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What You Should
Know As a GP, 26

Exit Strategies

How to Make a Graceful
(and Profitable) Exit, 30

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Trends magazine provides timely perspectives on the art and business of companion animal veterinary practice to all members of the practice team.

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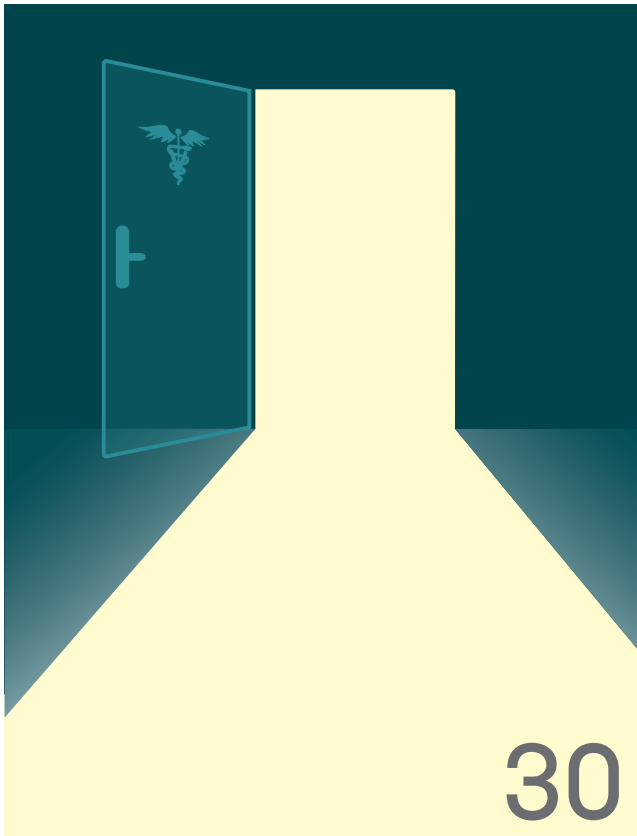
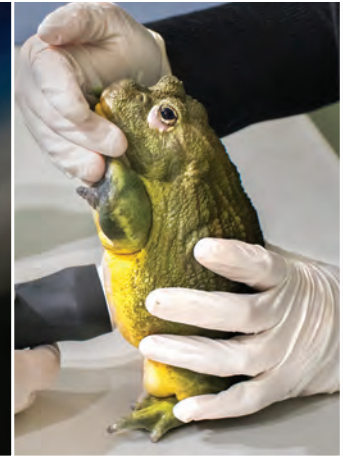
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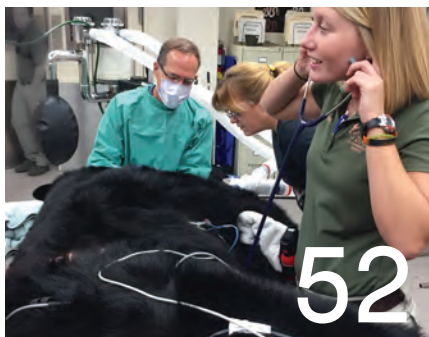
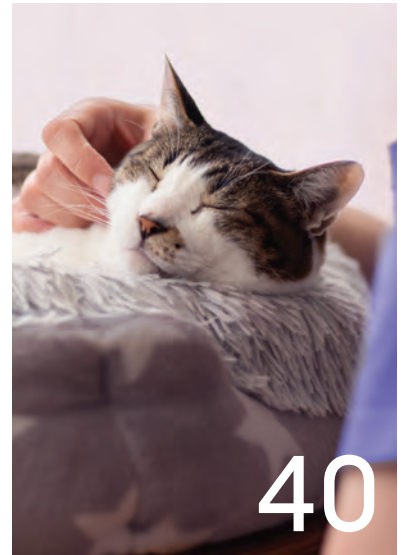
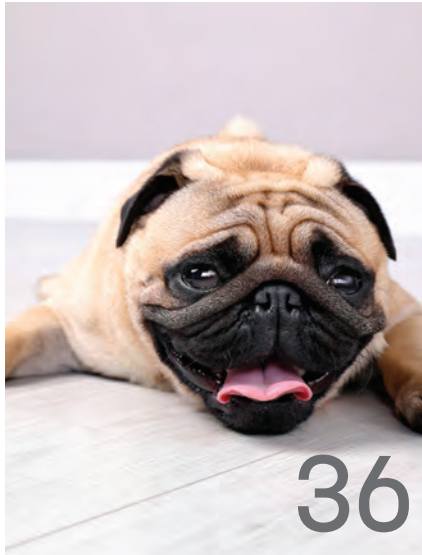
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From the Editor



Growing up in the rural suburbs of New York, my brothers and I would occasionally catch mice in the field next door to our house. We would keep them for a while in a glass terrarium with cedar shavings and a water dish, then declare “Mouse Freedom Day,” and release them back into their woodland homes. I can safely say that we never considered these critters to be “exotic!”

But by the current definition, that is exactly what they were. Exotic pets run the gamut from mice all the way up to ball pythons with everything in between. If you live in a large urban area, chances are there is an exotics vet near you. But, in this month’s cover story, our expert writer talks about “exotic pet deserts” and how general practitioners can fill in the gap for care of exotics in such locations.

Also worth special mention in this issue are articles on AAHA’s new End-of-Life Care Accreditation and how it has helped the practices that have gone through the process, plus a look at how diet can be a key factor in managing aerodigestive disorders in dogs.

Nominate Your Employee of the Month

Now, do us all a favor and head over to aaha.org/EOTM to nominate one of your co-workers for the Employee of the Month contest, and you could win \$100 for yourself, and \$400 for your nominee.

Coming Next Month

In August we’ll look at some of the new diagnostic tests available for our feline friends, how to upcycle your used cat tree, as well as other cat-related topics. We will also have highlights from the upcoming *2024 AAHA Fluid Therapy Guidelines for Dogs and Cats*.

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


Ben Williams
Editor



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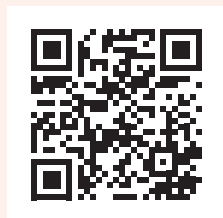
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Contributors



**Angela M. Lennox, DVM,
DABVP, DECZM**

Angela M. Lennox, DVM, DABVP (Avian and Exotic Companion Mammal), DECZM (Small Mammal), is a graduate of Purdue University School of Veterinary Medicine and is owner of the Avian and Exotic Animal Clinic in Indiana.



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Roxanne Hawn brings 25+ years of experience writing about veterinary topics for professionals and consumers. She is the author of *Heart Dog: Surviving the Loss of Your Canine Soul Mate*.



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Aida I. Vientós-Plotts, DVM, PhD, DACVIM (Small Animal Internal Medicine), is assistant professor of veterinary internal medicine at the University of Missouri College of Veterinary Medicine.



Kristen Green Seymour

Kristen Green Seymour is a copywriter at AAHA, and when she's not writing, you can often find her snuggling with her senior pets or doing something fun and active outdoors.



Jen Reeder

Jen Reeder is an award-winning journalist and former president of the Dog Writers Association of America. She's written about pets for numerous publications, including *BBC News*, *PBS's Next Avenue*, *Woman's World*, the *TODAY* show's website, and *HuffPost*. Visit her online at JenReeder.com.



**Jan Bellows, DVM,
DAVDC, DABVP**

Jan Bellows, DVM, DAVDC, DABVP (Canine & Feline), is owner of All Pets Dental in Weston, Florida. Bellows was on the task force for the *2019 Dental Care Guidelines for Dogs and Cats*.

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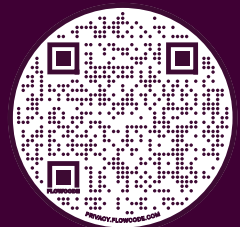
Featuring James Desir, DVM and Alyssa Mages, CVT

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Providing Compassionate End-of-Life Care in Veterinary Medicine: My Perspective

As veterinary professionals, we all understand the importance of end-of-life care in ensuring a dignified and compassionate departure for our beloved animal companions.

When faced with a terminally ill or suffering pet, pet owners often struggle with the difficult decision of when to let go. End-of-life care is crucial in providing comfort, managing pain, and maintaining quality of life for pets during their final stages. As veterinarians, we play a pivotal role in guiding pet owners through this emotional process, helping them make informed decisions, and ensuring a peaceful farewell for their pets, many of whom are considered family.

In veterinary medicine, we offer a range of options for end-of-life care, tailored to the pet's condition and the owner's preferences. Palliative care involves providing pain management, symptom relief, and supportive treatments to enhance the pet's comfort. Additionally, some veterinary clinics offer dedicated hospice

care, providing a compassionate environment and continuous support for pets in their final days.

And now, some practices can even pursue accreditation in AAHA's new End-of-Life-Care Accreditation Program. This accreditation type is open to AAHA-accredited traditional practices with a dedicated department committed to providing end-of-life care services, or a practice solely dedicated to providing end-of-life care services.

Veterinarians have a profound impact on end-of-life care. We act as compassionate guides for pet owners during this emotional journey, offering expert advice on available options and their potential outcomes. Our priority is to ensure that the euthanasia process is conducted in a respectful, pain-free manner, prioritizing the pet's comfort and dignity. Beyond the medical aspect, we provide empathetic support to pet owners, addressing their concerns and helping them cope with grief.

Recognizing the deep bond between pets and their owners,

we extend our support beyond the pet's passing. We offer resources for coping with grief, such as pet loss support groups, counseling services, and memorial options. By acknowledging the emotional impact and providing resources, we contribute to the healing process for grieving owners.

From my perspective as a veterinary professional, end-of-life care is a crucial aspect of ensuring a compassionate and dignified farewell for our animal companions. Through expert guidance, various care options, and emotional support, the entire practice team can help pet owners make informed decisions while prioritizing the pet's comfort and preserving the special bond they shared.



Mark Thompson, DVM, CCRP, is president of AAHA. He owns Country Hills Pet Hospital in Eden, Wisconsin.



The Scoop

Banfield Survey Shows Lagging Heartworm Prevention

Banfield Pet Hospital released a survey that indicates that many US pet owners don't provide heartworm prevention medication, although disease-transmitting mosquitoes exist in all 50 states. Banfield reports that, according to the American Heartworm Society, more than a million pets in the US have heartworm, and cases are on the rise. Banfield's veterinary professionals have seen a 47%

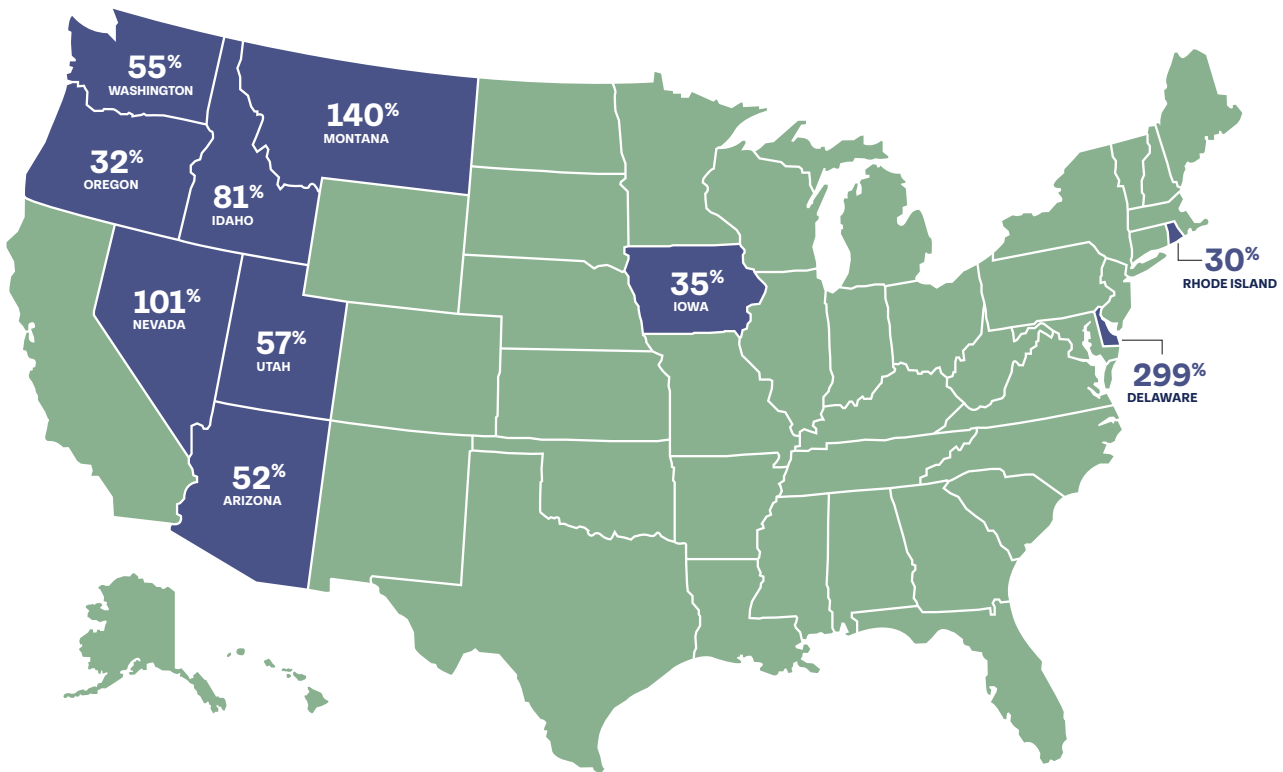
increase in feline heartworm disease cases over the past five years.

Banfield reports that despite the growing prevalence, the survey findings reveal that nearly 40% of dog and cat owners don't believe their pet is at risk of getting heartworms and nearly 30% said their pet is not on heartworm prevention. Further, 21% of pet owners don't believe the mosquitos

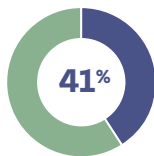
in their state carry the parasite, despite heartworm cases being diagnosed in all 50 states.

"Research has shown rates of heartworm in pets have continued to trend upward nationwide, despite prevention being generally safer, easier and less expensive than treating an existing infection," said Alea Harrison, DVM, chief medical officer of Banfield Pet Hospital.

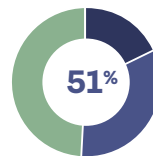
States with Higher Heartworm Disease Rates



The survey of 1,000 dog and cat owners found:



said they believe heartworm is only a risk during part of the year



skip year-round prevention, with 18% only using heartworm prevention for their pets during spring and summer months



Community

Our practice is considering investing in AI to reduce screen time for our doctors and increase efficiency. Does anyone have experience with any AI programs and can you speak to the benefits/disadvantages?

A: We use ScribbleVet at my hospital, which has been a game changer. As a doctor, I'm significantly more efficient and when I feel overwhelmed I remember that my notes are being written in the cloud and that actually allows me to see more patients.

A: We are using Scribenote, and I could never go back again. I didn't realize how much mental load had been filling my short-term memory and holding that information was taking up a lot. My stress levels are significantly reduced.

Study: Retriever Mutation Makes Them Hungrier

A study published in the journal *Science Advances* reports that a genetic mutation may be the cause of the excessive hunger that Labrador retrievers and flat-coated retrievers are known for. The study found that 1 in 4 Labrador retrievers and 2 in 3 flat-coated retrievers have the genetic mutation. They state that this excessive hunger could also contribute to the breeds' rising obesity levels.

Speaking to *Scientific American*, Eleanor Raffan, RCVS, PhD, a veterinarian and geneticist at the University of Cambridge and a co-author of the paper said, "What we see in the dogs is that they're getting this molecular starvation signal. As a result, they try to eat more and dial down their

energy expenditure."

The study relates that this greater wanting/hunger is likely to explain the increased food seeking behavior in the home environment that they previously reported in affected dogs.

They say that to maintain a healthy body weight, owners of affected dogs must restrict food intake to below that which would maintain a healthy body weight in wild-type (natural, nonmutated gene) dogs because of their lower energy expenditure. They acknowledge that this is challenging in these highly food-motivated dogs, but report that many slim, affected dogs in the cohort attest to the fact it is possible to achieve.

Share your professional AI suggestions with the Community at community.aaha.org. For help, email community@aaha.org.

Recall of Project Watson Eyelid Wipes

The Consumer Product Safety Commission (CPSC) issued an alert about Bausch & Lomb's "Project Watson" dog eye wipes, stating that pets and pet owners who come into contact could be at risk for infection if the products come from certain lots. The lots were sold online and in stores between February 2023 and March 2024.

"The company has received seven reports of a substance developing in the container after the product had been opened and in use," the agency said, although so far, "no illness of consumers or pets has been reported." The alert states, "When the recalled dog eyelid wipes are opened and in use, bacteria and fungi, which are organisms found widely in the environment, soil, and water, can be introduced and grow in the container, posing a risk of serious infection to people with weakened immune systems. Individuals with wounds may also be at higher risk of infection. People with healthy immune systems are not typically affected."

Request a full refund by submitting a picture of the product at eyelidwipererecall.com.

Dog-Related Injury Claim Payouts Hit \$1.12 Billion in 2023

Janet Ruiz, director of strategic communications at the Insurance Information Institute (Triple-I) reported that, in 2023, the number of dog bite and related injury claims was 19,062, an increase of more than 8% from 2022 and a 110% increase over the past decade, with the total cost of claims at \$1.12 billion. The average cost per claim decreased from \$64,555 in 2022 to \$58,545 in 2023. California, Florida, and Texas had the most claims. "Education and training for owners and pets is the key to keeping everyone safe and healthy," said Ruiz.

The company marked the recent National Dog Bite Prevention Week in April to promote awareness and education for owners and pets. Triple-I reports that a

coalition of veterinarians, animal behavior experts, and insurance representatives urged people to understand the risks dog bites pose to people and other pets, and suggested ways to prevent bites from happening.

"Dogs are not just pets; they are beloved members of our households, providing joy, companionship, and comfort in our lives," said Rena Carlson, DVM, president of the American Veterinary Medical Association (AVMA). "While the reality is that any dog can bite, most such incidents are preventable. As we mark National Dog Bite Prevention Week, let's commit to increasing our understanding of the issue and taking proactive steps towards prevention."



miriam-doerr/iStock via Getty Images Plus



New State of the Workplace Health Report

Lyra Health recently announced the findings of its 2024 State of Workforce Mental Health report. The fourth annual study revealed that two-thirds of the US workforce experienced mental health stressors that negatively impacted their work performance in 2023, while 87% of US employees faced at least one mental health challenge in the past year.

The report analyzed responses from more than 3,400 employees across seven countries, along with input from 250 benefits leaders at organizations with global workforces.

The study reports that while organizations have made progress in promoting and supporting mental health care for mild and moderate issues such as stress and anxiety, there is also a rise in complex mental health conditions since 2021. The number of employees reporting

thoughts of suicide has more than doubled during this period, while 11% of US employees said they experienced severe/chronic depression or anxiety, a more than 80% increase from 2021. One of the drivers of these increases is the delayed trauma response to the COVID-19 pandemic.

“Stress and anxiety are typically anticipated responses and directly attributable to the onset of large-scale events,” said Alethea Varra, senior vice president of clinical care, Lyra Health. “However, the full impact of delayed trauma after a global pandemic doesn’t always present immediately in its full intensity. It’s only later, often when the immediate threat has subsided, that the cumulative toll of sustained stress and uncertainty begins to manifest in more complex conditions like chronic depression, substance use disorder, and suicidal thoughts.”

The report states that the

WOAH Releases Feline Avian Flu Information

The World Organization for Animal Health (WOAH) released an avian flu information sheet regarding cats, with a variety of Q&A topics. Questions cover topics including whether cats can catch avian influenza, how they catch it, symptoms, whether they can transmit it to humans, and precautions to take both to avoid exposure and for suspected cases.

Visit woah.org/app/uploads/2023/07/qa-avian-influenza-in-cats.pdf to download the PDF.

second most significant factor negatively impacting US workers’ mental health is work-related stress and burnout. Mental health also drives the potential for employee turnover, with 1 in 5 respondents sharing that they are considering leaving their company predominantly due to mental health challenges, such as stress, anxiety, burnout, and depression. Download the report at lyrahealth.com.

WSU Veterinarians Receive Awards for Teaching and Research

The American Association of Veterinary Clinicians (AAVC) recently awarded two Washington State University (WSU) veterinarians, Katrina Mealey, DVM, PhD, DACVCP, DACVIM, and Rance Sellon, DVM, PhD, DACVIM. Mealey was recognized with the Faculty Achievement in Research Award, and Sellon received the Faculty Achievement in Teaching Award. The awards are presented to AAVC members who have achieved national recognition through their efforts on behalf of veterinary medicine. Mealey and Sellon are both faculty members in the College of Veterinary Medicine's Veterinary Clinical Sciences department.

"Regents Professor Dr. Katrina Mealey and Dr. Rance Sellon are exceptionally deserving of these prestigious awards recognizing achievement in research and teaching," said Dori Borjesson, DVM, PhD, MPVM, dean of the WSU College of Veterinary

Medicine. "They are truly committed to advancing veterinary medicine through discovery and innovation and through teaching the next generation of veterinarians. Both are long-term, dedicated members of our college who exemplify the highest

standards of excellence in our profession. We are truly proud of them both."

The AAVC is an association of veterinary clinicians that focuses on teaching and research in veterinary sciences.



↑ Katrina Mealey received the Faculty Achievement in Research Award from the American Association of Veterinary Clinicians.



↓ Rance Sellon received the Faculty Achievement in Teaching Award from the American Association of Veterinary Clinicians.

Photos courtesy of WSU, Veronika Novikova/Stock via Getty Images Plus

2024 ISFM/AAFP Consensus Guidelines on the Long-Term Use of NSAIDs in Cats

The American Association of Feline Practitioners (AAFP) and International Society of Feline Medicine (ISFM) announced the release of new guidelines on the long-term use of nonsteroidal anti-inflammatory drugs (NSAIDs) in cats.

The association states that the 2024 ISFM and AAFP Consensus Guidelines on the Long-term Use of NSAIDs in Cats supports practitioners with decision-making around prescribing NSAIDs in situations of chronic pain to minimize adverse effects and optimize pain management for their feline patients. The guidelines are available on the AAFP website at catvets.com/nsaids.



Quote of the Month

"Start where you are. Use what you have. Do what you can."

Arthur Ashe

Sail through your fluid therapy choices with the **AAHA Fluid Therapy Guidelines!**

Fluid therapy is a mainstay of veterinary practice, from prescribing subcutaneous fluids for the little kidney disease cat, to rehydrating the parvovirus-positive pup, to supporting the ovariohysterectomy patient under anesthesia. The AAHA Fluid Therapy Guidelines can help you select the best plan for each individual patient.

Simplify your fluid therapy choices with these tips from the guidelines:

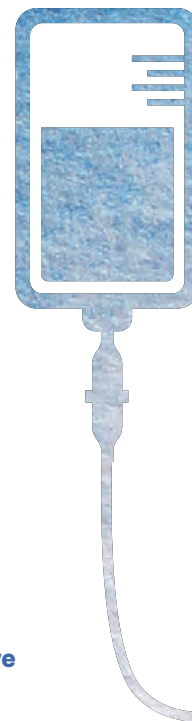
One fluid rate does not fix all. Each body fluid compartment—intracellular, interstitial, and intravascular—may require a different fluid prescription tailored to a patient's individual needs.

Don't set it and forget it! A patient's fluid needs may change, and regular evaluation helps to avoid complications and ensure desired therapeutic outcomes.

Watch out for fluid overload! This is a life-threatening complication that can be caused by excessive fluid administration. There's no guaranteed effective treatment, so preventing fluid overload saves lives.

Skilled veterinary technicians are key to effective patient monitoring and the success of fluid therapy plans.

For answers to your challenging fluid therapy questions, check out the 2024 AAHA Fluid Therapy Guidelines for Dogs and Cats, available now at aaha.org/fluid-therapy.



Guidelines

5 Questions for a Nutrition Specialist

Martha G. Cline, DVM, DACVIM (Nutrition)

Martha G. Cline, DVM, DACVIM (Nutrition), is the Veterinary Communications Manager of the Professional Engagement Team at Nestlé Purina PetCare.



1 What made you choose your specialty area?

I worked for the University of Tennessee Veterinary Nutrition Service the summer between my first and second year of veterinary school, which gave me an excellent introduction to the world of veterinary nutrition. I also looked for various opportunities during my time in veterinary school to improve my knowledge base of clinical nutrition, including elective studies, external and internal rotations during my clinical year, and becoming a Purina Student Representative. By the time I reached the end of veterinary school, I was sold on pursuing a residency in veterinary nutrition and was fortunate to complete it at my alma mater, University of Tennessee.

2 What is one thing you wish you could tell general practitioners regarding your specialty?

There are so many good opportunities to practice good nutrition at the GP level. I would encourage general practitioners

to seek out continuing education from a Board-Certified Veterinary Nutritionist who can provide many great tips for clinical practice.

3 What is one thing that clients (pet owners) could do that would make your job more satisfying?

Be prepared to give us a good nutrition history. When I'm taking a diet history, I want an owner to tell me everything they are putting in their dog or cat's mouth throughout the day. This is not only their main diet but treats, food for medication administration, supplements, and medications. I know it's not always easy to disclose extra foods, snacks, or rewards, but it's important for us to have this information to make the best recommendations for their pet and ensure they are on a proper diet.

4 What is the most rewarding part of your job?

In the clinic, it's being able to help severely sick animals find

a diet that works well for them and can help better manage their disease. There are many examples, but several cases with protein-losing enteropathy come to mind. My experience in industry has provided many opportunities to serve the "greater good" in veterinary medicine. Providing education and support to veterinarians to help them make the best choices for their patients has been very rewarding.

5 What advice would you give to someone considering your specialty?

Look for different networking opportunities in veterinary nutrition. This can be accomplished through attending nutrition-related events or setting up external rotations. There are some great organizations like the American Academy of Veterinary Nutrition that have free student membership and an annual symposium.

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AAHA MEMBER

Employee of the Month

Jade Petrie, RVT

Technician Supervisor

VCA Welborn Animal Hospital,
Kansas City, Kansas

Year started in vet medicine: 2006

Years with practice: 6

Nominated by
Marcia Buzhardt, DVM

Why is Jade so awesome?

Jade is extremely knowledgeable and gives 110% every day. Her primary goal is to make sure that each patient has the best experience possible and receives excellent care. She is also an amazing educator and does a great job teaching other staff members every day.

How does she go above and beyond?

She is always available when her staff needs her and provides great follow-up care to our patients.

Each month in *Trends*, we will spotlight a team member from an AAHA-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, and you can win \$500 in gift cards courtesy of CareCredit!*



*The Employee of the Month contest is administered by AAHA.

In their own words:



Why do you love your job:

I love my job because I never stop learning!
I love being able to advocate for my patients and educating clients.



Pets at home:

3 big dogs! Champ, Celine, and Daphne.



What brought you to the profession:

While in my first year college I was unsure of what I wanted to do. When I sat down and thought about it, I began to research what kind of jobs involved working with animals. I found a great vet tech school in the area and made that my career pathway.



Favorite Celebrity:

Anthony Kiedis



Hobbies outside of work:

Yoga, traveling, and going to concerts.



Favorite TV show:

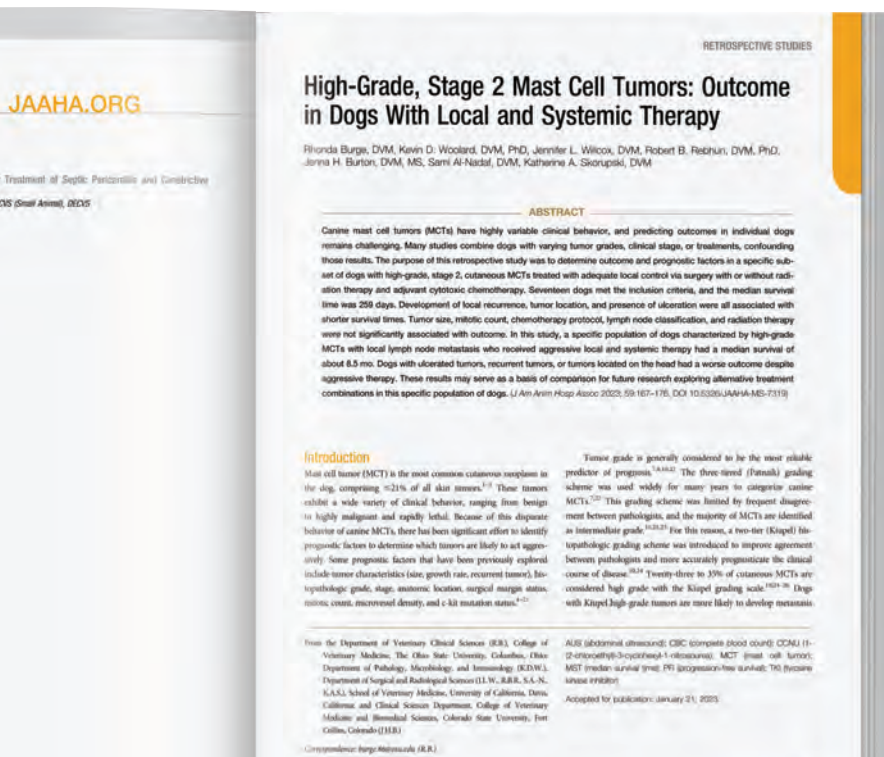
Criminal Minds

Photo courtesy of Jade Petrie

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All submissions go through a peer-review process and are carefully evaluated by the *JAAHA* section editors, a team of top-tier specialists in a wide variety of fields from oncology to soft tissue surgery. Reviewers and editors will make every effort to expeditiously review manuscripts and move them through the publication process as quickly as possible.



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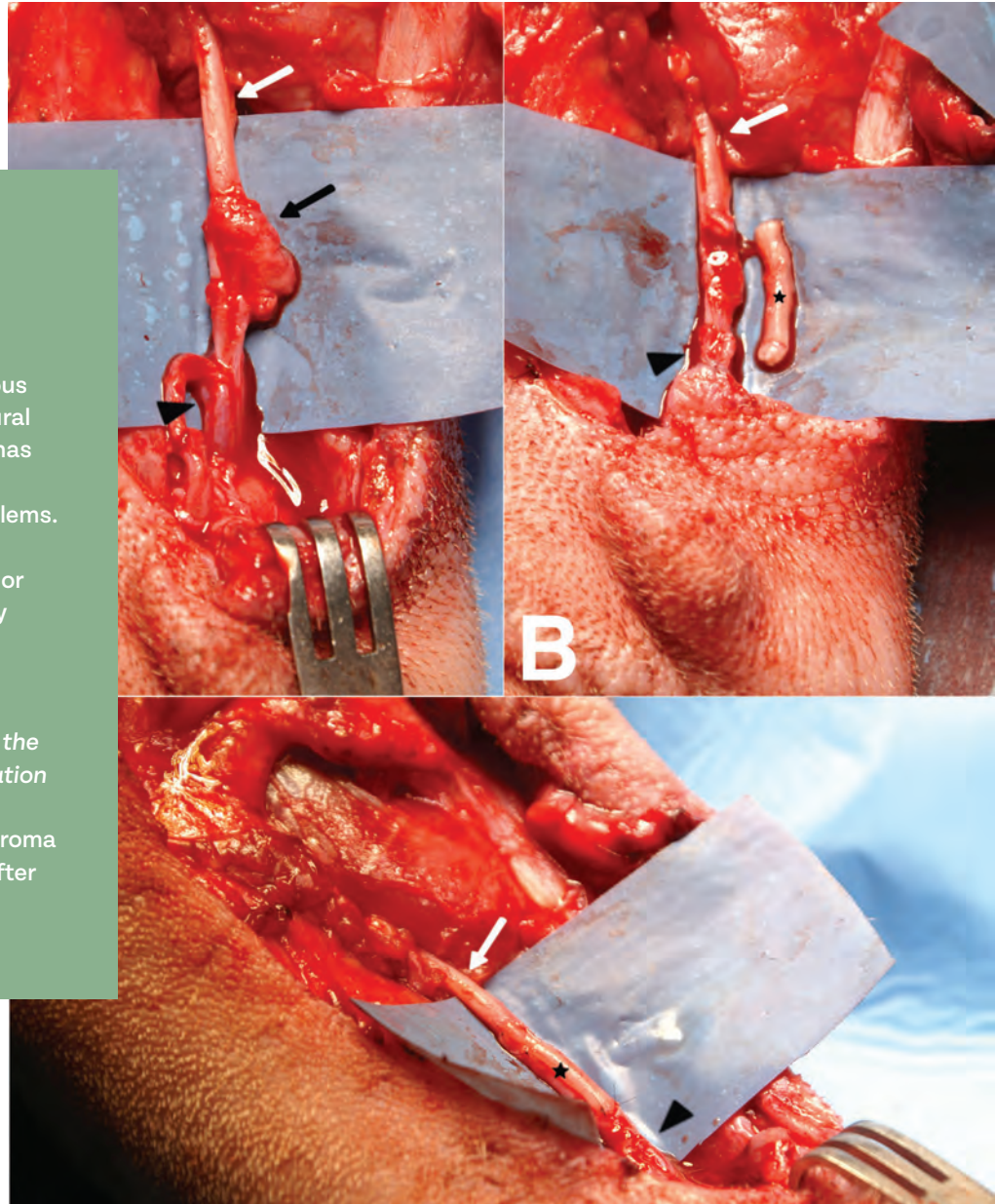


Case Report of the Month

Tibial Nerve Neuroma

A neuroma is a type of noncancerous nerve tissue that grows during neural fiber regeneration after the nerve has been damaged. It can cause pain, motor dysfunction, and other problems. Neuromas can develop following amputation (such as tail docking), or from accidental or iatrogenic injury (injury due to unrelated medical treatments such as surgeries).

A new case report in the *Journal of the American Animal Hospital Association (JAAHA)* describes how surgeons managed a painful tibial nerve neuroma that developed relatively quickly after the nerve was damaged during a previous medical procedure.



Find out how long it took for the pain to disappear in the latest issue of JAAHA, “*Management of an Early-Onset, Painful Tibial Nerve Neuroma Using an Autologous Nerve Graft,*” at jaaha.org.

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Exotic Pet Care Deserts

What Are Compassionate Practitioners to Do?

BY ANGELA M. LENNOX, DVM, DABVP (AVIAN, EXOTIC COMPANION MAMMAL), DECZM (SMALL MAMMAL)



A client calls asking for emergency care for her lethargic, anorexic guinea pig; she's called multiple practices in her area but received the same response: we don't see exotics. The nearest hospital that will accept these patients is two states away.

"Veterinary care desert" is a newly introduced term for areas lacking high quality veterinary services. The term is a twist on the original "food deserts," which referred to areas with no access to high-quality, nutritious food. The Journal of the American Veterinary Medical Association recently published an article with the goal of developing a formal definition of veterinary care desert in order to target intervention. The authors of the study determined that a veterinary care desert was "a geographic area where accessible, affordable, and available veterinary care is limited."

In this light, we could also define an "exotic pet care desert" as an area where there are no veterinarians with skills or interest in exotic animal medicine and

surgery. In such an area, how can a general practitioner provide compassionate care to an animal they are not familiar with? Let's start with some basics.

What Are "Exotic" Pets?

The term "exotic" can be confusing. Domesticated rabbits aren't really "exotic" in the general sense of the word. For this reason, the clearest definition of exotic pets is pets that are not dogs, cats, horses, or farm animals.

The American Board of Veterinary Practitioners (ABVP) currently recognizes three exotic specialties: Avian, Reptile and Amphibian, and Exotic Companion Mammal. The first two are clear and self-explanatory. The third specialty, Exotic Companion Mammal, was adopted for mammal specialists. The ABVP says that the approximate breakdown for this specialty equates to 40% rabbits, 40% ferrets, and 20% mice, rats, and other pets. A new ABVP specialty for fish practitioners is also on the horizon.

As exotic pet ownership and demands for veterinary care

Photos by Katie Lennox-Philbeck

increase, the demand for exotics services increases. This coincides with an increase in demand for veterinary services in general, regardless of practice type. The American Pet Products Association reports that as of 2024, 65 million households own dogs, 46.5 million households own cats, and about 34 million households own some type of exotic pet. That means that 1 of every 10 US households owns an exotic pet.

Even so, it's understandable why a practitioner would not want to offer medicine and surgery for unfamiliar species. Exotics-only practitioners feel the same way about being asked to treat a sick horse.

The AVMA professional liability trust (PLIT) does not

offer clear guidelines for offering care for unfamiliar species for humanitarian reasons and refers questions on legalities and liabilities to individual state veterinary practice boards. So, the question remains, if a worried pet owner is out of options, what can a general practitioner do to help?

When owners request care for exotic pets—in particular for urgent care—and there isn't a practice in the area willing to see them, three choices emerge:

1. Simply turn these patients away, which never feels quite right.
2. Develop a minimal compassionate skill set to provide comfort and, if necessary, humane

euthanasia services. In addition, practices can maintain a list of referral centers that may be out of town or even out of state.

3. Take steps to actually gain proficiency in exotic pet medicine.

For the purposes of this article, we will focus on the second and third choices: how to develop a minimal compassionate skill set and how to begin to pursue proficiency in exotic medicine.

Developing a Minimal Compassionate Skill Set

The goal of developing a minimal compassionate skill set is to provide some degree of comfort and supportive care for exotic pets while owners arrange to travel to see an expert, or in more serious cases, consider euthanasia.

This includes warming the animal to normal or preferred body temperature, administration of fluids for rehydration (often subcutaneously), and analgesia if indicated.

First-year exotic animal interns and residents are reminded not to wear “exotics blinders” and expect exotic pets to only suffer from their unique exotic diseases. Basic veterinary curricula and additional postgraduate training (e.g., rotating internships) are used as a basis for understanding basic body systems and diseases. This is particularly applicable for exotic mammals, but to a lesser degree for birds and reptiles with unique nonmammalian body systems.

The following two examples illustrate how a practice could handle a request to treat an exotic pet.

Exotic Resources

Free content including performing safe physical exams and basic procedures are available online at the following websites (both require setting up an account):

Exotic companion mammals:

Oxbow Animal Health, oxbowanimalhealth.com

All exotic species: LaFeber Vet, lafeber.com/vet

Texts

These textbooks are specifically designed for searching by species and sign/symptoms with in-depth clinical details.

- *Blackwell's 5 Minute Veterinary Consult: Small Mammal*, Wiley/Blackwell
- *Blackwell's 5 Minute Veterinary Consult: Avian*, Wiley/Blackwell
- *Clinical Veterinary Advisor: Birds and Exotic Pets*, Elsevier
- *Carpenter's Exotic Animal Formulary*, 6th ed., Elsevier, contains a wealth of information on drug dosing, and also contains normal physiologic data (including body temperatures, clin path reference ranges, and other parameters) for many exotic mammals, birds (including poultry), and reptiles.

Example One

Owners call for help with a 6-year-old male neutered rabbit experiencing an apparent sudden 24-hour onset of respiratory distress. **What do you do?**

Step 1: The Basics

First, use what you know. In general, you know that increased inspiratory effort likely reflects upper airway disease (nasal cavity, trachea). Increased expiratory effort likely reflects lower airway or cardiorespiratory disease.

You discover that this rabbit is showing increased inspiratory effort. Once again, you can refer to your general knowledge and consider what would be a reasonable diagnostic list for suspected inspiratory distress in any species.

Upper respiratory issues involve the nasal cavity, trachea, and all related structures. Check for signs of infection, neoplasia, or foreign bodies. Don't forget that mixed presentations are also possible, so even if you find one issue, keep

looking until you have ruled out all possibilities.

Step 2: Research

Turn to *Blackwell's 5-Minute Veterinary Consult*, look up "Rabbit" and "Dyspnea/Tachypnea."

The first paragraph advises that rabbits are obligate nasal breathers, and dyspnea-related disease of the nasal cavity is much more severe in this species than one capable of mouth breathing.

Use the general knowledge of causes of dyspnea in traditional mammals and read the next sections on physical exam findings, causes, and risk factors. What is unique to rabbits?

Step 3: Treatment and Handling

In any species, what initial treatment/handling is appropriate?

5-Minute Consult suggests oxygen support, quiet environment, maintenance of hydration; at a minimum consider warmed fluids administered subcutaneously (see image below).

Turn to *Clinical Veterinary*

Advisor's chapter on upper respiratory tract disorders in rabbits: A differential diagnosis list includes nasal foreign bodies, rare neoplasia, primary bacterial rhinitis, etc.

Step 4: Diagnostics

In any species, what diagnostics might be helpful?

Both references suggest diagnostic imaging and blood work and culture in case of nasal discharge (deep nasal culture).

If radiographs are chosen, what modifications might be made for radiography in any severely dyspneic animal (including a cat)? Sedation, dorsoventral instead of ventrodorsal radiographs, and horizontal-beam radiographs to reduce stress of handling and positioning.

Step 5: Infection Control

The Exotic Animal Formulary gives suggested safe doses for antimicrobials if an infectious etiology is suspected.

Final step: Referral

Prepare to refer the patient to an exotic specialist. I regularly treat exotic patients from six surrounding states and Canada. You may be surprised how willing owners are to travel when given the option.

All three professional organizations for exotics have websites with find-a-vet functions: **Association of Avian Veterinarians:** aav.org

Association of Exotic Mammal Veterinarians: aemv.org

Association of Reptile and Amphibian Veterinarians: arav.org

The American Board of Veterinary Practitioners maintains a similar search function for board-certified specialists in avian, exotic mammal and reptile/amphibian medicine; see abvp.com



Subcutaneous injections of warmed crystalloid fluids into a rabbit

Example Two

Owners call for help with a barely responsive bearded dragon who has been increasingly less active for the last week and has not taken food or water for 48 hours. **What do you do?**

Step 1: Stabilization

What can you offer this patient while the owners arrange a visit to an exotics specialist?

First, warm the patient to their preferred optimal temperature zone. Ideal temperature zone data is available in *The Exotic Animal Formulary*.

Next, give subcutaneous (SQ) fluids to rehydrate the patient (See photo). *The Exotic Animal Formulary* gives information on routes and volumes of fluids for rehydration.

Step 2a: Referral

If the patient can be stabilized and euthanasia is not warranted, the next step would be to find an exotic expert for referral. See the previous example for resources on finding an exotics expert near you. Hopefully this patient will be able to be seen by a specialist. However, if the animal is suffering and euthanasia seems like the most humane option, below details best practices for handling this unfortunate situation.

Step 2b: Euthanasia for Exotic Pets

Euthanasia for exotic pets is not difficult and relies on non-IV injection techniques only, which can be accomplished with minimal familiarity and skills.

The following is the euthanasia technique for birds, mammals, and reptiles (this is appropriate whether or not the owner wishes to be present). Pets must be warm and ideally well hydrated for best effect.

1: Administer a high dosage of anesthetics combined into a single syringe intramuscularly (IM) or SQ using minimal restraint techniques. (See table for agents and dosages.)

Take the patient from the owner briefly. (Explain as we cannot inject a small pet while the owner is holding due to risk of needle stick or a bite/scratch from the pet during the injection).

Return the pet to the owner soon after the injection.

2: Determine that the patient is absolutely unconscious and not responding to noxious stimuli, such

as a toe pinch.

Be aware some patients may die from anesthetics alone. Also be aware some may require additional dosages, e.g., poor distribution in cold, hypovolemic patients with poor organ function.

3: Administer euthanasia solution intraorgan or simply IM. For mammals: intrarenal, intrahepatic, intracardiac, intracelomic or IM. For birds: IM into the pectoral (breast) muscle (not intracelomic due to the presence of air sacs). For reptiles: intrahepatic, intracardiac, intracelomic, or IM.



By far, the best way to serve your clients and their exotic pets is to gain proficiency in exotic pet medicine. True mastery of exotic medicine can take a long time, but even learning some basic skills can help.

Table: Agents and dosages useful for anesthesia before euthanasia

Agents and dosages useful for anesthesia before euthanasia in exotic pet species. Selected agents (usually 2–4) are combined into a single syringe and injected IM or SQ using low-stress, minimal-handling techniques. This is best accomplished in a warm, optimally hydrated animal. (Dosages are based on the author’s own personal preferences.)

Agent	Dosage (mg/kg)	Comment
Xylazine	10–40	Inexpensive and effective, pain upon injection is likely to be minimal
Opioids	Standard therapeutic dosages (see <i>Exotic Animal Formulary</i>)	Enhances effects of other agents, analgesia
Dexmedetomidine	0.02–0.10	Very effective in high doses but is relatively expensive
Ketamine	10–20	Effective when combined with other agents, but produces pain upon injection. Not preferred for this reason
Alfaxalone	5–20 10–20 mg/L H ₂ O	Lower doses are highly effective when combined with other agents. Much higher (up to 10x higher) dosages required when used alone; relatively expensive Fish
Tiletamine-zolazepam	20	
Midazolam	1–2	Antianxiety; to enhance other agents listed above
Acepromazine	0.5–1	

Take Steps to Gain Proficiency in Exotic Pet Medicine

By far, the best way to serve your clients and their exotic pets is to gain proficiency in exotic pet medicine. True mastery of exotic medicine can take a long time, but even learning some basic skills can help.

A good first start is membership in one or more of the exotic pet professional organizations, such as the Association of Avian Veterinarians (AAV), the Association of Exotic Mammal Veterinarians (AEMV), and the Association of Reptile and Amphibian Veterinarians (ARAV).

Each one sponsors an outstanding conference with basic and advanced topics; all include wet lab and practical hands-on opportunities. In addition, the AEMV and AAV websites offer Registry of

Approved Continuing Education (RACE) and non-RACE approved online lectures.

Other opportunities for high volume/quality exotic continuing education include large national veterinary conferences and a number of regional conferences.

Call an exotic specialist or expert and ask to shadow for

a few days or more. You would be surprised how many exotic colleagues would be happy to accommodate.

A few basic skills and resources can help owners in Exotic Pet Care Deserts and go a long way to reducing stress and suffering in this unique and growing class of pets. ■

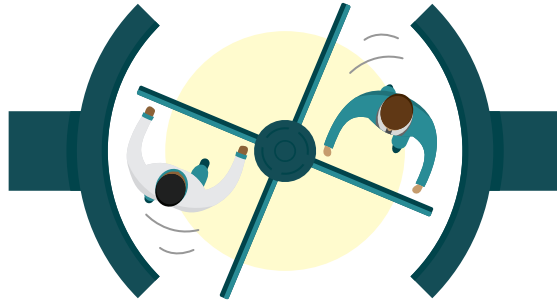




Practice Ownership Exit (and Entry) Strategies

Veterinary Consolidation and Opportunities
for Innovation in Private Ownership

BY ROXANNE HAWN



A *Pet Industry Outlook: Veterinary Services and Pet Product Retailing* report in 2018 from Packaged

Facts projected 30% of veterinary practices going up for sale between 2018 and 2028. Not surprisingly, that estimate mirrors veterinary practices still owned by Baby Boomers looking to retire.

According to Monica Dixon Perry, CVPM, though, there's really a spectrum of possible sellers, including younger veterinary owners. "It used to be if you were going to sell, you were doing it more for retirement purposes, and that's definitely not the case anymore," she says. "Some people are trying to sell because just running and operating a practice is overwhelming."

Here's the hitch: Many practice owners start thinking about selling too late—whether they hope to sell to an individual or a corporation. That's because finding a practitioner-buyer other than an associate can take several years, and consolidators typically require sellers to keep working for years.

Younger owners, ages 60 and below, should start thinking about their own exit strategies and

monitor the changing marketplace. Dixon Perry says, "I honestly think that when you first purchase your practice or your startup, that there should be somewhat of a thought process of 'what would my exit strategy look like?'"

In the current state of veterinary ownership, options exist for both buyers and sellers, but there's little chance things will go back to the way they were.

50% Consolidation in 2024

For one thing, Win Lippincott with Ackerman Group describes a bifurcated market that separates practices sellable to "corporate entities" and those that aren't, namely, one-doctor practices and/or those in places where the demographics and costs don't support profitability. Ideal practices for corporate purchase now need good geographies, four or more doctors, and over \$750,000 of earnings before interest, taxes, depreciation, and amortization (EBITDA), according to an Ackerman Group report. Left somewhere in the middle? Two- and three-doctor practices.

People often cite estimates that

consolidators own approximately 80% of specialty hospitals and around 30% of general practices. However, Lippincott explains that if you look at the bulk of the veterinary market—general, specialty, and ER/urgent care—but exclude one-doctor practices and clinics in places like Tractor Supply as well as vaccination-only and spay/neuter clinics, then "50% of the market will be consolidated this year. It will cross that threshold."

Minus those exclusions in the future, Lippincott says, "about 90% of this profession could be consolidated."

The Future of Private / Locally Owned Practices

Does this mean the extinction of private and locally owned practices? Probably not, but it'll take creativity.

"I think that the future of independent practice is very bright," Peter Weinstein, DVM, MBA, says. "I think it's our responsibility, globally, but even more so the independent hospital owners to come together collaboratively and work to keep a strong focus on creating more and more successful, independent

practices for the future. I believe there's a great place for corporations in the profession, but I also think that the heart and soul, the bread and butter, and whatever cliché you want to put in there, is all about the veterinarian who is part of and contributes to the community."

Dixon Perry agrees that some in the profession want private ownership "to still be a living, breathing part of what has molded the veterinary industry over decades."

Despite the current pressures

"I believe there's a great place for corporations in the profession, but I also think that the heart and soul, the bread and butter, and whatever cliché you want to put in there, is all about the veterinarian who is part of and contributes to the community."

Peter Weinstein, DVM, MBA

What Clients Say & What They Don't Understand

A 2023 report from Packaged Facts called *Veterinary Services in the US: Competing for the Pet Care Customer* says that, despite consolidation, "local veterinarians are preserving their customer draw: 67% of dog owners and 64% of cat owners who used veterinary services opted for local providers."

However, this is self-reported survey data, and most consolidators keep the names of veterinary practices the same. This means clients don't know who really owns practices or how private equity firms affect things.

in veterinary medicine, she adds, "It doesn't mean you can't be a business owner or an effective business owner when things happen. I think if there were resources out there for veterinarians to better prepare them for the pros and cons of ownership, then it wouldn't have been such a tough road for a lot of folks when COVID hit."

Weinstein's part in possible solutions is an "online product that will provide 24 hours of training for those individuals who want to buy a hospital or start up a hospital." It's called Veterinary Ownership Advocates and launched in spring 2024.

Lippincott says, "For the segment where their only opportunity is to sell to another doctor, this market segment has been incredibly stable for decades."

Yet, consolidation activity inflated owners' perceptions of practice valuations. Often, there's a mismatch between what the seller wants financially and what practitioner-buyers can pay or banks will loan.

"There's just too big of a gap between what the perceived value is by the owner and what their actual value is on the marketplace," Cody Creelman, DVM, says. "It's only worth something if you can sell it... Owners aren't recognizing or realizing things have shifted dramatically [since December 2022]. This is a buyer's market; there's no question."

For those hoping to sell, there are a number of avenues to explore.

Succession Via Associate

Veterinary ownership followed a predictable pattern of succession from about the 1960s to the early 2000s, with one generation easing the next into ownership. These sales still happen, just not nearly as much and only for smaller practices. Such direct succession requires alignments in finances, values, timing, and even interest in veterinary practice ownership, all of which shifted with generational, demographic, and debt changes in the profession.

Creelman says, "There's now an orphan generation of veterinarians

Pros and Cons of Different Types of Sales

Type of Sale	Pros for Seller	Cons for Seller	Other Notes
Owner to associate	<ul style="list-style-type: none"> Pass on legacy in community Support private ownership Faster exit 	<ul style="list-style-type: none"> Lower purchase price 	<ul style="list-style-type: none"> Valuation formulas driven by banks
Doctor to doctor	<ul style="list-style-type: none"> Support private ownership Faster exit 	<ul style="list-style-type: none"> Lower purchase price May take years to find buyer Reliant on geography 	<ul style="list-style-type: none"> Valuation formulas driven by banks
Corporate	<ul style="list-style-type: none"> Likely higher purchase price Additional income and equity enticements Hand off administrative responsibilities Focus only on patients and clients 	<ul style="list-style-type: none"> Only certain practices eligible Requirements to stay on as an associate practitioner for several years Potentially difficult transition 	

that nobody’s talked to, for the last 10 years, about whether business ownership is a good idea. That old model is completely broken, so now you’re going to have veterinarians across the board essentially close their practices because there’s nobody left to buy them.”

Creelman adds that corporate consolidation contributed to this gap in ownership consideration for many younger veterinarians. Yet, he explains, “I’m not saying that corporate consolidation is

bad. What I’m saying is that there was definitely a fundamental shift. Essentially there was now this new corporate buyer, and nobody was focusing on these associates.”

Doctor-to-Doctor Sales

For smaller practices that consolidators overlook such as one- and two-doctor practices, a sale to another practitioner can take years, depending on location, before “you find someone who’s even willing to kick the tires,” according to Lippincott.

“It’s incredibly reliant on geography,” he said. “You need to find a doctor who wants to live in your city and who doesn’t want to work with you. They want to fill your shoes.”

Weinstein sees a way forward for sellers of seemingly stranded practices. They may be exactly what Gen Z and younger desire.

“Going to a small town and being an integral part of the community is a great way to give back,” Weinstein said.



“Gone are the days when VCA shows up at your practice with a briefcase of cash.”

Win Lippincott with Ackerman Group

De Novo Practices

The term de novo refers to veterinary practice startups that hope to approach practice and clients in fresh ways. For example, Creelman describes Fen Vet, a de novo he founded in Canada, as “reimagining the veterinary care experience” by using methods from a book called *Blue Ocean Strategy*. From three practices now, he hopes to build a chain of 100 veterinary clinics and “convert

my business entity into an ESOP, an employee shared ownership plan, where employees then become the owners at the end of my career.”

No-Lo Practices

This term refers to veterinary practices that—by design or default—generate little or no purchasable value to anyone else; they simply pay the DVM's personal bills. Weinstein calls it “owning your job.”

Yet, he suggests setting up a veterinary business that supports what practitioners want lifestyle-wise could include creative partnerships of two or more doctors to “build a business that has greater value than either one of them would have working by themselves.”

Corporate Consolidators

Veterinary consolidation purchases dropped considerably starting in December 2022, after several wild-west years with record-high valuations and booming practice sales when borrowing money seemed free and risk seemed low. If not entirely burst, the bubble sprang a significant leak. Interest rates rose, skyrocketing pandemic

demand for care normalized, and consolidators felt the brunt of veterinary business realities.

“There really has been a reset,” Chris Kelly says. Via his work at Antelligence, Kelly provides financial news, mergers, acquisitions, trends, insights, and data from the animal health market. He explains that during the heyday of consolidation, some people did very well, but the pace has now slowed.

With hopes of 2024 interest rate cuts dashed, the number and values of practice purchases likely will not rebound as much as predicted. Plus, Lippincott says, “Gone are the days when VCA shows up at your practice with a briefcase of cash.” Gone too? EBITDA multiples in the high teens. In addition, expect less cash up front and more complex, “structured” deals. For context, similar trends are happening in human dentistry consolidation, with a mirrored drop in both purchases and valuations.

Now, consolidators offer enticements to sellers to keep them working in the practice:

- Earn outs, where sellers receive a second, later payout if the practice performs above thresholds set in the

Market Watch

Interested in tracking the market? Here are some resources:

Quarterly Market Update from Ackerman Group

Cost: Free

The Fountain Report from Antelligence

Cost: Paid subscription, includes quarterly updates to the Enterprise Practice Report

Private Equity Concerns

Brendan Ballou's 2023 book *Plunder: Private Equity's Plan to Pillage America* and article for *The Nation* called "How private equity is killing your pets" caused a stir. Ballou is a US Department of Justice federal prosecutor, who served as special counsel for private equity in the Antitrust Division.

The book describes several problems with the private equity business model:

1. It's based on short-term ownership plans, with fast extraction of cash and little consideration of the long-term health of the companies purchased.
2. "Because private equity firms invest little of their own money but receive an outsized share of potential profits, they are encouraged to

take huge risks. In practice, this means loading companies up with debt and extracting onerous fees," Ballou says in his book.

3. With ownership technically divided between several legal entities, he explains, private equity firms are rarely held responsible for the debts and actions of the companies they operate.

In his book, Ballou goes on to say that the "high-risk, low-consequence ownership explain why private equity firms' efforts to make companies profitable so often prove disastrous for everyone except the private equity firms themselves." He says this affects consumers because private equity can use their increased market power to charge more and give less in return.

sales contract.

- Cash plus TopCo stock, where a percentage of the purchase price is cash, and the rest is paid in stock of the parent company.
- Joint ventures, where the consolidator buys into the practice (more than 51%, but less than 90%)—turning the seller into a minority owner, who then can benefit from pro-rated profits as well as a later full buyout at the practice's anticipated higher value.
- Equity or buy-in options for associate veterinarians, from some consolidators.

Potential equity gains are more likely if/when the private equity group later "recapitalizes." Roger Redman, DVM, also with Ackerman Group, explains that means the consolidator does not change, but the bank or private equity group funding them does.

The phrase "golden handcuffs" warns of potential

repercussions of these incentives and of not sticking around or not transitioning effectively.

Redman sees these deals from all sides. He sold his practice to a corporate entity. He worked for a veterinary corporation, and now he represents DVM sellers seeking corporate deals. He says that these consolidation sales help practitioners "get rid of a lot of the administrative burden," including HR, benefits, taxes, legal, and marketing. "Now," he says, "I get to concentrate on what I love doing, and that's taking care of our four-legged friends."

In addition, Redman mentions that practitioners who also own the land and facilities may gain real estate benefits from long-term leases to the new owner as well as potential purchase interest from veterinary real estate consolidators.

Creativity and What Matters (to You)

Dixon Perry recommends being mindful of all the options as well

as not waiting "until the 11th hour" to think about selling.

Practice owners who want to keep the business privately owned need to hire with future ownership in mind and actively coach and test for a good succession match. Those targeting a corporate sale need to plan for the staying-on period so that the sale doesn't exceed retirement timeline goals.

Some industry watchers wonder how state or local governments or even developers may get involved to address or prevent veterinary deserts. In demographically at-risk areas, counties or city councils might consider funding a veterinary facility and recruiting practitioners with scholarships or debt help.

Weinstein points to Marshall Goldsmith's famous quote: "What got you here won't get you there." In other words, the future of veterinary practice ownership requires new strategies because the traditional ones probably aren't coming back. ■

Snuffle, Cough, Snort: Beyond the “Wrong Tube”

Can Diet Help Manage Aerodigestive Disorders in Dogs?

BY AIDA I. VIENTÓS-PLOTTS, DVM, PHD, DACVIM (SMALL ANIMAL INTERNAL MEDICINE)

Historically, veterinary medicine has primarily approached respiratory and gastrointestinal clinical signs as independent problems. However, given the shared anatomy of the upper respiratory tract and gastrointestinal tract, it is impossible to separate these disorders.

These two regions include the upper airways (pharynx, nasopharynx, larynx), lower airways, pulmonary parenchyma, esophagus, and stomach. Aerodigestive disorders represent a wide range of conditions localized to shared anatomic regions for swallowing and breathing. They often reflect failures of airway protection, allowing for the entrance of food, water, and salivary secretions directly into the respiratory tract.

Recent publications have highlighted the link between respiratory signs—primarily cough—and gastrointestinal

diseases. In one study of dogs presenting exclusively for cough and no gastrointestinal signs, at least one abnormality in swallowing was found via videofluoroscopic swallow study in 81% of dogs, with some of those dogs having normal thoracic radiographs. Some signs of aerodigestive problems include:

- **Cough** is an airway protective mechanism that can be associated with primary or secondary respiratory disorders.
- **Gagging or increased effort when swallowing** could localize the problem to the pharynx.
- **Neck extension, repeated lip licking, and repetitive dry swallowing** can be associated with gastroesophageal reflux.
- **Reverse sneezing** can be observed with nasopharyngeal reflux, pharyngeal collapse, or gastroesophageal reflux.

- **Respiratory distress** can occur after severe/acute aspiration events or acute upper airway obstruction episodes.
- **Vomiting, regurgitation, stertor, stridor, and throat clearing** are common presenting complaints.

Specific Aerodigestive Disorders

In order to determine the link between a patient’s diet and an aerodigestive disorder, we first need to recognize the problem. Let’s take a look at some of the specific aerodigestive disorders that are recognized in dogs.

Aspiration pneumonia

is caused by inhalation of foreign material, including saliva, gastric contents, food, and liquids into the lungs, resulting in a secondary bacterial infection.



Aspiration pneumonitis

results from inhalation of foreign material such as saliva, gastric contents, food, and liquids into the lungs, resulting in a severe inflammatory response but not associated with infection.

Brachycephalic obstructive airway syndrome (BOAS)

Abnormalities in dogs with BOAS include stenotic nares, a long soft palate, laryngeal collapse, macroglossia, abnormal nasal turbinates, and a narrow trachea.

Dental disease

Patients with severe dental disease can experience dysphagia due to pain and inadequate coordination of movements associated with swallowing.

Gastroesophageal reflux disease (GERD)

A condition where stomach contents pass backward into the esophagus. High acid and digestive contents can damage the esophagus, leading to clinical signs (GERD). If reflux extends further backward, it can cause extra-esophageal reflux

(EERD) affecting the throat, nasal passages, or airways/lungs.

Laryngeal collapse

A secondary change due to progressive BOAS. Dogs with BOAS experience increased upper airway resistance, leading to negative pressure within the larynx, resulting in cartilage weakening and deformation.

Laryngeal paralysis

is the failure of the laryngeal musculature to properly move the arytenoid cartilages. This can lead to signs of upper respiratory obstruction and aspiration of food and liquids. Laryngeal paralysis can be inherited or acquired.

Lower esophageal sphincter achalasia/dyssynchrony

is a functional obstruction of the lower esophageal sphincter (LES) causing megaesophagus. The sphincter fails to open (achalasia) or opens at inappropriate times (dyssynchrony) during swallowing.

Megaesophagus

is a disorder of the muscular

esophagus, resulting in dilation and poor movement of food into the stomach. Frequent regurgitation and weight loss occur.

Nasopharyngeal reflux

is characterized by retrograde movement of food from the oropharynx into the nasopharynx.

Pharyngeal weakness

is indicated by the absence of robust pharyngeal contraction, leading to inefficient bolus movement into the esophagus. This is often observed with nasopharyngeal reflux and macroaspiration of kibble.

Sliding hiatal hernia

occurs when part of the stomach periodically moves into the chest cavity. Patients with hiatal hernias are prone to regurgitation, gastroesophageal reflux, esophagitis, and complications such as upper and lower airway inflammation and aspiration pneumonia.

Upper esophageal sphincter achalasia/dyssynchrony

is the failure of the upper esophageal sphincter (UES) to relax



(achalasia) or adequately relax in response to food in the oropharynx (dyssynchrony). This can manifest as difficulty swallowing, gagging, increased salivation, and hard swallowing. Reflux into the nasopharynx may lead to aspiration into the trachea.

Making the Diagnosis

Diagnostic approaches for patients with respiratory or gastrointestinal signs vary depending on the presentation. In addition to obtaining a thorough history and performing a comprehensive physical exam, the following steps are essential for accurate diagnosis.

Oral Exam

An oral examination is essential to rule out dental disease, which can contribute to dysphagia and other symptoms.

6-Minute Walk Test

This simple test evaluates a patient's ability to oxygenate and thermoregulate after six minutes of brisk walking. It provides insights into overall respiratory function.

Thoracic Radiographs

Radiographs may be recommended in dogs with clinical signs suggestive of aspiration. They help assess lung health and identify abnormalities.

Videofluoroscopic Swallow Study

During this test, patients are offered three consistencies of food (liquid, slurry, and kibble) while eating in a natural position (free-standing). It assesses swallowing function and detects any abnormalities.

Echocardiogram

A brief or complete echocardiogram can screen for pulmonary hypertension, especially in dogs exhibiting clinical signs associated with obstructive sleep apnea.

Nutritional History is Essential

The aforementioned tests have proven to be crucial in the management of aerodigestive disorders. However, the information gathered from them is not useful unless it is interpreted in the context of the patient's nutrition. Understanding a pet's nutritional history is crucial for managing aerodigestive disorders. Let's break down the questions and considerations related to nutrition:

1. **What does the pet eat?** Include brand, flavor, and consistency. It's essential to positively identify the food bag.

2. **How much does the pet eat?** Specify whether it's a measuring cup or a different unit (e.g., 7-Eleven cup).
3. **How long has the pet been eating the current diet?**
4. **Is there a particular reason the pet is fed the current diet?**
5. **Diet history:** What other foods have been fed in the past? Include brand, flavor, and consistency. Why was the diet changed? Were clinical signs better, worse, or unchanged when the diet was changed?
6. **If the patient eats more than one kind of food consistency or different recipes:** What is the proportion of the diets? Is there one consistency that appears more problematic (e.g., difficulty swallowing kibble vs. drinking water or eating canned food)?
7. **How often does the pet eat?**
8. **Does the pet receive any treats?** Specify the consistency of those treats (soft, chewable, hard). How often does your pet receive treats, and how many per day?
9. **Does the pet experience any of the following during eating or drinking?**
 - Coughing, gagging, throat clearing

- Flatulence or burping (especially in association with eating)
- Being a “fast” eater

10. Do you have any videos of concerning behaviors?

Once we have this data, we can focus on deciphering the macronutrient profile of the pet’s diet, particularly the fat content. The Association of American Feed Control Officials’ (AAFCO) pet food regulations dictate that commercially available foods must list a guaranteed analysis (GA). While pet food labels provide a GA, it’s essential to understand that “crude” nutrients include both digestible and indigestible components. For example, the minimum crude protein listed may not represent fully digestible protein. Similarly, crude fat is listed as a minimum, but actual fat content may be higher.

This can be very misleading and confusing for owners. To determine a more accurate contribution of protein, fat, and carbohydrates, consider using metabolizable energy (ME). ME reflects the net energy available after digestion and absorption. Online calculators, such as the one on BalanceIt.com, can help calculate ME. The GA converter is one of several tools provided by this company which was originally created by a board-certified veterinary nutritionist.

How Does This Information Help Us Treat Aerodigestive Disorders?

After gaining an understanding of the patient’s diet and asking the right questions, we can then determine a course of action. Let’s delve into how this information

helps shape the treatment plan for aerodigestive conditions:

Determining Fat Content (ME%)

For patients with gastroesophageal reflux, calculating the percentage of fat in their diet is essential. These patients benefit from smaller, more frequent meals with lower fat content. This approach promotes stomach emptying, reducing the pressure that can induce reflux or herniation.

Additionally, addressing obesity is crucial. Obesity affects various body systems, including the respiratory tract. Calculating a patient’s daily nutritional requirements for weight loss is an important aspect of management.

Identifying Problematic Diets

Understanding if one diet appears more problematic than others can guide treatment trials. For instance, if a pet coughs with water, eliminating liquid water may be attempted. Strategies include soaking and mashing kibble, feeding canned diets, or using water thickeners.

Managing Megaesophagus

Changes in diet consistency play a significant role. Patients with megaesophagus benefit from a moderate-fat, calorically dense diet. This allows them to obtain necessary calories while eating a smaller volume of food.

Nasopharyngeal Reflux and Laryngeal Paralysis

Patients with nasopharyngeal reflux and laryngeal paralysis benefit from avoiding kibble. Feeding canned diets or soaked and mashed kibble can be helpful.

These examples highlight how understanding nutrition and

asking targeted questions can impact aerodigestive disorder management. Sometimes dietary changes alone suffice, while other cases require a multifaceted approach alongside addressing underlying conditions. In situations where advanced diagnostics (e.g., videofluoroscopic swallow study) are unavailable, attempting these trials sequentially is reasonable. ■



Key Points in This Article:

- Consider aerodigestive disorders in dogs with cough, regurgitation, or recurrent aspiration pneumonia.
- Obtain a thorough dietary history to identify potential aerodigestive issues.
- Diet modifications can significantly impact patient outcomes, either as a sole intervention or in conjunction with other treatments.
- An oral examination is essential to rule out dental disease, which can contribute to dysphagia and other symptoms.
- Understanding a pet’s nutritional history is crucial for managing aerodigestive disorders.



CULTURE IN PRACTICE / **END-OF-LIFE CARE**

What Does Exceptional End-of-Life Care Look Like?

Create an Experience That Stays with Your Clients—in a Good Way

BY KRISTEN GREEN SEYMOUR

End-of-life care for pets has evolved by leaps and bounds in recent years. Modern-day practices offer many different services around this sensitive time, going beyond the traditional, limited options.

“In years past, families had the option to consider natural death at home, or euthanasia,” says Sally Jo VanOstrand, LMSW, a veterinary social worker at Stack Veterinary Hospital in Syracuse, New York. But, she says, “Times have changed—and with that, so have our options for end-of-life care.”

Beyond Goodbye: Pre-euthanasia, Hospice, and Palliative Care

Today, end-of-life care (EOLC) encompasses far more than simply the process of helping a cherished pet pass peacefully. Many EOLC specialty hospitals offer families and their beloved pets services to help them well before that final day, as well as support for the family once they’ve said their final goodbye.

“Unfortunately, many people—both clients and referring veterinarians—think that all we offer is in-home euthanasia,” says Chelsea McGivney, DVM, general manager of Caring Pathways. The

Colorado Caring Pathways practice was the first to achieve AAHA’s specialty EOLC accreditation in 2020.

One of the biggest challenges Caring Pathways and other EOLC specialty practices face is increasing awareness about pre-euthanasia services, such as teleadvice, hospice, and palliative care.

“We know how challenging it can be to manage a beloved pet who is nearing life’s end,” McGivney says. “We have a dedicated team with advanced training in hospice and palliative care to be able to support these families and their pet in the comfort of their home, ensuring that these beloved family members can continue to have the best possible quality of life until the family makes the decision to say goodbye.”

And by offering those pre-euthanasia services, they’re also able to offer families increased peace of mind when that final appointment is scheduled.

“Most pet parents agree that choosing to say goodbye even a day early is difficult,” McGivney says, “but it is preferred to being forced to say goodbye in an emergency or crisis where they have less control and choice around the situation.”

The Importance of a Team Effort

The services available to families and their pets are only part of the equation—the delivery of those services plays a crucial role, too, says VanOstrand. She added that proper delivery relies on teamwork, knowledge, and compassion.

“End-of-life care should be nothing short of exceptional when we consider the impact this care has on our patients and their families,” she says. “I like to consider the enthusiasm and thoughtfulness that goes into a patient’s first puppy/kitten visit. The staff is usually alert and anticipating these pediatric appointments, we tend to have educational material prepared for the family, we talk to the families in a way that conveys our understanding that they now have a new member of their family, and we make every effort to ensure that this puppy/kitten has an overall positive experience while in our hospital. Pets that are nearing the end of life should have similar considerations to these puppy and kitten visits,” she says.

To that end, she encourages her staff to think through the following:

- Have we anticipated the family and patient needs before they are here?

“Most pet parents agree that choosing to say goodbye even a day early is difficult, but it is preferred to being forced to say goodbye in an emergency or crisis where they have less control and choice around the situation.”

Chelsea McGivney, DVM, Caring Pathways



“End-of-life care should be nothing short of exceptional, when we consider the impact this care has on our patients and their families.”

Sally Jo VanOstrand, LMSW,
Stack Veterinary Hospital

AAHA End-of-Life-Care Accreditation

In 2020, AAHA launched an EOLC accreditation. The association developed the guidelines for EOLC in cooperation with the International Association for Animal Hospice and Palliative Care (IAAHPC) in 2016, and AAHA has maintained an ongoing relationship with the IAAHPC, which offers a comprehensive certificate training program for veterinarians who'd like to specialize in animal hospice care.

Seven practices have been EOLC-accredited since the program began, including two mobile-only practices in Ontario, Canada, three mobile-only practices in the United States, and two US-based traditional practices with EOLC accreditation.

To be eligible for AAHA's EOLC accreditation, a practice (whether it's brick-and-mortar and/or mobile) must be limited to EOLC or be already AAHA-accredited and wishing to add an EOLC practice. Practices that are not AAHA-accredited and are not standalone EOLC practices are not eligible for AAHA's EOLC accreditation.

While not every practice will be eligible for this accreditation, the guiding principles followed by practices with that accreditation are useful for any practice looking to provide the best possible experience for pet parents who are going through their most difficult moments.

Visit aaha.org/eolc to learn more.

- Do we have information available that informs families of their options and relevant resources?
- Is each staff member prepared to interact with the families conveying that we understand they are losing a loved member of their family?
- Has every attempt been made to make this experience as peaceful as possible for the patient?

VanOstrand says that a true team approach is a must. “Quality teamwork in end-of-life care means that each staff member, including the receptionist, technician, assistant, and the doctor, can all rely on each other in knowing that the family and the patient will be well taken care of.”

This isn't just helpful for the



↑ Caring Pathways veterinarian Gina Singleton, DVM, works with clients during a hospice and palliative care visit.

members of the veterinary team, but is beneficial for the family as well. After all, even if a client can't exactly pinpoint what they're looking for in EOLC, they will still take note when it's not done well—and a bad experience can easily come down to a lack of teamwork.

“Broken teamwork may leave an owner feeling neglected for a part of the end-of-life journey, and when this happens, it becomes one of the most memorable pieces of the experience,” says VanOstrand.

Take, for example, a family calling to set up a euthanasia. “[If] the receptionist that takes the call sounds bothered, distracted, or cold, this will take away from the entire

end-of-life experience no matter how well the other team members convey their understanding,” VanOstrand says. “A team that works well together will have the security to go above and beyond for those facing the difficult process of losing a pet.”

Knowledge is crucial when helping families and patients through EOLC. “Veterinary staff should know what options a family has when discussing end-of-life care and should have a list of relevant resources easily accessible for families,” says VanOstrand. “Each staff member should have an understanding of trauma-informed care and how this recognition can reduce harm to some families experiencing end-of-life care with their pets. Knowledgeable staff can facilitate a smoother process for our patients and their families.”

An Elevated Approach to EOLC

Since earning their initial EOLC accreditation in 2021, Caring

Pathways' Colorado practice has been reaccredited, and their Virginia Beach practice (Hampton Roads Veterinary Hospice) has also become AAHA EOLC-accredited. “Each time I walk through the accreditation process I notice that some of the standards of care have changed or that there are new standards, which is a good thing!” McGivney says. “I love that AAHA continually strives to re-evaluate their standards to ensure that all of their accredited practices are evolving and staying relevant with today's standards of excellence.”

Going through the accreditation process helped to reaffirm that many of their current practices were in line with the AAHA standards of excellence, McGivney says, but she says they were also able to take feedback from that experience to “up our game even further.”

Accreditation has had a positive effect over at Stack Veterinary Hospital as well.

“Going through the AAHA EOLC accreditation [in 2022] impacted our client and patient care in powerful ways,” says VanOstrand. “Families have sought our hospital out because we have this accreditation. The EOLC accreditation lets families know that we take the end-of-life process seriously and we go to great lengths to have a team that is continuously learning about it. AAHA has been continually helpful in our journey to provide the best end of life care possible.”

Margaret Spalletta, RVT, one of AAHA’s practice consultant managers and an EOLC advocate and evaluator, hopes that more veterinary practices will take note of ways they can elevate their EOLC protocols.

“We become so consumed and busy with our day-to-day that euthanasias take a back seat,”

she says, noting that these events, which are truly life-altering for the families experiencing them, can sometimes be seen as “just another appointment” on the schedule. And, she says, it’s so much more than that.

“Exceptional end-of-life care is truly individualized and should be reflective of how special that pet is to their pet parent,” Spalletta says. Doing EOLC well means that a practice should strive for the same overall process of positive experiences, she says, but, at the same time, each one is different and will mean different things to different people.

And, she adds, communication and team culture are vital to achieving that. “I’ve noticed that teams [providing exceptional EOLC] are very close knit and set high expectations for themselves for maintaining that level of communication.”

Her advice for practices aiming to elevate their level of EOLC is to employ the same enthusiasm you have for other aspects of medicine to your EOLC standards. “Medicine has evolved over the years,” she says. “We constantly go to CE courses to elevate our knowledge about medicine; we should do the same for end-of-life care.” ■



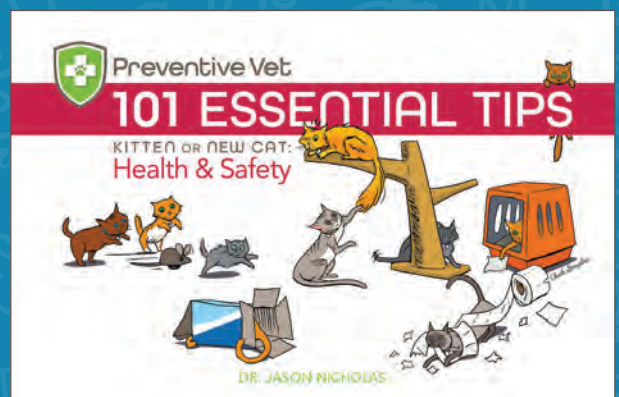
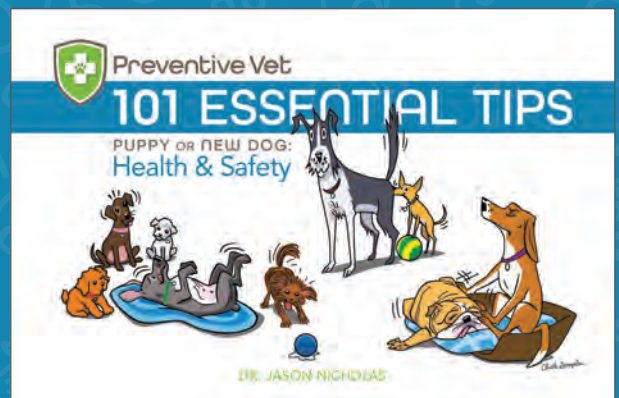
To learn more about AAHA’s End-of-Life Care Accreditation, visit aaha.org/eolc, or email eolcaccrreditation@aaha.org.

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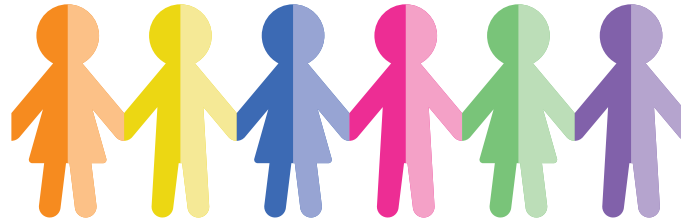
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HOME TEAM / THE NEXT GENERATION

Paying It Forward

Youth Outreach Programs Diversify and Strengthen the Veterinary Profession

BY JEN REEDER

The “Critter Fixers” love veterinary medicine, and it shows. Vernard L. Hodges, DVM, and Terrence Ferguson, DVM—both graduates of Tuskegee University’s School of Veterinary Medicine—are the stars of *National Geographic Wild*’s “Critter Fixers: Country Vets,” which premiered in 2020 and is now in its sixth season. On the show, the two vets showcase their skills, humor, and compassion while treating a wide variety of pets at Critter Fixer Animal Hospital in Bonaire, Georgia.

“We’ve always been very

interested in trying to increase diversity because we know what it feels like not to have a mentor,” Hodges said. “As our platform increased with ‘Critter Fixers: Country Vets,’ we found that more moms and dads and uncles and aunties were calling and saying, ‘How can my kid become you?’”

So in 2021, they launched the Critter Fixers Vet for a Day program to help educate and inspire the next generation of veterinary professionals. For the first event, over 50 students shadowed the veterinary team at their practice in

rural Georgia. Some participants said they’d never seen a Black veterinarian before.

With sponsorship from Zoetis, Vet for a Day expanded in 2022 to include events with volunteer veterinary mentors in six cities. That grew even more to 15 stops in 2023 with support from veterinary schools at universities like Cornell, Auburn, and Texas A&M. Over 1,000 students aged 12 through 16 have participated in the free program, which also provides free stethoscopes and bookbags and travel scholarships to some



↑ Critter Fixers stars Vernard Hodges, DVM, (left) and Terrence Ferguson, DVM.

“It is very important to us to find those mentors and introduce kids to the field of veterinary medicine because we feel like this is one of the best professions there is.”

Terrence Ferguson, DVM, Co-Star of National Geographic Wild’s “Critter Fixers: Country Vets”

participants. In 2024, they aim to reach 3,000 students across the country.

In addition to working with Hodges to create Vet for a Day, Ferguson wrote a children’s book titled *C Is for Critter Fixers* to show even younger children that “it doesn’t matter what color you are, it doesn’t matter where you grew up, it doesn’t matter your economic or social background. If it’s something that you want to do, you can achieve it,” he said.

“When Hodges and I were in school, there were less than

2% of veterinarians who were Black, and sadly we’re still at that same number,” he said. “It is very important to us to find those mentors and introduce kids to the field of veterinary medicine because we feel like this is one of the best professions there is.”

Both men hope other veterinary professionals will volunteer at

future events, said Hodges.

“It doesn’t matter what color you are. If you love this profession and you want to help kids, we would love to have you be a part of Vet for a Day,” he said.

Can Diversity Help the Vet Shortage?

Over 90% of US veterinarians are White, according to the US Bureau of Labor Statistics. Meanwhile, research from Mars Veterinary Health projects a shortage of roughly 24,000 veterinarians by 2030. So efforts to diversify the veterinary profession through youth outreach and scholarships can go a long way toward strengthening the profession in vitally important ways.

Last year at AAHA Con in San Diego, AAHA partnered with the nonprofit blendVET to offer a youth program called “Believe & Belong in Veterinary Medicine” to provide hands-on training to local students at the conference. blendVET,

↓ Children can participate in a mock vet clinic at the Dumb Friends League Veterinary Hospital at CSU Spur in Denver, Colorado.

“In a profession that’s so burnt out, sometimes we have to remember what our ‘why’ is. We forget when we first said we wanted to enter this career, but sometimes these children remind us of that ‘why.’”

Niccole Bruno, DVM, CEO, blendVET

which offers Diversity, Equity, Inclusion, and Belonging (DEIB) training and certifications for animal hospitals and individuals, organizes numerous events across the country each year as part of its Veterinary Pathway Program for underrepresented students.

“blendVET is very intentional about trying to help diversify the profession,” said Niccole Bruno,

DVM, the nonprofit’s founder and CEO.

Sometimes veterinarians and support staff volunteer to participate in Pathway events at schools; in other instances, sponsors transport students to conferences. BlendVET offers resources in English and Spanish for parents of children interested in pursuing a career in veterinary medicine at both in-person events and online, such as the virtual mentorship platform Pawsibilities for kids 13 and up.

One mom emailed, “I am grateful for programs like this because I’ve always learned information that I don’t necessarily see online. I never feel judged.” Another told Bruno that because she told parents that being a pet owner can help children learn how to take care of animals, she allowed her son to use his allowance to buy a ball python.

“I think parents are the secret sauce when it comes to helping children,” Bruno said.

Her own mother found a way to help both Bruno and her sister become veterinarians, so she’s passionate about providing



mentorship to parents and children, as well as creating volunteer opportunities for time-strapped veterinarians so they can just show up to Pathway events instead of organizing them.

“In a profession that’s so burnt out, sometimes we have to remember what our ‘why’ is,” she said. “We forget when we first said we wanted to enter this career, but sometimes these children remind us of that ‘why.’”

Children and their families can learn about veterinary medicine for free Monday through Friday and every second Saturday at the Dumb Friends League Veterinary Hospital at CSU Spur in Denver, Colorado. Colorado State University partnered with the 114-year-old animal shelter Dumb Friends League to create the educational facility, where visitors can observe—from behind a glass wall—veterinary teams perform surgeries on dogs and cats from low-income families. Bilingual guides and veterinary staff explain procedures and answer questions in English and Spanish via headsets.

All signage appears in both languages, and videos offer captioning in Spanish. Bilingual employees receive a higher pay grade, according to Kathryn Venzor, director of education at CSU Spur.

“We really are trying to be as inclusive as we can and make our facility as accessible as we can,” she said. “The community that we are neighboring in our zip code is a historically marginalized community.”

Families who need help financing their pets’ veterinary care are not required to allow their dog or cat to be treated publicly, she noted, but most opt to allow their pets to participate in the “on-show



AAHA’s Inclusive Learning Programs

↑ A student at work during the Believe & Belong in Veterinary Medicine event at 2023 AAHA Con.

The response to the Pathway youth outreach events organized by the nonprofit blendVET at AAHA’s last two annual conferences has been overwhelmingly positive, according to Judy Rose Lanier, CVPM, CVA, DES, VEMM and AAHA’s Learning Programs Manager.

“The volunteers talk about how it’s such a wonderful experience to bond with the kids and see the kids’ faces light up as they realize, ‘Hey, I could do this. I could be in vet med,’” she said. “The children each get a surgery gown to get prepared to go into ‘surgery,’ and some of the kids don’t want to take their surgery gown off afterward. . . . We’re hoping to be able to bring this on at every AAHA conference each year.”

Increasing diversity, equity, inclusion and belonging (DEIB) in the veterinary industry is important to AAHA and the increase in learning programs reflects that commitment, Lanier said. She credits James Heard, AAHA’s CFO, as the driving force behind DEIB initiatives, from having speakers who are neurodiverse educate the DEIB committee to encouraging conference attendees to share their pronouns on their name badges.

“Everybody wants to feel included, and everybody wants to have not only a safe space where they can bring up their ideas or feel comfortable, but a brave space where they feel empowered to be a part of what’s going on,” she said. “Our goal is to hopefully teach others how to do that within their practice.”

Learn more about AAHA Learning Programs at: aaha.org/education/all-veterinary-professionals/aaha-learning/



veterinary clinic experience.”

The facility has hosted over 150,000 visitors—including over 13,000 pre-K to 12th grade students and chaperones on field trips—since opening its doors in January of 2022.

Young people also learn about veterinary medicine at the facility’s mock veterinary clinic, where students join a veterinary team and “treat” and “diagnose” stuffed animals. Additionally, there’s a virtual reality room to learn about anatomy in species like horses, cows, dogs, cats, and sheep.

Students who live in or attend school in the neighborhood’s zip code of 80216 qualify for \$10,000 scholarships to any CSU campus, including to study veterinary medicine.

“The first year, we had four students who enrolled and went to one of our campuses,” Venzor said. “This year, we have 50 applicants.”

Offering scholarships for Black, Indigenous, People of Color (BIPOC) college students

is a priority for Companions and Animals for Reform and Equity (CARE), a nonprofit that works to increase DEIB in animal rescue and veterinary medicine, according to James Evans, the organization’s founder and CEO.

CARE created the Jodie G. Blackwell Scholarship Fund for BIPOC veterinary students and has donated nearly \$250,000 in the past two years. They partnered with the BlackDVM Network and other groups to support the program and sustain funding. CARE plans to announce a scholarship fund for Indigenous students later in 2024.

The nonprofit also produces music videos to change perceptions of Black pet owners, like “That’s My Dog” by rapper DDm, and offers mentorship to start-up groups like Natives in VetMed, which supports Indigenous veterinary students and professionals. Earlier this year, CARE launched VetREDI, a self-paced course that focuses

↑ Vernard Hodges, DVM, (far left) mentors a student during Vet for a Day.

on the benefits to the veterinary industry when biases are removed.

“We are doing a lot because we don’t have the luxury of time,” Evans said. “We have a lot of things we have to do at the same time.”

One goal of VetREDI is to help anyone on a veterinary team understand the importance of making BIPOC clients feel welcome. For instance, people from marginalized Black communities often distrust medical professionals because of historical abuse, from the infamous Tuskegee experiment involving syphilis to testing the early chainsaw on Black mothers during childbirth, according to Evans.

“We’re not trying to overwhelm folks,” he said. “But we are

“If you have entered the veterinary profession because you have compassion for animals, then you are going to be able to help more animals by understanding the people they’re connected to.”

James Evans, Founder, Companions and Animals for Reform and Equity (CARE)

trying to get them to understand that there’s a certain level of thoughtfulness that needs to happen if you want compliance—if you want people to show up (to your animal hospital), and then comply to the things you’re recommending. It’s all based on trust, and trust requires compassion.”

So increasing trust with clients to boost compliance and awareness of preventive care can benefit everyone involved—from current pet owners and future veterinary professionals

to staff at animal hospitals and the pets themselves, he noted.

“When you walk through the world with an appreciation of what other people are going through, it makes for a richer life,” he said. “If you have entered the veterinary profession because you have compassion for animals, then you are going to be able to help more animals by understanding the people they’re connected to.”

Alea Harrison, DVM, chief medical officer of Banfield Pet Hospital, which has over 1,000 locations in the United States, also feels strongly about the importance of DEIB in veterinary medicine and youth outreach. She’s participated in many school career days and other student events through Banfield Pet Academy, which launched 15 years ago to inspire future veterinary professionals. (Banfield offers a free curriculum for student events to the entire industry on

Banfield Exchange.)

She’s still affected by the chance to speak about veterinary medicine at an inner-city school in Charlotte, North Carolina, years ago, where she met students who were experiencing homelessness.

“It changed my world,” she said. “Some of them, even living in shelters, had pets. That’s the only thing they owned and truly could express love for. To be able to sit and speak with this group of amazing children has been a lifelong lesson of appreciation.”

In 2021, Banfield launched NextVet paid internships for high school students to intern at Banfield practices around the country. Kenan Thompson, who played a veterinarian in the film “Clifford the Big Red Dog,” made a surprise appearance at a Boys and Girls Club in California to announce the program.

So far, 45 student interns have participated, and the organization plans to host another 30 students in 14 states this summer.

Harrison is grateful to the veterinary professionals who help inspire the next generation.

“It’s always important that we create time and space to make sure that we’re giving back,” she said. “We have a responsibility to develop future leaders.” ■

← High school students can intern at Banfield practices around the country through the NextVet program.





Figure 1: The anesthetized bear being examined.

CASE STUDY / BEAR ROOT CANAL

Unbearable Tooth Trouble

How Root Canal Therapy Restored a Bear's Canine

BY JAN BELLOWS, DVM, DAVDC, DABVP (CANINE & FELINE)

Photo courtesy of Jan Bellows

Our local zoo veterinarian called to request a tooth extraction for a 15-year-old, 221 kg North American black bear who suffered a crown/root fracture of the right lower canine tooth. The animal care team observed the bear exhibiting discomfort, including decreased appetite and a reluctance to chew on his favorite enrichment items. Upon closer examination, the veterinary staff discovered a fractured right lower canine tooth, common in bears due to their powerful jaws and the demands of their natural foraging behaviors.

Anesthesia

Once the zoo staff confirmed the bear was healthy enough for anesthesia, an intramuscular (IM) injection of medetomidine hydrochloride (0.03 mg/kg) was administered as a preanesthetic. Ten minutes

later, tiletamine (4 mg/kg) was administered IM for induction. The bear was intubated, and anesthesia was maintained with isoflurane and oxygen (Figure 1).

The Root Canal Procedure

Examination under anesthesia confirmed a chronic crown root fracture with a significant vertical crown segment still attached subgingivally (the slab). Once



↑ Figure 2: A complicated right mandibular canine crown/root fracture and a right mandibular third incisor complicated crown fracture.



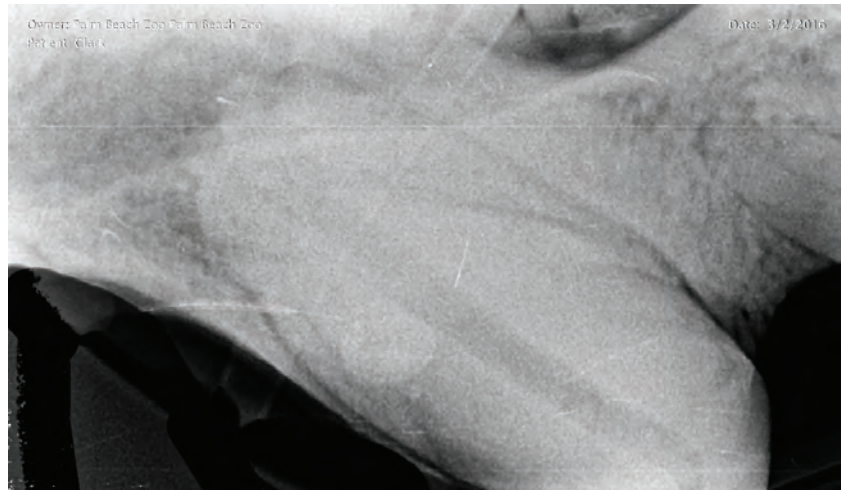
↑ Figure 3a: Molt # 2 elevator dislodging the fractured slab from the tooth root (note the right maxillary canine crown fracture).



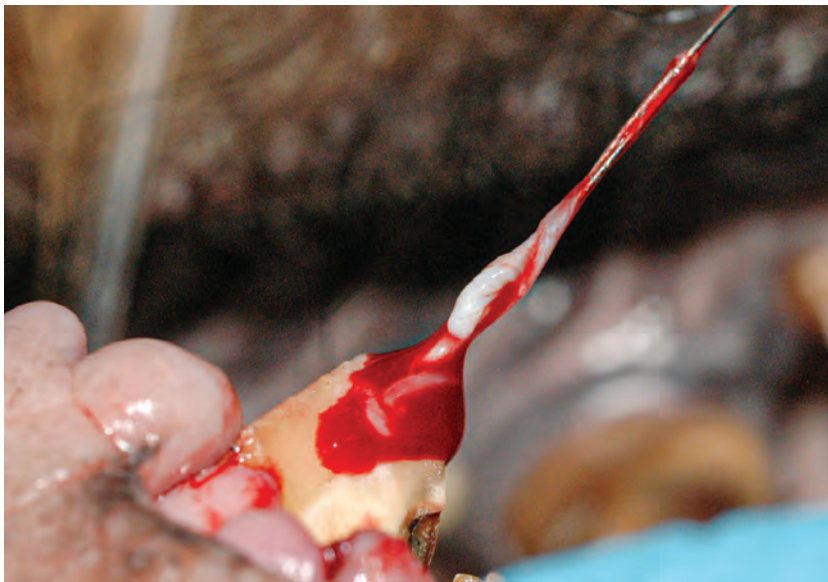
↑ Figure 3b: The vertical fractured crown slice.

the vertical crown segment was removed, further examination could be conducted (Figure 2).

A middle mental nerve block with 4 mg/kg of bupivacaine hydrochloride (0.75%) was administered in addition to a splash block around the affected canine tooth to ensure the bear's comfort and safety throughout the procedure. The fractured tooth slab was removed using a Molt#2 periosteal elevator designed to separate the fractured tooth segment from the surrounding tissues (Figure 3a and b). A 12 mm periodontal pocket and



↑ Figure 4: Radiograph showing the fractured tooth. Note periapical lucency.



↑ Figure 5: Pulp removal using a barbed broach.

marked gingival enlargement were observed surrounding the mobile slab. The periodontal pocket was reduced to a 4 mm pocket after a gingivectomy was performed using a 15c scalpel blade.

An intraoral radiographic evaluation revealed minimal periapical lucency consistent with endodontic disease; it was determined that the fractured tooth was treatable through

conventional root canal therapy with a good prognosis (Figure 4). A #3 barbed broach was inserted far into the pulp chamber and rotated to remove the tooth's pulp (Figure 5, 6). The root canal and pulp chamber were disinfected with sodium hypochlorite to eliminate any remaining organic matter. Saline was then flushed into the canal to remove the chemical and ensure a clean and sterile



↑ Figure 6: Removed pulp.

environment. The root canal and pulp chambers were then carefully dried using paper points (Figure 7).

The cleaned canal was obturated (filled) with Gutta Flow 2® (Coltene), a biocompatible, flowable bactericidal dental material, followed by a gutta percha point to complete obturation (Figure 8a and b). A radiograph was exposed and examined, confirming an appropriate fill (Figure 9). Finally, the tooth was restored with a glass ionomer cement placed over the gutta-percha and light-cured flowable composite, a durable dental restorative material (Figure 10a and b).

Postoperative Care and Monitoring

The veterinary team closely monitored the bear following the successful root canal procedure to ensure a smooth recovery. Pain management medication (buprenorphine 0.02 mg/kg) was administered IM. Meloxicam (0.2 mg/kg) was administered orally once daily for five days. Over the next few weeks, the veterinary staff continued to assess his progress, closely monitoring the treated tooth for any signs of complications or infection.

Outcome

This bear's complicated crown/root fractured tooth was successfully saved; he returned to his routine, enjoying his favorite enrichment activities and maintaining a healthy appetite. His other dental abnormalities, including extraction of the right mandibular incisor and root canal therapy of the right maxillary canine, will be addressed when anesthetized for his upcoming annual wellness examination. ■



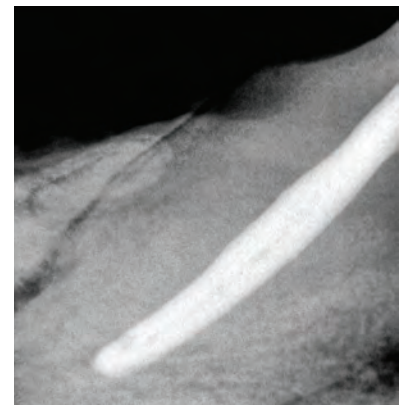
↑ Figure 7: Paper points used to dry the pulp chamber and root canal.



↑ Figure 8a: Gutta Flow 2® injected into the cleaned canal.



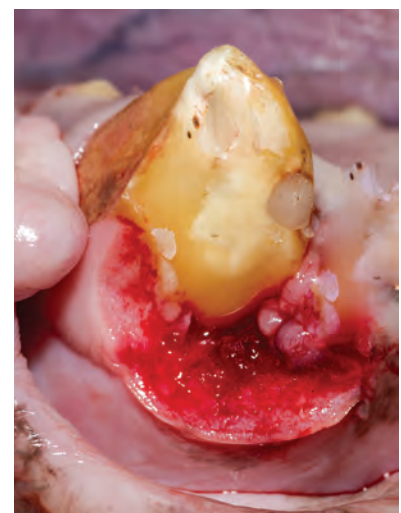
↑ Figure 8b: Gutta-percha point advanced into the pulp chamber for obturation.



↑ Figure 9: Postoperative intraoral radiograph.



↑ Figure 10a: Curing light used to polymerize (harden) flowable composite.



↑ Figure 10b: Restored canine tooth.



PODCAST / **VETSPACITO**

Empowering Veterinary Care Through Inclusivity

A Conversation with Esmeralda Cano, DVM

INTERVIEW BY KATIE BERLIN, DVM

Esmeralda Cano, DVM, joined *Central Line: The AAHA Podcast* to discuss the mission of Vetspacito, a platform aimed at breaking down language barriers in veterinary care.

Cano is a bilingual Latina and first-generation college graduate who completed her undergraduate studies at UC Davis and earned her Doctor of Veterinary Medicine at Ross University. She is passionate about overcoming language barriers and promoting diversity and inclusion within veterinary medicine.

Katie Berlin: Dr. Esmeralda Cano, welcome to *Central Line*. You and your partner Dr. Tyler Primavera have started a small business. Can you talk a little bit about that?

Esmeralda Cano: Tyler has been really the main force in leading Vetspacito to where it's at right now. Currently Vetspacito's goal is to bridge the gap of the language barrier. We're focusing on the Spanish-speaking community. Our goal is to have resources for vet med professionals. This includes staff, CSRs, receptionists, technicians, assistants, and veterinarians like myself.

I'm fortunate that I speak English and Spanish. I grew up in a predominantly Latino community. My parents emigrated from Mexico. They unfortunately don't speak English. When I was growing up, I did a lot of the translating, and I still do it now.

What we see often is family members' children translating in the rooms. And we're hoping that they're able to translate big medical terminologies from veterinarian to the child, to the parents. That's a very difficult job as a 12-year-old, sometimes even younger.

What we see often is family members' children translating in the rooms. And we're hoping that they're able to translate big medical terminologies from veterinarian to the child to the parents. That's a very difficult job as a 12-year-old, sometimes even younger.

Esmeralda Cano, DVM

Vetspacito has educational videos that include everything that has to do with general practice (GP): dentistry, heartworm prevention, vaccines, microchips, etc. With a lot of these issues, clients don't know what's actually going on. Especially at that preventative care stage, there are not enough resources in Spanish. Our videos are meant to help them really understand what dental care is, why it's important to spay and neuter, why vaccines, deworming, fecal, heartworm prevention is important. That way we can avoid those emergency calls down the road.

We have educational packages that focus on those top general practice themes. We previously created a mix of GP and ER videos. But we've condensed it to mainly GP topics. We still have those other ER videos in our packages as well as free brochures that you can visit our website for. They're very colorful and beautiful. We worked very hard on them, and they're free.

We also have an intake form that is both in English and Spanish for people to utilize in their hospitals. Sometimes we're having clients fill these things out and they don't really know what to write down.

I think it's important that we really try to educate our community, especially if you're one of those veterinary professionals that's working in these communities. It's so important to have that staff. Even if you don't know Spanish, you can always have supporting staff that can do those translation services for you. It's so important for clients to be able to come in and feel like they can connect with the people that they're going to the vet with.

KB: So much of that resonates with me because my first jobs in vet clinics were in Los Angeles, and so many of the clients did not speak any English at all. We had assistants on staff who were bilingual and could translate for us, but without them, it would've been a lost cause. I

definitely had no veterinary-relevant Spanish. “Where’s the bathroom” was not going to be that helpful.

As I’ve worked in other areas that are not so heavily Spanish-speaking, it’s been kind of eye-opening to see how few people actually possess that skill or even just the desire to learn it outside of areas where that’s so representative of the population. But there are plenty of Spanish-speaking clients in other areas and they’re not being served. What do you see as being one of the most essential ways that veterinary professionals now can start to bridge that gap?

EC: Vetspacito has great resources. We have videos, brochures, and intake forms. Tyler, my co-founder, has taken it upon himself to learn Spanish. Obviously you don’t have

Even if you don’t know Spanish, you can always have supporting staff that can do those translation services for you. It’s so important for clients to be able to come in and feel like they can connect with the people that they’re going to the vet with.

Esmeralda Cano, DVM

to go that extra mile, but even learning a word a day can help. I always tell people—Spanish soap operas. I have friends that watch soap operas, and that’s how they’ve learned Spanish. Just hanging out, meeting the culture.

If you work within that community, get to know the community that you work for, dive into their culture, into their traditions so you can understand a little bit of where they’re coming from. Oftentimes I think we tend to misunderstand them. And that’s because we assume things that are not correct. Whether it’s financial things, whether it’s their culture, we misrepresent them.

My family had to come to this country to provide me with a better education and that really set the foundation for me. But they didn’t realize that dogs needed vaccines. Throughout my childhood, I demonstrated to my parents that taking care of an animal is way different than what they were used to.

So I was able to teach them that great lesson. As veterinarians,

that’s what we can do. We can teach clients great lessons so they can teach their children and so forth. I worked as a vet assistant for three years before becoming a vet. People thought I was a doctor and I’m like, I am not, I am an assistant. I established relationships with them, and then they would call before they would come in just to make sure that they had someone that spoke Spanish. If you provide them with those resources in your clinic, they will come even if you don’t speak Spanish because you’re making them comfortable and wanting to seek that veterinary care.

KB: I love all that. And I love that they would call, looking for you. They were looking for you and you were getting that experience before you ever became a doctor.

We’re talking now more about ways to support your team members. Continuing education and professional growth opportunities are important for everybody on the veterinary team, not just veterinarians. If you have

What is Vetspacito?

Vetspacito is an organization founded by Esmeralda Cano, DVM, and Tyler Primavera, DVM. Vetspacito seeks to improve pet care through education and outreach. Their website has resources for serving Spanish-speaking clients, and they have produced a series of videos explaining various procedures and veterinary protocols in Spanish.

Links: vetspacito.com, youtube.com/@vetspacito





a team member who really wants to spearhead this, but isn't fluent in another language, they could take it upon themselves to learn enough to communicate with clients that speak that language. So, if you live in an area that's heavily Spanish-speaking or Korean-speaking, how can you serve that population better? It doesn't have to be you. It could be someone on your team who's always wanted to do that. It gives you a really good perspective as a doctor now looking at the team around you and seeing who really wants that, who has that as a strength and who might want to learn it.

EC: Absolutely. I recently started doing some relief work, and I've realized they were really excited to bring me in for even if just a couple of days a month to say, hey, we're going to have a Spanish-speaking doctor. And the technicians were like, oh wow, I don't have to go

in there and like translate for you. It has a big impact within that community.

I always go in there and sometimes they're already speaking to me in Spanish before I even start introducing myself. They know and they're comfortable with just talking to me and expressing

their concerns. So it really does make a difference.

KB: We are talking a lot about team members, nonveterinarian team members and veterinary technicians. Vet techs deserve to be celebrated. So I was wondering if you had a shout out to a vet tech in particular or to

If you work within that community, get to know the community that you work for, dive into their culture, into their traditions so you can understand a little bit of where they're coming from.

Esmeralda Cano, DVM

a group of techs who have really helped you in your journey so far.

EC: Yeah, absolutely. My Overland Vet Clinic team, they've been wonderful. The technicians, Lisa, Nera, Darlene, my CSRs, Helen, Maggie, y'all have been super helpful in my transition and welcomed me into the hospital and the community. My cat friendly and McKayla and Sam, y'all really helped me and empowered me to continue to get educated on better feline handling and better practices, because our feline friends need it.

I really want to give a huge shout out to everybody else at the Overland team. All of our technicians. Everyone has done an exceptional job in really guiding me as a new recent grad. I've had the pleasure to just continue to grow my skills because of them.

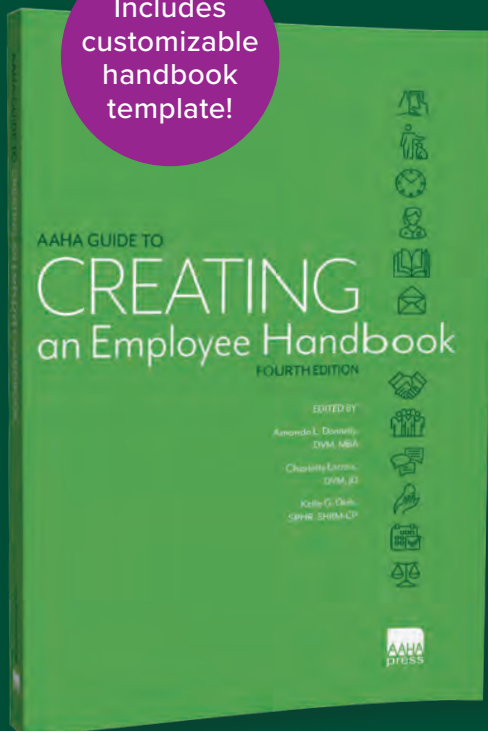
KB: I think if you asked me to write down who has taught me the most in my veterinary career, it definitely would not be veterinarians. It would be the technicians. And not just about medicine and patient care, but also just how to relate to people and how people on the team need and deserve to be treated. I feel like you have a really good appreciation for that so early in your career and I think that's wonderful. And it's going to help your mission at Vetspacito too because the skills that you're describing are going to help everybody do a better job at their role in the clinic. So thank you for being so passionate about that and knowing that right off the bat, like coming out of school gangbusters, like going for it. I just . . . It makes me feel really hopeful.

EC: I'm very passionate about just bridging this language barrier gap. I'm very passionate about diversity and inclusion. Especially as a person of color, I struggled to get here. So all of this really motivates me and impacts me. Thank you. ■

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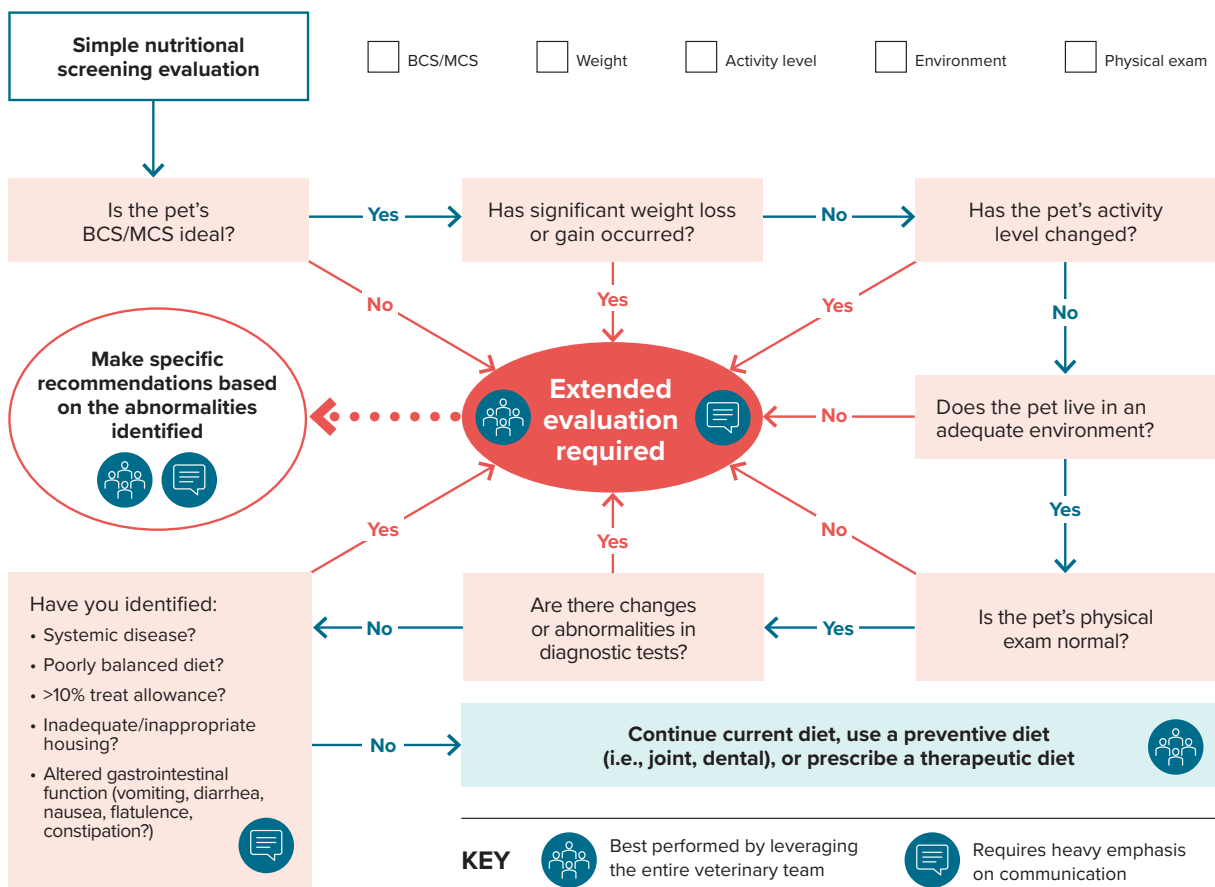
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Nutritional Assessment Screening Evaluation

This one-page algorithm from the 2021 AAHA Nutrition and Weight Management Guidelines for Dogs and Cats can help your team know when an extended nutritional evaluation is required. The full guidelines are available at aaha.org/nutrition.



This reference page is part of the 2021 AAHA Nutrition and Weight Management Guidelines for Dogs and Cats, which were supported by generous educational grants from Hill's Pet Nutrition, Inc., Purina® Pro Plan® Veterinary Diets, and Royal Canin®. Learn more at aaha.org/nutrition.



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