequency that does not overwhelm your social media manager.

## Implement the Plan

### Recurring Content

One important type of content to mention is recurring content. The significance of practice culture is becoming increasingly apparent. You can show off your clinic's core values using recurring content by continually reintroducing who you are and what you stand for. These posts should be on the calendar every four to six weeks.

### Calendar

When planning your content, schedule posts at a frequency that does not overwhelm your social media manager. To stand out among the abundance of content, prioritize quality over quantity in the content you post. Select your content types and start with one to two posts per week. This creates a consistent posting schedule without flooding your followers' feeds with irrelevant and invaluable content. An example content calendar can be found online, such as in this blog: [blog.hubspot.com/marketing/make-calendar-google-sheets](https://blog.hubspot.com/marketing/make-calendar-google-sheets).

## Hashtags

*Hashtags* are words or numbers preceded by the pound symbol (#) to categorize content and make things searchable and more discoverable. When used correctly, hashtags can increase the visibility of your content to potential followers, but using the wrong ones can have an equal but opposite effect. There really is no exact science for hashtags since social media algorithms are always changing, but staying up to date with a stash of active hashtags will help keep your posts sorted to the top of the algorithm and in front of the people who will engage with it the most.

Here are some tips on how to choose hashtags and avoid “stale” hashtags, increasing visibility for your posts:

1. Create a list of 10 keywords relevant to your clinic—this is your hashtag bank. Examples: veterinary medicine, DVM, reptile vet, veterinary dentistry.

**Tip:** When thinking about keywords, think about what potential job seekers or clients are searching for.

2. From the “search” tab on Instagram, type in your keyword and look up by “tags.”
3. Use hashtags that have 20k–500k posts—less means people aren't looking up that tag and more means there are too many posts and yours will get lost.
4. The most recent posts with that hashtag should be from the last few minutes or last few hours.
5. Use between 11 and 30 hashtags with each post.

**Tip:** Look at what hashtags your followers are following and what your competitors are using.

## Measuring Success

So you've designated a team member to oversee your social media content, built out a basic content calendar, started collecting relevant hashtags, and started posting regularly—how do you know if any of it is working? There are a lot of different metrics for success in social media. They differ based on your objectives, but two basic recommendations for recruiting are *reach* and *engagement*.





When clients and potential job seekers feel connected to a brand, it fosters loyalty and word-of-mouth reach, so don't underestimate the power of following and interacting with accounts that are relevant to your content.

### Reach

This tells you how many users are seeing your content. The goal for a hiring manager is to get as many candidates as possible to see your job postings. Paying for postings on job boards can cost thousands of dollars. Through both organic and paid content, social media allows your job postings to reach a much larger applicant pool at a much lower cost.

Understanding your reach is one part of understanding your audience, and it is important to ensure your content is getting in front of the right people. For example, if you are a clinic based in Austin, Texas, but you are reaching a lot of users in Positano, Italy, that's important to know. Unless you have a hefty relocation package (if you do, respect!), you will want to consider using local hashtags to target more geographically relevant applicants. You can access these metrics in your Professional Dashboard in Facebook and Instagram (Assuming you are using a business account for those platforms).

### Engagement

Again, we're living in an age with endless content. Getting your content in front of hundreds of people is not enough. In addition to understanding your reach, you need to also understand how, what, and where your followers are engaging with your content. Any interaction on your posts—liking, sharing, saving, commenting—counts as engagement.

**Tip:** *If you are reaching many people but getting low engagement, this says your content is not resonating with your audience. Consider adjusting your message or imagery.*

### Insights

The Insights in the Instagram Professional Dashboard is not a comprehensive analytics dashboard, but it can serve as a basic tool to understand performance.

1. Adjust your view to the last 30 days.
2. Looking at Accounts Reached, you can see your total reach. Write that number down.
3. In this view, you can get a brief overview of valuable data like what cities, countries, age demographic, and genders you are reaching.
4. Looking at Accounts Engaged, you can see the total content interactions. Take your first number, Accounts Reached, and divide it by this number:  

$$\text{Total Accounts Reached} / \text{Total Content Interactions} = \text{Engagement rate.}$$
5. The resulting number can help you evaluate your current performance, which will allow you to set achievable goals.

### Creating Community

When clients and potential job seekers feel connected to a brand, it fosters loyalty and word-of-mouth reach, so don't underestimate the power of following and interacting with accounts that are relevant to your content. When first starting, make a goal to follow a certain number of similar accounts each week. Make sure your social media manager takes the time to read and engage with content from similar accounts each day. They should respond to comments on your posts and reply to any DMs as quickly as possible. Having a quick response time is favorable for the way the algorithm sorts your posts. Remember your hashtag bank? Follow accounts that are posting content with the same hashtags you are using. All these adjustments work in favor with the algorithm, so your job postings and content get in front of the best potential applicants.

### Branding 101

If you are a practice manager, owner, or any kind of team leader and are ready to set out on your social media journey, connect with the team that built your website or did any branding. Request all the colors and fonts and compile all versions of your clinic logo into a central location.

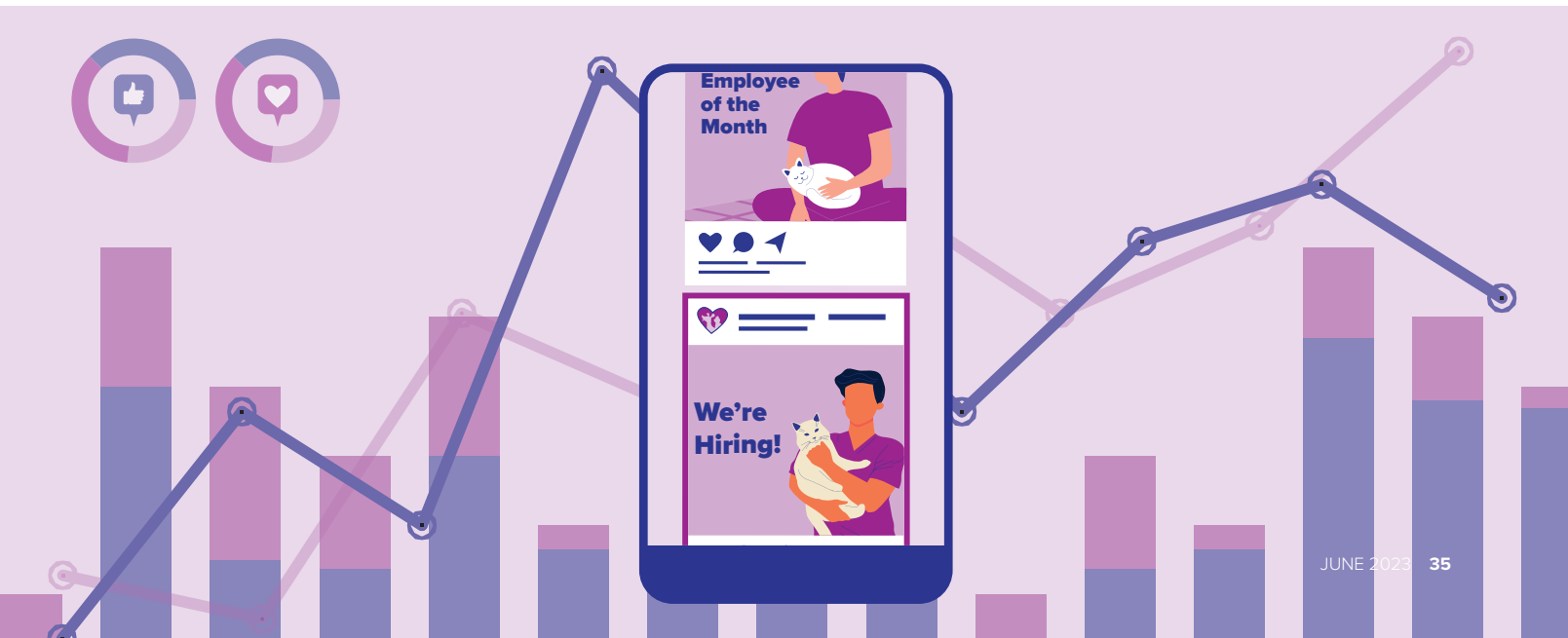
You should also be clear and concise in your social media bios, being sure to keep the brand voice consistent throughout. Your bio should state clearly what your clinic does and what sets it apart. Developing a cohesive look and feel across all social media channels helps you create a memorable brand. And in an age with so much content, being remembered is what counts.

***Tip:** Your brand voice is the obvious and distinct personality of your business across all communications. Your brand voice enables you to connect with a specific audience and engage qualified candidates.*

### Toolbox

#### Content Creation

There is a vast array of tools to keep up with the content planning, creation, and analysis of performance. For example, graphic design is not in my wheelhouse, so Canva reigns supreme in helping me create striking graphics and short videos for all my social media needs. There are thousands of templates. Even if you don't feel

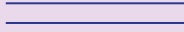




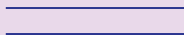
## Color Palette



## Primary Font



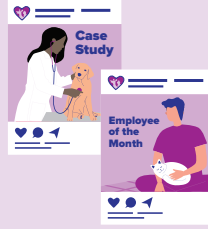
## Secondary Font



## Logo



## Consistent Voice



Developing a cohesive look and feel across all social media channels helps you create a memorable brand.

like you've found something you love, it serves as an excellent source of inspiration. You can get Canva for free, but the paid version is worth it and can be shared between multiple users.

**Tip:** Take advantage of the Pro features in Canva like the Brand Kit. You can set templates and input brand colors, fonts, and logos to create a cohesive look across your social media channels.

## Content Planning

What's the best way to plan your content? The answer you get will depend on who you ask. Some prefer spreadsheets while others utilize programs like Asana or Trello, although those can be costly. There are lots of Google Sheets templates that can be downloaded and used as monthly calendars for content planning.

## Measuring Success

Marketing teams use different software, spreadsheets, and metrics of success depending on their unique business goals. To keep it simple, get familiar with the Insights features in both Meta (Facebook) and Instagram. Get to know what age range your audience falls into, where they are located, and what they interact with most.

Given the changing workforce, it is crucial that veterinary clinics find innovative ways to recruit and retain skilled team members. By leveraging the power of social media, practice owners can showcase their unique clinic culture and available job positions, reach a larger applicant pool, and connect with better qualified candidates, all for a fraction of the cost of traditional job postings. ✨



Nicole Scott-Jones is a digital marketing specialist and public speaker living in Atlanta, Georgia. She works as a digital marketing and social media strategist with the Georgia Veterinary Medical Association. She also serves as the executive assistant at the Women's Veterinary Leadership Development Initiative. Combining her experience with both associations allows her to deliver unique perspectives and remain in touch with the needs of the veterinary community.

## CLARO® (florfenicol, terbinafine, mometasone furoate) Otic Solution for use in dogs only

### Do Not Use in Cats.

Antibacterial, antifungal, and anti-inflammatory  
For Otic Use in Dogs Only

See full product insert for complete prescribing information, a summary of which follows.

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

**DESCRIPTION:** CLARO® contains 16.6 mg/mL florfenicol, 14.8 mg/mL terbinafine (equivalent to 16.6 mg/mL terbinafine hydrochloride) and 2.2 mg/mL mometasone furoate. Inactive ingredients include purified water, propylene carbonate, propylene glycol, ethyl alcohol, and polyethylene glycol.

### INDICATIONS:

CLARO® is indicated for the treatment of otitis externa in dogs associated with susceptible strains of yeast (*Malassezia pachydermatis*) and bacteria (*Staphylococcus pseudintermedius*).

### DOSAGE AND ADMINISTRATION:

**CLARO® should be administered by veterinary personnel.**

**Wear eye protection when administering CLARO®.**

(see **Human Warnings, PRECAUTIONS, POST APPROVAL EXPERIENCE**).

Splatter may occur if the dog shakes its head following administration. Persons near the dog during administration should also take steps to avoid ocular exposure.

**Shake before use.**

**Verify the tympanic membrane is intact prior to administration.** (see **CONTRAINDICATIONS, PRECAUTIONS, POST APPROVAL EXPERIENCE**).

Administer one dose (1 dropperful) per affected ear.

- Clean and dry the external ear canal before administering the product.
- Verify the tympanic membrane is intact prior to administration.
- Remove single dose dropperette from the package.
- While holding the dropperette in an upright position, remove the cap from the dropperette.
- Turn the cap over and push the other end of the cap onto the tip of the dropperette.
- Twist the cap to break the seal and then remove cap from the dropperette.
- Screw the applicator nozzle onto the dropperette.
- Insert the tapered tip of the dropperette into the affected external ear canal and squeeze to instill the entire contents (1 mL) into the affected ear.
- Gently massage the base of the ear to allow distribution of the solution. **Restrain the dog to minimize post application head shaking to reduce potential for splatter of product and accidental eye exposure in people and dogs (see POST APPROVAL EXPERIENCE).**
- Repeat with other ear as prescribed.
- The duration of the effect should last 30 days. Cleaning the ear after dosing may affect product effectiveness.

### CONTRAINDICATIONS:

Do not use in dogs with known tympanic membrane perforation (see **PRECAUTIONS**). CLARO® is contraindicated in dogs with known or suspected hypersensitivity to florfenicol, terbinafine hydrochloride, or mometasone furoate.

### WARNINGS:

**Human Warnings:** CLARO® may cause eye injury and irritation (see **PRECAUTIONS, POST APPROVAL EXPERIENCE**). If contact with eyes occurs, flush copiously with water for at least 15 minutes. If irritation persists, contact a physician. Humans with known hypersensitivity to any of the active ingredients in CLARO® should not handle this product.

### PRECAUTIONS:

**For use in dogs only. Do not use in cats (see POST APPROVAL EXPERIENCE).**

**Wear eye protection when administering CLARO® and restrain the dog to minimize post application head shaking.** Reducing the potential for splatter of product will help prevent accidental eye exposure in people and dogs and help to prevent ocular injury (see **DOSAGE AND ADMINISTRATION, Human Warnings, POST APPROVAL EXPERIENCE**).

Proper patient selection is important when considering the benefits and risks of using CLARO®. The integrity of the tympanic membrane should be confirmed before administering the product. CLARO® has been associated with rupture of the tympanic membrane. Reevaluate the dog if hearing loss or signs of vestibular dysfunction are observed during treatment. Signs of internal ear disease such as head tilt, vestibular signs, ataxia, nystagmus, facial paralysis, and keratoconjunctivitis sicca have been reported (see **POST APPROVAL EXPERIENCE**) with the use of CLARO®. Do not administer orally.

Use of topical otic corticosteroids has been associated with adrenocortical suppression and iatrogenic hyperadrenocorticism in dogs (see **ANIMAL SAFETY**).

Use with caution in dogs with impaired hepatic function (see **ANIMAL SAFETY**).

The safe use of CLARO® in dogs used for breeding purposes, during pregnancy, or in lactating bitches, has not been evaluated.

### ADVERSE REACTIONS:

In a field study conducted in the United States (see **EFFECTIVENESS**), there were no directly attributable adverse reactions in 146 dogs administered CLARO®. **POST APPROVAL EXPERIENCE (2019):** The following adverse events are based on post-approval adverse drug experience reporting for CLARO®. Not all adverse events are reported to FDA/CVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using these data.

In humans, accidental exposure leading to corneal ulcers and other ocular injuries such as eye irritation and redness have been reported. Exposure occurred when the dog shook its head after application of CLARO®. Skin irritation has also been reported. In dogs, the adverse events reported are presented below in decreasing order of reporting frequency: Ear discharge, head shaking, ataxia, internal ear disorder (head tilt and vestibular), deafness, emesis, nystagmus, pinnal irritation and ear pain, keratoconjunctivitis sicca, vocalization, corneal ulcer, cranial nerve disorder (facial paralysis), tympanic membrane rupture.

CLARO® is not approved for use in cats. The adverse events reported following extra-label use in cats are presented below in decreasing order of reporting frequency: Ataxia, anorexia, internal ear disorder (head tilt and vestibular), Horner's syndrome (third eyelid prolapse and miosis), nystagmus, lethargy, anisocoria, head shake, emesis, tympanic rupture, and deafness.

To report suspected adverse drug events and/or obtain a copy of the Safety Data Sheet (SDS) or for technical assistance, contact Elanco at 1-800-422-9874.

For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VEIS or online at <http://www.fda.gov/reportanimal>.

### Information for Dog Owners:

Owners should be aware that adverse reactions may occur following administration of CLARO® and should be instructed to observe the dog for signs such as ear pain and irritation, vomiting, head shaking, head tilt, incoordination, eye pain and ocular discharge (see **POST APPROVAL EXPERIENCE**). Owners should be advised to contact their veterinarian if any of the above signs are observed. Owners should also be informed that splatter may occur if the dog shakes its head following administration of CLARO® which may lead to ocular exposure. Eye injuries, including corneal ulcers, have been reported in humans and dogs associated with head shaking and splatter following administration. Owners should be careful to avoid ocular exposure (see **PRECAUTIONS, POST APPROVAL EXPERIENCE**).

Manufactured for

Elanco US Inc

Shawnee, KS 66216

Made in Germany

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Approved by FDA under NADA # 141-440

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87227014 TRD BSV 04/22  
PM-US-22-0849



(florfenicol, terbinafine, mometasone furoate)  
Otic Solution

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Effective against your most common cases of OE<sup>1</sup>

## One-Dose Convenience

Provides a full course of therapy

## Administered by You

Eliminates concerns of missed or incorrectly applied doses



**Choose Claro<sup>®</sup>, the trusted market leader in OE treatment.<sup>2</sup>**

Claro<sup>®</sup> is indicated for the treatment of otitis externa in dogs associated with susceptible strains of yeast (*Malassezia pachydermatis*) and bacteria (*Staphylococcus pseudintermedius*).

**CAUTION:** Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian. **PRECAUTIONS:** For use in dogs only. Do not use in cats. (See POST-APPROVAL EXPERIENCE.) CLARO<sup>®</sup> has been associated with rupture of the tympanic membrane. Reevaluate the dog if hearing loss or signs of vestibular dysfunction are observed during treatment. Signs of internal ear disease such as head tilt, vestibular signs, ataxia, nystagmus, facial paralysis, and keratoconjunctivitis sicca have been reported (see POST-APPROVAL EXPERIENCE) with the use of CLARO<sup>®</sup>. **Wear eye protection when administering CLARO<sup>®</sup>.** (See Human Warnings, PRECAUTIONS, POST-APPROVAL EXPERIENCE.)

<sup>1</sup>Angus JC. Otic cytology in health and disease. VCSA. 2004;34:411-24.

<sup>2</sup>Elanco Animal Health. Sales data on file.



# 2023 AAHA Selected Endocrinopathies of Dogs and Cats Guidelines



Canine hypothyroidism is commonly overdiagnosed because the signs are nonspecific, and interpreting thyroid function tests can be challenging.

## Executive Summary

*These guidelines were prepared by a task force of experts convened by the American Animal Hospital Association. This document is intended as a guideline only, not an AAHA standard of care. These guidelines and recommendations should not be construed as dictating an exclusive protocol, course of treatment, or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to each individual practice setting. Evidence-guided support for specific recommendations has been cited whenever possible and appropriate. Other recommendations are based on practical clinical experience and a consensus of expert opinion. Further research is needed to document some of these recommendations. Drug approvals and labeling are current at the time of writing but may change over time. Because each case is different, veterinarians must base their decisions on the best available scientific evidence in conjunction with their own knowledge and experience.*

*This executive summary is not a substitute for reading the guidelines in their entirety. The full guidelines are published in the Journal of the American Animal Hospital Association (J Am Anim Hosp Assoc 2023; 59:113–135. DOI 10.5326/JAAHA-MS-7368) or visit [aaha.org/endocrine-disease](http://aaha.org/endocrine-disease).*

## Overview

**These guidelines discuss four endocrinopathies** that practitioners will inevitably encounter: canine hypothyroidism, canine

hypercortisolism (Cushing syndrome), canine hypoadrenocorticism (Addison's disease), and feline hyperthyroidism (FHT). Three less common feline endocrinopathies are briefly discussed: feline hyperaldosteronism, feline hypothyroidism, and feline hyperadrenocorticism. Canine and feline diabetes mellitus are not discussed in these guidelines but are addressed in the *2018 AAHA Diabetes Management Guidelines for Dogs and Cats*.

The clinical signs of endocrinopathies are typically nonspecific and highly variable; in some cases, they can be iatrogenic. Early-stage disease can be subclinical. Complicating factors are possible comorbidities, some of which can be secondary to advancing age. Early intervention avoids the severe syndromes that can impact quality of life and cause secondary organ damage and mortality.

Diagnosis involves recognizing clinical signs or physical examination abnormalities, compiling the patient's history, interpreting hormone concentration assays, and excluding comorbidities. Monitoring and treatment involves noting the presence or resolution of clinical signs, trends in endogenous hormone levels, and therapeutic dose adjustments.

It is important to engage the owner in managing the pet's health. Dialogue with the client should involve the entire practice team. Accordingly, these guidelines include a section on practice team and client considerations to promote better adherence to treatment recommendations and improved outcomes.

## How the Guidelines Are Organized

The guidelines provide a practical, stepwise approach to diagnosis and treatment. Each endocrinopathy is introduced with a definition and clinical profile. The discussion of each endocrinopathy uses an innovative, categorical approach to diagnosis based on clinical presentation and medical history, previously described in the *2016 AAFP Guidelines for the Management of Feline Hyperthyroidism*. The clinical presentation of each disease is summarized in a table, which also includes the next steps for diagnosis and treatment. Accompanying each table is a more detailed narrative specific to each disease. The table is a prescriptive, quick-reference tool, whereas the narrative provides contextual background for making clinical decisions.

A decision tree for feline hypothyroidism depicts options for diagnosis and treatment.

This executive summary highlights the guidelines' categorical approach to endocrinopathies. To use it properly, practitioners must read the

guidelines in their entirety. In addition, practitioners will benefit from consulting the abundant literature to gain additional clinical perspectives on each disease.

## Canine Hypothyroidism

Hypothyroidism is one of the most common endocrinopathies of the dog, and a clear-cut diagnosis can be made when the signalment and presentation of symptoms are classic and are supported by appropriate test results. However, hypothyroidism is commonly overdiagnosed because of the nonspecific nature of the signs and the challenges of interpreting thyroid function tests.

The guidelines identify three categories of canine hypothyroidism:

**Group 1:** Dogs with classic signs of hypothyroidism and a low total thyroxine concentration (TT4). Signalment includes middle-aged dogs and breed predisposition, including beagles, golden retrievers, Doberman pinschers, and Great Danes.

**Group 2:** Dogs with no clinical signs of hypothyroidism and a low TT4. It is critical to consider the dog's



**Feline hyperthyroidism is extremely common and, if untreated, is fatal. Radioactive iodine provides a cure in more than 95% of cases.**



## Low-stress visits encourage reliable diagnostic results because stress can influence many endocrine-related diagnostics.

signalment, such as age and breed, before proceeding with additional testing for hypothyroidism. The guidelines task force recommends using breed-specific reference ranges when interpreting hormone levels in predisposed breeds, especially if no clinical signs are present.

**Group 3:** Dogs with clinical signs of hypothyroidism and a normal TT4. These dogs have a similar clinical presentation to Group 1 dogs, but the TT4 does not confirm hypothyroidism. The guidelines advise investigating other causes by reviewing the patient's medical history with the client and pursuing additional diagnostics.

Table 1 summarizes the clinical presentation and next steps for each group.

### Canine Hypercortisolism (Cushing Syndrome)

The guidelines discuss naturally occurring adrenocorticotropic hormone (ACTH)-dependent Cushing syndrome (CS) and ACTH-independent CS. They do not discuss ectopic ACTH secretion and food-dependent hypercortisolism.

All diagnostic tests for CS have limitations and can yield

false-positive results in patients with concurrent nonadrenal illness or stress. Practitioners should test only those patients who present two or more clinical or biochemical abnormalities that suggest CS. There are many published monitoring and testing protocols; there is no universal consensus on one protocol. Measurement of cortisol concentrations (before pill or following ACTH stimulation technique, or ACTHST) is recommended to help determine whether to adjust the dose. Because CS is a highly variable disease, clinician judgment and discretion are important in determining the monitoring protocol.

Table 2 lists clinicopathologic findings that can occur with CS, and Table 3 lists clinical signs associated with naturally occurring CS.

The guidelines identify four categories of canine hypercortisolism (CS):

**Group 1:** Dogs with clinical signs and clinicopathologic findings consistent with CS (Tables 2 and 3). Specific endocrine testing should be performed. The guidelines panel recommends a low-dose dexamethasone suppression test (LDDST) as a routine first step.

**Group 2:** Dogs with no clinical signs but with clinicopathologic abnormalities suggestive of CS (Table 2). Probe the patient's history with specific questions about water intake, urination habits, worsened incontinence, or nocturia. Also rule out glucocorticoids, including ophthalmic or otic preparations. Specific endocrine testing is not necessary unless or until clinical signs of CS are present.

**Group 3:** Dogs with clinical signs suggestive of CS (Table 3) without clinicopathologic abnormalities. Question the owner to rule out administration of glucocorticoids that could cause CS.

**Group 4:** Sick patients presenting with signs and/or clinicopathologic findings consistent with CS. Presenting signs must be addressed before pursuing diagnostics. Hypercortisolism does not cause anorexia, vomiting, or diarrhea. Presenting signs may be due to a disease process unrelated to CS or a comorbidity associated with CS.

Table 4 summarizes the clinical presentation and next steps for each category of dog.

### Canine Hypoadrenocorticism (Addison's Disease)

Addison's disease describes a spectrum of conditions resulting in deficiencies of important adrenal hormones (i.e., cortisol and aldosterone). The clinical signs can occur in dogs of any age or breed. Most, however, are diagnosed in middle age, with a female predisposition inconsistently reported. Commonly affected breeds are listed.



**The patient history is essential to case management. The guidelines offer advice for taking a quality patient history.**

Table 5 lists diseases with a clinical presentation similar to HA, Table 6 lists conditions that biochemically resemble hypoadrenocorticism (pseudo-Addisonian conditions), and Table 7 lists laboratory changes that can occur with hypoadrenocorticism.

The guidelines identify four categories of canine hypoadrenocorticism:

**Group 1:** Dogs with classic clinical disease. Patients present with chronic or episodic clinical signs and laboratory abnormalities consistent with hypoadrenocorticism. Options for diagnostic testing depend on whether suspicion of disease is high or low and whether resting cortisol is greater or less than 0.2 mcg/dL.

**Group 2:** Dogs with no clinical signs but with classic laboratory abnormalities, including hyperkalemia and/or hyponatremia. Additional laboratory abnormalities may be present (Table 7). If deeper analysis reveals no clinical signs, other causes of laboratory changes, such as spurious causes (Table 6), should be ruled out.

**Group 3:** Addisonian crisis. Group 3 dogs present in hypovolemic shock with or without historic episodic signs consistent with hypoadrenocorticism. This is the most serious and life-threatening manifestation of hypoadrenocorticism and typically presents as hypovolemic shock accompanied by severe hyperkalemia and hyponatremia. Other laboratory abnormalities may also be present (Table 7). Next steps for immediate and follow-up treatment are provided.

**Group 4:** Dogs with clinical signs with nonspecific laboratory abnormalities (atypical presentation). These dogs present with chronic or episodic clinical signs without the characteristic findings associated with classic hypoadrenocorticism. Because signs of canine hypoadrenocorticism can mimic many other diseases, patients may present with episodic clinical signs that could be consistent with Addison's disease without the hallmarks of hyperkalemia or hyponatremia (Table 6).

Table 8 summarizes the categorical approach to diagnosing suspected canine hypoadrenocorticism.

The guidelines note that clients can learn to administer subcutaneous injections. Once the dose and dosing interval are established, someone other than the veterinarian may administer desoxycorticosterone pivalate (DOCP) injections.

### Feline Hyperthyroidism

The management of feline hyperthyroidism (FHT) has been covered extensively in other publications, notably the *2016 AAFP Guidelines for the Management of Feline Hyperthyroidism*. Much of the information in those guidelines remains applicable. This discussion highlights certain key points from the *AAFP Guidelines* and presents recent findings.

FHT is an extremely common endocrinopathy in cats and, left untreated, will eventually be fatal. The treatment of choice is radioactive iodine (<sup>131</sup>I), which will provide a cure in more than 95% of cases.

The *AAFP Guidelines* identify six categories of cats with FHT:

**Group 1:** Classic clinical disease. This includes cats with one or more clinical signs consistent with FHT that have an elevated T4 and no identifiable concurrent disease. The *AAFP Guidelines* recommend that reference laboratory testing be used for diagnosis and monitoring of FHT so that precise serum hormone levels can be followed throughout treatment and to avoid quality control discrepancies.



**Group 2:** Possible FHT with probable nonthyroidal disease. Cats in this category have clinical signs suggestive of FHT along with T4 within the laboratory reference interval.

Certain classic signs of hyperthyroidism (e.g., polydipsia, polyuria, and weight loss in the face of a good appetite) have similarities with the following morbidities that are plausible differential diagnoses: diabetes mellitus; gastrointestinal malabsorption and maldigestion; and gastrointestinal neoplasia, especially lymphosarcoma.

**Group 3:** Enlarged thyroid gland without clinical FHT. These are cats without clinical FHT, T4 within the reference interval, but with enlarged thyroid gland(s). Monitor clinical signs in these cats and repeat a serum T4 assay in six months.

**Group 4:** Subclinical FHT. Cats without overt clinical hyperthyroidism but with an elevated T4 and with some physical examination findings suggestive of hyperthyroidism. Repeat the T4 test in one to two weeks. If serum T4 is still elevated, treat the cat for FHT. While no data exists for the best way to manage Group 4 cats, the consensus of the *AAFP Guidelines* panel is to treat these cats for hyperthyroidism.

**Group 5:** Clinical FHT and with confirmed nonthyroidal disease. Cats with clinical hyperthyroidism confirmed by elevated T4, and one or more concurrent diseases. Hyperthyroid cats are commonly middle-aged or older and often have concurrent diseases. Because FHT is a serious disease that can result

in rapid deterioration, the *AAFP Guidelines* panel recommends the treatment of all diagnosed cats, including animals with comorbidities. Common comorbidities associated with FHT are listed in the guidelines.

**Group 6:** Clinically normal cats. These cats have no clinical signs of hyperthyroidism and no palpable thyroid nodule but have an elevated T4 on screening laboratory test. Because falsely elevated T4 values may occur, repeat the T4 test preferably using radioimmunoassay or chemiluminescent enzyme assay. If the T4 is elevated, treat for FHT.

### Important Note

The *AAHA Guidelines* task force recommends that for *AAFP Guidelines* Groups 4 and 6, the practitioner should consider checking TSH before <sup>131</sup>I treatment and postponing if measurable (>0.03 ng/mL) to help avoid creating iatrogenic hypothyroidism.

Table 9 summarizes the clinical presentation and next steps for the six categories of FHT. This table is reprinted with permission from the *2016 AAFP Guidelines for the Management of Feline Hyperthyroidism*.

### Less Common Feline Endocrinopathies

Three feline endocrinopathies that are encountered less often than FHT are feline hyperaldosteronism, feline hypothyroidism, and feline hyperadrenocorticism. The guidelines provide general overviews of these important diseases, including some clinical tips.

In addition to the narrative discussion, Table 10 lists key factors in managing

feline primary hyperaldosteronism, and Table 11 lists clinical signs of feline hypothyroidism, both congenital and iatrogenic or adult-onset disease. Figure 1 is a decision tree that helps practitioners progress through diagnosis and treatment of feline hypothyroidism.

### Team Approach

From initial patient presentation to long-term management, the pet owner interacts with every veterinary healthcare team member. Developing communication resources and telephone triage skills will help nonclinical staff determine appropriate scheduling for ill patients and those requiring ongoing monitoring with timed testing or even potentially life-threatening situations. Because the patient history plays an essential role in case management, the guidelines discuss how to take a quality patient history, including several specific and helpful tips.

Low-stress visits reinforce pet owner compliance for timely follow-up and encourage more reliable diagnostic results because stress can influence many endocrine-related diagnostics.

Client communication is important for the successful management of these diseases. The client should have a basic understanding of the disease, the clinical signs, adverse events, long-term goals, and recommendations regarding treatment and ongoing care. ✨



Constance Hardesty is a freelance writer living in Colorado. She is former editor-in-chief of AAHA.

# Guidelines at a Glance

Endocrine disease is common in dogs and cats, and the veterinary team must be equipped to not only diagnose and treat these diseases, but also communicate with clients about expectations, prognosis, and course of treatment for illnesses that often require lifelong management. Because of this, diagnosis and treatment of endocrine diseases can present unique challenges.

The AAHA Selected Endocrinopathies of Dogs and Cats Guidelines simplify veterinary clinical practice by providing **quick reference tools** for a step-by-step process to diagnose and treat common endocrine diseases.

## What Diseases Are Covered?

For dogs, the guidelines provide evidence-directed diagnosis and treatment plans for these common diseases:



- Hypothyroidism
- Hypercortisolism (Cushing's syndrome)
- Hypoadrenocorticism (Addison's disease)

For cats, in addition to **hyperthyroidism**, one of the most common feline endocrine diseases, some less common endocrinopathies are also covered:



- Hyperaldosteronism
- Hypothyroidism
- Hypercortisolism

## A Team-Based Approach:

Become an advocate for your endocrine patients by taking a team approach that involves the client and the entire veterinary team. Let clients know your team is here to support them and their pets with these tips from the guidelines:



- Employ low-stress handling strategies for veterinary visits
- Encourage the use of questionnaires for initial visits and follow-ups
- Develop telephone triage skills and resources for client service representatives to schedule appointments for ill patients and those who require monitoring
- Give clients time to process information and let them gather their thoughts



Meet Minnie



3/2/1

## 3 Takeaways



- Certain breeds and active working dogs may have low thyroid hormone concentrations without having thyroid disease—consider these factors before making a diagnosis



- A follow-up questionnaire can help with ongoing monitoring and medication dosage adjustments (see [aaha.org/endocrine-disease](http://aaha.org/endocrine-disease) under Resources for an example)



- For cats with hyperthyroidism, a physical exam and minimum database should be performed at least every 6 months, or more frequently if there are significant comorbidities

## 2 Actions



- Don't forget to evaluate for concurrent diseases



- Empowering veterinary technicians to educate clients about signs of illness, medications, side effects, and follow-up monitoring can streamline appointments

## 1 Thing to Never Forget



- Routine biannual health visits should still be part of the health plan!

Learn how to become an advocate for your endocrine patients at:

[aaha.org/endocrine-disease](http://aaha.org/endocrine-disease).



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The 2023 AAHA Selected Endocrinopathies of Dogs and Cats Guidelines are generously supported by Boehringer Ingelheim Animal Health, IDEXX, Merck, Zoetis, and Zomedica.



# 2023 AAHA MENTORING GUIDELINES

Early-career veterinary professionals have almost unlimited job options these days—but they still need to learn, and they're looking for workplaces that want to help them grow.

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**Guidelines**

The 2023 AAHA Mentoring Guidelines are generously supported by Merck.



# Authentic Leadership: What It Is and Why You Need It

The Perfect Prescription for Innovation and Personal Satisfaction

by M. Carolyn Miller

**In 2007, Harvard University conducted a study** to understand the behaviors that could be developed to foster an authentic leadership style. The study concluded that, by its very nature, “authentic leadership” was difficult to define, much less teach. Indeed, it grew out of one’s personal history and life experiences and was, well, authentic to that individual leader.

The very nature of authentic leadership means it’s available to everyone, regardless of where your job sits in the clinic hierarchy or who you lead (even if it’s only yourself). In addition, you have plenty of good reasons to foster it. At a time when systems are breaking down and new ones are emerging, everyone, from the kennel staff to the practice owner, must innovate. And there’s nothing like an authentic leadership style to do just that.

## The Impact of Life Experiences

At its core, authentic leadership means taking all of who you are to work. It means doing your job without comprising your values and personality. As the Harvard study learned, your values and personality are a direct result of your life experiences. This is why, for instance, growing up on a farm might predispose you to working with animals as your career and becoming a veterinarian.



Authentic leadership means taking all of who you are to work. |



The groups we belong to make us feel good about who we are. |

But we don't grow up in a vacuum. Yes, one's values and personality are shaped by one's history. That history in turn is shaped by the larger social context, noted researchers at the Center for Creative Leadership (CCL), a global leadership research and development organization.

Today, amid the social climate of diversity, gender fluidity, and changing social values, "authentic leadership" is being not so much redefined as taken apart to show the complexity of its nature.

### The Impact of Social Context

It's easy to be authentic at work when you already fit in; that is, if you look or dress like everyone else, noted CCL. But what if you don't? Authentic ways of leading can get lost or be hidden. You become afraid to speak up. As a result, your idea that is the perfect solution for a clinic problem—one that the dominant group could never have imagined—also gets lost.

The groups we belong to make us feel good about who we are and raise our level of self-esteem, noted social psychologist Henri Tajfel, PhD. And when we're confident, we speak up about our ideas.

Traditionally, the best leaders were considered extroverted. Such leaders were invariably part of the dominant (white) culture, and invariably men. They could take to the stage metaphorically and charismatically and had a high level of self-confidence. Often, they were seen as "natural leaders." But then along came Susan Cain, author of *Quiet: The Power of Introverts in a World That Can't Stop Talking*. Cain proved how our leadership identities are actually shaped by culture's social expectations. She also proved how introverts, with their own quiet styles, were good leaders too.

This is why it's critical to separate who you are intrinsically from who the

culture shaped you to be. And that's where self-awareness comes in.

### Assess Your Authentic Leadership Style

The following questions can help you untangle and clarify your own unique authentic leadership style.

- What early life experiences and people impacted you?
- What do you value most and where did those values come from?
- How/have your values changed over time?
- What motivates you, both internally and externally?
- Do your behaviors change depending on the group you are in?
- Do you hide parts of yourself at work? What parts?
- If you felt free to lead authentically, what would that look like?
- What first steps can you take to a more authentic leadership style?

(Sources, in part, for the above include "Authentic Leadership: What It Is, Why It Matters," *Center for Creative Leadership*, and "Discovering Your Authentic Leadership," *Harvard Business Review*, February 2007.)

No matter what your role in the practice is, there is room for you to explore and nurture your own authentic leadership style, and to use it to the advantage of yourself and everyone around you. ✨



M. Carolyn Miller is an employee development consultant, writer, and instructional designer. Find out more at [cultureshape.com](http://cultureshape.com).





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# This Job BITES!



“We highly discourage employees to ‘wait and see if an injury feels better’ as this attitude often leads to worsening of the injury and higher claims cost.”

—RYLEY GEORGITSIS, RISK CONSULTANT, HUB INTERNATIONAL

## Education, Protocols Can Lessen Risks of Bites and Scratches

by Maureen Blaney Flietner

**Twenty-four hours after being bitten and scratched** while retrieving his cat that had slipped out of the house, Pete was in the emergency department (ED) being advised that they suspected an abscess and a fast-moving infection in his arm.

Pete, an active, healthy senior who has had pets for nearly 40 years, thought he had done all the right things after the injuries. He had cleaned the wounds and applied antibiotic ointment. The next morning, fever and arm pain had sent him to urgent care where he got a prescription for oral antibiotics. But several hours later, with the pain worse, he had to go to the ED.

After emergency surgical debridement, he received intravenous (IV) antibiotics and fluids for several days before he was discharged. Three months and many dressing changes later, his wounds finally healed.

The emergency was listed as necrotizing fasciitis—what the US Centers for Disease Control and Prevention (CDC) calls a rare bacterial infection that spreads quickly and can cause death. Who’d have thought?

### Cat and Dog Bites— How Common?

How many dog and cat bites are there each year in the US?

One CDC statistic estimated 4.7 million dog bites with 799,700

persons requiring medical care. But that data is from 1994. Of that number, an estimated 333,700 patients were treated in EDs with an estimated 6,000 (1.8%) hospitalized.

Asked for updated figures, the federal Agency for Healthcare, Research and Quality's Healthcare Cost and Utilization Project (HCUP) offered discharge data from 2020. HCUP estimated 353,621 ED visits with injuries caused by dog bites and 66,404 ED visits caused by cat bites for that year. For visits due to dog bites, 3.5% or 12,529 turned into hospitalizations. For the cat bites, 11.7% or 11,764.

The counts did not include urgent care, primary care visits, or other outpatient visits. The numbers represent ED visits to 995 hospitals in 40 states and the District of Columbia—an area accounting for 85% of the US population that year—and approximate a 20% stratified sample of all US hospital-owned EDs.

## Equal Opportunity Injury

Bites and scratches can happen to anyone.

"We have had our fair share over the 10 years I have worked here. Who hasn't in this industry?" said Samantha Millet, CVPM, practice manager of Bluegrass Animal Hospital, Knoxville, Tennessee. "We always take these situations seriously due to the number of health issues that could arise."

Millet herself was bitten in the face just a few years ago. A new canine patient was initially frightened but became comfortable while she obtained a patient history in the examination room. When Millet put a leash around the dog, the dog did not

**"The cat ended up lunging for my face, scratching me right below my eye."**

—JAMIE RAUSCHER, LVT, MEDICAL MANAGER, ANIMAL HOSPITAL OF TOWNE LAKE AND CAT CLINIC OF WOODSTOCK, GEORGIA, AND PRESIDENT OF NAVTA

want to walk so she picked the dog up and walked out.

The dog bit her cheek. Fortunately, the bite was not deep. After returning the dog to the family, she washed her face with surgery scrub and, later, was seen by a physician. While the dog had reportedly never shown aggression before, the family took the dog to a behaviorist to ensure it did not happen again, she said.

Jamie Rauscher, LVT, medical manager of Animal Hospital of Towne Lake and Cat Clinic of Woodstock, Georgia, and president of the National Association of Veterinary Technicians in America, noted that when she was younger, a cat bit her arm. The bite got infected, requiring her to be hospitalized with IV antibiotics and fluids to combat a terrible infection and fever.

But the worst bite/scratch she said she ever experienced was with a feral cat.

"We were trying to get hands on it to sedate it for surgery. The cat ended up lunging for my face, scratching me right below my eye. I ended up with a pretty nasty scratch and a black eye to go with it."

Aimee Potter, CVT, an AAHA accreditation specialist, recalled an encounter with a dog with leptospirosis in an intensive care unit at a veterinary hospital where she had worked.

"I was trying to be very cautious because he was in some pain. I went to unhook his IV catheter and he bit my arm. Because he had lepto—which is transmissible—I





had to go to the doctor, have the wound scrubbed out, and then go on antibiotics as I watched for signs of bacterial infection.

“Another time, a cat patient lashed out at the owner and bit or scratched five employees during the visit,” said Potter. “The cat had to be euthanized. We did not know it was rabies positive until after. Employees had to go to the doctor, get tested, and go through rabies treatment if they were not vaccinated.”

Missy Filarecki, CVPM, CCFP, practice manager of Just Cats Veterinary Clinic, Guilderland, New York, said her clinic has dealt with multiple bites, but none were too serious. “Sometimes, even if you do all the right things, the animals can still be fearful and lash out,” she said.

One of the worst bites she has seen happened to an assistant reaching into a cat kennel to clean a litterbox. The cat, who was rabies vaccinated,

**“I was trying to be very cautious because he (the dog) was in some pain. I went to unhook his IV catheter and he bit my arm.”**

—AIMEE POTTER, CVT, AN AAHA ACCREDITATION SPECIALIST, TALKING ABOUT HER YEARS WORKING AT A VETERINARY HOSPITAL

was not known to be aggressive and did not give off any warnings. The assistant ended up with multiple cat bites resulting in a trip to urgent care and a course of antibiotics.

### Dangers Differ

Cat and dog bites and scratches present different dangers.

Avir Mitra, MD, an emergency physician in New York, assistant professor at the Icahn School of Medicine, and spokesperson for the American College of Emergency Physicians, explained that both cats and dogs carry a lot of bacteria in their mouths and nails.

Mitra said cats usually bite or scratch hands and arms. Unfortunately, these injuries can look benign so people

often just wash them and don't see a doctor. But cat teeth can easily puncture skin and drive bacteria deep into tissue.

A common bacteria from a cat bite is *Pasteurella multocida*, he said. And a cat scratch can bring the risk of infection with *Bartonella henselae*, which can cause cat scratch disease. In cases in which the bite extends to the tendon of the hand, Mitra has seen surgical management needed.

Unlike cat scratches, dog scratches are usually less deep but more abrasive. Also unlike cat bites, dog bites are not just simple puncture wounds. Instead, they more often involve tearing action, and dog jaws can exert significant pressure leading to worse wounds, said Mitra.

Dog bites can occur anywhere and can lead to serious cosmetic issues, especially when it involves a face, he said, such as the extensive lip laceration he recently saw on a patient.

“In my experience, this tends to happen with kids who are smaller and tend to put their faces closer to a dog. These wounds are highly prone to causing infection, so, just like with cat bites, we start patients on antibiotics to prevent infection.”

Mitra suggested that anyone bitten or suffering a significant scratch see a doctor. A tetanus shot also may be needed. While many people know the warning about a rusty nail, he said,





many may be unaware that tetanus bacteria also can enter the body through an animal scratch.

### Minimizing the Risks at Animal Hospitals

Because of the “nature of the beasts,” bites and scratches are unlikely to be eliminated. However, having protocols in place and specialized training can reduce unexpected consequences. Two popular offerings are the Cat Friendly Certificates of the American Association of Feline Practitioners (AAFP) and the Fear Free certification programs.

“We are a feline-only clinic, so it is especially important for our team to be as educated as possible to keep themselves and the cats safe,” said Filarecki, noting that most team members are Certified Cat Friendly.

They emphasize a minimalistic approach. They do not scruff cats, which used to be a common practice, because it can escalate a cat’s fear and aggression when it feels a lack of control and inability to escape, she explained.

“We are also big on the use of gabapentin,” she said. “Our protocol is to prescribe it to our known anxious

patients and to have their owners give it two hours before they visit. We also prescribe gabapentin to premedicate all cats coming in for any sedated procedure.”

As a general rule, she said, staff are required to go to urgent care immediately after a bite, unless the bite does not break the skin. Any bite is recorded in the OSHA log and hospital records. It’s also important, she said, that the team knows what to do if someone is bitten when the manager is out.

Rauscher said her Fear Free Certified Practice is a “big believer in premedications for fractious patients, towel wrapping for cats, and positive reinforcement for both dogs and cats by rewarding them for their good behavior.

“I feel with better education in regard to handling and restraint, premedications, and educating clients on the benefits of these medications, we have seen bites and scratches reduced over the recent years.”

At the Knoxville hospital, said Millet, veterinarians, licensed veterinary technicians, and assistants are Fear Free Certified and all

employees watch safety videos during onboarding.

“We do our best to stay aware if animals have stress, fear, and anxiety when they enter so our staff can appropriately handle them. We incorporate treats, restraint, and medication depending on what works best for the animal and our staff,” she said.

With any bite or scratch, the employee has the option to go to a doctor. In addition, any incident is reviewed to determine how the injury could have been avoided and what to do if a similar situation arises.



### “Purr’fecting” Interactions

“New evidence proves that nonphysical and physical human interactions that respect the cat are safer and more efficient for us, in addition to enhancing feline welfare,” explained Ilona Rodan, DVM, DABVP (Feline).

The American Association of Feline Practitioners’ new Cat Friendly Veterinary Interaction Guidelines—endorsed by 29 organizations including AAHA and including several supplemental videos—can be found here: <https://catvets.com/guidelines/practice-guidelines/cat-friendly-veterinary-interaction-guidelines>.



## Keeping Clients Safe, Too

In keeping pets and themselves safe, team members also may find themselves educating owners.

“For children and the elderly, bites and scratches can be more detrimental to their health,” said Filarecki. Besides getting information during visits, clients can learn from informative articles in the practice’s newsletters.

Her practice also offers behavioral consults. “Clients fill out a questionnaire of behaviors and we educate them on how to best treat their cat to avoid undesirable behaviors such as biting and scratching.”

Millet said staff members communicate with pet parents about how they might make anxious pets more comfortable about coming to the hospital.

“For a dog, we might recommend treats, medication, waiting outside, or staying in the vehicle until a room is ready. We really try to cater to the animals and the pet parents to help them make it a positive appointment.

“We tell all our cat parents to bring the cat in a carrier and to set the carrier out in the cat’s sight a few days before a visit so the patient can get used to it. We suggest they spray [Ceva Animal Health] FELIWAY on the blanket in the carrier. And if needed, we prescribe medication to make the cat feel calm. Anything to make the cat seem less stressed during the commute and vet visit is what we strive for.”

## Protect the Bottom Line

Another consideration is the potential adverse effect on a practice’s insurance costs.

“If a workplace has a high frequency and/or severity of claims, the more money the insurance carrier has to pay out,” explained Ryley Georgitsis, risk consultant, HUB International, a North American insurance brokerage. “For the insurance carrier to reduce its losses (or anticipated losses based on the business’ loss history), it increases the premium.

A facility that has a long history of excessive claims may find it more difficult to market its insurance program than one that has a lower claims history.

“The good news is that bite and scratch claims costs are lower on average than claims for sprains, strains, slips and falls,” said Georgitsis.



This cat owner suffered bites that became quickly infected requiring emergency surgical debridement for necrotizing fasciitis.





Why? Because insurance carrier claim adjusters will encourage veterinary staff to seek medical attention regardless of the severity of the incident, he said. While a claim may drive up the number of these types of incidents, the overall cost of care and avoided lost time is less.

For example, in a claims pull of AAHA-accredited hospitals with The Hartford as their worker's compensation insurer between Jan. 1, 2018, and Feb. 2, 2023, there were 1,477 dog and cat bite claims from 263 hospitals. Of those 263, 82 (31%) had only one claim each. Five percent of claims were for lost time, with a total cost incurred of \$658,479 and an average cost per claim of \$8,552. Of the remaining 1,400 medical-only claims, the total cost incurred was \$1,110,997 or \$794 per claim.

"We highly discourage employees to 'wait and see if an injury feels better' as this attitude often leads to

worsening of the injury and higher claims cost," said Georgitsis. "At the very least, we recommend hospitals file 'notice only' reports with their insurance carrier for claims that seem minor. The benefit is that the 'lag-time' stops and allows the carrier claims person to gather information, immediately freezing the facts of the case."

Claims have the potential to result in severe injuries and be very expensive. Georgitsis offered this claim example: An employee was performing a routine dental cleaning on a cat that was under anesthesia, when the employee hit a nerve causing the cat's jaw to clamp down on her finger. The puncture wound became infected and required surgery, IV antibiotics, labs, office visits, medications, and lost wages. Total payout: \$58,000.

Hospitals even have to consider the costs of injuries to clients, according

to Matt Gilmore, Senior Vice President and Risk Services Leader, HUB International, who offered this example:

"A mature cat was initially cooperative with a physical exam but then became unsettled, growled, and tried to jump off the table. The owner jumped up to help and reached to pet the cat's head and was bitten. The practitioner instructed the owner to wash the bite and seek medical care. Several days later the finger was swollen and then the owner went to seek medical treatment. The owner suffered a serious infection and tenosynovitis of the hand with permanent disability. The injury was bad enough that amputation was recommended. The client sued. The claim was settled for nearly \$200,000."

A few controls that should have been considered, said Gilmore, are:

- Avoid having the owner hold the cat during treatment. Only employees trained in feline handling should hold the cat.
- Pay close attention to any growling, aggression, or attempting to escape.
- Consider using cat bags, towels, gauntlets, or a slip-free mat. Do not over-restrain.

While bites and scratches come with the territory of being in vet med, practical protocols and proper staff training can help minimize the risk of hospitalization and serious wounds. ✖



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



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# Bridging the Gap to Belonging

A Conversation with Ewan D. S. Wolff, PhD, DVM, DACVIM

Interview by Katie Berlin, DVM

**We are living at a critical juncture in 2023.**

In the midst of more conversations around diversity, equity, inclusion, and belonging (DEIB) than ever before, people with whom we share critical patients and break room donuts are being forced to hide who they are, flee their homes, and live in fear simply for existing as they are. Ewan D. S. Wolff, PhD, DVM, DACVIM, internist at BluePearl NE Portland, industry liaison for PrideVMC, and coauthor of their Gender Identity Bill of Rights and Gender Diversity Guide, did not

mince words in describing the extent to which anti-trans legislation is affecting our peers both in and out of veterinary medicine.

**Katie Berlin:** [In your own experience] in veterinary medicine, are our attitudes toward the gender-diverse community and gender-diverse coworkers and clients different than they are in the general public and the world at large? Are we more tolerant, more accepting? Are we less so?

**Ewan Wolff:** I think we have a large portion of the field that just hasn't thought about it, and like so many

things when people haven't thought about it, the initial reaction may be to not be inclusive. But once people start to think about gender-diverse people outside of abstract stereotypes or movie stuff, or things that are being said in memes they may be sharing around, then I think people start to change their point of view.

If I look at the amount of support that has been building over the last two years for the Gender Identity Bill of Rights [GIBOR], I think it's a testament to people actually starting to think about the fact that there are actually human beings within the



field who are gender diverse, and that those people are no different than anyone else and worthy of respect and basic rights within the field. And the second people start to rationalize them as human beings just like themselves, then that instinct to immediately “other” people starts to wane. I actually have significant hope for the veterinary profession that with ongoing efforts and education, we can be the most welcoming profession that there is.

**KB:** I’m glad to hear that. I think a lot of us [in vet med] can identify with the feeling of standing out, or

**Within the first three weeks of 2023, there were 120 bills before the legislature, including things that banned gender-affirming care for adults up to the age of 26.**

—EWAN D. S. WOLFF, PHD, DVM, DACVIM

not wanting to stand out, because of the things that make us different. And that, I think, does lend us to be a little bit more accepting of people we might view as a little bit different. But in this climate now, things are tense, and from what I understand, you have had personal experience where that has affected your life and your choices about where to live and work.

**EW:** Absolutely. I’m nonbinary, my husband is trans, and we have a kid who’s nonbinary. And to keep things short, the Florida legislature and governor made it abundantly clear in the beginning of 2022, in April, that they would not allow children to be supported in social transition or medical transition. And a bunch of other different rulings, things like erasing LGBTQ history from teaching, preventing teachers from discussing that a child had two parents of the same sex, not allowing providers to use appropriate pronouns and names for kids, and stuff along those lines—and now things like outing children to the entire school if they want to use the restroom. Those sorts of things really led to a climate of hatred and heightened risk of violence that made it unsafe to have our family stay there.

And our concern, more than anything else, was that the state might take the same steps that Texas had taken and start actually taking kids into the foster system and charging parents with felonies for supporting trans kids, which includes nonbinary under the same umbrella. So I contacted BluePearl. I slept on it for the night after the April 20th health department notice came out. And I wrote this long letter and said, “Look, I don’t think it’s safe for us to stay here anymore, and here’s why.”

And I was very fortunate that the company got back to me within five minutes of writing them, and we sat down and talked, and I ended up





interviewing out in Portland, and then they helped us move out there. We had our house on the market two weeks after that notice. We left without having a house on the other end; it was an incredibly fast exit. So fast, in fact, that there were friends of ours who didn't even realize that we had left, because we had been so busy packing everything rapidly. But I was very fortunate that BluePearl supported that move, and by extension Mars.

**KB:** That's an incredible story. It makes me think about all the people who cannot leave, who are in that environment and working in our veterinary hospitals next to us, and we may not know that they're going through that.

With the increase in support that you're seeing for the Gender Identity Bill of Rights, I want to believe that inside of [those hospitals] is

a safe space, and that even if the outside climate is inhospitable, gender-diverse people, say in Florida or Texas, can still feel safe at their place of work. Do you think that's true?

**EW:** I think being able to have a refuge inside your workplace is incredibly important. And I want to stress to everyone that it is very much not just Florida and Texas; it's well over half the states at this point. Within the first three weeks of 2023, there were 120 bills before the legislature, including things that banned gender-affirming care for adults up to the age of 26.

The reality is that people need a really high level of allyship right now; they need it in states where they're being affected like this very badly. I think making work as welcoming a place as possible is very important. I

also think that having some degree of flexibility to ask people how they're doing, to see what can be done for people, that's also very important. Basic human rights are essential, and a high level of allyship and emotional intelligence is essential right now too.

There have been moments in history when individual hate laws have been put into effect, the sum total of which resulted in the extinction of a community, the LGBTQ community included. And it's very difficult for people who are not being directly impacted to see that a community is being wiped out until it is gone.

One thing that I want to say to people who are not necessarily paying attention—because everybody has very busy lives, everyone is under a lot of strain, and I recognize that. And I want to say that for those people who are not seeing this happen,





they should understand that what is happening is communities are starting to be wiped out.

**KB:** I am trying to wrap my mind around what you said, and I just can't do it.

**EW:** When you dehumanize individuals, when you villainize individuals, when you do not permit their name to be said on a page, when you don't permit their history to be said, when you refuse to recognize their existence, their names, when you make it difficult for them to be employed, when you employ medical conscience so that they can die on a pavement outside of hospitals without people treating them, when you refuse to provide them with medical care that they need in order to stay healthy, when you impact their jobs so that they can be discriminated against, when you impact their schools so that they may not be able to be in an environment in which they can be themselves, there is one result of all of that.

There was a leader for the Southeastern ACLU, for the LGBTQ rights there, who said that it's beginning to look a lot like the intent is for us not to exist.

The ACLU has a bill tracker where they show all these things happening. There's only one interpretation that you can come to when trans healthcare is being removed gradually, initially for little kids, then for adolescents, then for people up to 21, then for people up to 26. This is a gradual and insidious strategy, and it is very effective. I never expected to be a political refugee within my own country, and yet here we are.

**KB:** It's staggering to think about in those terms.

**EW:** And I think that the shocking thing about all this is that there's no cost involved in any of this. This is just a matter of being kind and decent to other human beings,

**I never expected to be a political refugee within my own country, and yet here we are.**

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because they're another human being with a different life than your own. And enough of us spend time reading novels and watching movies and stuff along those lines that we know that there's this human desire to understand how other people exist. Other people are more like us than we suppose.

**KB:** Belonging is the part of DEIB that you told me you really wanted to talk about. What makes belonging different from discussions in general about diversity, equity, and inclusion?

**EW:** Belonging is something that is less tangible than DEI efforts. People know when they belong. It's kind of like people used to say the definition



of obscenity is that people know it when they see it.

The definition of belonging—very similar to the definition of discrimination, for that matter—is that it’s something that is understood from the perspective of the people involved. In the case of discrimination, just because people may not perceive microaggressions, they may not perceive stereotyping, but that doesn’t mean it doesn’t exist.

But belonging, coming to a place and feeling like that is your place rather than a place that you have been invited to, and a place that is somewhat under your control as an active participating member in that place: that is, I think, just vital. And we’re still very focused on the first three elements (DE&I), [which] are very important. [But] from the standpoint of importance, I think belonging can’t be overrated. And a lot of the times, that’s the portion that we don’t really get.

**KB:** That feeling of being embraced by a place and the people in it is one of the best feelings on the planet and something that everybody should have a right to and be able to go and look for. And that really brings into perspective how much this has to do with wellbeing, not just of people in the gender-diverse community, but people they work with. Everybody is going to be happier and healthier if they’re a team that all feels like they belong.

**EW:** I absolutely agree with that. One of the things that’s often cited in corporate discussions of DEI work is that teams are more productive when they’re more inclusive. And

I think that’s very much true. But I want to circle back to something that I said—that I have a significant hope that the profession will continue to be a more inclusive place. There’s one caveat in that; that’s why it’s important to get to the belonging piece. Unless we actively go out and build a pipeline whereby more people from underrepresented communities can end up being represented within the profession, whether that’s coming through vet tech school or veterinary school or people who are being brought up into management positions and stuff along those lines—unless we make those efforts, that belonging piece will never happen. Because people will always be the

one queer person in the room, or they’ll always be the one person from that particular underrepresented minority. And then, yes, it does feel very difficult to belong.

**KB:** [There are plenty of rooms in vet med] that used to have one woman in them—and in a relatively short time, we’ve become a profession that is predominantly identifying as female. It would be wonderful to be able to see that happen with the gender-diverse community also; that we quickly decide that we are all not just going to be tolerant, but go out and look for ways to invite people in. And I love that image in my head of the arms of the profession reaching out



and saying, “This is a place for you, you belong here, come work with us. We want to work with you.” We have a lot of heart in this community. We have big hearts for our patients. And sometimes I wonder if we need to turn them a little bit more to ourselves.

**EW:** Oh, I couldn’t have put that better. I think that in so many different ways, we’re learning that the piece that is missing from veterinary medicine is that we have failed to recognize that we’re all people. We have put output as such a giant priority, whether you’re talking about output for research or teaching or production or things

**Ally is not a ribbon that you can wear or a bumper sticker. It’s something that requires an effort every single day.**

—EWAN D. S. WOLFF, PHD, DVM, DACVIM

coming through the door, that we’ve forgotten about the fact that this is also a profession that operates entirely by humans. There are no trained dolphins that are running this profession. This is a human-run profession. And as part of that, we have to deal with each other as people.

And so when people say that our efforts on DEI are wasted efforts and we should be focusing on the animals, I think they should look

around them and realize the rate at which people are exiting the field, having suicidal ideation, having to take long absences from their jobs. And maybe they should think a little bit more about the fact that there might be multiple different problems that are leading to that in the first place. We need to care for ourselves as a profession.

**KB:** It seems like there’s a big gap between signing [the Gender Identity Bill of Rights] and creating a space that is not only safe but allows you to be who you are. At a systemic level, what are some things our community can do to bridge that gap between the signing and the belonging?

**EW:** Education is a tremendous first step, and education has to be more than something that you did at one point in time. It has to be continuing to learn where you can. People have to be willing to make mistakes and occasionally get called out on those mistakes and learn and grow.

People have to start looking around them and saying, “If I don’t see gender-diverse people in this space, if I don’t see Black queer people in this space, and I know these people exist in my community, why am I not seeing them on this committee? Why am I not going to big conferences and hearing talks from people who are neurodiverse and nonbinary, intersectional individuals within the community?” If people don’t educate themselves and bring people in, then it’s very difficult to move forward.





Ally is not a ribbon that you can wear or a bumper sticker. It's something that requires an effort every single day. As far as being an ally to the gender-diverse community right now, we're at a point in time in which being an ally means being willing to be a little bit bruised, because we're really beyond the point where we can simply have allies who say things that are helpful. We need people who are really willing to put some skin in the game, and there are going to be times when this is very uncomfortable. There are going to be times when it feels like there is some risk involved with being an ally because those are the times that we live in. But like many other times that have come before where there has been risk in helping communities that were underrepresented, that risk is not forgotten. Taking those risks is not forgotten.

If you're in states where people are affected by legislation, be willing to say, "Are you okay? Is there anything that I can do to help?" [Take] a minute to read the Gender Identity Bill of Rights and sign it.

[Take] a minute to see what the benefits are in your company and if gender affirmation benefits are not offered, be willing to say, "Hey, I just wanted to inquire, is this something that isn't listed or is it something we're not offering and if not, why?" [Take] a moment to intervene when somebody makes a remark that's transphobic or homophobic. Casual transphobia happens all the time. Correct someone when they don't use someone's pronouns correctly—and that may not be transphobic, that may be just a mistake. Be willing, if a client is harassing someone at work, to say, "Hey, we respect this person. This is our vet tech, Sandy, and her pronouns are she/her." Being willing to take those steps is incredibly important; just never forgetting that people are other human beings and remembering to treat them in the way that they have said they want to be treated. ✨

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Visit [pridevmc.org/gibor](http://pridevmc.org/gibor) to learn more about and sign the Gender Identity Bill of Rights (GIBOR).



Ewan D. S. Wolff, PhD, DVM, DACVIM, is an internist at BluePearl NE Portland, industry liaison for PrideVMC, and coauthor of their Gender Identity Bill of Rights and Gender Diversity Guide.



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# Heather Stitzel, RVT

## Technician

Edmond East Animal Hospital  
Edmond, Oklahoma

Year started in vet medicine: **2009**  
Years with practice: **1**  
Nominated by: **Lori Voogt**

AAHA MEMBER

## Employee of the Month



### Why Is Heather So Awesome?

Heather is dedicated to quality patient care and genuinely cares about the team's morale. She is proactive in finding solutions and helping her team learn and be engaged. Her mentoring and leadership skills are instrumental in the quality care and service we provide to the animals and clients in our community.

### How Does She Go Above and Beyond?

In addition to spearheading our hospital's AAHA accreditation efforts, she is also a Registered Veterinary Technician, RECOVER BLS and ALS certified, a Karen Pryor Academy-Certified Training Partner, and she has a grooming certificate.

Each month in *Trends*, we will spotlight a team member from an accredited practice. Does your team boast an outstanding veterinarian, veterinary technician, veterinary assistant, customer service representative, or kennel worker? Nominate your employee at [aaha.org/EOTM](http://aaha.org/EOTM) for a chance to win \$500 courtesy of CareCredit!\*

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### In Her Own Words

**Why do you love your job:** In the veterinary field, each day brings something different. I enjoy the challenges of calming a fearful pet, handling the untouchable cat, providing nursing care to sick patients, educating new pet owners, helping to ease the pain owners face when saying that final goodbye and working with a group of smart, talented, funny, and compassionate professionals.

**Pets at home:** Three rescue dogs: Kobi (9-year-old pit mix), Luna (5-year-old papillon with microphthalmia), and Molly (13-year-old Chihuahua, who is super friendly and cuddly, and seeing eye dog to Luna).

**What brought you to the profession:** I am a science nerd. I enjoy the challenges of a difficult medical case. The body is so complex, and when it isn't working well, I enjoy using my skills to partner with our veterinarians and owners to help restore health.

**Hobbies outside of work:** I enjoy getting together with two of my friends and creating pottery pieces. I love hiking with my husband of 28 years, Rick. Photographing random interesting pieces of the environment, scenery, mushrooms, plants, and animals is very therapeutic. Another hobby is traveling with family and finding new areas to explore, food to eat, and experiences to have.

**Favorite book/TV show:** The children's book *The BFG*, and anything by Shel Silverstein. My favorite TV shows are *The Voice* and *The Wall*.

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