



Making the Cancer Diagnosis

Cancer, unlike politics and religion (and hockey), is not a topic of controversy. No one is for it!

Cancer is not another word for death. Neither is it a single disease for which there is one cure. Instead, it takes many forms, and each form responds differently to treatment.

TORONTO, ON – Cancer is common. Almost half of men and women will develop some form of cancer in their lifetime. In Canada during 2017, an average of 565 new cases of cancer were reported each day, and cancer resulted in 80,800 deaths (221 /day).

Co-presenting at the Veterinary Education Today Conference, Paul Woods, DVM, MS, DACVIM and Michelle Oblak, DVM, DVSc, DACVS, ACVS of the Ontario Veterinary College, noted that there is also a high incidence of cancer in dogs and cats seen in practice today with estimates of up to 1/3 of cats and 1/2 of dogs older than 10 years dying of cancer. This may be due in part to the increased life expectancy of pets as a result of better nutrition, vaccination for infectious diseases, an increase in preventative medicine, leash laws, combined with a strengthening of the human-animal bond between owners and their pets. The most common canine cancers are skin, oral, soft

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Conference, Toronto, ON

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Otitis externa - listening to what is new

TORONTO, ON - Otitis externa is a common presenting complaint in veterinary and referral practice, with prevalence in dogs is as high as 10-20%, and in cats around 2-10%. Often, character and smell of the discharge, along with bacterial culture and sensitivity testing are procedures used in the diagnosis of otitis externa, said Anthony Yu, DVM, MS, ACVD, speaking at the Veterinary Education Today Conference. He cautioned that these findings are often unreliable and inconsistent and noted that more suitable diagnostic techniques exist, along with therapeutic approaches that minimize the need for 3rd and 4th generation antibiotics.

Diagnosis of otitis externa

Dr. Yu said that in this day of methicillin-resistant and biofilm-producing bacteria, along with other zoonotic conditions, he advises that veterinarians *avoid* sniffing infected ears. Both smell and visual character of the discharge may be misleading.

The otic examination and ear cytology are the clinician's best diagnostic tools. Otic examination can be used to rapidly visualize ear mites, tumours and foreign bodies, as well as provide a clinical baseline from which to correlate relevant laboratory diagnostics.

Otic cytology gives a rapid indication of the relative

Otitis externa continues on page 6



Dr. Supreet Kahlon with a Hull's Haven rescue dog
Fort Garry Veterinary Hospital, Winnipeg, MB

Photo courtesy of: Sally Hull

Clearing the hurdle: Communicating the cost of veterinary care

TORONTO, ON - Veterinarians currently practice in an environment where the majority of pet owners pay for veterinary care out-of pocket. As a result, the discussion of cost, or lack thereof, is likely to have a significant day-to-day impact on the decisions owners make and the veterinary care patients receive, explained Jason B. Coe, DVM, PhD, speaking at the Veterinary Education Today Conference.

Research has identified that the discussion of cost is a source of unease for many veterinarians. In comparison, pet owners participating in focus groups expressed concern toward inadequate discussions of cost by their veterinarians. Although there will never be a magical solution for making cost conversations easy for veterinarians or their practice teams, Dr. Coe emphasized that it is important for veterinary personnel to develop communication skills that can be

Cost of veterinary care continues on page 10



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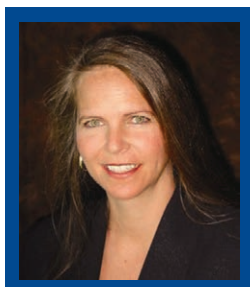


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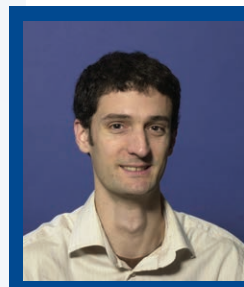
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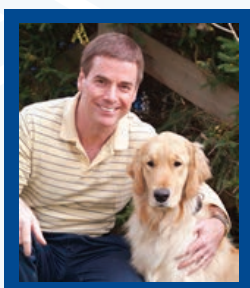
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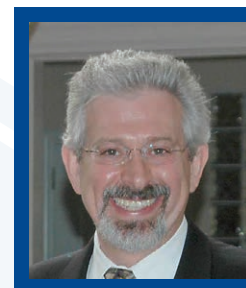
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VetLaw

Tangible Tips for Adding Practice Value



As the “baby boomers” come of age, current veterinary practice owners are giving some considerable thought to their succession plans, including the eventual sale of the clinic. This inevitably includes the development and implementation of strategic plans to make the practice more attractive to potential purchasers (including current associates keen to have an equity stake, third parties looking to expand their own existing practices, and veterinary hospital consolidators in search of the most successful practices) and maximize the clinic’s value. Practice valuers agree that the best managed hospitals garner higher goodwill values given that established management protocols give rise to more success in the transferability of the cash flows to the new purchaser. There are many client development ‘best practices’ that can be introduced in an effort to grow revenues; in addition though, there are some legal strategies to be considered that will ease any uncertainty a purchaser may have about the manner in which the target hospital has been operated.

Employment Agreements

Utilizing written employment contracts for all staff – from the professional veterinary staff to the “kennel kid” – will demonstrate to a prospective purchaser that the human resources portfolio that he or she will be assuming is appropriately managed, and will lessen any uncertainty the buyer might have relating to exposure for employment claims. In any change of ownership situation, provincial employment laws dictate that an assumed employee’s seniority is to be calculated from the first date of employment, not the closing date of the transaction. For example, the long-time receptionist of the clinic who was hired 15 years earlier commences the engagement with the purchaser of the clinic with that tenure ‘under her belt’; as such, the minimum length of time to give notice of termination of her employment is a good deal more than if the purchaser were dealing with a new employee. The employment contract would set out clear provisions relating to the termination of employment, establishing certainty for both the employer and employee when it comes to the costs associated with terminating the relationship.

In addition to avoiding the sometimes high costs associated with terminating long-term employees, a written contract can establish job duties, scheduling, vacation and benefits entitlement, salary and wage review protocols, continuing education obligations and confidentiality agreements. All of these matters provide a level of comfort to a prospective purchaser, which can result in higher selling values being obtained.

Personnel Manuals

Similarly, the preparation of a comprehensive personnel manual or handbook is also indicative of good management practices. This fosters certainty and reduces risk, thus increasing value in most cases.

Long-Term Leases

The physical location of the clinic – the ‘path to the door’ – is often considered one of the most significant contributors to goodwill value according to practice appraisers. The familiarity of location to both

existing and new clients is important. As such, ensuring that the purchaser can continue to operate from the identical location under fair and reasonable terms of the premises lease is important in being compensated. The converse is also true; if there is only a year left on the lease of the premises such that a purchaser is faced with the almost immediate need to consider re-location, this drives the value of the clinic down. As one approaches the sale of the practice, consideration must be given to extending and renewing the current lease arrangements in order to attract purchasers willing to pay for the security of tenure.

Non-Competition and Non-Solicitation Covenants

As most readers are aware, there has been considerable debate in the legal community regarding the enforceability of non-competition covenants in the professional sector; it would appear that the courts are moving towards a fairly consistent view that, while reasonable non-competition covenants will be lawful, they are to be placed under very careful and restrictive scrutiny.

There is a growing trend for practice owners to merely seek non-solicitation covenants from key personnel in an effort to avert the potential risks a purchaser would face if, for example, a favoured associate were to leave the practice shortly after the closing date of the sale transaction and establish a competitive hospital. Providing the purchaser with the comfort of knowing that certain key staff members are subject to reasonable restrictive covenants will garner a higher value for the practice. It is very important that such a covenants be appropriately drafted and that the current employee receives independent advice prior to becoming obligated to them. It may be prudent for the current owner to also have a particularly successful groomer provide such covenants.

Laboratory Services

Some practices have entered into particularly attractive lab services agreements with various providers; those agreements should be reviewed to ensure that they are transferable to the new owner post-closing.

These matters may require some time to implement in advance of the sale of the clinic; the astute current practice owner will want to initiate valued-added legal strategies well in advance of the potential sale in order to maximize value. The prospective purchaser will similarly want to look for these matters to have been addressed prior to completing the transaction, or may seek a discount if they are absent.

Mr. Jack is counsel at the law firm of Borden Ladner Gervais, LLP (“BLG”) with a mandate to serve the needs of the veterinary community and enhance it on a national basis. Mr. Jack chairs a focus group relating to veterinary legal matters within the firm’s Healthcare Group. He can be reached by email at dcjack@blg.com or by telephone at 1-800-563-2595.



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Cancer diagnosis *continued from page 1*

tissue, bone and mammary cancers, lymphoma and melanoma. For cats, skin, soft tissue and mammary cancers, lymphoma and leukemias are most prevalent.

When making a cancer diagnosis in companion animals, the veterinarian must keep 3 questions in mind:

1. What is it?
2. Where is it?
3. How bad is it?

What is it?

A biopsy is the cornerstone of making a cancer diagnosis. Whether the biopsy is fine needle aspirate (FNA), incisional, or excisional, the clinician's job is to get the cells on the slide intact and spread out. "Be aggressive with the biopsy; make lots of slides - at least 5, but more is better and gather 2-3 separate collections from different areas," they advised. It's also important to avoid blood dilution. Don't use a large bore needle for a biopsy (22-gauge should be the maximum,) don't over-aspirate, and blot blood off the tissue first when making imprints. Collect fluid samples in ethylenediaminetetraacetic acid (EDTA) and beforehand split the sample for culture if indicated. If mailing to a lab, refrigerate the sample until mailing and also send pre-made smears.

Round cell (Discrete cell) tumours

These include lymphoma (LSA), mast cell tumour (MCT), histiocytoma, plasmacytoma, melanoma, and transmissible venereal tumour (TVT). Round cell tumours usually exfoliate well and the clinician can often get a specific diagnosis and estimate expected behaviour.

Epithelial tumours (Carcinomas)

Carcinomas usually exfoliate well and diagnosis can be determined as benign (normal/hyperplastic/adenoma) versus malignant. Sometimes a specific cell type can be determined by cytology.

Mesenchymal tumours (Sarcomas)

Sarcomas usually exfoliate poorly. They can be a very difficult cytologic diagnosis (neoplastic versus reactive) and determining exact tumour type typically requires histopathology. Very malignant tumours may be recognizable as such.

Often, cytology is not enough and an incisional biopsy will be required to answer 'what is it?' When performing an incisional biopsy, the goal of the practitioner should be to achieve a histological diagnosis with minimal disruption of the mass. "Do not cut through the junction of normal and abnormal tissue!" stressed Drs. Woods and Oblak. "You want the smallest incision possible to get a diagnosis," they said. "Go deep, not wide, and make sure to go through the pseudocapsule - (i.e. sarcoma tissue looks a bit like toothpaste)."

A marginal excisional biopsy can be performed for diagnosis and a bigger surgery can be done later. A wide excisional biopsy is sometimes done with curative intent without prior diagnosis; for example, skin masses on the trunk, and masses in the spleen, lung, etc. where only one surgery will be possible. "Ideally, it is better to have a diagnosis first!" they cautioned. For multiple mass removals, changing gloves between excisional biopsies is imperative to prevent inadvertent seeding of tumours. Furthermore, if it's worth taking off, then it's worth submitting! It's important to include histopathology into the cost estimate.

Drs. Woods and Oblak said it's important to be descriptive when submitting the sample. The clinician should make sure that the pathologist knows exactly where the sample came from, what was the veterinarian's goal of surgery, and any margins of concern should be identified (e.g. inking).

In general for the pathologist, malignancy criteria include increased cellularity, anisocytosis, macrocytosis, and pleomorphism. It all boils down to the tissue biopsy revealing a benign or a malignant population of cells for diagnosis.



Dr. Paul Woods and a student at the OVC Animal Cancer Centre



Dr. Michelle Oblak with a patient

Where is it?

Staging is used to identify the extent of cancer disease. Clinical staging of tumours:

1. Defines the extent of disease
2. Aids in planning treatment
3. Allows more accurate prognostication
4. Assists in evaluation of therapy
5. Allows communication between clinicians
6. Nomenclature: 'TNM' System (World Health Organization) Tumour, Lymph Node, Distant Metastases

Staging for investigating local involvement and distant metastases can involve blood work (CBC, profile), urinalysis, bone marrow aspirate, and imaging with radiographs, ultrasound, CT, MRI, and bone scans (\pm PET/CT). For example, staging for multicentric lymphoma could require CBC, profile, urinalysis, bone marrow biopsy, thoracic radiographs, and abdominal radiographs or ultrasound (\pm immunophenotyping).

Staging for multicentric lymphoma

1. single lymph node (LN)
2. regional LNs
3. generalized LNs
4. liver \pm spleen involvement
5. bone marrow involvement
 - (a) without systemic signs
 - (b) with systemic signs

Drs. Woods and Oblak noted that staging can be difficult and expensive and it's important to remember that the absence of evidence is not evidence of absence!

How bad is it?

Prognosis for cancer, or how aggressive it is, is based on a forecast of the expected natural behaviour of the pet's cancer and how well the cancer is expected to respond to treatment.

For instance, once the practitioner has confirmed a diagnosis of lymphoma, and obtained staging tests to assess and determine the prognosis, then the next step is to advise the pet's owners of the expected goals and expectations for their pet with various treatment options (including no intervention). The owners can then make an informed decision about their pet's care.

Managing the cancer patient

Drs. Woods and Oblak concluded by saying that when developing a cancer treatment plan, local disease requires local therapy, whereas systemic disease requires systemic therapy! Treatment modalities for local disease include surgery and radiation. For systemic disease, options include chemotherapy, radiation, and immunotherapy. An overview of the various cancer treatments will be covered in a separate article on managing the cancer patient, to be published in the March/April 2018 issue of *Canadian Vet.* CV

Otitis externa continued from page 1

number of morphologically different species of organisms present in the outer ear canal, providing direction with empirical selection of otic therapy. Dr. Yu said that he only pursues otic bacterial culture and sensitivity when:

1. Otitis interna is present (head tilt noted), especially if systemic antibiotics are to be used.
2. The client is not able to treat the ears topically due to severe hyperplastic ear disease or a non-cooperative patient.

Dr. Yu emphasized that otic cultures should always be interpreted with reference to concurrent cytology done at the time of sampling, and the results of both these diagnostic tests should be interpreted in light of the otic examination.

To treat otitis externa, Dr. Yu prefers using topically applied otic products as they typically achieve concentrations well above 10 to 1000 times the minimum inhibitory concentrations (MIC) for systemically-delivered antimicrobials by avoiding the first-pass effect and need for vascular delivery of the medication to the site of infection. Selection of appropriate topical therapies should be based primarily on cytology, as current laboratory assays often do not reflect sensitivity patterns for concentrations of topically applied medications and thus may mislead clinicians by reporting false resistance patterns.

Treatment of acute otitis externa

Acute otitis externa may present as emergencies. These are often one-time occurrences that can be treated immediately and do not require long-term follow up.

Parasitic Otitis Externa

Otodectes cynotis is responsible for 50% of parasitic otitis externa in cats and 5 - 10% in dogs. Brown to black waxy, dry exudate is indicative of a mite infestation and they are often visible on otologic examination. However, a subset of patients with Otodectes may have low numbers of mites with otic inflammation consistent with a hypersensitivity reaction, noted Dr Yu.

Treatment of mites is easily accomplished by selamectin, milbemycin and moxidectin-based topical or systemically administered medication at their labeled doses for 3 successive treatments 7-14 days apart when an active infection is noted. The off-label shorter interval of administration will break the life cycle of the mites. Once controlled, the owner may return to labeled-monthly dosing. Recently isoxazoline-based products (Bravecto®, NexGard®, Simparica® and soon to come Credelio®) also have demonstrated efficacy against most external parasites with a single or repeated doses. It's important to treat all in-contact pets to prevent re-infestation.

Aural Hematomas

Aural hematomas have many underlying factors including bacterial, fungal or parasitic otitis, atopic dermatitis, food allergies, trauma, flea infestation, sarcoptic mange and vasculopathy. These factors should be addressed concomitantly with treatment of the aural hematoma.

Medical options available for treatment include the following:

1. Drainage and injection of 1mg Triamcinolone acetate. This treatment may be in conjunction with oral prednisone pending severity of clinical signs.
2. Drainage and intralesional injection of 2 mg/kg of methylprednisolone acetate, repeated on day 7 if the hematoma is still present. In a very recent study, this procedure resulted in a 68% success rate for dogs as a monotherapy.
3. Drainage and instillation of dexamethasone 0.2% diluted with saline injected into the hematoma cavity. This can be repeated daily, usually for 3-5 days.
4. Oral prednisone (or prednisolone for cats) can be used solely as a non-surgical treatment option with or without prior drainage. Doses range from 1-2 mg/kg per os every 12 to 24 hours based on the severity of clinical signs, tapering as the hematoma resolves.

Foreign Body or Tumours

A video-otoscope and grasping forceps can be used by the clinician to identify and extract any foreign bodies, displaced hairs or spicules. A hand-held otoscope with canula and a snare or alligator forceps may be used to perform extraction of foreign material. Use of ophthalmic anesthetics in the ear may help dampen any sensation without having to use sedation or general anesthesia.

Tumour types in the ear include multiple to singular aural inflammatory polyps in dogs and cats, ceruminoliths, apocrine gland cysts, ceruminous

gland adenoma or adenocarcinoma. Intra-aural surgery using a video-otoscope and a CO2 or diode LASER may allow clinicians to salvage the ear canal, and avoid the need for a total ear canal ablation and bulla osteotomy (TECA-BO).

Hyperplastic/Stenotic Otitis Externa

Presentation may involve severe hyperplasia of the intra-aural tissue resulting in partial to complete stenosis of the ear canal. Intralesional injections into the hyperplastic tissue in a "ring-block" fashion every two weeks for a total of 3 treatments has proven successful as a salvage technique, often circumventing the need for a TECA-BO. Triamcinolone is used to decrease inflammation, fibrosis and calcification. The ear should be cleaned thoroughly under sedation or general anesthesia. Using a Luer-lock or swedged-on needle and syringe, 6-10 mg per ear of triamcinolone can be injected intralesionally in multiple locations working from the external ear inward on subsequent visits. During the entire treatment period, infections and underlying etiologies need to be addressed. A final assessment of this salvage approach is made at 8 weeks where if no significant improvement is noted, TECA-BO should be considered.

Acute Ulcerative Otitis Externa

When patients present with severe pain, inflammation and ulceration, use of oral steroids for 7-14 days will help to calm the otitis to the point where the owners can now approach the infected ear(s) topically without risk of causing discomfort or being bitten, said Dr. Yu. Another recently introduced alternative is a long-acting topically applied adaptable gel containing betamethasone, terbinafine and florfenicol (Osumnia®, Elanco) that is instilled after cleansing the ear(s) at the veterinary hospital and another ampule is instilled in one week without further cleansing, thus eliminating the need for owner involvement and compliance.

Recurrent otitis externa

Dr. Yu emphasized that the inflamed ear is an extremely moist and warm environment favorable for bacterial and yeast overgrowth, including those species unable to reproduce successfully in the normal ear canal. Chronicity of ear disease often worsens this problem, he said.

A three-pronged approach is key to the successful treatment of all recurrent otitis externa:

1. Identify and address the underlying etiology
2. Calm the microenvironment such that it is not conducive for bacterial or yeast overgrowth
3. Identify and treat the secondary infection

1) Identify the underlying etiology

The top three underlying etiologies for recurrent otitis externa are adverse food reactions, environmental allergies, and hypothyroidism.

Many adverse food reaction patients present with otitis externa as their only clinical complaint. It behooves us, therefore, to consider a dietary restriction using limited ingredient novel or hydrolyzed protein sources in patients with recurrent otitis externa, commented Dr. Yu.

Environmental allergies should be considered in a patient that started with a history of seasonally recurrent otitis externa. Allergy testing and immunotherapy or symptomatic medical management may result in control of the otitis externa without the need for otic therapy.

Hypothyroidism causes a ceruminous otitis externa with alterations in cerumen lipid composition to low levels of free fatty acids in surface lipids along with increased levels of surface triglycerides, which both in turn act as fodder for the microorganisms. The bacteria and/or yeast are also allowed to propagate and establish an infection in hypothyroid patients as a result of their compromised immune system.

2) Calm the microenvironment

Decreasing inflammation using topical and/or oral anti-inflammatory medications is key to making the microenvironment less conducive to bacterial or yeast overgrowth, Dr. Yu noted. (See Chart 1)

Chart 1: Commonly incorporated anti-inflammatory ingredients	
Topical anti-inflammatory	Systemic anti-inflammatory
Betamethasone	Cyclosporine – 5mg/kg PO for 30 days, then taper
Dexamethasone	Dexamethasone – 0.05 mg/kg PO for 7 days then taper
Fluocinolone	Prednisolone – 0.5-1.0 mg/kg PO for 7 days then taper
Hydrocortisone	Prednisolone-trimeprazine – 1 tablet/10kg for 7 days then taper
Mometasone	Triamcinolone intralesional – 6-10 mg/ml per ear q 2week X 3
Prednisone/ Prednisolone	
Triamcinolone	

3) Treat the secondary infection(s)

Many topical products contain antiyeast, antibacterial and anti-inflammatory agents...a shotgun approach. Dr. Yu said that in general these products work well for uncomplicated first and even repeated cases of otitis externa, and knowledge of the active ingredients within these products will help the clinician select the appropriate therapy for the patient. (See Chart 2)

Cleansing and/or flushing the ear canals, either with or without sedation or general anesthesia based on patient co-operation, is dependent on the amount of debris, the consistency of the debris, the chronicity of the ear infections and the response to previous therapies. In general, if *Pseudomonas* is present, use of Tris-EDTA to breakdown virulence factors is preferred. If *Staphylococcus* or *Malassezia* are present, then Dr. Yu recommends a cleanser containing a cerumenolytics to breakdown the ear wax and flush out the ear canal.

Chart 2: Commonly used topical otic antimicrobial ingredients	
Topical antiyeast	Topical antibiotic
Clotrimazole (Malassezia)	Enrofloxacin (<i>Pseudomonas</i> ; MSSP)
Enilconazole (Malassezia)	Florfenicol (<i>Pseudomonas</i> @30mg/ml; MRSP, MSSP)
Nystatin (<i>Candida</i>)	Fusidic acid (MRSP, MSSP)
Miconazole (Malassezia)	Gentamicin (<i>Pseudomonas</i> ; MSSP)
Posaconazole (Malassezia)	Marbofloxacin (<i>Pseudomonas</i> ; MSSP)
Terbinafine (Malassezia)	Mupirocin (MRSP, MRSP)
	Orbifloxacin (<i>Pseudomonas</i> ; MSSP)
	Polymyxin B (<i>Pseudomonas</i>)
	Ceftazidime, Piperacillin, Imipinem (<i>Pseudomonas</i> ; MSSP)

MSSP – Methicillin Sensitive *Staphylococcus Pseudintermedius*
MRSP - Methicillin Resistant *Staphylococcus Pseudintermedius*

Ototoxicity

In an ear with a ruptured tympanic membrane, ototoxicity concerns are decreased if the oval and round window that divide the middle from the inner ear are intact. Administration of Vitamin E 20 IU/kg PO 3 times daily or aspirin 5-10mg/kg BID PO (if not currently on steroids) for the duration of topical treatment with ear medications may prevent hearing loss in predisposed individuals (more mature pets) by scavenging free oxygen radicals.

Key points to remember

1. Otitis externa is not a primary disease.

2. Allergies and hypothyroidism are top causes for recurrent otitis externa.

3. Cytology is a key diagnostic tool in dermatology.

4. Current culture & sensitivities are not indicated for selection of topical ear medications.

5. Successful treatment of recurrent otitis externa can be challenging, but with proper diagnostics and a three-pronged approach to each case, the need for repeated medication use and/or surgery can be circumvented. CV



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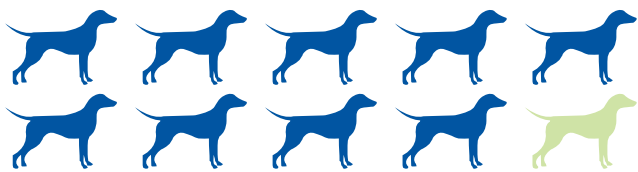


Periodontal disease and your pet's health

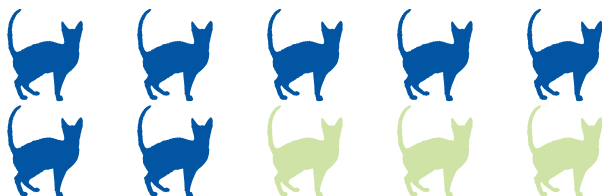
Periodontal disease is the number one medical condition seen in small animal veterinary medicine.

By 2 years of age, most dogs and cats have some form of periodontal disease

9/10 dogs have oral issues by age 2



7/10 cats have oral issues by age 2



Gingivitis is the initial, reversible stage of periodontal disease.



Periodontitis is the later stage, involving inflammation of the deeper supporting structures of the tooth.



Even normal appearing teeth or gums can have gingivitis. Bleeding during brushing, probing or chewing hard toys are key signs.



Dental care by your veterinarian is important to prevent periodontal disease in your pet.



If your pet requires periodontal treatment, ask your vet if a referral to a veterinary dentist is recommended.



Small and toy breed dogs with severe periodontal disease are at risk of pathologic jaw fracture.



Periodontal disease can affect diabetes control, damage your pet's liver and kidneys, worsen heart disease, and cause early pet death.

Homecare to help keep your pet's teeth healthy

Homecare is absolutely necessary for good dental healthcare of cats and dogs. This is because plaque forms in 24 hours, tarter in 3 days, and gingivitis in 2 weeks.



Tooth brushing is the gold standard for dental homecare in cats and dogs.



Brushing must be performed on a regular basis – daily or, at minimum, every other day is recommended.



Since it is difficult to access the back teeth as well as the inside surfaces of your pet's teeth, passive methods such as chewing based homecare are also recommend.

A combination of active homecare (brushing the teeth) and passive homecare (removal of plaque by chewing) is optimal.





How to brush your pet's teeth

- Start young
 - Handling the pet's mouth as a puppy or kitten will help
- Go slow
 - Start with just a finger in the mouth and then progress to a short brush and then work more and longer
- Be consistent
 - Making it a habit will help
- Make it positive
 - Consider a reward following the brushing

Selecting chewing based toys and treats for your pet

- Make sure it is safe, hard toys can break teeth
 - You should be able to make an indentation with a fingernail
- Make sure that toys or treats come from a reputable source
 - Use only products which have research that proves they work

For effective passive homecare, your veterinarian may recommend dental products with the Veterinary Oral Health Council (VOHC) Seal of Approval for the reduction of plaque and tartar. Homecare recommendations may include routine tooth brushing, providing chewing based toys, and feeding veterinary dental diets.



Understanding periodontal therapy

Periodontal therapy methods aim to:

- a) Control the infection
- b) Decrease the amount of inflammation and/or bone destruction
- c) Regrow lost bone

Since plaque bacteria initiate periodontal disease, the basis for periodontal therapy is **plaque control**. Proper plaque control may include:



Dental treatment to prevent disease, including professional teeth cleaning performed by your veterinarian.



Periodontal surgery may be needed to treat more advanced stages of periodontal disease.



Homecare recommendations such as routine tooth brushing, providing chewing based toys, and feeding veterinary dental diets.



Extraction, while extreme, is the ultimate in plaque control because it completely removes the plaque retentive surface of the tooth. It is the actual cure for gum disease.



New areas of periodontal therapy involve regrowing lost bone, and reducing inflammatory response to bacterial plaque with the use of probiotics and fatty acids.

This veterinary toolkit on Periodontal Disease and Your Pet's Health is provided with support from Virbac Animal Health as part of their commitment to excellence in pet care.

This veterinary toolkit was written by Dr. Brook A. Niemiec, DVM, DAVDC, DEVDC, FAVD.

For videos on dental disease and therapy, please visit www.dogbeachdentistry.com

A video on pet toothbrushing can be viewed on the Virbac Canada website, at ca.virbac.com/toothpastes

Cost of veterinary care *continued from page 1*

used to facilitate cost conversations with clients. This will help to preserve client trust.

Client perception of value

The first step is to ensure that the costs of veterinary care are communicated in a way that the client perceives value, Dr. Coe advised. It has been found that a general atmosphere of suspicion exists among some pet owners in relation to the motivations behind veterinary-care recommendations. This suspicion appears to arise from the conflict between pet-owners' perceptions of veterinary medicine as a health-care profession versus veterinary medicine as a business. To address clients' concerns that a recommendation may be driven by business motivations rather than the health-care needs of the animal, it becomes extremely important that veterinarians proactively educate clients to the value of a recommendation in a manner that attends to the client's perception of value.

An observational study involving 20 companion-animal veterinarians and the analysis of 200 video-recorded veterinarian-client patient interactions found 29% of the interactions included a discussion of cost. Of the interactions, 66% included at least one cost discussion framed by the veterinarian in a manner that only conveyed value in relation to the veterinarian's time or service being provided whereas 17% involved a discussion of cost that was related to the future health and well-being of the animal.

To communicate the costs of veterinary care in a way that is relevant and meaningful to clients, veterinarians should consider going beyond simply conveying the cost of their time and service to communicating the value of their time and service to the overall health and well-being of the client's animal.

As an example, Dr. Coe said that instead of communicating to a client, "The bloodwork will run 150 dollars," the veterinarian should consider taking the discussion of cost another step to include the value of the bloodwork to the overall health and well-being of the patient. Instead, the veterinarian could say, "The bloodwork will run 150 dollars. If it indicates an issue with her kidneys we can discuss changing her food. In that case, changing her food should decrease the stress on her kidneys and allow her to live out a longer, healthier life."

A written estimate can be an excellent way of initiating a discussion relating to the cost of veterinary care. However, without appropriate discussion a written estimate may fall short of effectively communicating the cost of veterinary care in a manner that attends to the client's perception of value. When using a written estimate to facilitate a cost discussion with a client, it becomes important that the veterinarian not only present the estimate - which represents an itemized list of the veterinarian's time and service - but that they also explain the value of the veterinarian's time and service to the overall health and well-being of the patient.

Communication skills for cost conversations

Communicating the costs of veterinary care upfront can be difficult as it can be easy for the veterinarian to be construed as non-caring when talking about money, Dr. Coe cautioned. Developing and utilizing communication skills that convey care within an often emotionally charged environment is important for veterinarians when communicating costs. A number of specific communication skills have been identified in medicine for carrying out respectful conversations with clients about the costs of care.

Empathy statements

Empathy is a communication skill that conveys understanding on the part of the veterinarian. Using empathy in relation to the costs of veterinary care can be broken down into a 2-step process. First, the veterinarian must gain an understanding and appreciation for the client's cost awareness, the client's financial limitations, and the client's general beliefs with respect to the costs of the proposed care. Second, the veterinarian must verbally communicate this understanding and appreciation back to the client. An example of empathy statement is, "I can see that you are really upset about what has happened to Rory and you are worried about the costs associated with his care; let's take a few minutes to work through the options available to us and to discuss their costs."

Partnership statements

By using words such as "us", "let's", "together" or "we" a practitioner can convey a sense of partnership with their client in an attempt to prevent the client from feeling completely alone at a time when the cost of care may seem unmanageable. Using a partnership statement does not mean the veterinarian is assuming responsibility for the cost of the patient's care; rather, it is meant to be a reassuring signal to the client that the veterinarian is willing to work with the client to try to find a manageable solution.

A partnership statement may be stated as, "I can see you really care for Riley and you do not want anything to happen to him; to ensure you are not caught off guard by the cost of his care, *let's* sit down and go through the estimated costs *together*."

"I wish..." statements

"I wish..." statements allow the practitioner to enter the client's world during times of unrealistic hope in order to diminish potential conflict between the practitioner and the client. During situations of unrealistic financial hope, most often the veterinarian involved also wishes the circumstances were different, and communicating this feeling to the client can be powerful in acknowledging the emotional impact to the client. An example of an "I wish..." statement is, "I wish there were a less expensive alternative in terms of treating Max's fracture. However, given the x-ray findings, I do not think splinting the leg is a practical or safe option for Max."

Summary

Developing communication skills to facilitate cost conversations will help clients understand veterinary healthcare recommendations and associated costs, in a way that is relevant and meaningful to the client. [CV](#)

Veterinarians key to higher use of pet insurance

Veterinarians have an opportunity to significantly expand the use of pet health insurance by clients - but to do so will require a more proactive stance. There is tremendous medical and financial value to increased use of pet health insurance. According to studies conducted by the North American Pet Health Insurance Association (NAPHIA), dog owners with insurance spend 29% more annually for veterinary care; cat owners spend 81% more.

The majority of veterinarians surveyed - 56% - wished that all of their clients had pet health insurance. Most perceived that it was highly effective at increasing compliance with veterinary recommendations, increasing purchases of medical services, and increasing pet health expenditures by pet owners.

The surveys also indicated that 50% more pet owners would be likely to purchase pet health insurance if their veterinarian recommended it. This was especially true of pet owners who had no prior knowledge of pet

insurance. However, most veterinarians are fairly passive in recommending pet insurance, often doing little more than displaying brochures from pet health insurance companies in their waiting areas.

Interestingly, most pet owners who buy pet health insurance aren't doing so for economic reasons. Rather, they are buying it for peace of mind, and a sense of security that they are doing the best thing for their pet. The most common reasons for which pet owners indicated that they had pet insurance were that it is helpful to pet owners (59%); shows you love your pet (55%); shows you are a responsible owner (53%); provides peace of mind (49%); is a good investment (48%); and helps avoid the need to make painful choices about care (42%).

The NAPHIA is comprised of pet health insurance organizations from across Canada and the United States. [CV](#)

Veterinary Business Today

Is your veterinary business spending too much to get clients?

As business owners we typically only use a handful of metrics, or Key Performance Indicators, (KPIs) to assess how well our business is doing. Most of us will look at our financial statements, which include our income, or profit and loss statement, balance sheet and cash flow statement. KPIs taken from financial statements are excellent because they are quantitative. There are no grey areas when it comes to numbers, they are what they are.

Quantitative metrics are also ideal because they can be used to compare between different time periods, and they can be used for goal setting and tracking performance as it relates to these goals. It is incredibly satisfying to compare projected to actual numbers, because even if you don't hit your targets you have objective metrics that can be used to figure out why something worked, or not. It's a lot like comparing blood panels and using them to track therapy on a patient.

Unfortunately, once we get past our financial statements there is very little in the way of concrete, non-subjective KPIs for our business. Marketing is a great example where measuring the results against the costs involved can be very difficult.

Is Facebook worth the time and money?

How important are Facebook and other social media platforms to the veterinary business? Every practice seems to feel that they need Facebook. Why do you need it? How do you know it works? Is the expense worth the return? These questions highlight a challenge that marketers across all industries face, and that is tracking the return on investment for marketing efforts. There is truth in the classic advertising adage that we know that 50% of our advertising works, we just don't know which 50%!!! I encourage practice owners to think about their goals in their use of social media and other advertising efforts, and the costs that go into achieving these goals.

When it comes to the use of Facebook in a veterinary practice there is the cost of time writing posts, taking photos, editing videos, and managing feedback and questions from visitors. All of these costs add up over a year, and unless there is a tangible return we need to ask if the expense is worth it.

Assessing marketing efforts

Many businesses use two metrics to assess marketing efforts: Customer Acquisition Costs (CAC), and Lifetime Value of a Customer (LVC). Both are easy to figure out and will give any business objective KPIs.

Determining the CAC is as simple as dividing the total costs associated with anything a business does to promote their business in the hopes of gaining new clients by the number of new clients you have gained during a period of time. Costs can include staffing, advertising, sponsorships, swag, etc. For example, if total client acquisition costs for a business over a year was \$4000 and they gained 50 new clients in a year the CAC would be \$80.

This CAC could seem like a lot, but when you consider the Lifetime Value of a Client it might be a very reasonable price to pay to get a new client. Any practice management software should be able to tell you what clients spend each year on average. The harder part then is to

figure out how long a client stays with your business. If your average client spends \$400 every year and they remain clients for 5 years then your LVC is \$2000.

By knowing the CAC and LVC you can use a simple ratio dividing the CAC by the LVC to determine the effectiveness of your client acquisition costs. In our example it would be 4% (\$80/\$2000). The lower the ratio the better because you're clients are either staying with your business longer or you are using less money to acquire new clients.

In the veterinary profession it may be more accurate to figure out Patient Acquisition Costs (PAC) and the Lifetime Value of a Patient (LVP), since so many of our clients have multiple pets. If our original 50 new clients had a total of 70 pets then the PAC would be \$57. Then if the average patient is billed \$300 annually over 5 years the LVP would be \$1500.

The question each veterinary business has to consider is if it is worth spending \$57 to get \$1500 of business. This is different for each business depending on their profitability. If your business has a thin profit margin then \$57 might be too much to spend.

Using these metrics allows any business to dig into the efficacy of their marketing efforts. Is the PAC decreasing each year because you're doing a better job of targeting potential clients? Is the LVP decreasing because clients are spending less on their pets, or clients aren't remaining with your business as long?

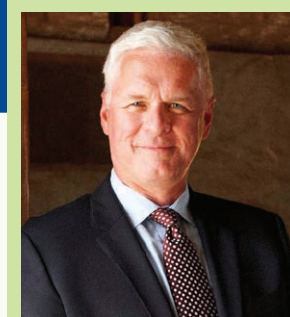
Conclusion

Too often we get caught up in doing something in our business because we don't want to feel left behind. As a result, we may end up engaging in marketing initiatives that don't make sense for our veterinary practice. Developing a mindset of determining and measuring goals is invaluable for any business owner or manager. Once we have a baseline metrics it is easy to compare the performance of our business over time and make adjustments if necessary to maximize our return on efforts and cost.

Prior to becoming a veterinarian, Dr. Mike Pownall worked as a farrier. His interest in equine lameness led him to attend the Ontario Veterinary College, graduating in 2001. In 2002 he and his wife, Dr. Melissa McKee, started McKee-Pownall Equine Services, an organization represented by three equine veterinary clinics with 11 vets and 20 support staff spread across the Greater Toronto Area. He is also a partner with Oculus Insights, offering business education to veterinarians throughout the world.

Dr. Pownall received his MBA from the Richard Ivey School of Business at the University of Western Ontario, and was the class valedictorian. He presents internationally on business strategy, pricing, digital marketing, and technology for veterinarians. He also contributes to numerous journals on business management topics.

You can visit Dr. Pownall's website at www.veterinarybusinessmatters.com, on twitter @dvmbusiness, and the Veterinary Business Matters Facebook page. The website for McKee-Pownall Equine Services is www.mpequine.com and for Oculus Insights is www.oculusinsights.net.



By Mike Pownall, DVM, MBA



Sponsored by Merck Animal Health

Monitoring of diabetic pets – doing better for them and their owners



By Matthew Krecic,
DVM, MS, MBA, Diplomate ACVIM

Monitoring diabetic pets is critical for successful patient outcomes. Understanding the goals of pet owners and veterinarians, and knowing the available monitoring tools, will hopefully help with selecting the best options for diabetic pets and their owners.

Goals

Pet owner goals are to confidently manage their diabetic pets (e.g. successfully and consistently give insulin), to mitigate the cost of long-term care, and to maintain unconditional loving relationships with them. Maintaining the human-animal bond is vital because the pet is wholly dependent on its owner for care.

Veterinary goals include ensuring the correct insulin type and dose, ensuring the appropriate body weight and appetite, identifying and treating concurrent illnesses, and ensuring compliance with our instructions. We have this fear of pet owners “going rogue” – managing their diabetic pets without our medical opinion. As veterinarians, these goals are important for glycemic control; yet, we should understand the goals of the owners, too, without whom our goals could not be met.

With an understanding of respective goals and an attempt at aligning them, pet owners and veterinarians can develop an optimal monitoring protocol.

Monitoring options

With mutual decision-making, monitoring options are not “one-size-fits-all” and mutually exclusive; rather, they are used in different combinations to assess pet status/glycemic control and the need for any therapeutic adjustments.

History

Ask about appetite, water consumption, and urination habits. The latter is especially important for dog owners because nocturia and urinary accidents are likely tolerable for only a short period of time. Resolving nocturia suggests improved glycemic control. Reported observations of activity are also important because reduced activity, increased sleeping, etc. may suggest periods of hypoglycemia.

Physical examination

Assess body condition and body weight. Although we often prescribe weight loss programs, unplanned steady decline of body weight suggests suboptimal glycemic control.

Routine laboratory evaluation

Initially assess CBC, biochemistry profile, and urine. Consider additional laboratory evaluations based on history, physical examination, and blood and urine test results. Re-evaluate the abnormalities to ensure normalization or trend toward normalization. Re-evaluating abnormalities may help us identify and treat concurrent illnesses.

Urine glucose/ketones

Glucosuria may be acceptable depending on the amount; trace or 1+ glucose is often insignificant. No glucosuria may indicate diabetic remission for some cats. Ketonuria suggests insulin deficiency or insulin resistance. Do not rely on a single measure; rather, look for trends.

Serum fructosamine

Fructosamine is a measure of glycosylated proteins, primarily albumin, within circulation. Fructosamine concentration will increase with prolonged hyperglycemia. It is considered a measure of glycemic control over the previous 2-3 weeks. For confirmed diabetic pets, high and low concentrations of fructosamine suggest poor glycemic control. Both may be attributed to insulin overdose, with its concentration dependent on the length of time a pet spends as hyper- and hypoglycemic.

Hemoglobin A1c

Glycosylated hemoglobin is a hemoglobin product with a glucose attached to its N-terminal amino acid valine. Glycosylation is irreversible and concentration of HbA1c within the circulation is approximately 2-3 months, the lifespan of the red blood cell. A dried blood spot test is currently offered (<http://baycomdiagnostics.com>).

Blood glucose

Knowledge of blood glucose concentrations (BG) is best for adjusting insulin dose. Yet, we do not want to solely judge glycemic control on BG (i.e. “the numbers”). Rather, concurrent knowledge of the results from other monitoring tools is important to optimally manage these diabetic pets.

Deciding on a dose of insulin based on a single BG may be dangerous. “Spot checking” could lead to an erroneous decision because of day-to-day variability and timing of testing in relation to insulin administration. However, consider decreasing the amount of insulin with confirmed (i.e. repeatable) BG less than 100 mg/dL to try to reduce the risk of a clinical hypoglycemic event.

Checking multiple BG throughout an 8-12 hour period – the “blood glucose curve” (BGC) – has become standard. The goals of the BGC are to determine 1) duration of insulin; 2) glucose nadir; and 3) average BG throughout the day, aiming for 10-12 hours, between 100-150 mg/dL, and less than 250 mg/dL over those 8-12 hours, respectively.¹ Using an algorithm incorporating the above criteria may help with assessing the BGC and the need to adjust the insulin dose (www.veterinaryteambrief.com/article/blood-glucose-curves-whys-hows).

We must decide whether to perform a BGC within the hospital or have the pet owner perform it at home. We recognize the limitations of a BGC performed within the hospital, such as stress and abnormal pet routine (e.g. poor appetite, lack of play or rest), with both influencing the BG. Therefore, collection of BG at home by the pet owner may mitigate these limitations.

Benefits of home blood glucose monitoring (HBGM) have been advocated through publications,^{2,3} and organizations such as AAHA⁴ and ISFM/AAFP.⁵ Blood glucose concentrations are believed to be more accurate because pets remain within their homes, experiencing their normal routines. With more accurate BGC, we may be better able to lessen the probability of a clinical hypoglycemic event, of ketoacidosis, of cataracts with diabetic dogs, and of peripheral neuropathy with diabetic cats.

Home blood glucose monitoring may not be suitable for all pets and their owners. Although disrupting the human-animal bond is of concern for pet owners, pet owners have not experienced a negative effect on it with introduction of HBGM.⁶⁻⁸ In fact, of two-thirds of diabetic cat owners are satisfied with the glycemic control of their cats, and almost 75% monitored their cats' BG at home.⁸ Additionally, our fear of our pet owners not complying with our instructions may be mitigated with repeated communication that the BGC will be used to inform us – the veterinarians – of the need, if any, to alter management, namely insulin dose.

Summary

We have many options and combinations for monitoring our diabetic patients. Having a single plan for all patients is unrealistic; rather, a plan needs to be tailored and co-developed with each pet owner. With such owner collaboration, we can together create successful patient outcomes.

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Industry News

Cat Friendly Practice program's influence on feline medicine continues to grow!

The American Association of Feline Practitioners (AAFP) proudly announced the results of its 2017 Cat Friendly Practice® (CFP) Survey. The 2017 survey displays incredible results, including a **99% satisfaction rate** among participants. The program continues to grow and positively influence veterinary care for cats, caregivers, and veterinary teams.

A few of the impressive results from this year's CFP respondents are:

- **98%** would recommend the CFP program to other veterinary professionals.
- **92%** state the CFP program has positively impacted their team morale when handling, treating, and caring for cats. An overwhelming number of practices commented they are now more confident when working with cats, and their whole team has adopted the use of cat-friendly techniques to reduce stress during the visit.
- **91%** reported an improvement in feline knowledge and care among practice team members. Many practices noticed a great improvement in staff understanding of feline behavior, feline-friendly handling, and ability to read a cat's body language.
- **80%** received positive feedback from clients on implementing the program.
- **80%** have increased visits because they are a Cat Friendly Practice®.
- **79%** report increased practice revenue since implementing the CFP program.
- **75%** state the acquisition of new feline patients due to their CFP designation.
- **61%** of Cat Friendly Practices® report a reduction in injuries when handling cats.

Survey respondents reported the following as the top benefits they experience from the Cat Friendly Practice® Program:

- Less stress for feline patients
- Higher satisfaction among current clients
- Display of care for their feline patients
- Improved client retention or more frequent visits by existing cat clients
- Increased attention and time with staff at each feline patient visit

Launched in 2012, the Cat Friendly Practice program is a worldwide collaboration of feline experts who provide guidelines with recommendations specifically for cats. By creating a supportive environment of veterinary staff who understand cats' unique needs and behaviors, and acknowledging the essential role of the cat caregiver before and during the visit, cats can have a more positive veterinary experience.

The AAFP expresses deep appreciation to our industry and organizational partners. The program is sponsored by Bayer Healthcare, Zoetis, Ceva

Animal Health, Boehringer Ingelheim, Hill's Pet Nutrition, and Purina, as well as supported by Kit4Cat and Wedgewood Pharmacy. The program is endorsed by the Association of Shelter Veterinarians, CATalyst Council, Cat Health, and the Winn Feline Foundation.

A survey results infographic can be downloaded at bit.ly/2EK1lno

Cats in Canada 2017: A Five-Year Review of Cat Overpopulation

What are the root causes of cat overpopulation? If cats are not spayed or neutered and allowed to roam outdoors, the result is a lot of kittens on the streets and in animal shelters. And without permanent ID, a cat that gets lost might stay that way.

But the tide may be turning. After months of ground-breaking and intense industry research, CFHS' National Cat Overpopulation Task Force has released a brand-new study about how the issue of cat overpopulation has evolved in the last five years. In our newly released report, we're seeing evidence that cats are starting to be treated with the level of care they deserve. Attitudes are shifting, spay/neuter rates are going up and we're seeing more cats with permanent ID, like tattoos and microchips – which help them to find their way home if they ever get lost or separated from their owner. Overall, we seem to be shifting to a more proactive approach to cat ownership in Canada, which is encouraging.

The good news is that we've taken some giant leaps forward in cat welfare since 2012. The bad news is that it's not happening quickly enough to overcome Canada's cat overpopulation crisis. We still have a long way to go.

Download your copy of the report at: https://www.cfhs.ca/cats_in_canada_2017

Changes to animal case reporting

Regulatory amendments to Ontario's *Health Protection and Promotion Act* have introduced new animal case reporting requirements for veterinarians across the province.

As of January 1, 2018, all veterinarians and directors of laboratories must report known and suspected cases of avian influenza, novel influenza and *Echinococcus multilocularis* infections in animals to their local public health unit. Veterinary reporting requirements for all mammal bites, as well as all cases of avian chlamydiosis also continue to remain in place.

For further information contact Dr. Catherine Filejski, Public Health Veterinarian, Ministry of Health and Long-Term Care at catherine.filejski@ontario.ca.

Canadian Veterinary Medical Association News

By Tanya Frye, Manager, CVMA Communications and Public Relations

Effective **December 1, 2018**, a veterinary prescription will be needed to use medically important antimicrobials (MIAs) in animals. Health Canada is moving a number of MIAs approved for veterinary use before 2004 to the Prescription Drug List (PDL). With this change, Health Canada will establish the same level of oversight for those MIAs approved before 2004 as for those approved after. Visit the *Responsible use of Medically Important Antimicrobials in Animals* section on canada.ca for more information. In addition, as of **November 13, 2017** MIAs can no longer be imported for own use. MIAs are available with a veterinary prescription, from a veterinarian, pharmacist, or as a mixed medicated feed from a feed mill. Visit our website at canadianveterinarians.net/policy-advocacy/veterinary-oversight-of-antimicrobial-use-in-canada to stay up to date on information.

On November 9, 2017, Dr. Duane Landals, past president of the CVMA and current member of its Veterinary Pharmaceutical Stewardship Advisory Group, appeared on behalf of the association as a witness at the **Standing Committee on Health as it conducts a study on antimicrobial resistance**. Dr. Landals highlighted the need for a One Health approach to develop strategies for responsible antimicrobial use that in turn supports the control of antimicrobial resistance. Find a copy of Dr. Landals' presentation to the Standing Committee in the *National Issues* section of the CVMA website under the *Policy & Advocacy* tab.

Join veterinary colleagues from across Canada and beyond for the **2018 CVMA Convention** in Vancouver, BC from **July 5 to 8, 2018!** Experience the beauty of Vancouver and the west coast while earning valuable CE credits, with tracks covering companion animal, ruminant/equine, business management, workplace wellness, food-producing animals and honey bees for dummies. Plus, one of the largest veterinary Exhibit Halls in Canada with over 75 exhibit spaces! **Registration opens February 21, 2018.** Visit canadianveterinarians.net for regular updates.

The **CVMA's Emerging Leaders Program (ELP)**, sponsored by Virox Animal Health, offers an opportunity to explore an approach to personal and professional accomplishments and working relationship with colleagues. The ELP takes place on **July 5, 2:30 to 6 p.m. and July 6, 2018, 8 a.m. to 2 p.m.**, during the CVMA annual convention in Vancouver, BC. Visit the ELP page under the *Science & Knowledge* tab of the CVMA website to find out how you can participate.

Nominations for the 2018 CVMA Awards are open until January 31, 2018! Each year, through its awards program, the CVMA proudly recognizes individuals who have demonstrated significant accomplishments, exemplary leadership, and tireless commitment to Canada's veterinary community. Please visit the *CVMA Awards* section under *About CVMA* for more information and nomination criteria.



Continuing Veterinary Education Calendar

FEBRUARY 2-4**WINNIPEG, MB**

CenCan Conference
www.mvma.ca

FEBRUARY 3-7**ORLANDO, FL**

VMX Veterinary Meeting & Expo
info@navc.com
www.navc.com

FEBRUARY 10-11**KITCHENER, ON**

Cruciates
www.focusandflourish.com

FEBRUARY 22-25**COLUMBUS, OH**

Midwest Veterinary Conference
www.mvcinfo.org

FEBRUARY 23-24**KITCHENER, ON**

Pins and Plates
www.focusandflourish.com

FEBRUARY 28**KITCHENER, ON**

Emergency Medicine
rlofsky@gmail.com
www.goldentriangleca.wix.com/gtva

MARCH 3-4**CALGARY, AB**

Cruciates
www.focusandflourish.com

MARCH 4-8**LAS VEGAS, NV**

Western Veterinary Conference
www.wvc.org

MARCH 28**KITCHENER, ON**

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APRIL 13-15**MONTREAL, QC**

AMVQ Conference
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www.congres.amvq.quebec

APRIL 20-22**HALIFAX, NS**

Atlantic Provinces Veterinary Conference
www.apvc.ca

APRIL 21-24**CALGARY, AB**

Canadian Federation of Humane Societies Conference
www.conference.cfhs.ca

APRIL 22-23**CALGARY, AB**

Canadian Federation of Humane Societies National Animal Welfare Conference
info@cfhs.ca
www.cfhs.ca

MAY 1-5**MAUI, HAWAII**

North American Veterinary Dermatology Forum
info@navdf.org
www.navdf.org

MAY 17-20**VIRGINIA BEACH, VA**

Fetch East Conference
www.fetchdvm360.com

JUNE 14-16**SEATTLE, WA**

American College of Veterinary Internal Medicine Forum
acvim@acvim.org
www.acvim.org

JULY 5-8**VANCOUVER, BC**

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This article is based on Dr. Krecic's presentation at the American College of Veterinary Internal Medicine Forum in National Harbor, MD.

Veterinary Education Today Conference grows twofold!

TORONTO, ON - More than 700 veterinary professionals – double the number of registrants from 2016 – attended the second annual Veterinary Education Today (VET) Conference and Medical Exposition at Toronto's International Centre, from November 2-4, 2017. The conference's exhibit hall featured more than 90 companies that represented all aspects of the veterinary profession and the animal health industry.

The Continuing Education program, which was developed by the University of Saskatchewan's Western College of Veterinary Medicine (WCVM), scored well with participants. More than 80% rated the program as 'very good to excellent'. Conference registrants had 30 CE sessions to choose from with the opportunity to earn up to 12 RACE-approved CE credit hours.

Once again, K2 Animal Health Publishing, the publisher of *Canadian Vet* newsmagazine, was the official media partner for the VET conference. As such, we enjoyed mingling with conference attendees who visited our exhibit hall booth and will be sharing some of the information presented by veterinary experts at the conference. In this issue of *Canadian Vet*, we hope you enjoy reading the articles on Otitis Externa – Listening to What is New; Making the Cancer Diagnosis, and Clearing the Hurdle: Communicating the Cost of Veterinary Care. These were written based on VET conference presentations by Dr. Anthony Yu; Drs. Paul Young and Michelle Oblak; and Dr. Jason Coe, respectively.

The 2018 VET conference will run from September 28-29, at the International Centre. For more information, or to register, visit www.veterinaryeducationtoday.ca. [CV](#)



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