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Should You Start A Podcast?

Podcasting Is Easier Than Ever—But Is It Worth Your Time? **28**

Challenges of Allergic Skin Diseases

Helping Pets and Protecting Client Bonds **34**

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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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To Pod or Not to Pod?

It's easier than ever to start a podcast, but should you?

by Jen Reeder

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Challenges and Risks of Allergic Skin Diseases

How to approach dermatology appointments with the right strategies.

by Roxanne Hawn

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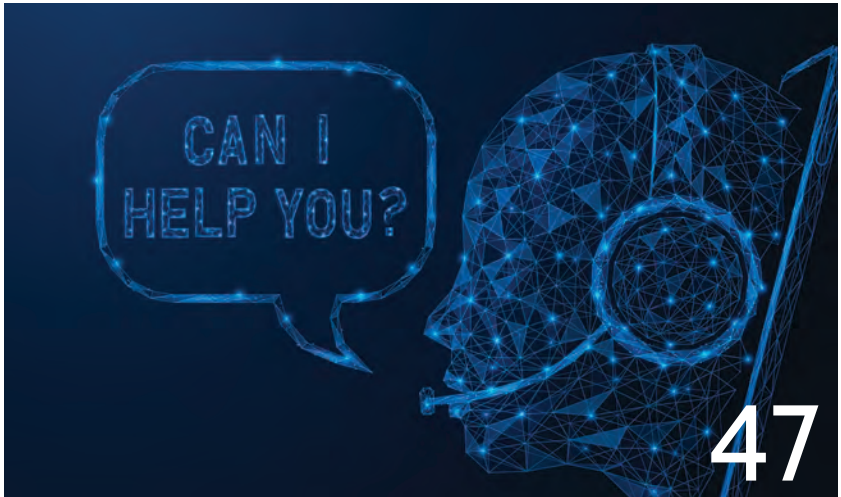
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From the Editor

Could You, Should You?

Do you have a favorite podcast? I love a good science roundup podcast. A couple of my favorites are the Canadian *Quirks and Quarks* with Bob McDonald, and *Startalk* with Neil DeGrasse Tyson. Of course, I am also partial to our own *Central Line: The AAHA Podcast*, excerpts of which are regular features here in *Trends*. Perhaps you have thought about adding your own knowledge and voice to the sea of podcasts out there. Which brings us to our cover story, posing the question: to pod or not to pod?

Like every other burning question ever posed, the answer is “it depends.” But, don’t be discouraged, there is always room for more opinions and expert pet advice out there. Speaking of burning questions, another theme in this issue is dermatology. We have an article on facing the challenges of dermatology cases, an interview with the co-chair of the *2023 AAHA Management of Allergic Skin Diseases in Dogs and Cats Guidelines*, Julia Miller, DVM, DACVD, as well as a few other hidden dermatology-related treasures in the following pages. Read on to scratch that itch for knowledge and wisdom!

Also in this issue is an article by technology superstar Caitlin DeWilde, DVM. She explores the use of artificial intelligence and how it can be utilized in vet med. But don’t be alarmed! Think less Skynet from *Terminator* and more J.A.R.V.I.S. from Marvel’s *Iron Man* movies.

Are You the Next Employee of the Month?

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. The only catch? There is no catch, it’s free to enter, and you get free money!

Coming Next Month

In May, we’ll cover the topic of finance and its connection to wellbeing, as well as practice software and everyone’s favorite topic—lasers!

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

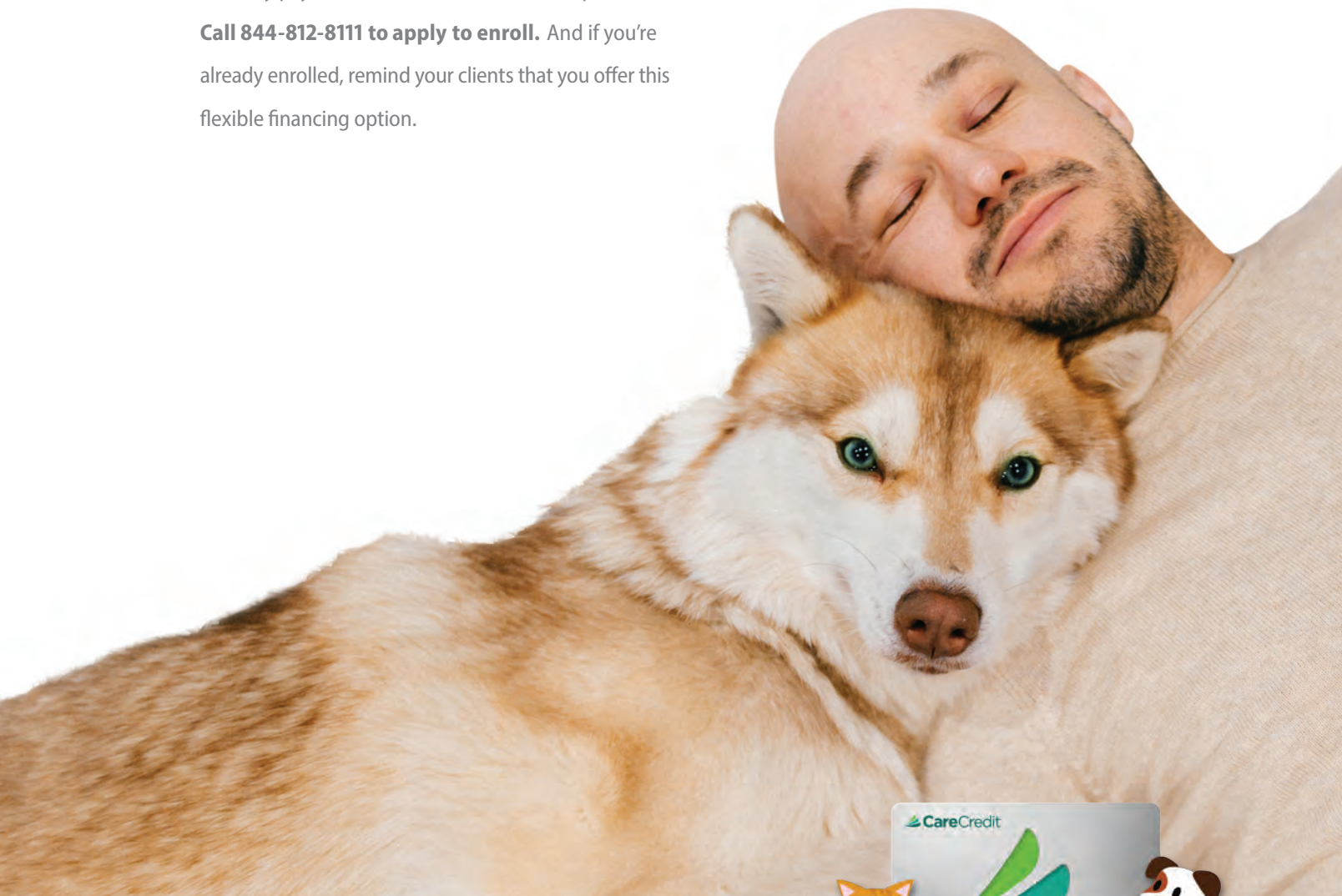

Ben Williams
 Editor

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Contributors



Jen Reeder

Jen Reeder is an award-winning journalist and former president of the Dog Writers Association of America.



Roxanne Hawn

Roxanne Hawn brings over 25 years of experience writing about veterinary topics for professionals and consumers. She writes an award-winning site called Champion of My Heart and is the author of *Heart Dog: Surviving the Loss of Your Canine Soul Mate*.



Emily Singler, VMD

Emily Singler, VMD, is AAHA's veterinary content specialist, a mom of four, and an advocate for working parents in veterinary medicine. Her book, *Pregnancy and Postpartum Considerations for the Veterinary Team*, is available at emilysinglervmd.com



Caitlin DeWilde, DVM

Caitlin DeWilde, DVM, is the founder of The Social DVM, a consulting firm devoted to helping veterinary professionals learn how to manage and grow their social media, online reputation and marketing strategies.



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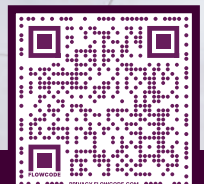
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How can a Veterinarian Add \$36,000 Per Year in Profit?

Practices nationwide are using current regulations to their advantage by passing Credit Card Processing fees to the cardholder.

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The first business day of the month has arrived once again, and with it, a steady stream of clients enters through the front door. You are, thankfully, busier than ever healing their beloved furry friends.

But then you notice that thousands of dollars have been deducted from your bank account...again. It's a familiar but bothersome line item: Credit Card Processing Fees.

"I didn't start my own business so I could feel trapped like this." You start wondering if you have any other options.

The good news is that your practice is operating during new and exciting times with tools that enable you to keep more of your revenue in your pocket, where it belongs.

These tools are legal programs called: Cash Discount, Surcharging, or Dual Pricing. At least one of these programs is available, compliant, and allowable in your location, which means that you could dramatically increase your bottom line, and eliminate your merchant service fees, simply by implementing the program that works best for you.

What are the differences between the programs?

1 Cash Discount Program: Your posted price for goods and services is the higher (card) price. A discount is provided if a client pays by cash or if you accept checks.

2 Dual Pricing: Similar to the above and much easier to implement, two prices are presented to the client: A Cash Price and a Card Price.

3 Surcharging: This program is restricted in some areas and is also what people who don't understand the regulations often refer to as "illegal." Surcharging is actually legal in most states and allows a business to communicate that there is simply an additional fee added when a credit card is used. Surcharging specifically caps the fee that can be charged and does not allow any debit cards to be charged a fee.

Each program will eliminate credit card processing fees. We have repeatedly saved happy and thriving practices over \$3,000 per month... that's more than \$36,000 per year.

It's a no-brainer, right? Of course, until you consider the looming question: "How will my clients respond to this?"

Our experience (explained to us by Veterinarians using our programs) is that clients almost always accept the fee and will simply pay in cash if they don't. Owners prioritize their pet's health and well-being and they understand that these fees routinely appear in other industries.

Gas stations (see below), hair salons, nail salons, restaurants, municipalities, and many other businesses have passed on a fee to cardholders in some way for years.

Credit Price DEBIT	Gasoline	Cash Price
399 ⁹ / ₁₀	Regular	389 ⁹ / ₁₀
413 ⁹ / ₁₀	Plus	403 ⁹ / ₁₀
429 ⁹ / ₁₀	Premium	419 ⁹ / ₁₀

Therefore your client is already paying a fee to use their card in a wide variety of places.

In addition, there is a deep trust built between you and your clients. You know the animal's history, built a relationship, and they are comfortable with you. Paying a small fee (especially one that allows your practice to thrive and offers stellar treatment) is a price they'll be more than willing to pay for using a credit card.

Tired of having thousands of dollars taken from your bank account every month? Then consider one of the programs above. Savings range between 75-100% of merchant service costs. We specialize in working with Veterinarians nationwide, and after implementing each program above countless times you are certain to be thrilled with the results.

Brendan Ivory, CEO
CashDiscountProgram.com

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"Each of the programs will eliminate all or at least most of the credit card processing fees. Our average practice saves over \$3,000 per month or more than \$36,000 per year."

Behavior Language That Should Disappear

We asked the question to the profession (via Facebook): “What language about dog and cat behavior needs to go away in veterinary medicine?” Here are some of the responses.

“That animals need to be punished for doing something that we don't want them to do. They should be set up for success and rewarded for doing the right thing. They should also have their needs met.”

Claudia Richter

“‘Spicy kitties.’ They are fearful and should be treated as such.”

Adrienne Pesavento

“Owners think dogs and cats are capable of doing things out of spite but it's really just instinct.”

Devan Leistikow

“‘You need to be the alpha’ . . . I'm so tired of people domineering and scaring their animals and calling it training.”

Sophie MC

“That animals perform behaviors (i.e., inappropriate urination, scratching, or chewing) just to ‘be a jerk’ or ‘because they're mad at me.’ Behavior issues can be frustrating, but animals aren't petty like this and owners need to stop believing that they are in order to fix the problem.”

Kate Salpini

“Also, ‘cone of shame.’ Implies the pet is doing something bad intentionally but they're only licking at a spot because it hurts or itches and they can't understand. I prefer the fear-friendly ‘cone of fame.’”

Erica Paulsen

“My top two would be the dominance/alpha philosophy entirely, and that puppies and kittens should be isolated completely until vaccines are finished!”

Krista Sirois

What are your thoughts? Send an email to trends@aaha.org to have your opinion heard.

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Want to submit your small animal medicine manuscript to a popular and well-respected scientific journal but don't want to wait a year or more before publication? Now is the time to do it! The American Animal Hospital Association (AAHA) is actively seeking submissions for its bimonthly, peer-reviewed publication, the *Journal of the American Animal Hospital Association (JAAHA)*.

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JAAHA will consider the following types of manuscripts for publication:

- Review articles
- Original studies
- Retrospective studies
- Case series
- Case reports

If you're ready to begin your journey to publication, head over to jaaha.org and click on "Submit" to get started.

jaaha.org



Tools to Tackle the Complicated

Working smarter, not harder, is the goal I am trying to apply this year. I'm looking for things that help with continued improvement in the care of my patients without creating inefficiencies that are a drag on time. Or, tools that will prevent my getting lost in the rabbit hole of putting together the puzzle pieces of a case, when the data presented by clinical signs, exam, and diagnostic results are confounding.

Having a reference toolbox to use when your brain cells are spinning like tires on ice is essential. Great visuals, succinct algorithms, and best practices are what help me the most. I keep a small binder clipboard with some of those tools with me all day while seeing patients as a quick reference.

I'll confess now that I am an AAHA guidelines addict. I've

always referenced them throughout my career, and one of the perks of being a board member is seeing the evolution and improvements that are offered by regularly updated specific-topic guidelines, as well as the fresh knowledge in newly developed guidelines.

When I saw that two big topics in this issue of *Trends* were on dermatology and parasites, my brain immediately moved to skin versus endocrine issues and how much our clinical skills and options have improved since I was in vet school, more years ago than I like to admit.

Two of our most recent AAHA guidelines are amazing references for everyday practitioners and new graduates alike to put in their work toolboxes. The *2023 AAHA Management of Allergic Skin Diseases for Dogs and Cats Guidelines* and the *2023 AAHA Selected Endocrinopathies of Dogs*

and *Cats Guidelines* help with these sometimes frustrating-to-diagnose and/or manage cases, especially when the patient may have concurrent issues. At your fingertips in the guidelines and online at aaha.org/guidelines are resources in not only clinical medicine but also for client and team communications. Each guideline also has additional resources and soon both will offer certificates for a deeper educational dive with CE credit.

Onwards and upwards we go with more tools for our toolboxes with AAHA guidelines.

Margot K. Vahrenwald, DVM, CVJ, is Immediate Past President of the AAHA Board of Directors. She is the owner of Park Hill Veterinary Medical Center in Denver.





The Scoop

Positive Results from Survey of AAFP's Cat Friendly Certificate Program

The results of a survey of participants in the Cat Friendly Certificate Program, developed by the American Association of Feline Practitioners (AAFP), have been released. Royal Canin conducted the survey in partnership with the AAFP.

The stress of a veterinary visit is an important reason why many cats do not receive regular veterinary care. The AAFP developed the Cat Friendly Certificate Program for all veterinary team members to improve individual knowledge, skills, and in-clinic practices for feline medicine.



Key Survey Findings

- Nearly 98% of team members reported the program helped them reduce the stress of a feline visit.
- 92% of respondents believed that, due to the program, cat caregivers are more satisfied with their veterinary experience.
- 98% reported their skills were enhanced by the program.
- 98% reported they are now able to create a better experience for stressed feline patients.
- More than 88% reported they have implemented strategies and techniques to promote positive experiences for cat patients.
- 76% of all respondents said completing the program better prepared them to make nutritional recommendations to clients.

Cat with Chronic Kidney Disease Gets a Second Chance

When Kobe, a 14-year-old cat, was diagnosed with chronic kidney disease, his owner, Gabrielle Sakel, was very distressed. Most cats with the disease only survive a few years after showing symptoms. As Courtney Price reports in *Texas A&M Today*, Kobe was fortunate to participate in a clinical trial at the Texas A&M Small Animal Teaching Hospital.

The clinical trial, designed for cats with stage-two to stage-four kidney disease, uses Porus One, a powdery material, to draw toxins from the intestinal tract so they don't enter the bloodstream. Similar products have been used successfully in humans, but there hasn't been as much research on their effect in cats, compared to research on human use.

Kobe's disease hadn't progressed far by the time he entered the trial, and now, having completed it, Sakel says he's back to running around with his usual energy.

5 Ways to Increase Brand Awareness for your Practice

By Terrisha Buckley

Ever feel like your practice is invisible? You might need a marketing makeover.

Danielle Lambert's Snout School provides tools and training for veterinary professionals to DIY their own branding. Lambert has worked with all levels of vet med, including individual professionals, small clinics, larger brands, and well-established practices. She offered these tips for giving your brand and marketing strategy a boost.

1 "Be very clear on the ideal client you want to serve. You don't have to be for everyone!"

You want to attract the clients who are going to get the best service out of you consistently. If your practice is great at working with senior cats, design a marketing strategy to reach this audience specifically, and let them know you're there.

2 "Create content that is going to speak to and support that ideal client as they care for their pet."

Once you've defined your ideal client, you can generate content to draw them in. Think about what those clients care about. What are their major concerns? Create content that provides solutions for their problems.

3 "Make your content look consistent visually."

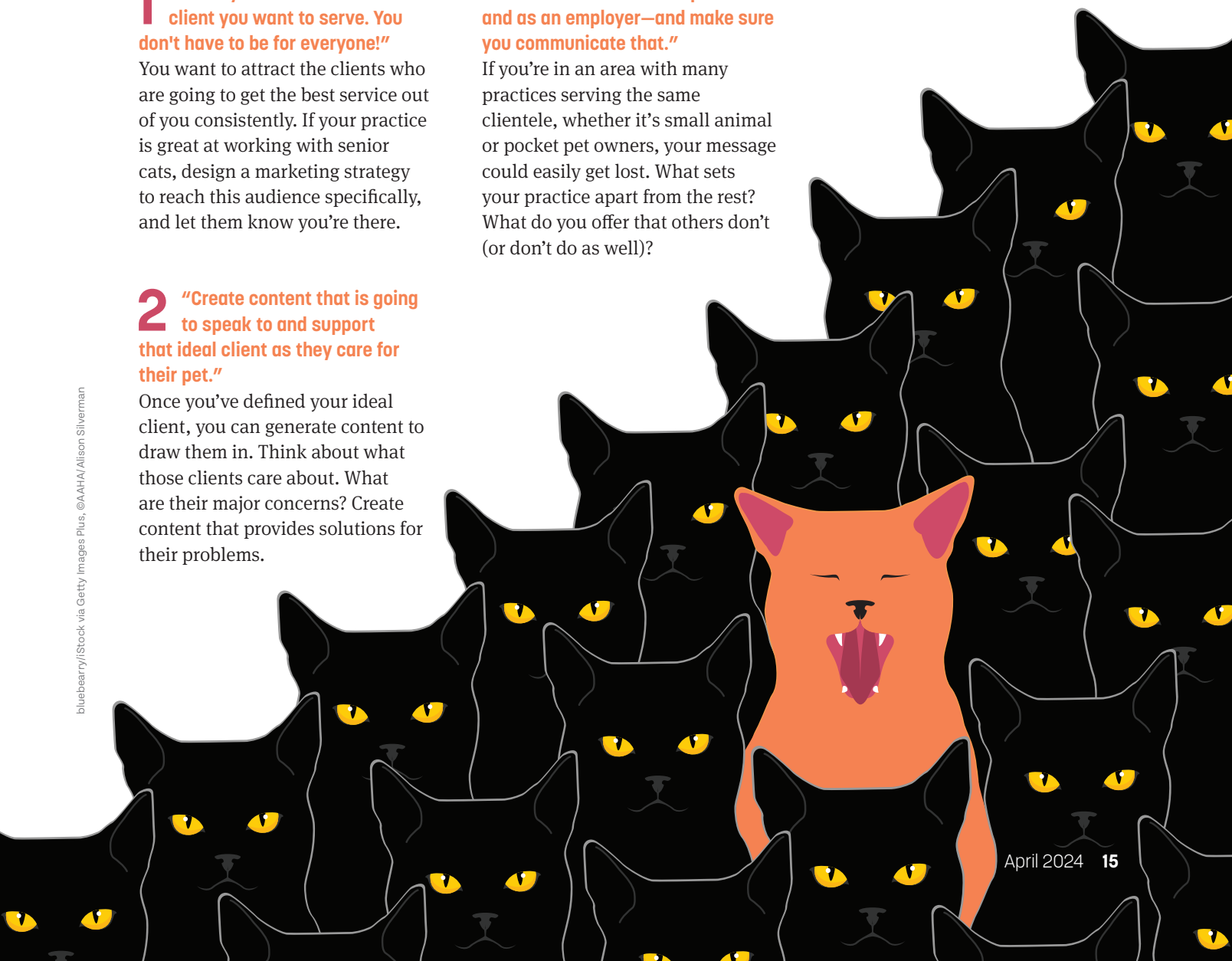
This is when you get into the details of branding. Your clients should see your content and recognize you because it looks similar to previous social media posts, as well as to your website and advertisements. "Picking two colors and two fonts can go a long way to creating a clear visual brand," Lambert said.

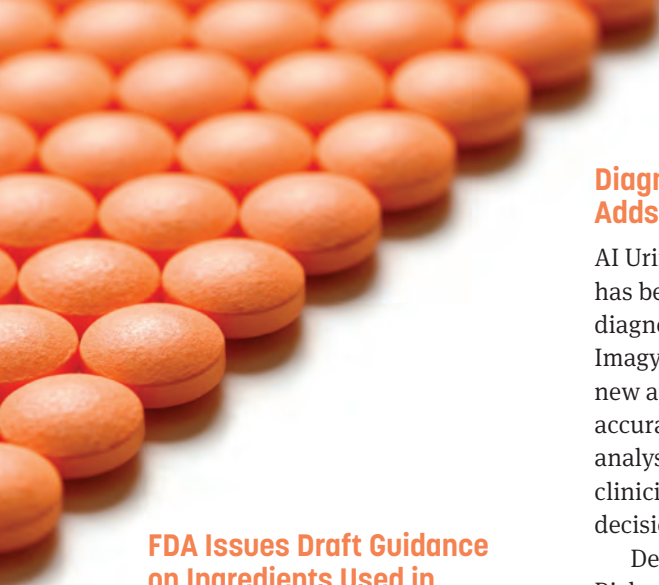
4 "Identify what makes you different from other practices in the area— as a service provider and as an employer—and make sure you communicate that."

If you're in an area with many practices serving the same clientele, whether it's small animal or pocket pet owners, your message could easily get lost. What sets your practice apart from the rest? What do you offer that others don't (or don't do as well)?

5 "Clarify your core values and a brand promise to serve as a guiding light for all the business decisions you make."

Your marketing statements must match your personal and company core values. For example, if you market yourself as a practice that is all about community accessibility and access to care, then your clients will expect you to offer options to help them pay for veterinary services. "You need to back [these claims] up with flexible payment options that aren't credit-based, like VetBilling," Lambert said.





FDA Issues Draft Guidance on Ingredients Used in Veterinary Drugs

The US Food and Drug Administration (FDA) draft guidance for industry (GFI) #286 (VICH GLO), “Good Manufacturing Practice for Active Pharmaceutical Ingredients Used in Veterinary Medicinal Products,” is now available. This draft guidance has been developed by the International Cooperation on Harmonisation of Technical Requirements for Registration of Veterinary Medicinal Products (VICH).

VICH aims to harmonize technical requirements for the approval of veterinary medicinal products in the European Union, Japan, and the United States. It includes input from both regulatory and industry representatives. VICH guidelines are available for use by other countries.

This draft guidance facilitates a single set of international standards for inspections of facilities that manufacture Active Pharmaceutical Ingredients [APIs] and starting materials for use in such products.

The FDA’s work with VICH aims to ensure regulatory certainty for veterinary products, including predictable and uniform requirements across the EU, Japan, and the United States.

Diagnostic Platform Adds AI Functionality

AI Urine Sediment analysis has been added to Zoetis Inc.’s diagnostics platform, Vetscan Imagyst. The company says the new application will provide accurate, in-clinic sediment analysis of fresh urine, allowing clinicians to make treatment decisions quickly.

Describing the new application, Richard Goldstein, DVM, DACVIM, DECVM-CA, vice president and chief medical officer, Global Diagnostics Medical Affairs at Zoetis, said, “Its deep learning AI will help in the visualization and identification of urine sediment elements, which are often difficult to capture using traditional urine sediment examinations.”

The application includes a validated sample preparation method and algorithm evaluation to provide more consistent, thorough urine sediment results. This includes an evaluation of red blood cells and white blood cells, squamous and other epithelial cells, hyaline and nonhyaline casts, struvite and calcium oxalate dihydrate crystals, and cocci and rod bacteria comparable to that of a clinical pathologist, according to Zoetis.



Bird Owners Urged to Take Precautions for Avian Flu

Since 2022 a highly contagious avian flu has been spread primarily by migratory birds, putting game birds and backyard and commercial poultry at risk.

The highly pathogenic avian influenza [HPAI] virus is shed by infected waterfowl in their feces and respiratory secretions. The virus can remain viable for months in the environment. According to the US Department of Agriculture, since the start of the current outbreak of HPAI in 2022, almost 81.72 million birds (in backyard and commercial flocks) in 47 states have been affected.

Maurice Pitesky, DVM, of the University of California-Davis School of Veterinary Medicine, recommends keeping domestic birds away from ponds and other open water where they may contact waterfowl, the primary reservoir of the disease. He also advises monitoring birds for these symptoms:

- Reduced egg production
- Trouble breathing
- Clear, runny discharge
- Lethargy
- Loss of appetite
- Drinking less
- Swollen eyes, head, wattles, or combs
- Discolored/bruised comb, wattles, or legs
- Sudden death

ANSWER THE CALL!

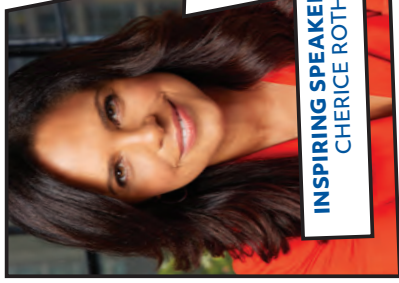
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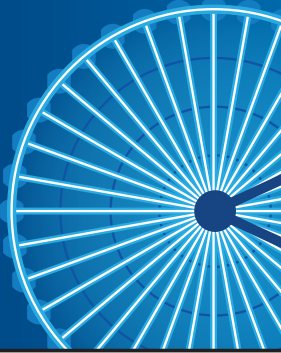


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Feline Genome Investigation

Researchers investigating the genome of various cat species have recently uncovered novel perspectives on domestic and wild cat evolution. Their work, funded by Morris Animal Foundation and published in *Nature Genetics*, highlights distinct genetic changes and will be a critical tool for researchers investigating feline diseases and characteristics. The study uncovered a more comprehensive and complete cat genome assembly than was available before.

“Now we're going to be able to use this to go in and start determining the function of parts of the domestic cat genome that were missing before,” said William Murphy, PhD, the study's principal investigator and professor of Veterinary Integrative Biosciences at Texas A&M University.



Quote of the Month

“Service to others is the rent you pay for your room here on earth.”

Muhammad Ali

Simulated Surgeries Boost Student Confidence, Animal Outcomes

Cornell University College of Veterinary Medicine (CVM) researchers have found that simulator-based training improved student confidence, performance, and live animal outcomes during spay surgeries on cats. Their study was published in the journal *Veterinary Surgery*.

Typically, veterinary students learn surgical skills first from lectures and videos, and later through hands-on experience with live animals. Learning with animal surgery simulators provides students with realistic animal manikins, on which they can practice surgical tasks in a low-pressure environment.

The Cornell researchers recognized the value of the simulator training for veterinary students but wanted to determine if the training impacted outcomes in a real surgical laboratory.

For their study they compared two groups of students, one trained for spay procedures

with an instructional video and lecture materials, the other with an additional, two-hour simulation lab.

Each group later conducted spay surgeries in female rescue cats. All cats survived and were subsequently discharged. The simulator-trained group had shorter operation times, higher self-reported levels of surgical confidence, and their patients required less pain management compared to the group that did not train on simulators.



Morris Animal Foundation Funds 8 Canine Cancer-Focused Projects

Morris Animal Foundation announced the selection of eight new grant recipients who will advance the foundation's commitment to improve the lives of dogs suffering from cancer through pioneering research initiatives. "The knowledge gained by these studies will advance the understanding, diagnosis and treatment of cancers in both dogs and their humans," said Kathy Tietje, PhD, MBA, chief program officer at Morris Animal Foundation.

Enni Markkanen, DVM, PhD, principal investigator for one of the studies approved for funding commented, "Our study will [yield] detailed insight into soft-tissue sarcoma tumors

by analyzing the exact molecular fingerprint of individual cells."

The grant awardees are Hiroyuki Mochizuki, North Carolina State University College of Veterinary Medicine; Krit Ritthipichai, Edward Via College of Osteopathic Medicine; Alison Masyr, Michigan State University College of Veterinary Medicine; Christina Pacholec, Virginia Tech, Virginia-Maryland College of Veterinary Medicine; Heather Wilson-Robles, Ethos Discovery; Enni Markkanen, University of Zurich; Karin Allenspach, University of Georgia College of Veterinary Medicine; Jenny Harris, University of Surrey School of Health Sciences.

Merck Animal Health Releases Fourth Veterinary Wellbeing Study

The latest Merck Animal Health Veterinary Wellbeing Study shows that more veterinary professionals are provided access to and are pursuing mental health resources for their overall well-being with continued improvements on the horizon.

The study was conducted in collaboration with the American Veterinary Medical Association (AVMA). This latest study also revealed that veterinary practices and professionals are taking a more proactive approach toward mental health.

This is the first comprehensive study on veterinary wellbeing following the global pandemic. It includes the mental health and wellbeing of veterinary team members, including veterinary technicians and office managers.

Almost three-quarters of veterinary professionals express

personal satisfaction with their career, but there are still factors of concern, including exhaustion, work-life balance, and a shortage of veterinary staff, all of which can lead to burnout.

Results of the study indicate there has been a substantial increase in clinics supporting their teams' mental health and emotional wellbeing.



Purina Donates \$1M to AVMF REACH Program

Purina Pro Plan Veterinary Diets has launched the Pro Plan Veterinary Support Mission to help remove barriers veterinarians often face in practice. As its first act, the brand donated \$1 million to the American Veterinary Medical Foundation (AVMF) REACH (Reaching Every Animal with Charitable Healthcare) program, offering grants to veterinarians providing immediate pet care when owners experience financial hardship.

The REACH program was created by the AVMF in 2022 to increase assistance to the most vulnerable communities. The

program received an additional \$200K in funding from Pro Plan Veterinary Diets in 2023 and now has the resources to assist thousands of animals each year.

AVMF Chair Lori Teller, DVM, said, “Purina’s generosity enables the AVMF REACH program to ease the burden placed on veterinarians who provide charitable care and help give more pets and other animals the expert veterinary services they need.”

Veterinarians can visit ProPlanVetSupport.com to learn more about the Pro Plan Veterinary Support Mission.



Community

How Do You Boost Team Morale When Being Short-Staffed?

We are getting ready to be down at least six staff members who worked in various areas of the hospital from reception, exam rooms, and patient care. This will mean our remaining staff will be scheduled for more hours than they have worked in the past. I would love some input on ways we can boost morale that shows our appreciation in ways other than food. What have you all done?

A: I would adjust doctor and appointment schedules to reflect your current staff levels. You don’t want to burn out what you have.

A: We dropped to 4 days of appointments when a similar situation happened to us. We made Friday a pick-up Rx and phone day only 9:00 a.m–3:00 p.m. Consider a skeleton crew on those days with at least one Practice Manager.

AAHA members, share your short-staffed tips at community.aaaha.org. For help, email community@aaaha.org.





Monitoring Strategies for Trilostane Therapy in Dogs with Cushing's Syndrome

By Kate Boatright, VMD

Cushing's syndrome, or hyperadrenocorticism (HAC), can be a frustrating disease for veterinarians to diagnose and manage. The road to diagnosis can be a long and expensive one for clients. (A guide to diagnosing Cushing's syndrome is available in the *2023 AAHA Selected Endocrinopathies of Dogs and Cats Guidelines*.)

Once a diagnosis is obtained, treatment requires lifelong daily medication and frequent monitoring. The costs of medication and monitoring can add up and create a barrier to treatment for some families. Additionally, there has been some debate about the best testing protocols to use for monitoring HAC treatment. Veterinarians

should stay up to date on current strategies for monitoring therapy for Cushing's syndrome so they can maximize quality of life for their patients and clients.

Trilostane provides excellent patient outcomes

The primary goal of treatment for this disease is to control clinical signs, including polyuria and polydipsia, changes in the hair coat or physical appearance of the pet, and excessive panting. With treatment, these clinical signs can be controlled in most patients, leading to a better quality of life for both pet and family.

Trilostane (available as Veteryl® from Dechra) is the only FDA-approved medical treatment for dogs with

both pituitary-dependent and adrenal-dependent Cushing's syndrome. It is a reversible inhibitor of an enzyme (3β -hydroxysteroid dehydrogenase) required for steroid synthesis. While it is considered safer than the historically used mitotane, which is cytotoxic to the adrenal gland, there is still a potential for iatrogenic hypoadrenocorticism.

Veteryl® is available in multiple capsule sizes which can be combined to achieve the necessary dosage. The labeled dose is 2.2–6.7 mg/kg/day, though many veterinarians start at lower doses or twice daily dosing. Many of the authors of the AAHA guidelines start around 1 mg/kg twice daily in their patients. The medication

should be administered with food to improve absorption.

Monitoring trilostane therapy: Laboratory testing

Regardless of what dosing is used, routine monitoring is essential to ensure clinical signs are well-controlled in patients while avoiding overdoses that can lead to iatrogenic hypoadrenocorticism.

Monitoring utilizes a combination of pet owner reports of clinical signs, physical examination, and laboratory testing. There are multiple strategies reported in the literature for monitoring Cushing's syndrome, but there is no consensus on which monitoring protocol is superior.

In general, rechecks are recommended at 10 to 14 days and 30 days after starting trilostane or adjusting the dosage. Once control is achieved, monitoring is recommended every 90 days. The primary goal of the first recheck is to ensure that patients' cortisol productions is not being oversuppressed. Dosages may be decreased based on clinical signs and lab testing at this appointment but should not be increased.

At the one-month recheck, medication dosage is increased if clinical signs of HAC are not controlled, but laboratory testing ensures that the patient's adrenal glands are not oversuppressed and that maintaining the current dose or increasing to a higher dose is safe.

When patients remain uncontrolled, veterinarians should be sure to assess for comorbidities that may have similar clinical signs and/or complicate disease management, such as concurrent diabetes mellitus.

ACTH stimulation test

Traditionally, the ACTH stimulation test, performed 3 to 5 hours after trilostane administration, has been utilized for monitoring cortisol levels. However, the test has never been validated for this use and some studies have shown poor correlation between clinical signs and ACTH stimulation test results.

As the ACTH stimulation test is the definitive test for diagnosing hypoadrenocorticism, it is a good tool to screen for iatrogenic hypoadrenocorticism. An algorithm is available from Dechra to guide veterinarians in monitoring treatment with Vetoryl® using the ACTH stimulation test.

Unfortunately, the cost of repeated testing can quickly add up, especially if being performed twice a month while trying to gain control of the disease. Additionally, cortrosyn, the synthetic ACTH that is used in the test, is sometimes not available.

Prepill cortisol measurements

An alternative monitoring strategy utilizes a single cortisol measurement collected prior to pill administration. In a study by Macfarlane et al (2016), prepill cortisol measurements were better able to distinguish level of disease control than the ACTH stimulation test and were well correlated with results of an owner questionnaire assessing clinical control.

This monitoring strategy may reduce the costs of laboratory monitoring, since only a single cortisol level is needed and no cortrosyn is required. However, patients may need additional testing such as electrolyte checks or an ACTH stimulation test if they are showing clinical signs consistent with hypoadrenocorticism.

Additionally, most dogs in the study received once daily trilostane dosing, so more research is needed to see if this testing is as reliable in dogs receiving twice daily dosing.

The essential role of the client in monitoring

Regardless of what laboratory testing protocol is utilized, veterinarians must rely on their clients' observations of the pet. Clinical signs are the most important factor in determining if a dosage increase is needed.

Client questionnaires are available from Dechra and as part of the *2023 AAHA Selected Endocrinopathies of Dogs and Cats Guidelines*. These questionnaires provide an objective way for clients to provide information about their pet's clinical signs.

Clients should also be educated on the potential for iatrogenic hypoadrenocorticism and stay alert for clinical signs of this condition. If clients note clinical signs of lethargy, vomiting, diarrhea, and inappetence, they should stop the medication and schedule a recheck for their pet, as these can be signs that the pet is becoming oversuppressed.

Take home points

While Cushing's syndrome can pose a diagnostic and therapeutic challenge, most pets do well with treatment. Clinical signs are an essential component of monitoring. Clients must observe their pet carefully and share their observations with their veterinary team to meet treatment goals.

Laboratory monitoring helps to ensure that current doses are safe and the adrenal glands are not oversuppressed but should not be the sole factor in deciding to increase patient dosages if there is good clinical control.

5 Questions for a Dermatology Specialist

1 What made you choose your specialty area?

After eight years in general practice, I was feeling unchallenged. An opportunity arose to work with the board-certified veterinary dermatologist at Michigan State University, who needed two veterinarians to help him in managing dermatology cases. I applied for and was accepted for one of the two positions. The relationship was supposed to last for a year, but it was such a mutually beneficial relationship that we continued it for the next 13 years. After 14 years I was asked if I would consider challenging myself even more by becoming board-certified in veterinary dermatology. I had never considered it because of restrictions involved with owning my practice; however, the veterinary dermatologist was able to establish an alternative residency so that I could continue to own my general practice and also do the residency.

2 What do you wish you could tell general practitioners regarding your specialty?

First, veterinary dermatology requires that you always consider the “due to.” For example, alopecia due to, pruritus due to, otitis due to, etc. If you always consider the “due to” when presented with a dermatologic problem you will be

Paul Bloom, DVM, DACVD, DABVP (Canine and Feline)

Paul Bloom, DVM, DACVD, DABVP (Canine and Feline), is an Assistant Adjunct Professor in the Department of Small Animal Clinical Sciences, Department of Dermatology, Michigan State University. He was also on the task force of the 2023 AAHA Management of Allergic Skin Diseases in Dogs and Cats Guidelines.



less frustrated than if you were just playing “whack-a-mole.” Second, referring veterinarians should refer cases sooner rather than later, because many cases have significant, complicating problems that need to be treated before we can get to the underlying problem. Finally, it is important that referring veterinarians explain to the owners what to expect when they go to a veterinary dermatologist; it is not simply taking a look at the animal and curing the problem.

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

Understand that most dermatologic problems are manageable—but are rarely curable. In order to best manage the problem, you need to establish a long-term relationship with the client and the animal.

4 What is the most rewarding part of your job?

Having owners understand why their animal has the problems it has and seeing the relief both for the owner and the animal as we successfully manage the dermatologic problem.

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

If you have a big ego, this is not a specialty you should go into, simply because you will never—or only rarely—cure the problem. However, if you are willing to be thorough and diligent, you can have a major impact on the quality of life of these animals.

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AAHA MEMBER

Employee of the Month

Katy Sala

Client Service Coordinator

All for Pets Veterinary Clinic, Cabot, Arkansas

Year started in vet medicine: 2016

Years with practice: 7

Nominated by Ericka Ivey,
Practice Manager

Why is Katy so awesome?

Katy is one of a kind. Her personality is unmatched. She continually boosts morale within the clinic with her humor. She is an outstanding role model for others, and we are so thankful to have her with us!

How does she go above and beyond?

When given a task, Katy will go above and beyond to assure it is completed. You can tell that she puts her heart into everything she does. We need more people like her in this industry.

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 that I get to be part of a place that is here to help the community. Whether I am able to help a pet owner or an animal that comes through our clinic, I feel incredibly grateful and honored to work in a place with a purpose.



Pets at home:

I have two cats, both 7 years old. Xenon is a fiery tortoiseshell, and Pluto is my sweet, loveable black cat. I also have a 3-year-old Miniature Schnauzer, Vana. She goes everywhere with me.



What brought you to the profession:

I have always loved animals and interacting with people. Working at a vet clinic is the best of both worlds. I could not imagine it any other way now.



Hobbies outside of work:

I like being with my friends and family, hosting game nights, and diving into a new TV show!



Favorite book/TV show:

My all-time favorite TV show is *Gilmore Girls*.

Photo courtesy of All for Pets Veterinary Clinic

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Learn more about anesthesia and other guidelines at:
aaha.org/education/guidelines-certificates





Case Report of the Month



New Test for Drug-Resistant Hookworms

Let's be honest. No one wants to have hookworm larvae burrow into their skin, crawl into their lungs, only to be coughed up and swallowed, where they then proceed to feast on their small intestines. But if that does happen, you want to be sure that available drugs will fix the problem.

However, multianthelmintic drug-resistant (MADR) hookworm infections in dogs are on the rise. And, since the parasite poses a zoonotic risk to humans, timely and accurate diagnosis and treatment of these infections have significance to the global One Health Initiative.

This case report, in the latest issue of *JAAHA*, describes the use of a novel fecal real-time polymerase chain reaction panel for gastrointestinal parasites, persistent hookworm, and benzimidazole resistance marker detection in a dog and highlights the importance of a stepwise approach to clinical management, treatment, and retesting.

Read the outcome in the full report, "**Hookworm Anthelmintic Resistance: Novel Fecal Polymerase Chain Reaction *Ancylostoma caninum* Benzimidazole Resistance Marker Detection in a Dog,**" in the current issue of *JAAHA* at jaaha.org.

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Photo courtesy of the CDC



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To Pod or Not to Pod?

What to Consider Before Taking the Plunge

BY JEN REEDER

Integrative veterinarian Mitsie Vargas, DVM, feels she has a time-consuming but rewarding hobby: podcasting.

For nearly four years, Vargas, founder of AAHA-accredited Orchid Springs Animal Hospital in Winter Haven, Florida, author of *Alt-Vet: The Revolutionary Pet Care and Longevity Solution*, and host of The Pet Healer Podcast has released a podcast every single Friday.

“I feel like it helps,” she said. “People have sent letters and they tell me that it’s helped them, or they heard this on the podcast and they have an extra question. So it

tells me that it’s making an impact, and I like that. But it is a hobby at the end of the day for me.”

Vargas launched *The Pet Healer Podcast* in 2020 because she’d begun receiving an increasing number of questions through social media and in practice about pets—partly because so many people acquired pets at the onset of the pandemic and because of heightened health concerns. Many asked the same questions.

“I think (the podcast) was a vehicle for me to discuss fears about COVID in pets and current topics about integrative medicine,



Mitsie Vargas, DVM, has released a new episode of *The Pet Healer Podcast* every Friday since 2020.

Chinese medicine, acupuncture, different herbs and supplements,” she said. “I can direct the people to listen to the podcast or say, ‘We’re going to talk about that in the podcast.’ So that’s how it was born.”

A client helps her with the video and editing at a minimal price in exchange for discounted veterinary care. *The Pet Healer Podcast*’s only sponsor is her practice because she doesn’t want to be beholden to advertisers—she prefers to speak freely about her opinions of products.

She purchased a special microphone but elected not to hire a studio, instead recording at home or in the practice depending on her schedule. She releases the podcast

for free on a variety of platforms, including Spotify and iTunes, where it’s free to upload as well.

“I get emails from all over the world,” she said. “It’s just fun to know that from Winter Haven, Florida, I could be talking to so many people in the world.”

Crowded Market

Podcasting is definitely having a moment, with more and more people starting podcasts seemingly every day, including veterinary professionals. There’s plenty of demand: people listen while they’re exercising, driving to work, or even walking their dogs. Plus, smart phones have made it easier than ever to record a show. So the question is no longer, “Can you start a podcast?” but “Should you?”

Deciding whether you have time to commit to podcasting is just one important consideration, according to Andy Roark, DVM, MS, host of the podcast *The Cone of Shame*, co-host of *The Uncharted Veterinary Podcast* (with practice management expert Stephanie Goss), veterinarian at AAHA-accredited Travelers Rest Animal Hospital in Travelers Rest, South Carolina, and CEO at

Uncharted Veterinary Conference.

Roark launched *The Uncharted Veterinary Podcast*, which covers business and leadership, in 2016 because he was unhappy with the direction social media was taking, and because he was getting a lot of repeat questions. He also wanted to share the Uncharted philosophy of doing business with culture as a cornerstone rather than profit.

“I am an idea guy,” he said. “I love sharing ideas.”

He’s well aware of all the “noise” in the world from so many podcasts, TikTok influencers, and YouTube channels. So before starting a podcast, he suggests asking, “Why would anybody listen?”

A general practitioner hoping to start a podcast to attract new clients to their practice from area listeners can likely find more efficient marketing methods, he noted. Similarly, if the goal is to educate local clients, consider handouts or YouTube videos as an alternative.

If you decide to move forward with a podcast, he suggests considering, “How are you going to define success? Is it listenership or is it the joy of making something? If it’s the joy of making something, do it.

“One of the lessons I learned

“I knew this going in, but it’s just been shown to me again and again: we have the most generous and giving profession in the world.”

– Andy Roark, DVM, MS

early on in my career is it can be really good and really freeing to announce that you are going to do a season, and then make 10 (podcast episodes) and see how it goes,” he said. “That way if you do 10 and you’re like, ‘Man, this is a lot of work and I don’t know that I want to keep doing this,’ you can say, ‘Great—that’s the end of our season. Thanks everybody for being here.’ Then you just end it, and you go on guilt free.”

If getting a huge listenership is your podcast goal, really home in on why people would listen to your podcast as opposed to the “sea of podcasts” already out there. Keep in mind that if you’re interested in gaining sponsors, you’ll need



Andy Roark, DVM, MS, has his hands in two different podcasts. He suggests recording 10-episode “seasons” at a time to test the waters.

to have thousands of listeners, according to Roark.

When you’ve built a large audience, if you decide to monetize your podcast, you’ll need to decide if you want to use a platform that lets advertisers bid and put ads directly onto your podcast, or approach sponsors yourself. (Roark opts for the latter because he’s “very picky” about advertisers.)

For Roark, one of the things he loves most about hosting podcasts is the chance to interview people he admires.

“I knew this going in, but it’s just been shown to me again and again: we have the most generous and giving profession in the world,” he said. “The number of people who are willing to make themselves available to answer your questions, to share their knowledge and their passion, it’s just absolutely staggering. I have been inspired again and again. I have had my curiosity stoked again and again. I have had my beliefs challenged in the most positive way. It has just been absolutely wonderful and a really fun, great experience.”

Considerations for Getting Started—Or Not

Pet writer Arden Moore, author of over 25 dog and cat books, including *The Cat Behavior Answer Book* and *The Dog Behavior Answer Book*, and founder of Pet First Aid 4U, hosts two successful podcasts: *Four Legged Life* and *Oh Behave! With Arden Moore*.

The executive producer of *Pet Life Radio* approached her about hosting *Oh Behave!* back in 2007, the year podcasts were invented.

Over 500 episodes later, she knows a thing or two about podcasting.



Interviewing Podcast Guests

Just like with radio shows, podcasts should avoid periods of silence, or “dead air,” and hosts should keep the tempo moving along. Arden Moore, host of the podcasts *Oh Behave!* and *Four Legged Life*, said it’s important to do your homework on the guest prior to the interview.

“The worst thing you could ever do as a podcast host is say, ‘We have Dr. Jen on. Hey, tell everybody about yourself,’” she said. “That is lazy interviewing.”

It won’t make the person feel like a valued guest and also could lead to the guest launching into a long chronological list of their life’s accomplishments, or a nervous, “Umm, ahh.” So she recommends introducing a guest by summarizing their credentials—no long list of acronyms to make listeners tune out—and sharing the topic they’ll be diving into.

“You need to ask direct questions and you need to keep the pace,” she said. “You’ve got to honor that guest, but you also have to honor the people tuning in.”



Arden Moore says she is the host of the longest-running pet podcast on the planet. She suggests starting out as a guest on someone else's podcast before diving into your own.

"I'm actually the host of the longest-running weekly pet podcast on the planet," she said.

She applies her journalism skills to podcasting, such as fact checking—something drilled into her mind early in her reporting career when an editor quipped, "If your mother tells you she loves you, check it out."

"The point is—and this is something for the veterinarians who may not be trained in media or journalism—be careful who you source and what you source, because there's too much information out there now," she advised. "The role of a good podcast host is to bring out

"The role of a good podcast host is to bring out accurate information with good guests that are validated."

– Arden Moore

accurate information with good guests that are validated."

Since veterinarians are typically strapped for time, she suggests hiring a podcast producer (from a company like RadioShowPro) who can edit videos of the podcast into 8–10 minute "shorts," and pull the best minute for TikTok.

"It then brings everybody back to your podcast," she said. "Everybody needs different entry points."

You won't need to invest in much tech beyond a quality microphone and a light, but you'll need to be sure to preserve audio quality by recording away from noisy fans, air conditioners, and traffic.

Similarly, Moore recommends having a nondistracting background—no books facing out so that viewers start reading titles instead

of listening, or silly backdrops (say, the Golden Gate Bridge if you don't live in San Francisco).

One way to gain practice and insights into what goes into making a podcast is to appear as a guest on someone else's. In fact, with burnout so prevalent in the veterinary industry, Moore suggests listening to other podcasts and potentially becoming a recurring guest in lieu of starting your own.

"Put your paw in the water," she said. "Maybe you can be a once-a-month guest host with somebody on a show. Then you don't have this big-time commitment."

Time can be a major downside to hosting a podcast. That was the case for Julie Buzby, DVM, CAVCA, CVA, founder and CEO of Dr. Buzby's ToeGrips for Dogs, which launched in January 2013.

Listen In

The Pet Healer Podcast: osahvets.com/podcast

The Cone of Shame: drandyroark.com/podcast

The Uncharted Veterinary Podcast: unchartedvet.com/uncharted-veterinary-podcast

Oh Behave! ardenmoore.com/the-oh-behave-show

Four Legged Life: ardenmoore.com/fourleggedlifeshow

VETgirl: vetgirlontherun.com

ER Vet with Dr. Justine Lee: petliferadio.com/ervet.html

Central Line: The AAHA Podcast: aaha.org/podcast

She hosted *The Buzby Dog Podcast* about senior dog care from July 2017 to October 2018. After 70 weekly shows, she decided to retire it.

“I am a Type A perfectionist, and I think most veterinarians are,” she said. “So even though I was talking about topics that are very familiar, I did a ton of research and triple-checked my facts. So it took a lot of time. It wasn’t just, ‘Let’s sit down and record.’”

She’d hired a “great” podcast producer and really enjoyed working with him for over a year, but when her accountant noted she was spending \$7,000 on the podcast, she suddenly knew it was time to switch gears and start blogging instead.

Buzby stressed that she never wants to discourage others; she hopes her legacy is as an “encourager.” In fact, she might even return to podcasting—but with a different topic.

“Because I’ve been a veterinarian for 25 years and because I have eight kids, my heart really goes out to veterinary moms,” she said. “So if I restart a podcast, it’s going to be more of an interview style—talking to colleagues and sharing their stories.”

When considering whether to start a podcast, it’s imperative to consider the long game, according to Justine Lee, DVM, DACVECC, DABT, author of *It’s a Dog’s Life... but It’s Your Carpet* and *It’s a Cat’s World... You Just Live in It*, host of the podcast *ER Vet* and founder and director of medicine at *VETgirl*, a subscription-based online CE platform that includes the *VETgirl* podcast, which she co-hosts with Garret Pachtinger, VMD, DACVECC.

“People oftentimes don’t realize the amount of work,” she said. “For one podcast that’s 20 minutes long, it takes four to five hours of work. Because for us, what we do is review a clinically relevant journal article that’s peer reviewed, write it up, interpret it, analyze it, record it, edit it, and then have to upload it.”

Lee also cautioned that in general, podcasts aren’t profitable, so you should do it for the passion of the topic. She agreed it’s vital to share accurate information and said veterinary podcasters should consider forming an LLC and investing in professional liability insurance.

On the plus side, podcasts can create a platform to educate a wide audience; *VETgirl* has been downloaded over six million times in over 150 countries. So when done right, Lee said veterinary podcasts can help strengthen the industry as a whole.

“It’s truly elevating the quality of care worldwide through amazing technology that can be accessed anywhere in the world,” she said. ■







Challenges and Risks of Allergic Skin Diseases

Helping Pets Feel Better and Protecting Client Bonds

BY ROXANNE HAWN

Dermatology cases remain a critical issue for veterinary teams, even beyond their clinical challenges and patient miseries. Lengthy timelines and common frustrations also threaten client trust and retention, potentially breaking bonds with veterinarians and practices forever.

To help general practitioners and teams better handle the complexities of dermatology cases and client expectations, the *2023 AAHA Management of Allergic Skin Diseases in Dogs and Cats Guidelines* provide insights, flowcharts, and recommendations for everything from diagnostics and treatment strategies to full-team utilization and client communication. Its publication came not a moment too soon, because dermatology caseloads continue to dominate daily practice with no end in sight.

For more than a decade, skin allergies have topped the list of most common health reasons for veterinary appointments in dogs, according to the most recent Nationwide pet insurance claims

Dermatology CE for Vet Techs

Academy of Dermatology Veterinary Technicians offers RACE-approved continuing education as well as free webinars. Look for details on the website vetdermtech.org/continuing-education and Facebook for local options.

“Your dermatological history is the most important diagnostic tool for your patients with skin disease. Don’t skip this crucial step with your patients.”

Alison Diesel, DVM, DACVD

data released in April 2023. Otitis externa ranks second for dogs. Atopic or allergic dermatitis sits at number eight and otitis externa at number 10 for cats.

Risks to client bonds come along with this abundance of need; the guidelines open with this statement: “Because atopy is a diagnosis of exclusion, the process may be time-consuming and frustrating for clients. Clear communication regarding timelines and expectations is crucial for successful results.”

The American College of Veterinary Dermatology also released results from a commissioned survey in May 2022 that revealed 73% of clients bringing pets in for dermatology issues hit a “tipping point of frustration” after the third veterinary visit with clients already having spent \$925 on average. In the survey, 15% of respondents said they stopped using their general veterinary practice “altogether” after reaching this breaking point with a pet’s dermatology case. This data aligns with another otitis externa study where 18% of clients switched primary care practices because veterinarians didn’t refer their pet’s cases to a dermatology specialist sooner.

First-Contact Leadership

By understanding the potential perils of dermatology cases, veterinary teams can approach all first skin-case appointments with the seriousness and comprehensive strategies required. An initial examination and history-taking, along with setting client expectations, provides the veterinary leadership and guidance people need.

Guidelines task force member Alison Diesel, DVM, DACVD, said, “Your dermatological history is the most important diagnostic tool for your patients with skin disease. Don’t skip this crucial step with your patients. Book extra time with dermatological patients to have these important discussions with clients.”

Diesel emphasized these points:

- Always pursue a complete and effective dermatological evaluation, including cytology.
- Don’t just jump to diagnosing allergies before ruling out other causes of pruritus.
- Don’t forget that infections (bacteria and yeast) need to be evaluated and treated.

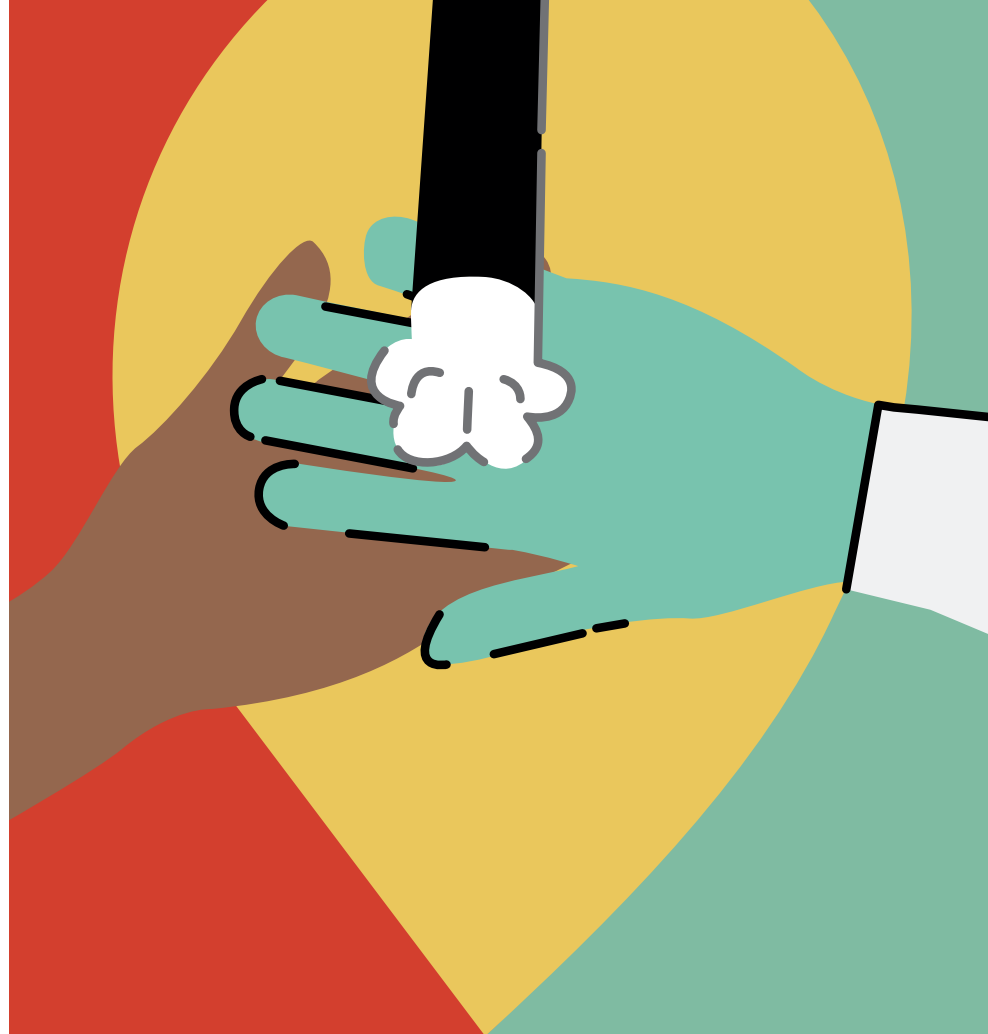
She explained, “You will not see benefits from ‘anti-allergy therapy’ (e.g., Cytopoint, Apoquel, etc.) when a good amount of infection is present.”

As the guidelines explain: “With most of these patients, this is the start of a long journey, and clients should be informed that there are likely no quick fixes or cures, only lifetime management strategies.”

Making Referrals

Having worked as a general practitioner for several years before completing a dermatology residency, Andrew Simpson, DVM, MS, DACVD, who co-chaired the guidelines task force, brings experience with both ends of the referral relationship. He thinks about the potential challenges of making referrals to any type of specialist in several ways. Clients with strong trust, faith, and bonds with general practitioners may find it hard to make the leap.

“I would hop on the phone with a specialist, then I, myself, would tell the owner, ‘They’re recommending this. Let’s do this,’ and they were on board with it. I was guiding them through it, but going to a different clinic, meeting a new doctor, and taking the advice directly is harder,” Simpson said.



He adds that awareness about veterinary dermatologists even existing feels low. He said, “I still get clients that come in, and they have 10- or 12-year-old dogs or cats, and they say, ‘If I would have known you existed 10 years ago, I would have been here then.’”

Of course, the other major

challenge with all referrals now remains the high demand and longer wait times to get appointments. Rather than a drop during the early years of the pandemic due to lost incomes and such, veterinary dermatologists saw demand spikes. People staying home and working at home simply realized how miserable their pets were with skin issues and itching. The jing-jangling of tags, the thump-thump of scratching feet, and the gross noises of nonstop licking got on peoples’ already-frayed nerves. In the before-times, most of that happened while they were away. They simply didn’t know.

“Technically, in my book, it’s never too early to refer a dermatology patient, but there are not enough dermatologists out

“Technically, in my book, it’s never too early to refer a dermatology patient, but there are not enough dermatologists out there.”

Andrew Simpson, DVM, MS, DACVD

Fun and Educational Veterinary Dermatology Pros on Instagram

If you enjoy the tiny details of complex dermatology cases, follow these practitioners on IG:



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Ashley Bourgeois, DVM, DACVD

Vancouver, Washington



@dermdogtorjeff

Jeff Tinsley, DVM, dermatology resident

Louisville, Kentucky



@ahb_dermavet

Andrea Hernández-Burés, DVM, DLACVD

Bradenton, Florida

there,” Simpson said, “I want to say it’s about maybe a six- to eight-week waitlist for a new appointment.” Initial specialist appointments take at least an hour, and there are only so many hours each day.

Financial considerations pose another barrier to referral. However, earlier dermatology referrals may “provide more effective treatment and less cost to the client in the long run,” according to the guidelines.

An additional talking point addresses another potential concern, where people may feel abandoned. Simpson suggested saying, “This is not me giving up on you or giving up on your pet. This is me trying to hand you over to somebody who has more expertise who can help you get the best, optimal treatment for your pet.”

Zone Defense and Flares

Because patients often wait so long for the first specialty appointment, they worry about waiting that long always, which typically is not the case. Even if the dermatologist’s schedule looks impossible, Simpson counsels clients to contact the dermatology team first to see what can and cannot be done to get pets seen.

That said, some cases may need or benefit from a shared approach so that pets with skin issues don’t go too long between

recheck appointments because of scheduling problems, which could leave them open to unnecessary setbacks. For example, general practices can step in to do recheck skin swabs to monitor secondary infection resolution (or not) if the dermatology team cannot fit in the patient. In addition, they can handle any required blood work monitoring along with a routine wellness visit and report back to the specialist, such as for patients needing cyclosporine.

“Cases we accepted and where we pulled out of the rut and got them on a smooth track,” Simpson said, of the types of cases that might revert to primary-care oversight, “then I’m a huge proponent of the specialist and general practitioner relationships. I can’t personally call every single one, but I never mind if they email me or leave a message saying, ‘Hey, we saw Max this week, and the ears were flared up again, do you have recommendations to get things under control before they can see you again?’”

However, chronic otitis externa cases probably require direct specialist care such as video otoscopy, so general practice oversight of those patients is unlikely.

If veterinary dermatology hollered a battle cry, it would be this: “Prepare for the flare!” The guidelines explain, “All atopic dogs will experience allergic flares

Effective client communication that sets realistic expectations helps combat the feeling that flare ups equal failures.

regardless of how well managed they are.”

Clients may make inaccurate assumptions due to flare ups. Diesel explains, “Remember that treatment for allergies typically doesn’t just stop working. Rather, we need to investigate other causes of the increased itching (infections, parasites, etc.).”

Here’s the sticky part. Effective client communication that sets realistic expectations helps combat the feeling that flare ups equal failures. People blame themselves. They blame veterinary teams. They get cranky. Flares happen, so find the patterns and prepare for them with additional support as needed for each case. Flag those patterns, seasons, and solutions well in the medical records, so the next time Client A calls about redder-than-usual skin again in April, there’s already a workable and effective plan in place.

“I always warn owners, not in a doom-and-gloom type of attitude, that this is a reality of allergies. It’s a very dynamic type of disease,” Simpson said. “We try to find where’s that pattern. How can we beat that pattern, or outsmart it, at least.”

He explains that while both Cytopoint and Apoquel work quickly, some research shows that those therapies “can actually pre-emptively help with flare ups.”

Fresh Clarity in Guidelines

A few things in the guidelines may surprise general practice teams and clients. For example, the guidelines recommend judicious use of allergy testing: “Intradermal and serum allergy testing are NOT used to diagnose atopy. It should only be used if the client

Celebrating Progress

With no cure, these cases require clients’ longtime commitment to treatment and follow-ups as well as their patience and partnership. It helps to share praise and encouragement with clients, with phrases like these:

- “I’m so glad you came in right away.”
- “Thank you for your hard work with at-home care.”
- “Great job taking care of [pet’s name]!”
- “Congratulations on getting through another seasonal flare.”

Direct acknowledgement encourages them to stay on course, even when things seem tough. Consider awarding fun paper or digital certificates of recognition or stickers—for joint celebrations of patient progress to solidify client bonds and potentially avoid the retention pitfalls of dermatology cases.

is interested in administering allergy immunotherapy.”

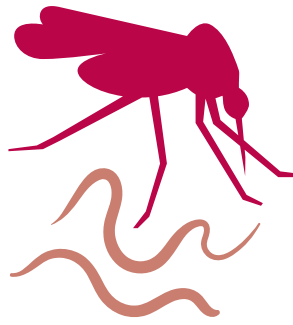
Clients need appropriate expectations about allergy testing. “Never refer pets to a dermatologist and say to the owners, ‘Oh, they will find out what your pet’s allergic to,’ with the logic that they’re going to find out what the pet is allergic to and then we can practice avoidance, and your dog or cat will be fine. That’s a big message in there. Unless they have full intention, or at least interest in immunotherapy, then there’s no point in skin testing or blood testing at all,” Simpson explains.

The old “ears and rears” mantra linking those affected areas as indications of food allergies is no longer accurate, according to the guidelines. Pay close attention to the latest thinking on the length of time required for diet trials as well.

The guidelines potentially introduce a new terminology for feline cases—feline atopic skin

syndrome. Established since 2020 in the veterinary dermatology literature, the switch from calling it atopic dermatitis stems from feline cases looking very different clinically from those in dogs. “The pathogenesis in cats isn’t fully understood. I mean, it’s in its infancy compared to what it is for dogs,” Simpson said. “We don’t even know if it’s the same pathogenesis. So that’s pretty much why cats were given a different name.”

Rather than earth-shattering changes in diagnostics or treatments, Simpson explains that the guidelines compile all the principal factors in managing allergic patients in one place now, including opportunities for full veterinary technician utilization in skin cases. He said, “I think it’s more the completeness of the guidelines. It really covers so many aspects of allergy management that makes it more of a unique and clinically useful document.” ■



GET SMART / PARASITE RESISTANCE

Resistance Is on the Rise

Trends in Heartworm and Hookworm Resistance

BY EMILY SINGLER, VMD

With each passing year, we are seeing changes in the parasite distribution and incidence across the United States and around the world. Cassan N. Pulaski, DVM, MPH, PhD, clinical assistant professor and director of the Diagnostic Parasitology Lab at the University of Georgia College of Veterinary Medicine, has been studying trends in parasite prevalence and response to treatment and also continues to practice as a small animal relief veterinarian.

As part of her work, Pulaski has followed trends in resistance of parasites to commonly used preventives and anthelmintics. While she has seen a decrease in

the number of cases of heartworm resistance to preventives, cases of hookworm multianthelmintic drug resistance are more concerning. Here, we review the known contributing factors to each of these types of resistance and how to best prevent and treat these conditions in dogs.

Heartworm Resistance

In 2020, the American Heartworm Society reported that all the macrocyclic lactones on the market had been shown in at least one study to be “less than perfect,” meaning that some dogs taking these drugs regularly still developed heartworm disease. Pulaski reports

that many contributing factors added to reported resistance. These involve a combination of natural genetic variation that resulted in drug resistant worms and human activity that has helped to select for these mutations.

The Asian tiger mosquito, *Aedes albopictus*, originally entered the country on tire barges. This mosquito is very aggressive and feeds all day long, unlike other mosquito species that mainly feed at dusk and dawn. Particularly in rural areas and areas where dogs spend more time outside, there was a greater chance of microfilaria transmission from one dog to another due to the increased potential feeding time.



Other factors include the movement of animals throughout the country. For example, after Hurricane Katrina, many dogs were displaced from their homes in Louisiana and other areas. Many of these dogs ended up being transported to shelters in surrounding states or in other parts of the country. This population included some heartworm positive

dogs, some of whom carried worms that were resistant to one or more macrocyclic lactones.

The movement of dogs has not been limited to catastrophic weather events. As people travel and move around more, they are bringing their pets with them. Colorado, a state that previously had very low heartworm prevalence, has been experiencing

an increase in heartworm cases since 2013, and the only significant causative factor was determined to be the import of over 100,000 dogs into the state.

The Current State of Heartworm Resistance

Pulaski reports that heartworm resistance is not considered to be as big of a problem now as it was in previous years. She attributes this to a few important factors:

First, melarsomine works. There have been no documented cases of heartworm resistance to melarsomine.

Second, the widespread use of doxycycline has “kept

There have been no documented cases of heartworm resistance to melarsomine.

this problem from erupting,” according to Pulaski. Killing the *Wolbachia* organism that lives in symbiosis with the heartworms weakens the worms and results in less pathology for the dog. Doxycycline also helps to block the transmission cycle of heartworms, Pulaski adds, because without *Wolbachia*, L3 are no longer infective.

To help reduce the risk of a resurgence of resistant heartworm infections, Pulaski recommends abandoning any thinking that some areas are “heartworm areas” and others are “nonheartworm areas.” While this may have been true in the past, it is no longer the case. Another important recommendation is to avoid using large animal parasiticides off-label for heartworm prevention in dogs. Of course, all efforts to improve compliance with

heartworm prevention are extremely important.

Hookworm Resistance

Pulaski reports that hookworm resistance scares her a lot more than heartworm resistance ever has. Twenty years ago, she shares, hookworms that were resistant to pyrantel pamoate were being reported in racing greyhound populations. These dogs were being treated as a herd: they were routinely dewormed every two weeks without being weighed, meaning some dogs likely received suboptimal doses of dewormer. They were housed in kennels with sand bedding, what Pulaski describes as “paradise for hookworms.”

They were being transported around the country for races, where they mingled with or were housed in close proximity to other

dogs. All of these practices helped to select for mutations coding for resistance against multiple commonly used parasiticides and to propagate these resistant worms around the country.

While resistance to parasiticides in hookworms is no longer just a greyhound problem, the breed is still overrepresented in Pulaski’s consulting work. Pulaski reports that when she sees outbreaks or hot spots of hookworm infestations in other breeds of dog, they are most often tied to a dog park, daycare, kennel, or breeding facility.

Diagnosing Resistance

When Pulaski sees a hookworm positive dog where resistance is suspected, these are the questions she asks:

1. Was the correct dose of dewormer used to treat the patient? If the patient was underdosed or not treated at an appropriate frequency, they may not have been able to clear their infection.
2. Is this a case of reinfection? In this case, the treatment may have cleared the infection, only for the dog to be reinfected by hookworm exposure either in their own yard or another site such as a dog park or boarding facility.
3. Is this a case of larval leak syndrome? In this syndrome, worms are not resistant, but rather encysted in tissue outside the intestinal tract and therefore not affected by oral anthelmintic treatment.
4. What is the dog’s fecal egg count per gram of feces? Counts can reach as high as 800–1,200 hookworm eggs per gram.





Answering all these questions can help determine if resistance is likely or if another cause for the persistent infection is to blame. Both history and diagnostic testing results are necessary to rule out these other differentials. Determining whether a dog has been reinfected, for example, requires knowing not only the exposure history and whether the owner is adequately preventing hookworm egg shedding in the dog's home environment, but

Extralabel use of emodepside in dogs reportedly kills heartworms so quickly that a heartworm-positive dog who takes this drug orally would be at increased risk for anaphylaxis secondary to rapid, widespread worm kill-off.

also whether a fecal sample was at some point negative after treatment.

Pulaski stresses that we must always recheck a fecal sample after treating for intestinal parasites. Performing a fecal egg count reduction test (FECRT), which is different from a standard fecal flotation test, allows for measuring of any reduction in fecal egg counts. In cases where it appears that dogs are continually infested after appropriate anthelmintic treatment, it is ideal to perform a FECRT before treatment and 10–14 days after treatment, depending on the drug used for treatment.

To help identify cases that are not truly multianthelmintic drug resistant (MADR), Pulaski will use certain anthelmintics, either alone or in combination, and then monitor fecal egg counts posttreatment. Advantage Multi has a high enough dose of moxidectin to be effective against most cases of larval leak syndrome, she explains. For cases that do not respond to Advantage Multi alone, she will use a combination treatment such as Advantage Multi with Drontal Plus or Advantage Multi with three days of Panacur. This is a strategy that is used a lot in large animal medicine that Pulaski advocates for more use in small animal medicine—combination of medications not so much to improve their spectrum, but rather their efficacy.

Some of these dogs may respond to repeated monthly combination therapy if their fecal egg counts were somewhat reduced after the first round of combination treatment. For these dogs, it is important to look for continued response while also ensuring that the dog is not contaminating their own environment to prevent reinfection.



Going Further

Clinicians who are treating cases of MADR hookworms don't have to struggle alone. Pulaski recommends some strategies that can help provide support to both the pet owner and the veterinary team:

For dogs who have been receiving regular anthelmintic treatment and are suspected to have hookworm resistance, reach out to the manufacturer of the drug(s) they have been taking. The manufacturer will want to have this information, and they may be willing to assist with the cost of future treatment.

Veterinarians can also reach out to their local university parasitologist for assistance and guidance. Reference laboratories can be another source of expert advice.

Pulaski also recommends the "Getting Rid of Parasites in Retired Racing Greyhounds" Facebook group. This group is moderated by a veterinarian and has a lot of good information.

For dogs with no reduction in their fecal egg count, they are likely infested with MADR hookworms. "Drug-resistant worms tend to produce very high numbers of eggs, and that doesn't change" even after treatment, Pulaski explains. Dogs with MADR hookworms are unlikely to respond to any of the anthelmintics typically recommended for treating intestinal parasites in dogs.

An Extralabel Treatment Option

A 2020 paper by Pablo Jimenez Castro, DVM, PhD, and others describes the extralabel use of emodepside in the treatment of MADR hookworm infestations. Emodepside is the active ingredient in Profender, a topical parasiticide for cats. The authors clarify that they do not recommend this course of treatment due to limited data on safety but provide the information for clinicians to decide for themselves. While it is labeled for topical use in cats, emodepside must be used orally to kill drug-resistant hookworms in dogs. The dose that has been suggested is 1 mg/kg.

There are multiple safety concerns with the extralabel use of emodepside in dogs. Pulaski reports that the drug is very effective at killing heartworms. In fact, it kills them so quickly that a heartworm-positive dog who takes this drug orally would be at increased risk for anaphylaxis secondary to rapid, widespread worm kill-off. Additionally, the authors of the study reported that dogs with the MDR1 gene for multidrug sensitivity may be at higher risk for "severe adverse effects," especially if they are dosed incorrectly.

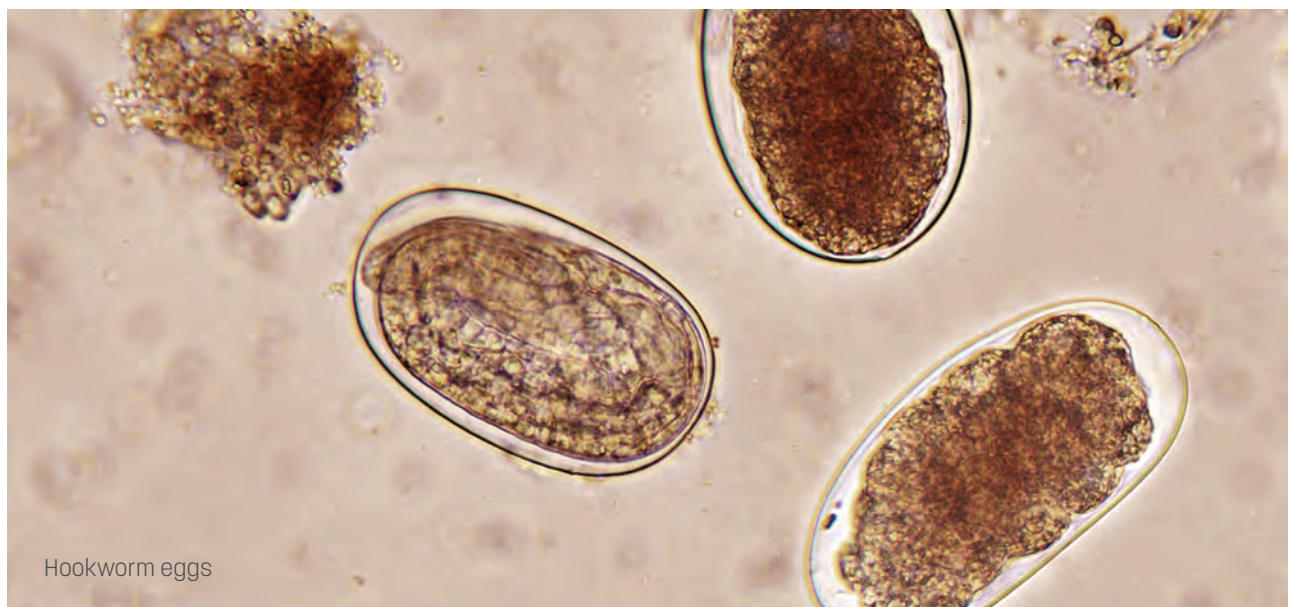
Despite the risks with emodepside, Pulaski reports that it is sometimes the only drug that works. Before deciding to use it to treat suspected MADR hookworms, she recommends running a fecal polymerase chain reaction test to look for the mutation that codes for benzimidazole resistance. In the paper, Jimenez Castro also recommends treating patients with triple-drug combination therapy (febantel/pyrantel pamoate/praziquantel and moxidectin or fenbendazole, pyrantel pamoate, and moxidectin) and documenting failure of this treatment via FECRT first.

When considering extralabel emodepside use, it is also important to choose patients carefully, screening for heartworm disease and the MDR1 mutation if appropriate. Pet owners must be adequately warned about the risks and the extralabel nature of the treatment, and treatment must be administered in the hospital where patients can be monitored closely, Pulaski said.

If emodepside treatment is elected, some dogs may need up to three doses of the drug to be totally cleared of their hookworms but should not continue with this treatment long term. Even if they reach “no parasite” status with emodepside, Pulaski cautions, these dogs should still have their fecal samples checked at least three to four times per year. Their owners should continue to take precautionary measures to avoid reinfection and environmental contamination, which involves picking up feces immediately. She even describes how some dog owners will place a paper plate on the ground before their dog defecates so that their stool never touches the grass.

With multiple factors influencing the prevalence and drug resistance of heartworm and hookworm infestations, it is more important than ever to convey to clients the importance of prevention and to be aware of the myriad risk factors involved. ■

When considering extralabel emodepside use, it is also important to choose patients carefully, screening for heartworm disease and the MDR1 mutation if appropriate.



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TECH SUPPORT / AI AND YOU

What Can AI Do for You?

Used Correctly, ChatGPT and Others Can Be Helpful

BY CAITLIN DEWILDE, DVM

The buzz and usage of artificial intelligence (AI) tools like ChatGPT has exploded in the last year, across all industries—even within the niche of vet med. These natural language processing tools can understand and answer in human-esque conversational tones and help get

many tasks done more efficiently. While some people may see AI as an untrustworthy, even scary, technology, it can actually be quite helpful.

That said, AI tools are not without their faults. They should be used judiciously and only after careful review of anything they

produce. In this article, we'll look at what you need to know about AI, and how it can be put to work for you. These include integrating with your practice's software platform, managing online reviews, and using AI to generate job descriptions and engaging staff bios for your website.

First, here are a few things for veterinary teams to keep in mind:

1 AI is a communication lifesaver, but it can't always get it right.

One of the primary applications of AI like ChatGPT in veterinary practices is in client communication—it can help generate quick and efficient responses to online reviews, emails, social media messages, and more. Use AI as a starting point, but be sure to review and edit before clicking “send.” Remember that your clients are looking to your practice as the source of information and they're building a relationship with your team, not with a robot.

AI systems are limited to the data they have been trained on and may not always reflect the most recent or specific veterinary knowledge.

3 Your clients are using AI.

There have already been news reports of ChatGPT successfully diagnosing a pet's health conditions when its veterinarians “couldn't figure it out.” This tool is well known and will likely continue to grow in usage by pet owners as a source of information (so another “Dr. Google” is upon us). Battle it by creating content and information that only YOUR practice can provide, such as video and photos with your team dispensing the knowledge and expertise that clients might be looking for elsewhere.

5 More AI is coming.

Looking forward, AI is expected to become increasingly sophisticated. We can anticipate more personalized and interactive AI applications in veterinary medicine, such as virtual assistants capable of more complex tasks like scheduling appointments, following up on patient progress, and even aiding in diagnostic processes.

Strategies for Seamlessly Integrating AI and Existing Software

The integration of AI technologies, like ChatGPT, into existing veterinary software systems can significantly streamline operations, enhance

The integration of AI technologies, like ChatGPT, into existing veterinary software systems can significantly streamline operations, enhance client communication, and improve overall efficiency in veterinary practices.

2 AI's goal is to generate information and responses quickly, even if it has to make it up.

ChatGPT can serve as a valuable tool for veterinary teams to quickly access a wide range of information. It can provide summaries of the latest research, drug information, and treatment options, serving as a starting point for further investigation. However, it's essential to verify the information provided by AI by comparing with current, evidence-based resources.

4 We're still unpacking the ethics of AI.

Ethical considerations—especially regarding client privacy and data security—are current hot topics in the world of AI. Feeding AI tools lots of information over time will only make it more effective, but we can't know what it's really doing with our data. Veterinary practices must ensure that any AI system they use complies with legal standards for protecting client information above all else.

client communication, and improve overall efficiency in veterinary practices. However, navigating this integration can be daunting. Here are some resources, tips, and tricks for veterinary professionals to seamlessly blend these technologies with current systems.

Acknowledge and cope with tech overload

With so much technology at our disposal, it can be overwhelming to sort through all of the available



choices. Which AI platform, software, or app is best? At the end of the day, there is only one right answer: the solution that is most suitable for your practice's needs.

Start with the end in mind

What goals do you need AI to help you accomplish at your practice? Determine the biggest problems facing the practice and identify the areas that are huge time drains on your staff. This will help you triage the functionality your practice really needs first.

Investigate any new offerings from software or programs you already have before signing up for something new

Many veterinary-specific companies, including practice management systems, are adopting AI functionality faster than they can market it, so reach out to the groups you're already working with and/or paying for to find out what might exist or be on the immediate horizon. If none that meet your needs are available, then it makes sense to

look for a standalone solution.

Addressing these key areas is essential because every practice's needs and existing technology are different. Some practices might need AI assistance in booking appointments while others are already booked out weeks in advance. Some might need ways to help their doctors get medical records completed, while others might be most concerned about helping clients after hours during on-call shifts.

Get team and client buy-in

Spend time getting buy-in from staff. If only one or two people really want the technology, you'll never get the team on board unless they know the "WIFM" (what's in it for me) reasoning. Once everyone understands the benefits, they're more likely to adopt the technology and embrace the implementation.

Invest some time in getting the technology to work with your practice's specific nuances. Team training, testing, beta testing with key clients, and postlaunch review should be completed to take full advantage of the features and conveniences most of the AI programs offer.

Managing Online Reviews Using AI

Mention online reviews to any veterinary professional and you'll likely be greeted with a groan, eyeroll, or worse. However, reviews are a proven asset when it comes to your practice's online reputation with clients and team members alike. AI tools like ChatGPT—and even the specific review platform's integrated AI tools—can help you respond to reviews, analyze results, and more effectively manage your practice's online reputation.

The easiest entry into using AI to help with a practice's reviews is to ask for its assistance in writing responses. Whether you need a response to a positive or negative review, ChatGPT is objective and concise—the perfect companion for this difficult task.

Rather than struggling to come up with a response that is not only professional but also different than the last 5-star "thank you for your feedback" review, AI tools can help

The easiest entry into using AI to help with a practice's reviews is to ask for its assistance in writing responses.

generate personalized responses that can be easily copied and pasted into your review platform such as Yelp or Google.

To get started:

1. Open the AI tool you want to use (such as ChatGPT).
2. Copy and paste the review you want to respond to from any review platform (e.g., Yelp, Google) into the tool.
3. Tell the AI tool that you are a veterinary practice looking for suggestions to respond, and, *voila!* You'll have an efficient, professional response that is different from your other

responses and sounds empathetic (assuming that's your goal).

Even if you have a negative review that you'd like to refute, ChatGPT can ensure your response is short, sweet, and to the point without bringing in any of those pesky emotions. Once you're happy with the response, simply copy and paste it back into the review platform.

Example AI prompts to generate review responses

Regardless of the type of review,



ChatGPT can help craft a specific response, create a library of templated replies or suggest best practices to allow you to efficiently stay on top of the practice's online reputation.

A few example prompts:

- Can you generate a list of 10–20 review response templates for good Google reviews for my veterinary practice?
- I need a short and sweet response to this Yelp review. (copy/paste review)
- How do I respond to a 1-star review for my veterinary practice? They left no name, no details. Please provide 3 short and sweet options.

Use AI to get more reviews

AI tools can also help in encouraging more reviews, a technique that not only drowns out or minimizes the impact of a negative review, but also gives the practice additional feedback. Use ChatGPT to suggest verbiage to send to clients via email, push notification, text, or social media along with your specific review link to rack up those 5-star reviews.

Example prompt: We need to elicit some more positive reviews for our veterinary practice. Our review link is www.YourVetClinic.com/review. Could you generate a quick blurb with the link and call to action for 1) Social media caption, 2) email blast, 3) postvisit text, and 4) email to our top VIP clients?

AI Generated Social Media Posts

ChatGPT and other AI tools respond to prompts from users to generate different types of written content. Below, the following prompt was input into the ChatGPT website: “Please generate 10 short social media posts for a veterinary practice.”

🐾 Welcoming New Furry Friends! 🐾 Is your pet due for a checkup? 📅 Schedule an appointment today and let us ensure your fur baby's health and happiness! 🏡🐾 #PetWellness #VetCare #HealthyPets

📸 Capture the Moment: Share a photo of your pet enjoying a healthy treat or getting a checkup at our clinic! 🐾 Don't forget to tag us and use #HappyPetVisits to spread the joy! 🏡 #VetLove #PetHealth

🌟 Meet Our Expert Team! 🌟 Our dedicated veterinarians are here to provide the best care for your pets. Schedule a consultation and experience the difference! 🏡 #ExpertVets #PetCareTeam #VetLife

🚗 Pet Taxi Service! 🚗 Busy schedule? We've got you covered! Our pet taxi service ensures your furry friend gets to their appointment stress-free. 🐾 Call to book! 📞 #PetTransport #ConvenientCare #VetVisits

🎉 New Client Special! 🎉 Join our pet-loving family and enjoy exclusive discounts on your first visit! 📅 Schedule now and let's start a journey of wellness together! 🏡🐾 #NewClientOffer #PetSpecials #VetDiscounts

🌈 Healthy Smiles, Happy Tails! 😊 Did you know dental care is vital for your pet's well-being? Book a dental checkup and let's keep those pearly whites shining! 🦷🐾 #PetDentalHealth #SmileBright #VetSmiles

👴👵 Senior Pet Spotlight! 🌟 Celebrate the golden years with tailored care for your senior pets. Schedule a wellness checkup and let's keep them happy and healthy! 🏡 #SeniorPetCare #GoldenYears #VetLove

🌈 Wellness Wednesday! 🌈 Share a photo of your pet living their best, healthiest life. Tag us and use #WellnessWednesday for a chance to be featured! 📷🐾 #PetWellness #HealthyPets #VetGoals

📅 Pet Care Packages! 📅 Explore our customized care plans for your furry friends. From vaccinations to wellness exams, we've got it all covered! 🏡 Schedule today. 📞 #PetCarePlans #TailoredWellness #VetPackages

🌟 Testimonial Tuesday! 🌟 Share your positive experiences at our clinic. Tag us and use #HappyPetVisits to inspire others to choose the best care for their pets! 🗣️🐾 #ClientTestimonials #VetSuccessStories

Most practices need to attract team members who are not only qualified, but who will fit into the practice's culture as well. Use ChatGPT to help craft a job description that will stand out and encourage applicants.

Use AI to analyze reviews

Another use for AI in veterinary reputation management is to copy and paste a large volume of reviews into the platform and ask AI to review and analyze them for common sentiments or potential risk areas. After analyzing, ChatGPT can even be asked to provide prioritized suggestions to improve.

Example prompt: Here are some recent reviews for my veterinary practice. Can you do a sentiment analysis and find any common themes? Based on this can you create a list of key strengths and weaknesses?

Last but not least, keep an eye on built-in generative AI tools in veterinary platforms and marketing tools to help streamline the management process.

Managing online reviews with AI can be a game-changer,

transforming a daunting task into a manageable (and sometimes amusing) part of your day. Embrace AI as a tool to help you wade through the digital noise, but never underestimate the power of your personal, human response. After all, in a world filled with technology, a personal touch is what sets us apart in the hearts and minds of our two-legged and four-legged clients alike.

Use AI to Write Bios and Job Descriptions

As veterinary professionals, we're well versed in the language of care and compassion. When it comes to writing our own bios and job descriptions, however, our industry struggles to create engaging pieces that convert—which is why AI tools like OpenAI's ChatGPT have become such a powerful ally. This tool is a natural language processor, which means it can understand and answer human-esque responses in a conversational tone.

For veterinary teams, this means AI can generate text that is both professional and engaging while understanding some of the

nuances of our unique work. The key lies in how we direct these AI tools through our prompts.

Updating snooze-worthy bios

When it comes to personal bios, authenticity is key, and adding that personal touch can help connect the reader (whether a potential client or a future colleague) with the team member. While the standard snooze-worthy “graduate of XYZ College of Veterinary Medicine” and “special interest in dermatology and endocrinopathy” speak to expertise, most reading the bio already assume that education and knowledge is there. Instead, they want to know how that team member might be to interact with—either as a caregiver for their pet (or as a coworker).

To create a bio using ChatGPT:

- Start by inputting essential information about the team member, including veterinary



experience, specializations, and education.

- Add a bit about their personal life, such as their pets, hobbies, and passion for animal care (to the degree that the team member is comfortable).
- Then let ChatGPT know where the bio will be used (or in the case of multiple channels, request that it creates a social media-friendly bio, a website bio, and an email-friendly bio).

ChatGPT will then weave this information into a cohesive, engaging narrative. Remember, the final bio should resonate with your personality, so feel free to tweak the AI's output to add your personal touch.

Using ChatGPT to write job descriptions

When it comes to job descriptions, clarity and detail are crucial.

Most practices need to attract team members who are not only qualified, but who will fit into the practice's culture as well. Use ChatGPT to help craft a job description that will stand out and encourage applicants.

- Input the specifics of the role, such as responsibilities, qualifications, and the ethos of your practice.
- Highlight what sets your clinic apart, whether it's a focus on innovative treatments, a strong community presence, or a particular area of expertise.

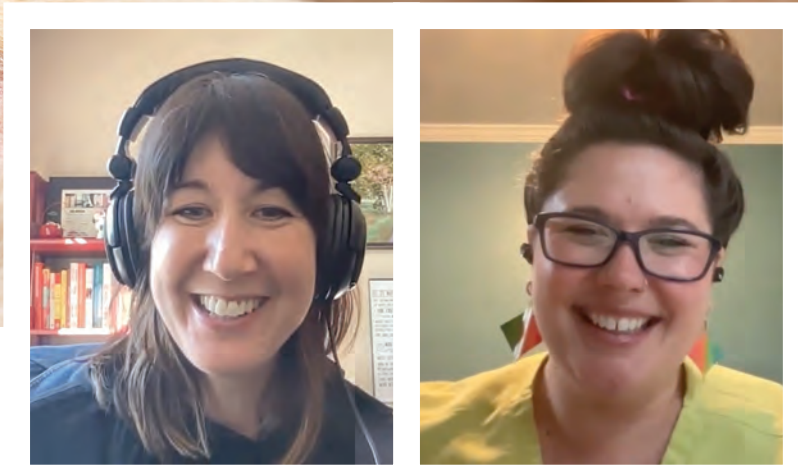
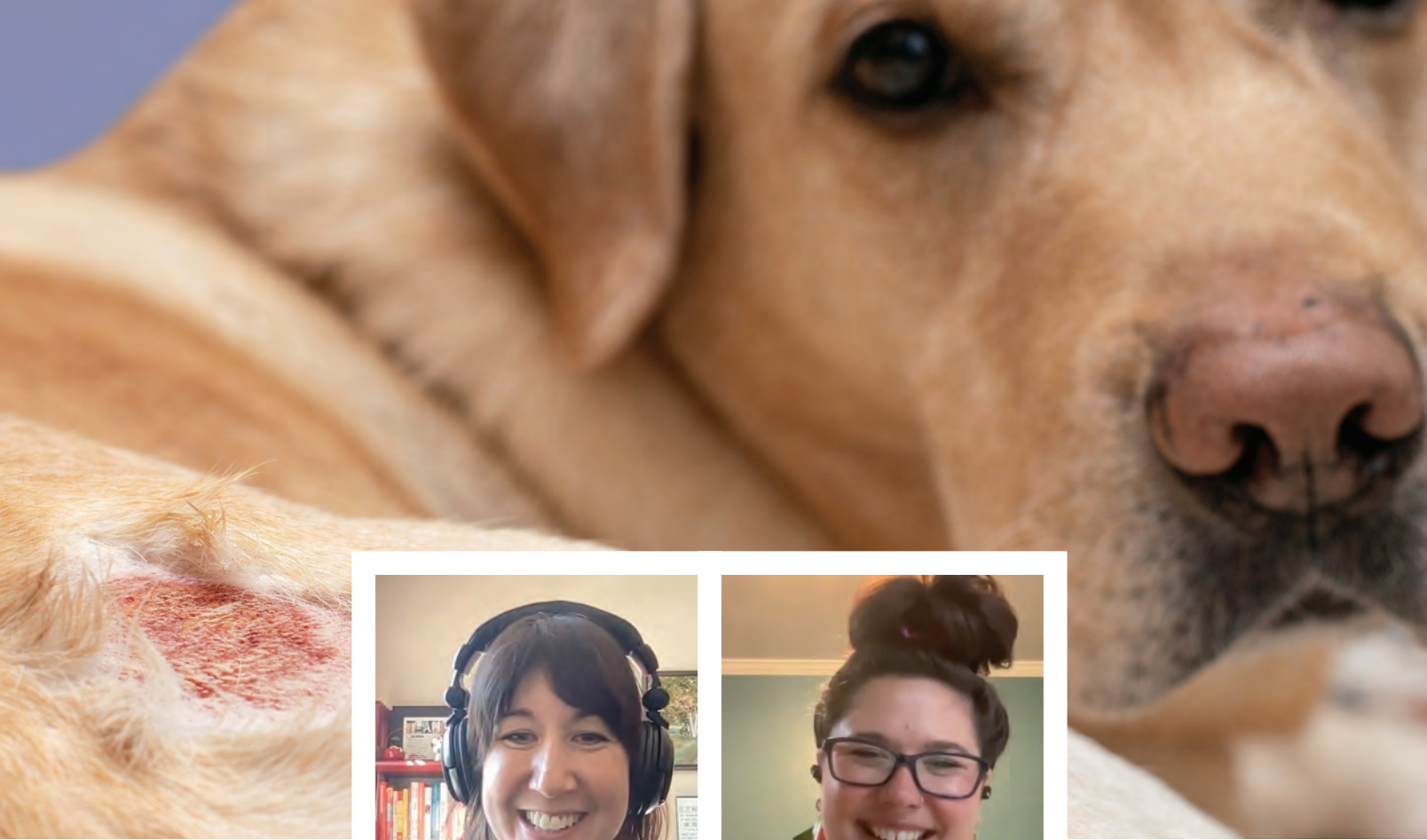
The AI can help articulate these details in a clear, compelling manner, attracting the right candidates who not only have the skills but also share your practice's values.

Incorporating AI into writing tasks like bios and job descriptions can save time and

yield professional, engaging results. However, the heart of our profession lies in genuine connections—with our patients, their owners, and our colleagues. Use tools like ChatGPT as a starting point, but let your personal touch shine through in the final product.

Make no mistake, keeping up with the advances in AI technology even within our industry is no easy feat. But with some thorough research and careful planning, your practice is sure to identify usage opportunities that can help you reap the rewards that positively impact your business.

Veterinary team members are better off embracing AI technology now and becoming familiar with what it can (and can't) do, using it where it makes sense, and spending that extra time and energy to do something that AI will never do—care for pets and their people. ■



PODCAST / **JULIA MILLER**

Gems from the Guidelines: Management of Allergic Diseases

A Conversation with Julia Miller, DVM, DACVD

INTERVIEW BY KATIE BERLIN, DVM

If you work in small animal general practice, managing allergic disease is a part of everyday life—and a constant challenge for vet teams with too many patients and not enough time. Julia Miller, DVM, DACVD, co-chair of the task force behind the *2023 AAHA Management of Allergic Diseases for Dogs and Cats Guidelines*, understands why the demands of primary care practice mean sometimes diagnostics don't get done every time, some pets will never see the inside of a dermatologist's office, and some days just don't allow for as much client communication as we'd all like—but she's got some recommendations to make it easier to get itchy pets (and the people who live with them) the care they need.

Katie Berlin: I am here with one of the co-chairs of the very first *AAHA Management of Allergic Diseases for Dogs and Cats Guidelines*, Dr. Julia Miller. Julia, would you give us a little bit of an intro to yourself—besides that you can sing really well—and what it is you're passionate about now?

Julia Miller: Yeah. So, I love singing, and I did that for a long time, but I also grew up a horse girl. I've ridden since I was a little kid. So when I did go to vet school, I actually went to farrier school right before vet school because I wanted to be an equine podiatrist. That was my initial goal. Spoiler alert, I firmly believe that changing your career can be very good for you, and you should be open and flexible to how your interests may change.

After Cornell, I did a large animal rotating internship at the University of Georgia. After

my internship, I didn't want to pursue specialty work because I was burned out from doing the internship. So I wanted to go into general practice, also because I really saw the value during my internship, being a specialist that people referred to, I saw the value in having a really solid general practitioner who knew what they were doing, knew how to work up cases, and then could refer appropriately.

So I went into general practice after my internship and I did mixed animal practice, which was a surprise to me. I was absolutely one of the first people in vet school that when I finished my small animal medicine rotation, I was like, "Done. Never doing that again. Cat diabetes, see you later." And then I became a mixed animal practitioner and promptly ate all of those words and definitely treated a lot of cat diabetes throughout the years. So I really enjoyed the large animal aspect of practice tremendously, but I found myself gravitating towards the small animal side of things more than I thought I would have, and I gravitated towards dermatology more than I thought I would have.

As I moved forward in practice, I started to develop a love for specialization again. And I decided, did I want to do more surgery or more dermatology? And as it turned out, derm won. So I ended up coming back to Cornell and doing a derm residency, and then I stayed on at Cornell after my residency as faculty for a couple years, which was wonderful. I had a great experience teaching vet students, but now I'm in private practice in Kentucky working with Animal Dermatology Clinic in Louisville. And I love it. I love derm. Give me the grossest stuff,

the smelliest things, the chronic diseases that you can't cure, I'm all about it.

KB: What about in your free time now? You obviously have tried a lot of different aspects of vet med and have found your place, at least for now. Do you have a third space where you can just be Julia and you don't have to be a specialist or doctor or anything?

JM: Yeah. Weirdly enough it's at karaoke. I adore karaoke. It's so fun. I love going there. There's actually a real dive bar here called Mr. Jeans, and I go there on Thursday nights and have a blast just doing karaoke and hanging out with strangers, making friends. The beautiful thing about living in the south or in Kentucky is that you never meet a stranger here. So I enjoy doing that, and it gives me a little break from being Dr. Miller.

KB: Oh, love it. Do you know Alyssa Mages? Because she is a karaoke fan. And so some vet conference, I have a feeling there's going to be a karaoke night with you there.

JM: Heck, yeah. Sign me up.

KB: Okay. Alyssa, if you're listening, you got a victim. So, okay, back to the guidelines. This is the first time that AAHA has published guidelines for the management of allergic disease in dogs and cats. And I think that's really cool, and I'm really excited to see how the guidelines are received. What was it like co-chairing that task force?

JM: It was such a unique experience for me. I have never been a part of anything consensus-related and I really enjoyed it. I really enjoyed



the breadth of knowledge that was brought into the group, and I found it fascinating. I always say dermatology is the gray area. There's not one way to fix every case, which is why I love it and many people hate it or find it frustrating.

We really were able to come together on a lot of things and work through the minute details and come to a consensus, honestly, fairly easily. I really enjoyed working with everybody and seeing what their different lived experiences. It was a very rewarding experience for me.

KB: There are a lot of resources out there for management of allergic

disease, and it seems like new ones are popping up all the time. What makes the guidelines different from what's available already?

JM: What I love about our guidelines is that they are concise, they're digestible, they give you bullet points, flowcharts, and charts of things to do. It's all very compact, and we did that on purpose. We wanted it to be very practical, approachable, and condensed.

You can sit down, read it, get a good idea of how to work through things, and then you can reread it and reference it later. You can go back and look at a flowchart and say, "Hey, I've got a food-allergic

dog. I don't remember how long I'm supposed to feed this diet, let me turn to this page and go through the flowchart that's there and remind myself very quickly, very easily on how to work through that." I think approachability is really one of the benefits of these particular guidelines.

KB: So important. It doesn't matter what kind of great resources you have, if you need them in a pinch and they're not accessible, or it takes you 12 clicks to find them, you're not going to use them. I also love what you said about how it's geared towards not just the general practitioner, but their team as well, and to vet students who are



“The value of the technician in a dermatology workup is incredible. We can’t overstate their value, truthfully, because the way I look at it, they are an integral part of just about every piece of our workup.”

Julia Miller, DVM, DACVD

entering the profession. Having something that is like a CliffsNotes for when you’re overwhelmed is very, very helpful.

Having technicians involved is something that I definitely want to talk about. Amanda Friedeck, who is a VTS in dermatology, was on the task force as well. Did you find that having a technician on the task force changed how you saw some of the things that you would otherwise have wanted to say or changed your point of view in any way?

JM: It was so lovely having her there because I always like to see things from another side. And to a doctor, seeing things from

the technician side, is such an important perspective to have. So having her being able to chime in was great. She definitely had some direct influence on what we said and how we can utilize technicians and where we should put that in.

The value of the technician in a dermatology workup is incredible. We can’t overstate their value, truthfully, because the way I look at it, they are an integral part of just about every piece of our workup. In dermatology, history-taking is critical. It’s a big part of what we need, a big part of what we do.

When did the itch start? What is the level of the itch? What treatments have you used? Right off the bat, your technician is your first line of defense. They’re the ones that you can train to get that excellent history, and that’s going to set you in the correct direction on the case.

If you have a savvy technician, you can also teach them how to take your skin cytologies for you, so that by the time you’re walking in the room, you’ve already got all that behind you. And your technician can really help you

be more efficient, but also more accurate, which I love.

And then once you make your diagnostics, you figure everything out you’re doing, you’re going to talk with the client, it’s going to go half over their head, they’re a deer in the headlights, we just talked about a chronic long-term disease that we’re not going to cure, and then you leave the room. But then you got to remember that, again, that line of defense you have is your technician. And they can go back in, they’re the ones who can reiterate everything, say, “Did you understand what she said? Let me show you how to put the ear medication in. Let me show you how to use the mousse. Here’s your Apoquel. This is twice a day,” and that sort of a thing.

KB: That’s so true. I don’t know what I would have done in my last practice. We had a lot of credentialed technicians who read all the cytologies and in many cases took the samples, skin scrapings, and whatnot. We wouldn’t have gotten through the day otherwise.

One of the things that I love

“To me, spectrum of care means that there is more than one way to fry an egg, there’s a lot of different ways to approach a case, and we need to look at what people can do, what people can afford, and how to help our patients in the best way possible.”

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about hearing you talk about working with Amanda on the task force is that that process, really, the task force process and the creation of these guidelines is a model for how we should be working with technicians in practice—as members of the team. They’re educated. They have their own experience and their own opinions about how we should be doing things, and we should listen. There’s no reason why veterinarians should think they have all the answers when the technicians are right there on the floor with them, and in many cases, for a lot longer while we’re typing up charts.

So let’s talk about something else that you mentioned briefly before, which was spectrum of care. You said that you were working with people who were actually teaching and talking about spectrum of care in dermatology cases. Can you elaborate a little bit more on that, what that means and why you think it’s so important?

JM: I think spectrum of care is something we’re talking a lot more about in veterinary medicine and also talking more about teaching it to the vet students. Because the

way I look at life, there’s the gold standard, the ivory tower, the best of the best, and then there’s a lot of stuff beneath that that’s still really good veterinary medicine and really good care towards a patient. When I was in general practice, I was in rural North Carolina for my first job, the gold standard, best-of-the-best just was not economically, emotionally, or physically feasible for many of my clients.

The important thing to do is to look at the whole case and decide how we can provide the best medicine with everything that we’re given. To me, spectrum of care means that there is more than one way to fry an egg, there’s a lot of different ways to approach a case, and we need to look at what people can do, what people can afford, and how to help our patients in the best way possible.

We thought about that a lot in these guidelines. Of course, I might say every single case needs these 10 things every single time, but you can absolutely still treat cases and work cases up without doing every single thing, every single time. So we tried to take into consideration what you can do, how to work with what you have effectively, and still get really good care for our patients.

KB: That is so refreshing to hear. I know a lot of people will have mixed opinions about that, because I think a lot of people think of the AAHA guidelines as best medicine or gold standard or whatever those phrases mean. But I think over the last, at least the last couple of years, when I’ve been at AAHA, I’ve seen the definition of best medicine change dramatically from the ivory tower like, “This is what you learn in school, in the textbooks, and you get tested on kind of thing,” to, “Best medicine is what’s best for that pet and that client in that room at that moment.” And that often does not look like the textbook solution. And what’s worse? Doing something less than “gold standard,” or sending that pet home without care?

Do you feel like spectrum of care approaches will help to improve compliance with clients and trust in the veterinary team?

JM: Yeah. I really do think they will. And I think, especially in dermatology, it can get really expensive really fast. Taking the stigma off of things and saying, “Hey, if this is what you can do for your pet to be comfortable, I’m working with you. I’m with you to try to help your dog. If you can’t afford this very expensive skin culture, guess what’s cheap?



Bleach. Bleach is cheap. This topical mousse, this shampoo that we have is pretty cheap.”

These are all the things that I think we try to take into consideration with spectrum of care. And I’m very happy that the guidelines were able to address some of that and take away a little bit of the shame. We all practice vet med, we’re all here for the clients and the patients. It’s just important that in the end we try to do what we can do to make the

pet feel better and also to make the client feel better.

KB: What about referral? One of the things that I struggled with and sometimes struggled with with colleagues was when to refer derm cases. Because when clients get differing messages from different doctors in the practice or different team members in the practice, it’s sometimes hard to convince them that referral is warranted or is in the best interest of that pet, even if they

have the money, because they’re like, “Well, so and so will just treat it.”

But there’s a big difference between throwing cephalixin at the problem over and over again and actually getting a diagnosis and trying to figure out what’s going to work best for the pet. What would you like general practitioners to know about referring derm case?

JM: The big thing I would say with referral is if you think that

you've got a client who might be interested, start the conversation early. And they don't have to refer early, but you can just drop the fact that a dermatologist does exist into the conversation early-ish. Because I can't tell you how many of my clients come and tell me, "I had no idea you existed. I've been going to my vet for 10 years with this itchy dog and I didn't know a veterinary dermatologist existed."

Now maybe they'd been told about me a hundred times and they just forgot, but I also do think it's important for us to mention that. Because also I remember in practice some clients will surprise you. Clients you would never think would've referred will be like, "Oh, yeah. I'll go. Yeah, I'll go tomorrow."

So send them to me early if you can, because that's going to give the patient and the client the best chance at achieving success, or at least start having the conversation

early. I recognize that a lot of clients won't come right away, but if you drop the hints and say, "A dermatologist does exist. You've been here for bacterial infection four times this summer, maybe we should start thinking about seeking some extra help." I think that can be really important.

KB: Okay. Last question that I have for you. These guidelines are packed. They're so meaty, just absolutely packed with information. If you had a pearl of wisdom from them that you're like, "Okay. If you take one thing away from these guidelines, I want it to be this," what would it be?

JM: It is very hard to have one pearl of wisdom. I think that there's a couple of mantras in derm that these guidelines really bring up. And one of those is, if at first you don't succeed—you missed something, do more diagnostics.

If you are using Cytopoint for itch control and it's going great, and then all of a sudden it's not going great, the dog is itching all over the place, see if there's a bacterial infection with your cytology. Is there now *Malassezia* dermatitis? Does the dog have scabies or fleas because they stopped their flea preventative? So if something that worked stopped working, do more diagnostics. Just don't switch that dog to Apoquel and say, "Oh, I guess Cytopoint isn't working anymore, we need to move it."

Another thing that we talk a lot about in the guidelines is—as frustrating as it is—there is no one-size-fits-all that works for every patient. So it is really important to have lots of communication with your client about how they're doing things, do we need to pivot? And if one drug doesn't work, try another drug. Don't just keep trying the same drug over and over again and expect different results. You



“The big thing I would say with referral is if you think that you’ve got a client who might be interested, start the conversation early . . . I can’t tell you how many of my clients come and tell me, ‘I had no idea you existed. I’ve been going to my vet for 10 years with this itchy dog and I didn’t know a veterinary dermatologist existed.’”

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may need to pivot or you may need to change, because all of these patients are very unique in the way they present and all of them are very unique in the way they respond to our treatments.

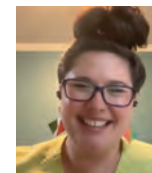
And then last but not least for me, history taking matters so much. In dermatology, it really does matter because when you’re talking about environmental allergy versus food allergy, it’s all in the history. It’s not in your physical. They look the same. They’re identical dogs. It’s all in the history taking. So utilize your technicians, train your technicians, to ask more than just vomiting, diarrhea, how you’re doing at home. Make sure you’re getting that thorough history, because that is a huge part of your workup.

KB: That’s another thing that I had meant to come back to—what you said about how some people, by the time they see you, don’t even like the pet anymore. And I have seen that so often and it’s so sad and I don’t blame them at all. Your average bulldog is gross. And it’s not their fault, but they smell weird and there’s discharge everywhere and the wrinkles and they’re licking everything, if they

can reach it even. And if they’re not licking it, they’re scooting and I don’t blame owners at all for being like, “Oh my God. What am I going to do?” And like, “I don’t want to even have people over to my house because it smells like this dog,” and at the same time you know they really love those dogs. So that, if nothing else, is motivation to try to get these under control sooner, and if not, send them to you. It’s not a write off, it’s a leveling up of that dog’s care to somebody who has a lot more time to spend on it.

JM: My dad always used to say, “Derm cases don’t die, they just smell like it.” And he’s correct, he’s 100% correct. But I think it is important that we take our derm cases seriously. A lot of people are ready to refer eyeballs because it’s like, “Man, if I mess up, the dog loses an eye.” Well, think about that same way for your derm cases. If you mess up, they might send the pet to a shelter, and then that’s lost. So the consequences can be negative if we don’t manage our derm cases appropriately, and I think it’s important that people take that and think about it, that it’s not just about a little Proin or a little cephalixin, it does go a little bit deeper there.

I hope everybody reads the guidelines. Have a drink of coffee in the morning, read the guidelines, make sure you’re up to date. ■



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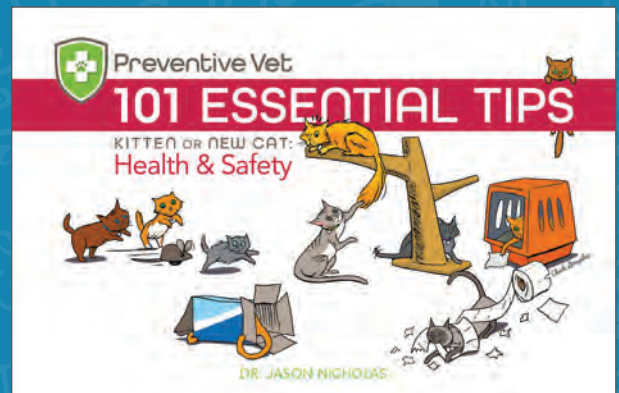
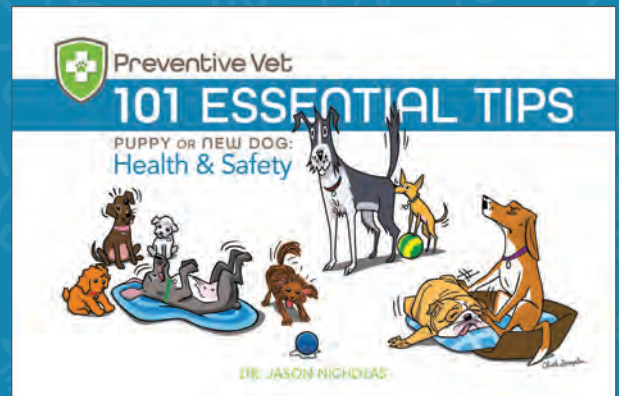
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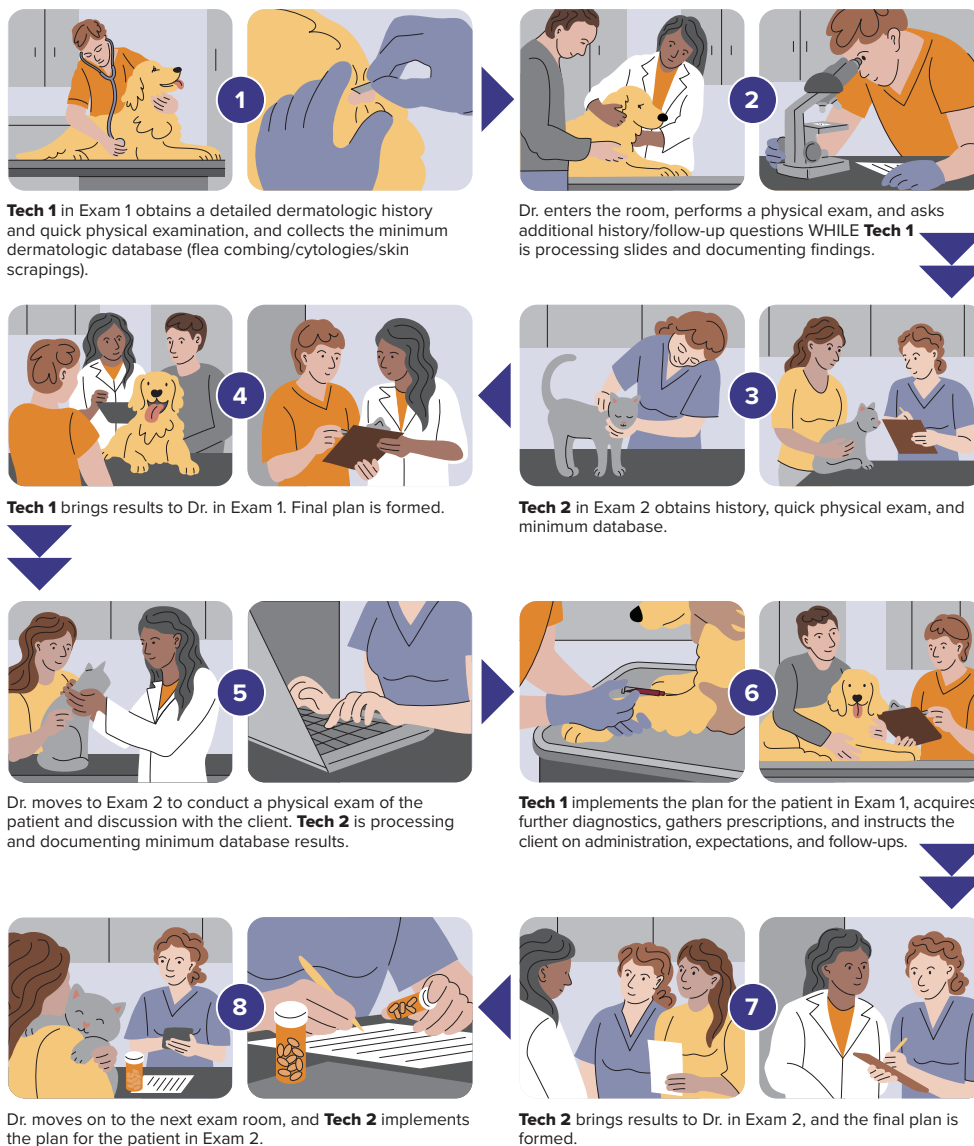


Technician Utilization for Dermatology Appointments

This flowchart from the 2023 AAHA *Management of Allergic Skin Diseases in Dogs and Cats Guidelines* shows the important role technicians play in dermatology appointments. With two techs, a veterinarian can see two appointments in the same amount of time it would take to see just one.

FIGURE 7

Flowchart of Technician Utilization for Allergic Skin Diseases: One Veterinarian and Two Technicians



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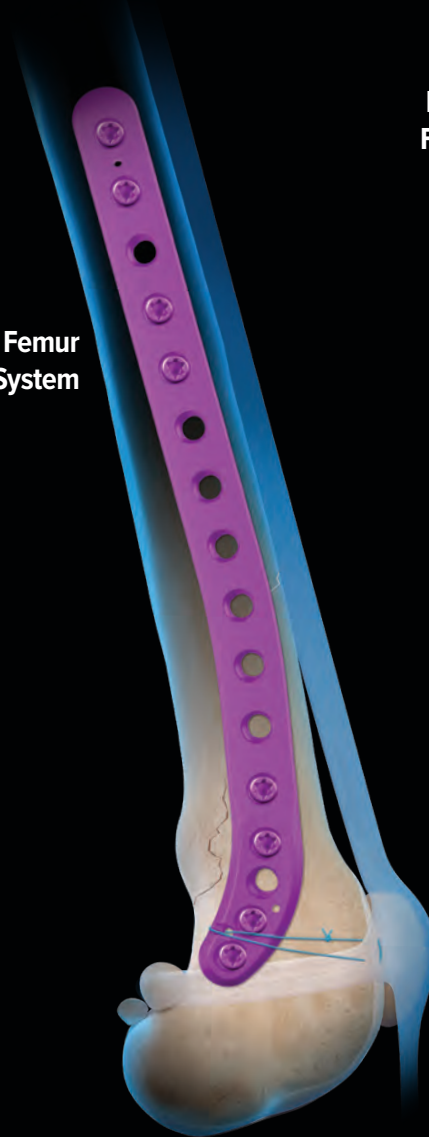
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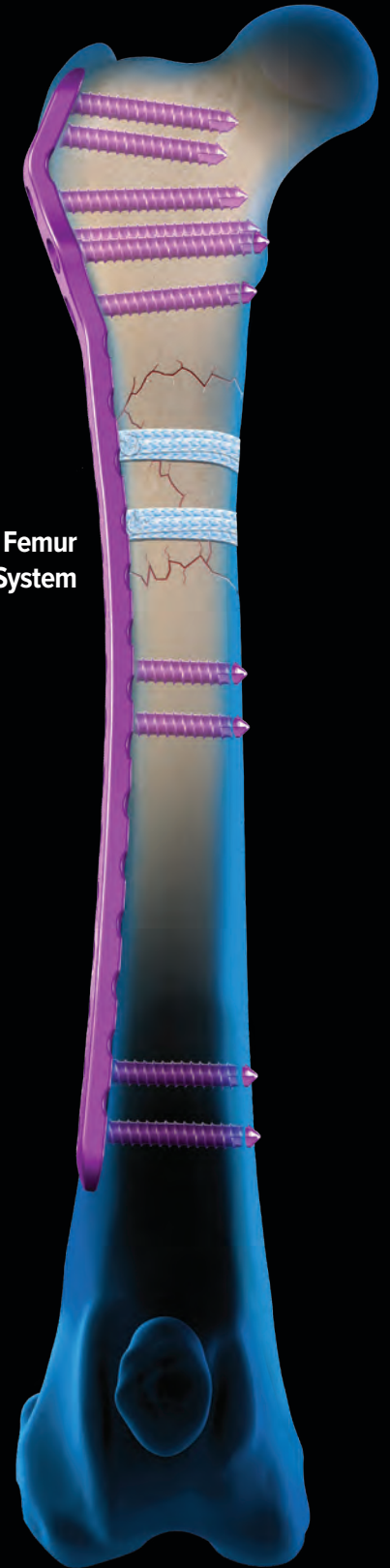
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