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This feature highlights the growing epidemic of overweight pets through a relatable (and slightly hilarious) real-life encounter with a 120-pound Labrador named Diesel. The story underscores a common issue: pet owners often misjudge portions and don't fully understand what a healthy body condition looks like. Citing recent data from AAHA, APOP, and Royal Canin, Dr. East explores the disconnect between perception and reality when it comes to pet weight. He emphasizes the need for better client education, busting misinformation, and offers strategies for veterinary teams to help clients recognize—and tackle-obesity in their pets.

By Todd East, DVM

#### On the cover:

"Bentley," a one-year-old Dorkie.

Photo by Hanna Boydell, Imagery Unleashed

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## Veterinary care evolved



eterinarians frequently stand at the intersection between scientific advancement and societal perspective, tasked with guiding clients through sometimes difficult choices. Delivering the best possible care goes beyond textbook knowledge; it involves thoughtful communication, discernment, and adaptability.

In his article on page 17, Greg Bishop, DVM, explores how humour, when used skillfully in veterinary medicine, can

serve as a powerful communication tool—relieving client anxiety, improving trust, and even enhancing clinical outcomes. By understanding two key factors—how seriously a client perceives an issue and whether the humour aligns with their motives—veterinarians can use jokes to reframe situations and offer emotional relief. Akin to a scalpel, humour must be wielded with precision and empathy, reinforcing care and connection while avoiding harm.

As Erica Tramuta-Drobnis, VMD, MPH, CPH, highlights in her article on page 20, point-of-care ultrasound (POCUS), particularly the abdominal aFAST scan, has evolved from a trauma triage tool into a rapid, versatile diagnostic method used to detect a wide range of conditions in both emergency and general practice settings. She explains how mastering the aFAST scan involves understanding its four acoustic windows, recognizing appropriate clinical indications, and developing the skill to interpret findings accurately—while acknowledging its limitations and the potential need for specialist follow-up. Likewise, educating clients with visuals and clear communication about scan results empowers them to make informed decisions, and ongoing training is essential for veterinarians to fully leverage this powerful diagnostic tool.

A variable many veterinarians face on a regular basis is the epidemic of pet obesity. Many pet owners struggle to recognize when their pets are overweight, often due to misinformation or improper feeding habits. However, in his article on page 32 about combating pet obesity, Todd East, DVM, emphasizes the importance of empathetic, educational conversations between veterinary professionals and clients, supported by facts and practical tools, to address the growing epidemic. He emphasizes that a team-based, proactive approach involving technicians, clear weight loss plans, and consistent follow-up can improve compliance and help pets achieve healthier lives.

As Boaz Man, DVM, addresses in his article on page 24, brachycephalic dogs like French bulldogs and pugs have surged in popularity despite being prone to brachycephalic obstructive airway syndrome (BOAS), a serious, chronic condition that impairs breathing and quality of life. Fortunately, advancements in minimally invasive laser surgery now offer a safer, more effective treatment for BOAS, reducing pain, bleeding, and recovery time. As awareness grows, veterinarians are increasingly educating pet owners and peers about early intervention, surgical options, and the importance of improving the welfare of these vulnerable breeds.

Veterinary medicine today demands more than clinical knowledge—it requires empathy, adaptability, and the ability to navigate complex human-animal relationships. As the profession continues to evolve alongside advancements in technology and shifting societal expectations, veterinarians must remain not only skilled practitioners but also thoughtful communicators and advocates for animal and client well-being. By embracing this dynamic role, veterinary professionals can foster deeper trust, deliver more effective care, and ultimately make a lasting impact in the lives of the animals and people they serve.

Until next time, take care!

Sarah Bauder

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Canine

Feline

Equine







## Nutritional review of zoological companion animals

By Olivia A. Petritz, DVM, DACZM

espite many recent advances in the field of zoological companion animals, inappropriate nutrition is still a leading cause of disease in pet birds, reptiles, and many small mammals. Biological factors, such as age, sex, and reproductive status of these species, impact their nutritional needs like those of other domestic species. However, many of these exotic species have additional factors to consider, such as environmental temperature and seasonality (hibernation/brumation).

This article discusses nutritional recommendations for common zoological companion animals, including rabbits, rodents, ferrets, parrots, and pet reptile species. It will also review recently published data in this field of study.

#### Rabbits (Oryctolagus cuniculus)

Wild rabbits are considered concentrate selectors, and feed on the most nutrient-dense portions of vegetation. They also eat approximately 30 times per day, for four to six minutes at each feeding in the wild.

Rabbits have a large cecum, consistent with other hind-gut fermenting herbivores, which holds 40 percent of the GI contents, and is the largest organ in their body. Contrary to most larger hind-gut fermenters (i.e., horses), they eliminate fibre from their cecum and GI tract as quickly as possible. Despite the extensive fermentation that occurs throughout their GI tract, their total GI tract transit time is only 19 hours.

Rabbits produce two types of feces: dry, hard fecal pellets and soft fecal pellets (cecotrophs = night feces). This second type of feces allows rabbits to absorb more nutrients from their diet due to their relatively fast GI tract transit time for an herbivore.

Rabbits also have a unique calcium metabolism they absorb all the calcium they ingest, independent of vitamin D. The excess calcium is excreted in the urine, which can lead to hypercalciuria (Figure 1) and urolithiasis if there is a high amount of calcium in their diet, such as with alfalfa hay or alfalfa-based pellets.1

Rabbits require a high fibre, low calcium diet. The majority of their daily diet should be comprised of a high-quality grass hay (e.g., timothy hay) and fresh greens (Figure 1). Oxalate-containing plants (spinach, Swiss chard, collards, etc.) have been linked to increased risks of calcium oxalate uroliths in people, but this has never been proven in rabbits. In general, it is not recommended to feed these greens in large quantities or exclusively to rabbits. (See: "Green is in").

There are numerous, and sometimes contradictory, feeding recommendations for pet rabbits. Most sources recommend feeding 1/8 – 1/4 cup of pellets once daily per 5 lbs. of body weight. Excessive pellets in the diet often leads to obesity and potentially contributes to dental disease. Pellet mixes containing seeds or other concentrates (such as muesli-style mixes) should be avoided due to their high energy density. Juveniles and





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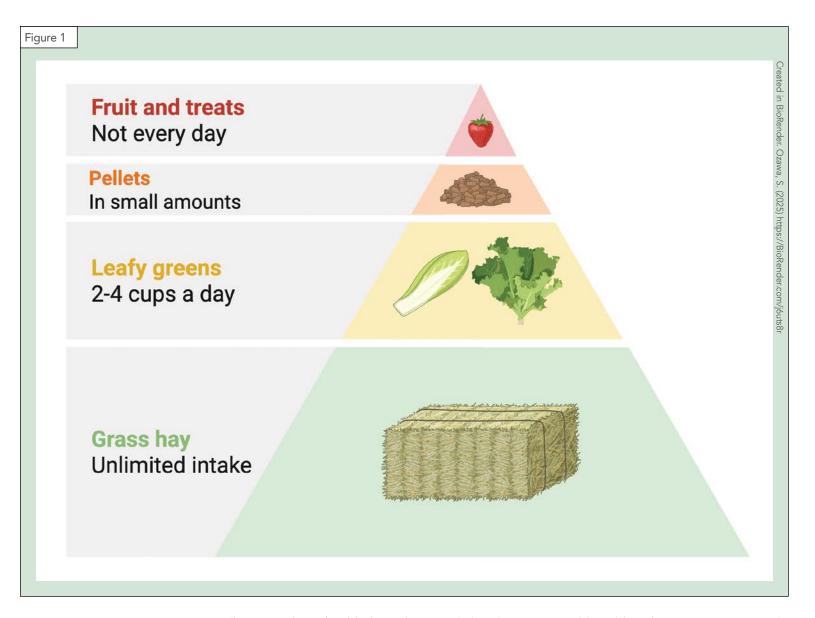


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A generic rabbit nutritional pyramid—a majority of the diet should be composed of high-quality grass hay. pregnant/lactating does should always be provided pellets due to their increased energy demands.

It has been debated whether or not pellets are required in a pet rabbit's diet; however, they do provide an important source of trace minerals, some fat-soluble vitamins, and essential fatty acids. Food items high in starch and sugar (including carrots and fruits) can lead to ileus secondary to alterations in cecal flora. Therefore, these items should only be given sparingly to rabbits.

Rabbits also require a large amount of fresh water daily (fluid requirement ~100 mL/kg/day), which can be provided in the form of a sipper bottle or bowl. Bowls become soiled more readily than bottles; however, rabbits have been found to drink more water when offered a bowl vs. a bottle.2

#### Guinea pigs (Cavia porcellus)

Similar to rabbits, guinea pigs also possess a large cecum and are hindgut fermenters. Their cecum may hold up to 65 per cent of their entire gastrointestinal contents.3 Their total GI transit time is approximately 20 hours. Also, similar to rabbits, guinea pigs practice coprophagy (ingestion of feces), which may provide additional opportunity for digestion and B vitamin absorption. Unlike rabbits, however, guinea pigs do not produce cecotrophs and only have one type of feces. Like all rodents, guinea pigs cannot vomit; therefore, fasting before anesthesia is not necessary or recommended.

Guinea pigs, similar to primates and humans, lack the enzyme L-gluconolactone oxidase, which is responsible for the synthesis of the active form of vitamin C.3 Therefore, they require a source of vitamin C in their diet (10-20 mg/guinea pig/day for non-breeding adults).

Pelleted diets for guinea pigs are fortified with ascorbic acid (vitamin C); however, this is a labile vitamin, and is sensitive to oxidation, particularly with exposure to light and heat. It is estimated that half of the initial vitamin C will be oxidized 90 days after initial milling of the pellets. Vitamin C will also oxidize and degrade in the presence of certain metallic ions, many of which are found in household drinking water. Therefore, the best source of vitamin C for the pet guinea pig is a combination of a guinea pig-specific pelleted diet and fresh foods that contain high levels of vitamin C. (See: "Where can guinea pigs get vitamin C?").

Most healthy adult guinea pigs should receive ~1/8 cup of pellets or less per day. Feeding



Figure 2



A dorsoventral radiograph of an adult African Grey parrot (Psittacus erithacus) with historic hypocalcemia, which has since been corrected with an appropriate diet. Note the abnormal bowing of multiple long bones despite the normal bone quality.

excessive amounts of pellets can lead to obesity and dental disease.

Approximately 75 per cent of the diet should consist of high-quality grass hay, such as timothy hay. Alfalfa is high in calcium and protein compared to other types of hay; therefore, this should only be given in moderation to adult guinea pigs. Dietary grass hay is essential to ensure proper GI tract function and to prevent dental disease.

Similar to rabbits, guinea pigs have continuously growing incisors, premolars, and molars. Fresh greens, ideally ones high in vitamin C, should comprise five-10 per cent of the guinea pig's diet. The amount of fruit, nuts, and seeds should be kept to a minimum.

Many guinea pigs develop dietary preferences when they are young, and acceptance of new food items later in life can be a challenge.

#### Ferrets (Mustela putorius furo)

Ferrets are obligate carnivores and lack both a cecum and an ileocolic valve. Their GI tract is extremely short, even for a carnivore, with a corresponding short transit time of approximately three hours. Transit time for kits (juvenile ferrets) may be as short as one hour.

Ferrets also have very few brush-border enzymes in their small intestine and are inefficient at carbohydrate absorption compared to other obligate carnivores, like domestic cats. The ideal diet for an adult ferret should be high in protein and fat, and low in fibre. A diet consisting of 15-30 per cent fat is recommended for the average healthy adult ferret. Ideally, the protein component of their diet should be composed primarily of high-quality meat sources, and not grains. The total crude protein level is recommended to be between 30-35 per cent. 4 Some owners elect to feed their ferrets whole prey items (i.e., mice) as a portion of the diet or as their complete diet, as this more closely mimics their natural diet.

Ferret kibble is the most common diet fed, and there are several commercial brands to choose from. Canned kitten foods can be used to supplement a kibble-based diet, which will also decrease the amount of carbohydrates ingested from the kibble. It is hypothesized that high carbohydrate concentrations in the diet may contribute to the formation of insulinomas. In addition, increased carbohydrates in the diet have also been associated with urolithiasis in ferrets. Similar to dogs and cats, grain-free diets for ferrets have become more readily available, and the long-term sequelae to feeding such diets to ferrets is still unknown.

A recent case-controlled study found that ferrets with cystine urolithiasis were nearly 58 times more likely to have received a grain-free diet compared with the reference ferret population; however, a definitive causation could not be drawn from that study alone.5 There is ongoing research to evaluate the cause(s) for cystine urolithiasis in ferrets, which may also include genetic predisposition.6

#### Psittacine (multiple)

Birds in the psittaciformes order are classified as florivores (diet consists mainly of the products of flowers). Within this group, there are several subclassifications, including granivores (seed and grain eaters; budgies and cockatiels), frugivores (fruit eaters; macaws), and nectarivores (nectar eaters; lorikeets and lories).

Despite extensive research to date on avian nutrition, a majority of this data is based on galliform species (domestic chickens, turkeys, etc.). Therefore, many of the nutritional recommendations for parrots in captivity are based on a combination of scientific study and anecdotal information.7

A recent study evaluated the composition of the diets consumed by wild parrots, and 77 per cent of those birds were observed eating insects, which could mean parrots may be more omnivorous than previously thought.8

As with other species, it is important to ask about the bird's diet during its general history. Specifically, it is also imperative to inquire about not just what foods the bird is offered but also what the bird consumes.

Based on a study of African grey parrots in captivity, when the birds were allowed to selfselect their diet, it was deficient in 12 vitamins, minerals, and amino acids, as they mainly ingested seeds.9 While many owners think they are feeding a nutritionally complete diet, such as a seed/pellet mixture, in most cases, it is deficient, as parrots rarely consume enough pellets in comparison with the seeds.

Another study tested this theory in Amazon parrots, and even though those birds were fed a nutritionally complete mixture of seeds, pellets, and fresh produce, they still had an imbalanced diet due to preferential selection of seeds.<sup>10</sup> Seedonly diets are deficient in fat-soluble vitamins and minerals (calcium, zinc, iron) and often high in fat. Wild seed-eating parrots often consume upwards of 60 different types of seeds and expend significantly more energy in their day-to-day life compared with a captive parrot. Hypocalcemia is another significant concern for parrots eating a seed-based diet, especially those that are affected by chronic egg laying (Figure 2).

Pelleted diets should comprise 60-70 per cent of a parrot's diet. Vegetables (especially those high in calcium and vitamin A) and fruits should comprise 20 per cent, and the remaining small portion could be a combination of nuts (almonds, walnuts, Brazil nuts) and seeds. This feeding scheme is likely not appropriate for all the 350 species of psittacines; however, it is a good starting point for those who are naturally granivores and frugivores.

Another significant consideration for captive psittacines is the method of diet presentation. Wild parrots spend many hours of their day foraging for food, and this is the opposite of what occurs in captivity when their diet is presented in a stainlesssteel bowl. The lack of foraging behaviour and time has been linked to other behavioural problems, such as feather-destructive behaviour. Therefore, veterinarians should discuss with owners not only the composition but also the presentation of the diet for companion parrots. Foraging can be as simple as offering food in multiple feeding stations or concealing food in various containers.

Conversion from a seed-based diet to a pelleted diet will likely take time and patience, as many parrots will initially refuse to eat pellets. Three pellet conversion strategies (positive reinforcement for eating pellets, gradual replacement, and immediate replacement of pellets) were statistically evaluated in a recent manuscript. There were no statistical differences between the three methods, and overall, they were >90 per cent successful in converting parrots from seeds to a pellet-based diet.<sup>11</sup>

#### Reptiles (multiple)

Almost all reptiles are considered poikilothermic (animals whose body temperature adjusts to the environmental temperature), ectotherms (animals that gain heat from their environment vs. self-generation). This is an extremely important concept, as the environmental temperature greatly



affects all aspects of their food digestion and overall metabolic rate.

Even at their appropriate POTZ (Preferred Optimum Temperature Zone), the average reptile's metabolism is only 25 per cent or less of a comparable-sized mammal. Their metabolism also varies significantly by gender and season. Common pet reptile species include herbivores (most tortoises), omnivores (many turtles), insectivores (many lizard species), and carnivores (snakes and others).

In addition, some reptiles change their feeding strategy over time—juvenile bearded dragons are more insectivorous compared to adults of this species, which are more herbivorous.<sup>12</sup> Many reptile species also go through normal periods of reduced metabolism and appetite, such as with brumation/ hibernation. The frequency of feeding is also quite variable across all reptile species. Smaller, younger animals often require once daily feeding, while larger snakes often only eat once every one to two months. All of these factors make the calculation of their standard metabolic rate (SMR) challenging, to say the least.

In addition, there are still large knowledge gaps for the nutrition of many common pet reptile species, so extrapolations are often required.

The most common feeder vertebrates fed to reptiles are mice and rats (of varying ages/sizes), and uncommonly rabbits, other small mammals, fish, or amphibians. In theory, whole prey provides the appropriate balance of amino acids, lipids, vitamins, and minerals, similar to what carnivorous reptiles would obtain in the wild.

Frozen-thawed (frozen for less than six months) or fresh-killed prey is recommended over feeding live



An adult leopard gecko (Eublepharis macularius) with signs of nutritional secondary hyperparathyroidism including kyphosis and abnormal angulation of multiple limbs, likely secondary to pathologic fractures.

## Where can guinea pigs get

High vitamin C content	Moderate vitamin C content
ırnip greens	Broccoli leaves
lustard greens	Broccoli florets
andelion greens	Beet greens
ale	Cauliflower
russels sprouts	Oranges
arsley	
ollards	
ell peppers	

prey due to the risk of trauma to the predator from the prey.

Commercially raised insect species are deficient in calcium and preformed Vitamins A, D3, and E. Therefore, these insects provide an inverse calciumphosphorus ratio unless supplemented with calcium. A notable exception to this is black soldier fly larvae, which accumulate calcium in their exoskeleton compared with other commercially raised insects and their larvae.

The two main forms of calcium supplementation for insect prey include dusting and gut loading, and ideally, both would be performed prior to feeding out to a reptile.

Gut-loading insect prey 24-48 hours prior to feeding is significantly more effective than dusting. Ideally, a gut-loading diet would contain at least eight per cent calcium.<sup>13</sup>

Herbivorous reptiles should be provided with a variety of dark, leafy greens and highfibre items, such as hay or natural grasses (grazing opportunities). These "salads" are often supplemented with calcium +/- vitamin D to ensure adequate supplementation, as the commercial varieties of most greens, fruits, and vegetables have a very different nutrient profile than their native counterparts. Many of the leafy greens recommended for rabbits would also be very appropriate for herbivorous reptiles. Most herbivorous tropical reptiles also will eat fruits in the wild, but due to the differences in commercial varieties, fruits should be offered sparingly.

Diseases secondary to inappropriate diet and husbandry are still quite common in captive reptiles. The most common is nutritional secondary hyperparathyroidism, often called "metabolic bone disease." This occurs when the diet is low in calcium and/or vitamin D3, a lack of exposure to appropriate amounts of UVB light, and occasionally due to diets high in phosphorus (reverse Ca:P ratio). This nutritional disease is uncommon in carnivorous reptiles being fed whole prey, but extremely common in insectivorous reptiles fed non-supplemented invertebrate prey or herbivores fed a diet lacking calcium supplementation. Diagnosis is often based on physical exam findings and poor bone quality on whole-body radiographs (Figure 3). Monitoring ionized calcium can be considered if there is evidence of severe hypocalcemia, including muscle fasciculations and seizures. Treatment for this potentially life-threatening condition includes calcium supplementation, provision of appropriate UVB lighting (species variability), analgesics if concurrent pathologic fractures, and most importantly, correction of the dietary and husbandry deficits. \*

Olivia A. Petritz, DVM, DACZM, graduated from Purdue University, and then completed several internships and a residency in the field of zoo and exotic animal medicine. Dr. Petritz became a diplomate in the American College of Zoological Medicine in 2013, specializing in zoological companion animals (exotic pets). Petritz started an exotics service at a specialty hospital in Los Angeles, Calif. following her residency and is currently an associate professor of Avian and Exotic Animal Medicine at North Carolina State University.

https://www.veterinarypracticenews.com/nutritionalreview-zoological-companion-animals



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Ontario is launching a new licensing pathway to better integrate internationally educated veterinarians into the workforce. Under a recent decision by the College of Veterinarians of Ontario (CVO), qualified vets from abroad can now apply for a limited licence aligned with their specific area of

expertise-such as companion animals, livestock, or equine care. This new model shifts away from requiring broad, multi-species competency, focusing instead on practical skills in targeted areas. Developed with national input and successfully piloted in 2024, the initiative aims to ease entry into the profession, address veterinary shortages, and maintain high standards of animal care.



Lakehead University is set to break ground on a new veterinary training facility in Thunder Bay, Ont., designed to improve access to animal care in northern and remote communities. The project supports a joint veterinary medicine program with the University of Guelph, focused on educating students from

underserved regions. Emphasizing Indigenous knowledge, sustainability, and animal welfare, the 25,800-square-foot site includes spaces for large and small animals, clinical training, and student support. The facility-named Gakina Awesiinyag, meaning "All Animals (Place For)" in Anishinaabemowin-will open in 2026 and train up to 20 students annually with hands-on, communitycentred learning.

- A recent study by Gallup and PetSmart Charities of Canada reveals that many Canadian pet owners face growing challenges accessing veterinary care. According to the findings, 50 per cent of respondents have skipped or declined care, mainly due to cost or distance. Additionally, even higher-income households reported avoiding treatment for financial reasons. Younger owners were especially impacted, with 57 per cent choosing not to seek care. Many said they were not offered affordable alternatives or payment plans. Rural access remains a concern, and some turn to non-veterinary sources. The findings highlight an urgent need for more flexible, accessible options like telemedicine and community-based clinics to support pet health.
- Boundary Bay Veterinary Specialty Hospital (BBVSH) has been named the Canadian Veterinary Medical Association's (CVMA) 2025 Practice of the Year-an honour recognizing excellence in veterinary care, client service, and community involvement. As the only VECCS Level 1 facility in Canada to receive this distinction, BBVSH stands out for its advanced emergency and specialty services. Since opening in 2009, the hospital has grown from four staff to over 180 and now operates from a state-of-the-art Surrey, B.C. location. The CVMA acknowledged that BBVSH exemplifies compassionate, collaborative care within the veterinary profession, because the facility is known for its educational outreach, innovative techniques, and partnerships with rescue groups.

#### **People in the News**

■ Kathleen MacMillan, DVM, an equine ambulatory veterinarian and associate professor at the Atlantic Veterinary College (AVC) at the University of Prince Edward Island, has been named president-elect of the Canadian Veterinary Medical Association (CVMA). The announcement was made at the CVMA's annual convention in Victoria, B.C., in July. A 2001 graduate of AVC's Doctor of Veterinary Medicine program, Dr. Kathleen MacMillan also holds a master's in equine exercise



MacMillan

physiology and became a Diplomate of the American Board of Veterinary Practitioners in Equine Practice in 2013. As president-elect, she will help quide the CVMA's strategic direction, represent veterinary professionals across Canada, and engage in national and international advocacy. She will assume the CVMA presidency in July 2026, when the association's annual convention is held in Charlottetown, P.E.I.

**John Harding**, DVM, a professor and swine health expert at the Western College of Veterinary Medicine (WCVM), has been awarded the 2025 Merck Veterinary Award in recognition of his outstanding contributions to large animal medicine in Canada. A graduate of the Ontario Veterinary College in 1988, he has spent over three decades advancing swine health through research, clinical work, and teaching. He was a key John Harding



figure in identifying porcine circovirus type 2 (PCV2) as the cause of postweaning multisystemic wasting syndrome-work that led to one of the most effective vaccines in swine medicine. His research also spans porcine reproductive and respiratory syndrome, Brachyspira-associated colitis, and disease resilience. He accepted the honour at the Canadian Veterinary Medical Association's gala on June 25. He has also mentored many of Western Canada's practicing swine veterinarians.

■ Maria Camilla Ceballos, DVM, an associate professor at the University of Calgary's Faculty of Veterinary Medicine, is advancing animal welfare through research on immuno-castration. This innovative method offers a humane alternative to traditional surgical castration by using vaccines to suppress reproductive hormones, reducing pain and improving animal management. Already widely Maria Camilla adopted in countries like Brazil and Colombia, Ceballos



immuno-castration is approved in over 60 countries and has been used in Canadian pig production since 2012. Ceballos' team, supported by Open Philanthropy, is studying its potential across various species, including cattle, sheep, goats, horses, and wildlife. The approach benefits producers economically and improves meat quality by eliminating boar taint, all while enhancing livestock welfare on a global scale.

■ Al Longair, DVM, received the 2025 Distinguished Member Award from the Canadian Veterinary Medical Association (CVMA) at the annual CVMA Awards Gala on June 25, celebrating more than 40 years of dedication to veterinary medicine and animal welfare. A 1977 graduate of the Western College of Veterinary Medicine, he began his career in mixed animal practice in Duncan, B.C., before shifting his focus to small Al Longair



animals. He co-established a respected multi-species clinic recognized for excellence in care and mentorship. Passionate about animal welfare, he chaired the CVMA Animal Welfare Committee in the 1990s and championed pain education, visiting schools nationwide to influence both curriculum and standards of care in Canadian veterinary practice.





hospital manager confided in me that her newest client service representative (CSR) needed coaching on engaging clients. "She is more focused on the computer screen than clients and blurts out totals when collecting payments. The experience comes across as transactional," the manager explained.

CSRs start and end every visit to your practice. Medicine and service is a scale that must always be in balance at your hospital. If you provide exceptional medicine but poor client service, pet owners will leave your practice. What CSRs say and do matters. Excellent client experiences are a series of consistent, personalized activities:

Have genuine, personalized greetings Check the schedule for the next arriving appointments so you may greet clients and pets by name. Using names at checkin lets CSRs make personal connections and set expectations that build trust. Tailor your greeting based on the reason for the visit, such as:

New client appointment: You will impress new clients when you greet them with, "Welcome to our practice, <client name>. We're excited to meet you and <pet name>. Thanks for completing the online health form and sending previous medical records, which Dr. <Name> has reviewed to prepare for your visit. Did you bring a stool sample for intestinal parasite testing?"

Start building the bond with a "welcome to our practice" invitation and personalized greeting of client and patient names. Praise good behaviours completing the online form, sharing records in advance, and bringing a stool sample. Use the doctor's name to introduce who the new client will see next.

Euthanasia appointment: When the client arrives, the CSR should step out from behind the counter to remove physical barriers. Say, "Hello, <client name>, we've been expecting you and <pet name>. Let's go into an exam room. I will let the doctor and technician know that you've arrived." Never make clients wait in the lobby. Immediately escort the family and pet into an exam room for privacy—tears may have already started.

**Urgent care appointment:** Show empathy and set expectations. Say, "Hello, <cli>ent name> and <pet name>. Thanks for calling this morning to let us know that <pet name> has been vomiting and had diarrhea for two days. We received the online health form that you completed, which Dr. <Name> has reviewed. Did you bring a diarrhea sample in case the doctor advises testing it?" <Client responds.> "I will let Dr. <Name> and the technician know that you've arrived."



#### Stand as clients approach the check-in counter

Your body language will communicate you're ready to help. Standing lets clients see you, too. When you're seated, the



**BUSINESS BUILDER** By Wendy S. Myers, CVJ

counter height and computer monitors may hide most of you. Clients need visual cues to direct them to an available CSR for check-in.



#### Stand again as clients move toward the checkout desk

Make eye contact and smile. Strive to remember client and patient names—you just greeted them 30

minutes ago. Say, "Hi, <client name>. I can get you checked out for <pet name>'s visit today."



#### Summarize services before sharing totals

Don't blurt out the amount due. Whether clients pay in exam rooms or at the front desk, they need to be reminded of what care was delivered to create a perception of value.

When presenting an invoice for a wellness appointment, say, "Dr. <Name> gave <pet name> a nose-to-tail exam, vaccines to protect from < list vaccines>, an intestinal parasite test, a heartworm/tick test, and refills of 12 doses of flea/tick and heartworm disease preventatives. We applied the instant rebate for preventatives, saving you \$XX. You will receive a text reminder each month on the day to give preventatives. Your total is \$\_\_\_. Which payment method will you use today?"

As you glance at the invoice on your computer screen, summarize professional services and products that the pet received during today's visit. Communicate that rebates were applied so clients hear the benefits of buying medications from your hospital. Don't say individual fees, just the total. When taking payments from new clients, let them know which payment methods you accept. Say, "We accept cash, cheques, credit and debit cards>. Which payment method will you use today?"



#### Forward book the next appointment

Scheduling the next visit during checkout ensures timely future care. Tell clients when their pets need to be seen next, avoiding the yes-or-no choice

of, "Do you want to schedule your next appointment?"

Schedule the next appointment before the client pays for today's services. This will print an appointment reminder on the receipt and trigger automated confirmations. Here's how to forward book three appointment types:

Wellness appointments: Use a comparison that clients already understand: Dentists. Say, "Just as your dentist has you schedule your next appointment at checkout, we do the same to proactively manage your pet's health. Dr. <Name> could see your pet at <date, time 1> or <date, time 2>. Which do you prefer?" The first choice is the same day of the week and time as today's appointment. The second choice is a different day of the week and time of day (morning vs. afternoon).

When a procrastinator won't book, be persistent and use benefit statements. Say, "I understand you don't know your schedule 12 months from today. Let's book your pet's next checkup for this same day and time next year. We will confirm two weeks before the exam, so if you need to change the appointment it will be easy. By scheduling today, you will get your first choice of doctor, day, and time. Your appointment reminder for <date, time> will print on today's receipt."

Progress exam: Use the term "progress exam" to communicate the doctor will make "progress" on resolving the health concern. Avoid "recheck" because pet owners may assume follow-up care is not medically necessary.

When booking progress exams, follow the guideline of "same day, same time, same doctor." Seeing the same veterinarian builds client confidence that the medical problem will be resolved and provides exam efficiency. A different doctor may spend twice the amount of time reviewing the medical record to learn the previous veterinarian's diagnosis and treatment. Say, "Dr. <Name> needs to see <pet name> in 10 days for a progress exam. Does this same time, 9 a.m. on <date>, fit your schedule?"

**Procedures:** After veterinarians explain diagnoses and clients accept treatments, book procedures at checkout. This is especially important in busy practices where dental and surgical procedures are booking weeks out. Say, "Hello, <client name>. I see that Dr. <Name> diagnosed <pet name> with Stage 1 dental disease and you signed a treatment plan. Let's book the procedure first, and then I will get you checked out for today's services. Dr. <Name>'s next available procedure days are <date 1> and <date 2>. Which do you prefer?"

Use the yes-or-yes technique, presenting the next two available procedure dates. Avoid the negative experience of, "The doctor isn't available for procedures until next month." Book the procedure with the same veterinarian to increase client confidence and if the doctor is paid on production.



#### Share appreciation during goodbyes

Say, "Thanks for visiting us today, <cli>ent name>. We appreciate the opportunity to care for <pet name>. We look forward to seeing you again."

This closing is simple and genuine.

Engaging experiences result in happy clients and a more positive work environment for teammates.

Best known as the "Queen of Scripts," Wendy Myers knows the right words will lead clients to accept your medical advice, driving patient and practice health. As founder of Communication Solutions for Veterinarians, she teaches practical skills through online courses, conferences, and onsite consulting. Her experience as a partner in a specialty and emergency hospital helped her understand issues that owners and managers face. Learn how she can train your team at csvetscourses.com.





## Can you make your clients laugh?

A guide to delivering 'surgically precise humour' in the clinic and how it can help clients unload the mental weight of diagnoses and outcomes.

ou know the proper way to pass a scalpel, right? Handle with care, make sure the surgeon's ready, and do not mix it up with the suction tip—or you are in for a bloody mess.

Turns out, passing a joke in a clinical setting works the same way. Humour, like a scalpel, is sharp, useful, and needs to be handled with precision.

Humour? In medicine?! Has this not already been done by Robin Williams in Patch Adams?

No. In all seriousness, humour is important in medicine. There is ample evidence that it can improve patient satisfaction, increase compliance with treatment recommendations,1 and reduce malpractice claims.2 It even reduces patient anxiety and has comparable analgesic effects to some pharmaceuticals!3 It is powerful stuff and has plenty of implications for veterinary medicine.

Well, sure, you can easily recognize the value of humour in tense situations, but that does not mean it is as easy as tossing a rubber chicken into the exam room

before you roll in. Paradoxically, if you take this seriously, you need to go deep into cognitive neuroscience to understand it. That's good, because you are a science nerd, right?

I believe humour is one of the most underused, effective, physiologically and socially beneficial clinical communication tools on the planet. It is fast, powerful, and the only adverse effect is milk coming out of the nostrils.

However, doing it well does require some finesse. The point here is you are trying to make someone else laugh, not just amuse yourself, and that simple goal, while incredibly helpful in a team-based communication setting, can also be maddeningly elusive.

According to the latest psychological research,4 to wield the weapon-er ... tool well, you need an understanding of just two things about a person: how seriously they are taking something, and whether it aligns with their goals (i.e., "motive-consistency").

By Greg Bishop, DVM

Al-generated image via ChatGPT with DALL-E

#### In practice

If you want to humour your clients, here are a few tips:

- Read the room. Are they tense? Distracted? Vulnerable? This data informs you about their possible motives. For the current topic of conversation, gauge their seriousness. How consequential does it feel to them? And what psychological values are at play? What are their motives? Empathy, responsibility, identity?
- Start low stakes. Self-deprecating, observational, or absurd humour tends to be safer. A bad "meow" based pun is a perfectly commendable first effort to test the waters.
- Watch the response. Laughter, smiles, and body language-these are your feedback

Awkward stares are a good indicator to switch strategies away from humour (at least

If it works, great. If not, do not panic. Humour is not about being a comedian. It is about signaling safety, connection, and shared understanding, and like anything else in medicine, it takes practice.

Sure-it is a lot to think about during a conversation about Roscoe's fourth anal gland abscess, but you know what, you are already thinking about a million other things during that conversation, so why not make it fun? You memorized the freaking Krebs cycle-you can do this. 📽

#### Two things about people

Of course, the human brain is the most complex computing machine that has ever existed in the universe. However, on the other hand, simplify it down to two variables and you will be extracting guffaws from clients in no time.

To recklessly oversimplify human thought, think of humour as only being possible on these two axes. The tricky part is an accurate reading of the person's position at any given time—every object, situation, conversation, thought, person, or animal is going to get rated on the seriousness axis and the motiveconsistency axis, and it's going to mostly happen at a subconscious level, and be constantly changing.

However, if you can figure these two things out for any given person, you have a high probability of making them laugh:

- 1) Seriousness. Just how it sounds. Literally just how consequential something is to someone.
- 2) Motive consistency. Does this person/object/feeling/ situation "align" with the person's own goals, values, desires, or urges.

Here's the magic formula for humour: for any given thing, push the needle away from serious while staying motive-consistent. Another way to put it is to make a "playful turn" (i.e., non-serious), but make sure it scratches the person's itch (i.e., it's something they actually want).

#### Bring it to the exam room

An example: A client comes in with an older dog, Bella, concerned about some cloudiness in the dogs's eyes. They are taking the situation seriously, however, in your exam, you identify the cause as lenticular sclerosis (*i.e.*, "no big deal"). There is potential for laughter here, but first, you need to explain that Bella's vision and comfort—her quality of life—are in no way under threat. That reassures the client it is not a serious problem and opens up the possibility for laughter.

Here is one I use: "This doesn't really affect her significantly, and dogs don't rely on vision nearly as much as we do. I just wouldn't let her drive home at night."

I'm not saying I'm Chris Rock or anything, but that joke probably works 80 percent of the time. Because I have created safety around this just-untilnow serious issue (the change in appearance of the dog's eyes), I can use a playful turn to lighten the mood. It stays motive-consistent because the client knows Bella is not being harmed, and I'm a (reasonably) competent veterinary professional.

While nobody comes to their veterinarian for laughs, we all know our clients are not perfectly calibrated on which issues to take seriously. Sometimes, the mental weight of a situation (its importance, solemnity, consequence, etc.) can be crippling for people, and we have both the knowledge and responsibility to guide people through the challenges.

It is our job to know and signal to our clients what we should be worrying about and what we should not. If that skin "tumour" turns out to be just a nipple, there is an opportunity there for levity. In other words, we can use our secret veterinary knowledge about what is versus what is not serious to bring our clients away from misperceived threats.

#### Do you get it?

It is great to have nipples instead of tumours, but your clients will not laugh unless you can prove to them you are on their side. Calling them an idiot for wasting your time is going to violate trust, a crucial component of making someone genuinely laugh. They need to feel like you are on their side, part of the new model of relationship-centred care that is just plain better for everybody (including the pets!).

Veterinary clients usually want good customer service, fair (to unrealistically cheap) prices, painless treatments and procedures, and exuberant praise for their quality as a pet-owner (or at least assuagement of their guilt for mucking things up so badly). Amongst all sorts of other things: reassurance, compassion, information, security, competence, ease and comfort, etc.5

The point is, many motives can be going on at once, and each new thing is going to be rated as either consistent or inconsistent with any number of these motives. It seems like a lot but remember two things about this: 1) this is all happening subconsciously in the greatest computing machine that has ever existed, and 2) it is probably not any more complicated than the Krebs cycle, which you memorized at some point in your existence, so you can do this.

#### A surgical tool

Used well, humour removes anxiety faster than a 45-minute lecture on biochemistry. It does not replace empathy—it delivers it. With speed and efficiency. That is why I think of humour as a scalpel. Not a hemostat. Not a retractor. A scalpel. Like any surgical tool, it should be sterilized with

self-awareness, sharpened by observation, and handled with care.

But like any tool, it can wound if mishandled. If your joke violates any of your client's motives, it will not be funny—it will feel cruel. That is why jokes about suffering, grief, or telling someone they actually own a Chihuahua and not a purebred Japanese Chin only land when seriousness is dialed way down, and the client feels secure with your intentions.

This is where humour becomes clinical communication, not just entertainment (Read: "In Practice").

#### Final thought

At the end of the day, pet owners do not just want solutions. They want to be seen. Humour—when done right—does both. It says, "I see the situation clearly, I know what's a real threat and what's not, and we're gonna handle it together."

Our clients are anxious about money, their pet's pain, and what the surgery means for their lifestyle, their kid's attachment, or their marriage. They may not say that out loud, but it is humming in the background of every word they speak. We can use humour to strip away some of their less helpful anxieties (assuming we have established trust and competence and all that).

So, try viewing conversations with clients as opportunities for laughter. Identify the serious and gently guide them away from false alarms while staying in line with their motives. Be thoughtful and spontaneous, and let the playful turns take care of the rest. A successful joke says, "I'm with you."

I love working with those clients the most: the ones who come in scared, leave feeling seen, and, somewhere in between, laugh with me. Like a scalpel, the right joke—handled with skill—can cut away fear and expose the trust beneath. \*

Greg Bishop, DVM, is a small animal veterinarian and a part-time veterinary technology instructor in Portland, Ore. The author's opinions do not necessarily reflect those of Veterinary Practice News Canada.

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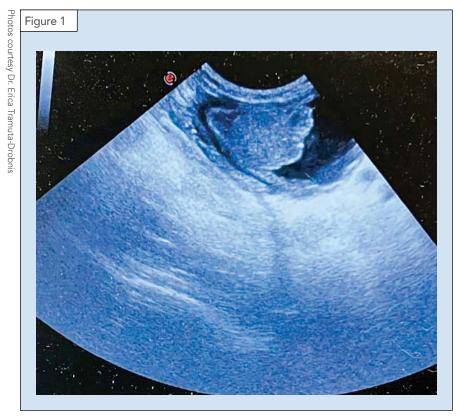
Try viewing conversations with clients as opportunities for laughter.

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## Using ultrasound in the ER setting



aFAST identifies a bladder mass in a 15-year-old schnauzer.



An eight-year-old F/S domestic shorthair underwent aFAST and was identified to have free gas.

By Erica Tramuta-Drobnis, VMD, MPH, CPH

ine-tuning your skills with point-of-care ultrasound (POCUS) provides emergency clinicians (as well as those in general practice treating emergencies and everyday patients) with a valuable skill set.

The abdominal POCUS or aFAST3 scan (focused assessment for sonography trauma, triaging, and tracking and will be referred to hereafter as aFAST) initially arose in veterinary medical trauma assessment to identify free fluid in the abdomen. However, it has developed into much more. Additional benefits to performing this rapid assessment (two minutes or less) include identifying ruptured bladders, abdominal masses, splenomegaly, pyometra, bladder stones, pancreatitis, and, with proficiency and experience, gallbladder disease (e.g. mucoceles), and anaphylaxis. The sky's the limit.

While I will not bore you with how the human POCUS was adapted to veterinary medicine, Gregory R. Lisciandro<sup>1-4</sup> revolutionized the diagnostic ability veterinarians have when evaluating patients with trauma and then helped guide the transformation of the use of ultrasound in assessing patients in the emergency setting to become much more. Vet Blue, aFAST,<sup>3</sup> tFAST,<sup>3</sup> and continued updates provide veterinarians with key skills to systematically, consistently, and confidently identify and diagnose patients, permitting prompt treatment and prognosis assistance.

#### How to perform an aFAST scan

A skill worth learning, POCUS evaluations can be utilized in general practice and the emergency setting. Regardless of our place of work, we all see emergencies. However, they are not used only when things are dire. For the cat with polyuria (PU)/ polydipsia (PD) and chronic intermittent vomiting, or the lethargic dog the owner claims is just "old," performing an aFAST may glean valuable information. It may lead you to recommend a complete abdominal ultrasound by a specialist or guide additional inhouse diagnostics.

However, the key to gaining valuable information from these scans is knowing when and how to use them, confidently relaying information to owners, and not undervaluing or undermining your abilities and findings.

#### Clinical indications for use

When should we use aFAST scanning to evaluate a patient who presents to our clinic? Indications may include:<sup>3,5</sup>

- All patients that are ADR, or when an owner knows the pet is off but cannot pinpoint the primary issue
- Any blunt force trauma
- All cases with suspected peritonitis
- Any patient with a history of collapse (acute single episode or episodic)
- Patients with a history of changes in mental status

- Post-op patients presenting with evidence of bleeding or concerns for blood loss
- Post-op patients with a risk of peritoneal effusions/peritonitis
- Anemic patients
- When you have any concerns about free fluid
- To assess for bladder stones

#### The four acoustic windows

When scanning, ensure proper contact between the transducer and the patient. While it is uncommon to shave for aFAST scans, we want to part the fur as best as possible and use sufficient alcohol or ultrasound gel to ensure appropriate contact and minimize artifacts.5

Develop a systematic plan prior to scanning and find what works for you. The four acoustic windows we utilize in the aFAST scan are:3,6

- 1) Diaphragmatic-hepatic (DH) perspective (immediately caudal to the animal's xiphoid). Initial assessment:
  - Examine for fluid accumulation between the diaphragm and the liver lobes.
  - This view will provide the only means to assess for fluid in the lungs or surrounding the pericardium from the abdomen.
  - This view is the most effective at detecting free fluid while a patient is in the right lateral position.5
- 2) Spleno-renal (SR) perspective (left gravitydependent). This is situated over the patient's left flank. The left kidney and spleen can be identified here.
- 3) Cysto-colic (CC) view (cranial to the bladder). This view reveals the uterus (if unspayed), colon, and bladder.
- 4) Hepato-renal (HR) view (right gravity-dependent). This examination assesses for fluid accumulation between the intestines and the abdominal wall.
  - The right kidney and the liver are visible here.
  - Executed below the navel, it represents the most gravity-dependent region laterally.<sup>3</sup>

If your goal is simply a "fluid check," free fluid is most frequently observed in the DH and CC views.3

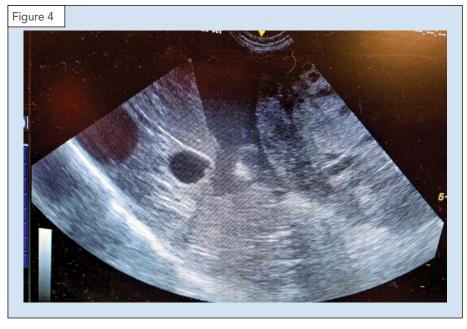
#### Abdominal fluid score (AFS)

Though only validated in dogs with blunt force trauma, the abdominal fluid score (AFS) quantifies the peritoneal fluid seen. This can help us judge the severity of the trauma. Further, we can serially track and monitor the risk of anemia development in dogs. This can help guide our need for blood products or a surgeon's intervention.<sup>5</sup>

An AFS of zero means no fluid found, while an AFS of four notes fluid is found at all four acoustic windows. In trauma, a 2004 prospective study in 100 dogs with blunt force trauma, an evaluation for the presence of fluid using an aFAST scan showed 100 per cent specificity and 90 per cent sensitivity.<sup>5,7</sup> Note this score is not based on the volume of fluid present in each quadrant; it is simply that fluid is in each location.



A 12-year-old M/N mixed breed presented for acute collapse, hemoabdomen with significant ascites.



Peritoneal effusion, abnormal spleen and liver, confirmed hemoabdomen.

#### Clinical examples

Nothing speaks louder than images that help demonstrate things we may be able to identify on scans performed in under five to 10 minutes. Findings on aFAST scans provide owners with valuable information.

- 1) Figure 1. A 15-year-old M/N schnauzer with a four-month history of urinary accidents and dribbling urine presented with hematuria and an inability to urinate. This image clearly shows a large bladder mass, accounting for clinical signs.
- 2) Figure 2. An eight-year-old F/S domestic shorthair presented for vague GI signs of 48 hours, with a decreasing appetite, and then abruptly stopped eating with only one episode of vomiting. I was unsure if what I saw on my initial FAST scan (free gas in the belly) was an artifact or real until the radiographs suggested free gas near

the diaphragm on the ventral dorsal view. The radiologist performed a full ultrasound and confirmed the presence of free gas in the abdomen. Despite no fever, she had a perforated intestine with no apparent mass identified.

- 3) Figure 3. This is an example of a classic hemoabdomen presentation. A large to giant breed dog collapses. It was fine the day prior and then acutely weak, lethargic, and ghostly white. This demonstrates the presence of a large volume of peritoneal fluid that, when aspirated, was consistent with a hemoabdomen.
- 4) Figure 4. An example of significant peritoneal fluid showing an abnormal liver and spleen (or just a mass that used to be the spleen). This patient has a similar presentation to the patient in Figure 3.

Figure 2 shows that while we can be diagnostic in many cases, we always need to consider/recommend evaluation by a specialist (radiologist, internist, or criticalist especially trained for complete ultrasounds) as there are limitations to what aFAST scans can identify and will vary depending on the individual's training and equipment available.

#### **Limitations and pitfalls**

The validity and accuracy of diagnostics, such as ultrasound, rely closely on the skill of the ultrasonographer and the equipment at hand. Though blaming a tool for poor results is not ideal, lowquality images, improperly cared-for equipment, and other factors can impact diagnostic success. Equipment aside, we can still appreciate that they are not without pitfalls, including: 3,5,6

- Overinterpretation or misinterpretation.
- A failure to apply the right amount of pressure. If you do not use the transducer with just the right finesse, you could displace fluid, falsely thinking there is no fluid when there is.
- Failing to smooth out the fur can create an artifactual air pocket that causes images to be distorted or incorrect or hinders diagnostic evaluation.
- Difficulties because of an inability to discern high cellular exudates from fat.
- When rushed or if performing an incomplete exam, we may fail to scan an entire area after finding fluid. If we had not been careful and had not evaluated the structures around the fluid and contextualized the location, we could have falsely identified free fluid contained in an organ. You may have scanned a full gallbladder, uterus, colon, intestinal loop, blood vessel, or bladder, and the fluid you saw was a normal finding. Additionally, you could do the same with gas. Thus, always confirm where you are seeing an abnormality.

Further limitations arise because of numerous factors. An aFAST scan ultimately depends on the sonographer's skill, the quality of the equipment, and its upkeep. Remember, we usually perform these on patients experiencing high stress. Further, while we can note the presence or absence of fluid, we still must perform an abdominocentesis to obtain a sample and determine the type of fluid present.

In dehydrated or hypotensive patients, fluid may not be present until a patient is rehydrated; thus, the initial evaluation may miss fluid. This is why serial evaluation (tracking) is paramount, improving the diagnostic sensitivity with time.<sup>3,5,6</sup>

#### Client education

When talking with clients about these types of scans, it is essential to clarify they represent but a minor aspect of the entire picture. Ensure they understand advanced imaging by a specialist may be warranted to confirm or refute findings and determine additional abnormalities and finer details.

Show pictures as they emphasize and convey meaning to your findings. Simply telling clients there was fluid or a huge mass on the bladder can be hard to wrap their heads around. However, providing images helps them visualize what is wrong and can help provide peace of mind. If you have a fluid sample from centesis, showing the client the sample may further emphasize severity, demonstrate a problem, and help owners come to terms with a diagnosis or prognosis.

Being able to show your client a picture, as in Figures 1-4, show your pet parents a syringe of frank blood aspirated from the abdomen, and explain your findings relative to the patient's clinical signs with confidence helps to support the clients. Further, it helps guide treatment decisions jointly between you and the pet parents.

Ensuring you are confident and comfortable with assessing patients not just affected by trauma but any patient that presents to your clinic with a medical condition, collapse, or other abnormality provides your clients with a sensitive and specific, fast means to rule in and rule out several conditions. While it may not provide all the answers, findings on an abdominal POCUS can help guide additional diagnostics and treatment options and provide your clients with information to make informed decisions about the next steps for their pets. Numerous resources and courses are out there to help practitioners hone their skills. Take advantage of these opportunities and up your game. If you are not using this technique, or if you are, simply improving your skill set, as practice remains paramount to success. \*

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By Boaz Man, DVM Photos courtesy Dr. Boaz Man

> Dr. Boaz Man with one of his patients.

rachycephalic dogs, those with short noses and flat faces, have become increasingly popular in recent years. After winning Best in Show at the National Dog Show in 2022,1 the French bulldog went on to top the American Kennel Club's most popular breeds list for the past two years, ending the Labrador retriever's 31-year run.<sup>2</sup> This year's National Dog Show winner was another brachycephalic dog, Vito the pug.3 These breeds are as intelligent as they are adorable. Unfortunately, many suffer from serious health issues, including brachycephalic obstructive airway syndrome (BOAS).

#### **BOAS** features and failures

BOAS is a lifelong, chronic, and obstructive airway disease that adversely affects the quality of life for many brachycephalic dogs, such as French bulldogs, English bulldogs, pugs, Shih Tzus, and Boston terriers; it can affect any dog breed with a shorter nose.4

The word "brachycephaly" is derived from the ancient Greek words "brakhu" (short) and "cephalos" (head), meaning "a foreshortened skull." These facial attributes contribute to BOAS, which is characterized by an elongated soft palate, stenotic nares, a hypoplastic trachea, aberrant turbinates, and everted laryngeal saccules. Their short snouts, skulls, and flatter faces make it difficult for these animals to breathe normally compared to other dogs with longer noses and more open airways. Over time, the increased negative airway pressure created by these features results in secondary changes and complications. The majority of these dogs experience loud, heavy breathing, panting, snoring,

wheezing, grunting, and choking—signs of an upper airway obstruction. Often, these dogs keep their mouths open to breathe. Some even sleep with a toy in their mouth to increase airflow, as they suffer from sleep apnea.

Contrary to popular belief, this is not normal for these breeds. Over time, extreme breeding has led to extreme shortening of the nose. More than a quirky, comic feature, these anatomical challenges cause pets suffering from BOAS discomfort and disabilities. In addition, these pets are at higher risk for life-threatening conditions, such as heatstroke, aspiration pneumonia, and laryngeal collapse.

Pet health insurer Nationwide found the following increased risk of BOAS-related diseases by breed:

- •French bulldogs—14 times higher
- •English bulldogs—12 times higher
- •Pugs—10 times higher

Since the vast majority of pets are underinsured and their treatments are not included in these figures, the risks are likely even higher.6

For far too long, the BOAS procedure has been overlooked by veterinarians and pet owners. From 2004 to 2014, there were only 30 BOAS case studies conducted. Over the past 10 years, however, nearly 200 clinical studies have been focused on this disease and its impact on brachycephalic pets, according to PubMed and the National Library of Medicine.7 Thankfully, BOAS is gaining national attention and medical techniques are advancing, enabling veterinarians to better help suffering pets.

Historically, BOAS has been treated through more invasive surgical procedures. New and improved laser surgery technology is an optimal tool for soft tissue surgeries and has emerged as a less invasive alternative for treating BOAS that can be performed in a general veterinary practice. Laser technology has many other applications, typically used to remove lumps and perform spays and neuters. When used for BOAS surgery, laser technology has been found to be highly effective at reducing bleeding and swelling, speeding up recovery for pet patients, and reducing postoperative complications.8

#### Brachycephalic risk (BRisk) assessment

When a pet suffering from BOAS comes into my clinic, our first step is to conduct a screening procedure called the Brachycephalic Risk (BRisk) score. This grading system is used to predict the risk of complications in dogs undergoing surgery for BOAS. The six factors that determine the score are breed, body condition, airway status, history of previous surgery, concurrent procedures, and rectal temperature. The higher the

score, the higher the risk of complications. In the case of elevated risk, it may be appropriate to refer them to a clinic that can provide 24-hour care and post-operative oxygen, if needed. For most pets, this procedure is safely and comfortably performed in a general practice.

Before proceeding with surgery, a thorough screening is conducted to better understand the pet's specific symptoms and conditions. Many brachycephalic pets have bradycardia and an atrioventricular block, which requires preanesthetic atropine. Radiographs help us confirm elongation and thickening of the soft palate and evaluate the animals for other concerns such as tracheal collapse, pulmonary abnormalities, cardiovascular disease, pharyngeal/esophageal abnormalities, and hiatal hernias. The knowledge obtained from these screenings allows us to plan appropriately for these patients.

It is also necessary to discuss the benefits and potential risks of the procedure with pet parents. While the surgery often alleviates long-term health concerns, some pets will already have some degree of laryngeal collapse, which can obstruct the airway and create respiratory distress or even result in death if not addressed in an appropriate and timely manner. Depending on the severity of the dog's condition, other complications can include vomiting, aspiration pneumonia, mucoid regurgitation, nasal discharge, or the need to bypass the upper airway with a tracheostomy or tracheotomy.

#### **Surgical preparation**

Once the decision is made to proceed with laser BOAS surgery, we take steps to prepare the pet for surgery. First, we conduct a physical exam to assess the severity of the disease and evaluate the need versus potential risks of anesthesia. Because these breeds tend to have lower heart rates, we always perform a preanesthetic electrocardiogram and appropriate cardiac tests when necessary. We also take preanesthetic X-rays of the pet's throat and chest, analyzing the upper and lower airways and the soft palate. This allows us to evaluate the size of the trachea and the possibility of tracheal collapse.

These dogs also often suffer from aerodigestive disorders, which means they regurgitate because of the pressure put on their airway. Due to their high risk for regurgitation, we administer several medications about a week before the procedure. This decreases the risk of complications and improves recovery outcomes.

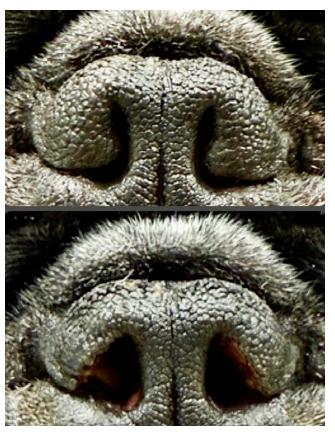
#### Surgical procedure

The surgery itself involves widening the entrance to each nostril, removing excessive tissue within each nostril, and removing the excessive tissue of the elongated soft palate to improve the upper airway airflow and their ability to breathe. This procedure is performed without the need for sutures and drastically improves oxygenation.

With traditional, non-laser surgery, we worry about bleeding and trauma to the soft tissues in the throat. If the dog coughs or something gets stuck, it can lead to dehiscence and bleeding into the airway, which becomes life-threatening. However, when the surgery is performed with laser technology, the blood vessels, nerve endings, and lymphatics are sealed, reducing the chances of bleeding, pain, and swelling. Using laser allows for faster



A French bulldog puppy pre-operation with obstructed nostrils.



Example photo of a Frenchie's nose obstruction pre-surgery (top) and post-surgery (bottom).

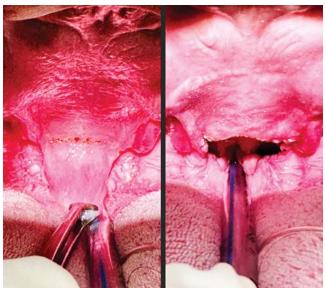
cutting, shorter anesthesia time, reduced tissue trauma, minimized pain, and a quicker recovery.

The laser is so precise that it can selectively remove only a few tissue cells at a time. Yet, the technique is powerful enough to de-bulk entire tumors. It can make unique bloodless laser incisions and "erase" unhealthy tissue without excessive blood loss unavoidable in conventional scalpel surgery.

During surgery, the alar fold, which is a tissue fold within the nostrils, is large and impedes the dog's



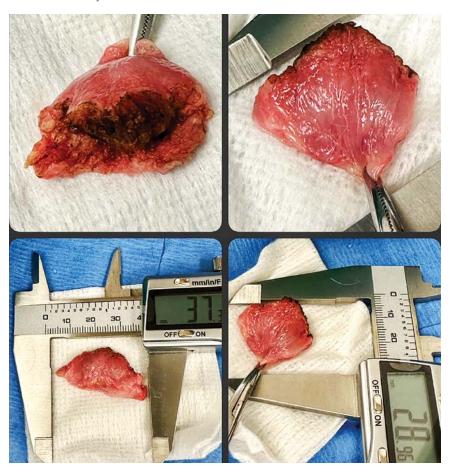
A patient's soft palate with an obstructed airway.



Example photos of a soft palate before and after laser excision.



Patient under anesthesia during surgery with alar fold.



Examples of laser extractions of tissue from a patients' soft palate.



ability to breathe. Similar to a partially closed door, the alar fold can restrict air flow when the dog tries to inhale and exhale. To ensure the surgery has been performed successfully, we insert cotton buds in the patient's nostrils after surgery. Typically, before a patient undergoes surgery, one cotton bud cannot even fit within the dog's nostrils. After surgery we are able to insert three to four cotton buds in each nostril at a time.

#### **Post-operation**

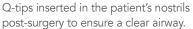
In most cases, minimally invasive laser BOAS surgery is an outpatient procedure, which makes it possible for the pet patient to be discharged on the same day as the surgery. We have learned it is important to involve the pet parents in the postoperative recovery period. We dedicate an exam room for the pet parents to help facilitate an appropriate postoperative recovery. Limiting activity and stress is important to reduce chances of inflammation and difficulty breathing.

A potential post-operative concern we monitor for is reflux or regurgitation, which can lead to aspiration pneumonia. This is treatable but requires 24-hour care that must be provided at an emergency hospital. In most cases, the pet is able to go home the same day, with a threeweek follow-up appointment to ensure proper healing and confirm the goals of the procedure have been met.

Being proactive is essential. The longer the pet has been suffering with BOAS, the greater the risk of longterm health issues. This surgery can make a world of difference in the lives of these pets. For example, Broly, a former BOAS patient of mine, was brought into my clinic for a consultation, showing severe signs of overheating. We had to place numerous ice packs on his back to help regulate his body temperature and improve his breathing with sedatives and anxiolytics, despite being in a room with air conditioning.

These types of dogs commonly overheat, especially when left in a car or exercising in hot weather, as they have an underlying health disability that impacts their ability to thermoregulate. After we performed the BOAS surgery on Broly, his whole life was altered for the





better. Broly now has the ability to run around and play outside in hot weather conditions.

#### **Building awareness**

Interest in this minimally invasive surgical procedure has skyrocketed in recent years, as brachycephalic dogs have become the most popular pets, and awareness of BOAS has grown. An increase in extreme breeding has created a situation that causes these animals to suffer needlessly, prompting some to suggest that certain breeds should be banned. As veterinarians, we have an obligation to help pets who suffer from BOAS live better lives.

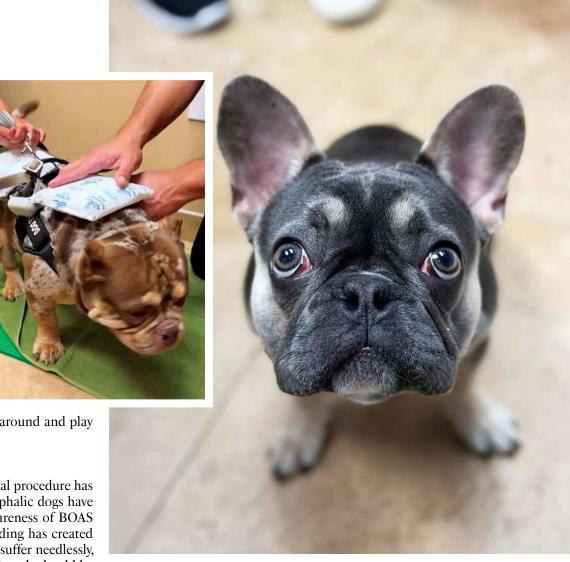
The education and training I received at Ross University School of Veterinary Medicine (RUSVM) not only helped me be the best veterinarian I can possibly be, but it has instilled in me a mission to educate and inspire other veterinarians, pet owners, and the public about the veterinary field.

Even though I was originally fearful of treating patients with BOAS in a general practice setting, I have made it my goal to educate veterinarians—through educational videos accessible on social media—on how this surgery can be easily and effectively performed and its many benefits.

As a visual learner myself, I understand the importance of showing versus telling, and social media makes this possible. I hope that our videos, content, and tutorials can help other veterinarians become proficient at this life-saving surgery.

This is an animal welfare issue we must tackle together. There is nothing more rewarding than providing instant relief to an animal that has been struggling to breathe for far too long. I always encourage fellow veterinarians to adapt and learn more about how laser surgery can vastly improve the quality of life for pets suffering from BOAS, provide peace of mind to pet parents, and deliver the best medical treatment to the pets in our care.

Boaz Man, DVM, is owner and medical director of Boca Midtowne Animal Hospital, which reports being the only Fear Free certified practice in Boca Raton, Fla., and is also accredited by the American Animal Hospital Association. Dr. Man is a graduate of Ross



University School of Veterinary Medicine, an Adtalem Global Education institution.

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Above left: Photo of Broly, a micro bully dog breed overheating and requiring ice packs to regulate its over-heating body temperature. Aboe: Patient seven weeks post-operation.



By Kim Campbell Thornton

spider. It had to be a gigantic spider. Veterinarian Scott Bainbridge, DVM, was in Canberra, Australia, volunteering at Possumwood Wildlife Veterinary Hospital. With dogs and cats as his usual patients at his practice in Toronto, Dr. Bainbridge was wideeyed at treating patients such as an echidna—an animal he described as a porcupine crossed with a bird that lays eggs. On the last day, Possumwood superintendent veterinarian Audrey Shen, BVSc (Hons), walked up to him holding a syringe and said, "I need your help." Dr. Shen pointed to a large male kangaroo and said, "We need to sedate him and bring him into the hospital for an X-ray. Just casually walk up beside him and stick him with the syringe."

Trying not to focus on the fact the kangaroo was taller than he, Bainbridge did so, and then they stood around waiting for the sedation to kick in. As the kangaroo finally began to stumble, Shen grabbed its tail and hind legs, lowered it to the ground, and directed Bainbridge to cover the head so the kangaroo would remain calm. As he did, Bainbridge realized he was looking down on the biggest spider he had ever seen—a huntsman—on the kangaroo's face. The Australian arachnid is not venomous, but its size terrifies most people, including veterinarians.

"I turned to Audrey and said, 'This is the most Australian thing that's ever happened to me."

#### A passion project

Bainbridge and Shen, who met in Sydney, Australia in 2019, when they were volunteering at a camp for kids interested in becoming veterinarians, are the founders of International Veterinary Volunteer Opportunities (IVVO), an organization that brings together veterinarians from around the world who want to give back to animal communities globally, learn new skills, make new friends, and have some adventures—even when those may involve gigantic spiders.

The two veterinarians had sold their practices, and each was volunteering in different ways: Shen with the wildlife hospital and Australia's 2020 bushfires, and Bainbridge in coastal Ecuador, running a spay/neuter clinic for local dogs and cats. When their paths crossed again in 2023, they decided to combine their passions for animals and travel to create IVVO.

"I was already bringing teams down and educating them on wildlife," says Shen. "...and Scott was bringing teams down for the desex program, and we could see the joy volunteering brought."

They created a website within two months of their meeting and planned their first trip within three months. Over the next 18 months, veterinary professionals will have opportunities to volunteer in Ecuador, the Galapagos Islands (part of Ecuador), the Republic of the Congo at Tchimpounga Chimpanzee Rehabilitation Centre (the largest chimpanzee sanctuary in Africa) in partnership with the Jane Goodall Institute of Canada, and Australia. In the

works is a program in American Samoa, located in the South Pacific between Japan and Australia.

#### An immersive experience

The work is hands-on and can sometimes be challenging for veterinarians and technicians who may never have worked in what can be rough conditions, but fun and discovery are key components.

After performing diagnostics, surgeries, postmortems, or learning new protocols, participants spend downtime discovering local environments, checking out wildlife paths, sharing meals, or doing wine tastings. They may also visit partner organizations, such as sanctuaries that take in dingoes, koalas, platypuses, and kangaroos.

In Australia, volunteers—usually a total of eight to 10—all stay at a large farmhouse, which enhances the opportunities for friendships to develop. In just the three trips they have run so far, Bainbridge and Shen say they have made amazing friendships and built relationships.

"It's just really nice to go away with like-minded people and do things that feel good, and there's learning as well in that," says Shen.

Volunteers come from around the world: North America and Australia, of course, but also Norway, Chile, and other countries. Bainbridge believes part of the attraction is IVVO's "work hard, play hard" focus. The work is hard, but when the day is done, they enjoy each other's company.



"We sit up, open a bottle of wine, share stories, and laugh," says Bainbridge. "It's awesome."

Shen loves to watch people fall in love with her country. "[I hear them] say, 'Look at your clouds, your trees, your sky, your stars.' They're so amazed by our topography and animals."

Veterinarians from Australia, Canada, Ecuador, and Norway are volunteering their efforts at a sterilization campaign in coastal Ecuador.



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IVVO volunteers taking wombats for some exercise at Possumwood.

Even the roadkill is educational, which is frequent in Australia. If wildlife—usually a kangaroo—has been hit by a car, Shen stops, puts her flashers on, pulls on her gloves, and checks the pouch to make sure there's no baby inside. If there is, they bring it back to the clinic to be cared for. "It seems like we're stopping [on the road] every 10 minutes," Bainbridge says.

"But they love that," Shen adds. "They're like, 'We're about to save an animal!"

One volunteer cried when she left Australia and said she's coming back for another go-round as she missed the work so much.

#### Doing the good work

Bainbridge discovered the appeal of this type of lifesaving to his colleagues when he and his wife were living part-time in coastal Ecuador. The population of stray dogs was booming.

"All the dogs had scabies," he says. "Tourists were getting bitten on the beach and there was dog poop throughout the town. It was sad and depressing. We met a few like-minded people, and they asked us to help them do a sterilization program."

Bainbridge brought some of the veterinarians and technicians from his practice to help with the



Dr. Bainbridge reassures a young boy that his dog is recovering well after surgery in Montanita, Ecuador.

program, thinking it would be a bonding opportunity. They loved the experience of working hard and then having five days to hang out at the beach and go horseback riding through the jungle. Since then, Bainbridge has done six more such trips. The volunteer trips not only helped with staff retention no one wanted to miss a chance to go to Ecuador but also with acquiring new employees—not always an easy task in these days of veterinary shortages.

"It was a win-win as a practice owner," he says. "It built culture, which to me is so important. And on the other end of it, you go to that town now, and there are hardly any stray dogs. Even the ones who are strays look great because they're getting flea and tick control. Now there are 30 more towns on the coast that need our help. It has been a very interesting evolution."

Bainbridge hopes corporate groups will consider bringing staff on the trips, which can be customized for them. "It's a really good way to create culture and bond your staff. If one clinic wants to send eight people and make a trip exclusive to their clinic, we're happy to do that."

#### Taking the trip

Prices to attend the programs vary, depending on location and local partnerships. Visiting the Galapagos Islands, for instance, is typically an expensive venture, but volunteers who sign up for the spay/neuter programs can experience a muchdiscounted visit. Decreasing the number of roaming animals that can prey on Galapagos wildlife is important to tourism, a major source of income for Ecuador. The program is expected to take place once or twice a year.





An injured echidna presents to the emergency department at Possumwood Wildlife Veterinary Hospital in Australia.

"People want to spay and neuter their pets," Bainbridge says. "They understand it's the ethical thing to do. They just can't afford it."

On the other hand, the trip to Congo, scheduled for June 2026, is a unique opportunity to spend five days in the Congo at the Tchimpounga compound, observing and working with the Spanish veterinarian who runs it. The cost includes a sizeable donation to the Jane Goodall Institute, but participants will have behind-the-scenes access to the Centre and training in community-centred conservation.

"The price on the Congo trip is significantly more than any of our other trips because they're asking for a big donation, and it's such a unique opportunity, but I have a waiting list for that trip," Bainbridge says.

In American Samoa, described as Hawaii without the tourists, once the trip is confirmed, they expect to move from village to village, setting up mobile animal sterilization hospital (MASH)-style surgeries.

It also helps that veterinary pharmaceutical and other suppliers donate products, from antibiotics to parasiticides to sutures, to the programs.

"Everyone's really supportive," Shen says. "I think everyone wants to give back."

More than the feel-good effect, volunteer programs help make the world a better place and increase understanding. For Bainbridge, sterilization programs, wherever offered, are essential to One Health. They decrease suffering, decrease demand for resources, decrease diseases, and help prevent parasite spread.

Shen appreciates the chance to educate veterinarians and nurses about caring for wildlife.



Possumwood volunteers working on a wallaby with a fractured toe.

"They get to learn about the unique anatomy, which is so different from dogs and cats; get to learn about how to do imaging, how to do surgery, the different medical protocols for them, and how unique they are with everything. And you can see them get excited about learning again," she says.

She also introduces them to the realities of caring for wildlife. Not everyone thinks of kangaroos or cockatoos or bats as something to be cared for or saved. To some, they are just pests, and people may have no compunction about shooting, trapping or killing them in other ways.

"I think it makes the work more rewarding because you are saving something that doesn't have a voice," Shen says. "It's a complicated world. It's not for everybody, but it's a unique experience for the vets. It's really important that they understand the gray area that we work within."

But the best part, they both agree, is the reward of the work itself.

"It's a joy to see," Shen says. 📽

Kim Campbell Thornton has been writing about dogs, cats, wildlife, and marine life since 1985, and is a recipient of multiple awards for her articles and books from the Cat Writers Association, Dog Writers Association of America, and American Society of Journalists and Authors.



Perplexed, I dug a bit deeper. "You're using an 8-oz. measuring cup, like this?" I ask, holding up a measuring cup from one of our nutritional vendors. "Well, no," replied Larry. "I'm using an old Big Gulp cup. Makes a great scoop!" Mystery solved!

This is a true story, and one many can relate to, which should not be shocking. According to the American Animal Hospital Association (AAHA), approximately 59 per cent of dogs and 61 per cent of cats are considered overweight or obese 1 Pet owner awareness of this epidemic has historically been low. A 2024 survey by the Association for Pet Obesity Prevention (APOP) found 33 per cent of cat owners and 35 per cent of dog owners categorized their pet as overweight or obese.2

One contributing cause to this gap in the true body condition of our pet population is the fact that many owners do not know what a healthy body condition looks like. This is supported by a recent global study by Royal Canin, showing more than a quarter of pet owners surveyed indicated that they do not understand what healthy pet weight is.3

Misinformation around this subject may stem from where some pet owners are researching the subject. Royal Canin's global study found that around a fifth of the respondents were turning to social media

for information on pet weight and obesity. This number increases to 55 per cent when considering only Gen Z pet owners. There's some good news, though: veterinary professionals continue to be the most trusted source of information on this subject across all generations.4

Let's discuss some strategies to help bridge the gap in pet owner awareness and make a meaningful dent in the pet obesity epidemic.

#### Communication is key

Communication with pet owners regarding the body condition of their pets is the first step to tackling misinformation. While most veterinarians say they feel comfortable having a conversation about body condition with pet owners, only 19 per cent of cat owners and 27 per cent of dog owners recall receiving a score from their vet.<sup>2</sup> Let's be honest, this is not a comfortable conversation to have with clients, and it is okay to admit that. However, data tells us the apprehension of having body condition conversations with our pet owners is unfounded. Almost 70 per cent of pet owners feel comfortable speaking with vet professionals about their pet's body condition, and the vast majority believe you feel comfortable, too.<sup>2</sup>



It is important that the entire practice staff understands the weight loss protocol for patients and can support the veterinarian's recommendations. Reinforcement of the message is critical to long-term success for the pet owner and patient.

Here are some ways to help communicate with your clients when speaking about body condition:

- 1) Empathy. Being empathetic is the first step to connecting with clients. This is not only true when your patient needs to lose weight, but also when discussing any subject that may be sensitive. Using phrases such as, "I understand how hard it is to not give that hamburger to Diesel" or, "It can understandably feel hard to know how much to feed your cat" gives the owner a sense that you have been in their shoes and know how they feel.
- 2) Be a teacher. Showing them a body condition score chart can help you facilitate the conversation with a client (Figures 1 to 3). Who doesn't like props? Many nutrition companies can provide you with tools to help make conversation a bit easier and fun. Teaching them what it should feel and look like when a pet is in good body condition will guide them as they progress along their pet's weight loss journey. Ask your nutritional vendor representative for any tools they may have to help facilitate those conversations.
- 3) Come bearing facts. Every pet owner wants their pet to live a long and healthy life. Excess weight contributes to a multitude of diseases-diabetes, lower urinary tract disease, and arthritis. All these diseases can lead to increased long-term costs for a pet owner, as well as a decrease in the life expectancy of their pet.

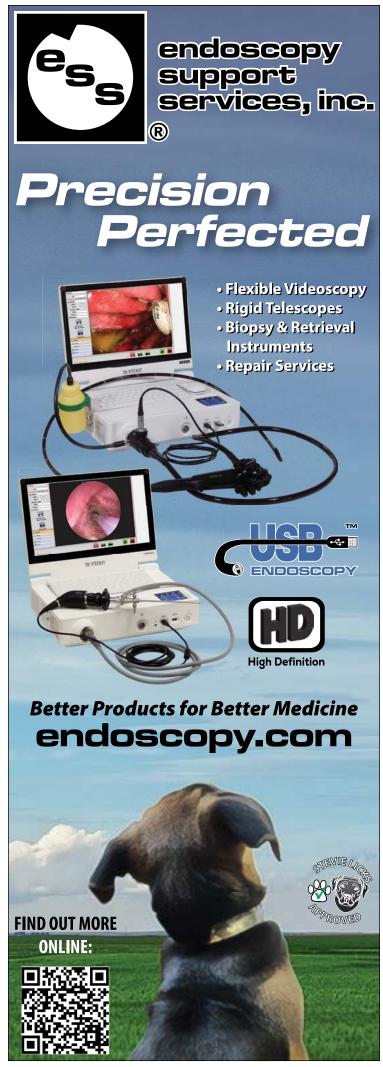
Numerous studies have shown that overweight pets live around 1.8 years less than those that are lean-fed.<sup>5,6</sup> Utilizing this knowledge can help educate pet owners on the importance of their pets maintaining a healthy body condition.

Employing these three tips can help make these conversations easier, more effective, and more meaningful to our pet owners.

#### A team-based approach

These conversations also take time—a commodity we all want more of. Many of us shy away from these conversations not due to their uncomfortable nature, but also from the time investment that accompanies a weight loss regimen. You might take the time to have the conversation around body condition, only to have an owner reject treatment or drop out of the program. A team-based approach to managing the disease could be the way to go.

Many of us realize how woefully underutilized our licensed veterinary technicians are in practice. Nutrition and weight loss are perfect areas for our technicians to oversee in our practices. A



**BCS 4-5** 



### THIN Clearly defined ribs and waist

Ribs easily

Teach your clients about body condition score charts to help them understand the ideal body weight of their pets.



Pet obesity continues to be a growing disease state in our patients and one of the most challenging to manage. From the misinformation that confuses our clients, to a lack of recognition that their pets are overweight, it can feel like an uphill battle.

recent forthcoming white paper shows technicians completing Royal Canin's Pet Nutritional Advisor Program (PNAP) stayed in practice longer and drove nutritional recommendations more than the control practices.7 Empowering our technicians to have these body condition conversations, creating weight loss plans, and following up through phone calls, emails, texts and recheck appointments, can increase practice efficiency and client experience.

It is important that the entire practice staff understands the weight loss protocol for patients and can support the veterinarian's recommendations. Reinforcement of the message is critical to long-term success for the pet owner and patient.

#### **Compliance challenges**

Once you have overcome the misconceptions pet owners have about body condition, had the conversation around pet obesity in the exam room, and put a weight loss plan in place, the real challenge begins with compliance. Why do clients fail to comply with treatment plans? Usually, it is due to the plan being too difficult to understand, requiring a set schedule, like parasiticides, or seeming difficult to administer. In the case of weight loss plans, it is often due to the time it takes to see results, that clients relate food to love, and relent when their pet begs.

Here are some suggestions on how to improve client compliance with weight loss:

1) Create a weight loss plan that is easy and sets expectations. Many food manufacturers have programs that your staff can use to create weight loss plans that tell owners exactly how much to feed daily and the rate of weight loss that can be



# BCS 6-9

## EAL WEIGHT

felt, but not seen; obvious waist

expected. These programs also help save time vs. calculating everything yourself.

2) Use a therapeutic weight loss diet. Many of the therapeutic diets use a range of fibres to help satiate cats and dogs and reduce begging behaviours. A 2016 study looked at a line of weight management diets and found the fibre blend therein significantly reduced begging as perceived by pet owners.8

3) Coaching and competition can also help keep pet owners motivated and compliant. Regular follow-up from the staff and creating a community for peer accountability can be helpful for compliance.

While these tips may help with client compliance, there is no one silver bullet. Get creative and make weight loss fun for both your clients and your staff.

#### Starting early

Pet obesity continues to be a growing disease state in our patients and one of the most challenging to manage. From the misinformation that confuses our clients, to a lack of recognition that their pets are overweight, it can feel like an uphill battle. While these tactics focus on weight loss, an additional place to start is with prevention. Starting the conversation early, especially post-neuter or spay, can help prevent these scenarios. Pet food manufacturers have tools to support conversations in the exam room and figure out the ideal weight loss program for your patient.

As for Diesel's weight loss journey, he managed to lose 15 lbs through intervention and implementation of a weight loss plan. With these strategies, practices can work to create a better world for pets, one conversation at a time.

## **OVERWEIGHT**

Cannot feel ribs; waist absent

Todd East, DVM, began his journey in the veterinary industry as an associate veterinarian after graduating from Michigan State University in 2003. With experience as an associate veterinarian, practice owner, relief vet, and now 15 years at Royal Canin in various positions, Dr. East brings a unique perspective to our industry. Currently, he serves as the director of Veterinary Affairs at Royal Canin and resides in Nashville, Tenn., with his wife, son, daughter, and two dogs.

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lex Folosea earned his Honours Bachelor of Science from the University of Toronto, where he pursued a dual focus in Biology and Zoology, complemented by a minor in Art History. He later completed his Doctor of Veterinary Medicine with honours at the Ontario Veterinary College. His clinical interests include surgical procedures, feline internal health, and dental care.

A proud member of the local community, Folosea lives nearby with his wife and their two young daughters. When he's not in the clinic, he enjoys playing basketball, exploring new destinations, and getting lost in a good book. As a co-owner of Dundas West Animal Hospital, he is deeply committed to supporting both his patients and the exceptional team he works alongside.

Veterinary Practice News Canada caught up with Folosea to discuss the newly opened cat-only hospital, operating a practice in a busy urban environment, and looking to the future with Dundas West Animal Hospital.

#### 1) What inspired you to open a feline-only hospital alongside your main practice?

We saw a real gap in how veterinary care was being delivered to feline patients. We were hearing, from both clients and our staff, that cats weren't getting the

same attention as dogs in busy, mixed-species clinics despite having very different medical and behavioral needs. We knew we could do better, both for our feline patients and for the people who love them.

Opening a cat-only hospital felt like the right next step. It allowed us to create a calm, quiet, thoughtfully designed space that's built entirely around the needs of cats. As a Gold-level Feline-Friendly practice, we follow Fear-Free principles in every interaction—from the exam room setup to the way we handle, medicate, and communicate with both pets and owners. The result is a dramatically improved experience: cats are less stressed, exams are more thorough, and clients feel more confident and supported.

It's also been a game-changer for our team. In fact, our staff love the space so much that cat hospital shifts have become a bit of a hot commodity—there may or may not be some playful bargaining involved at scheduling time. It has been a pleasure to see all of our staff, from receptionists to our veterinarians, embrace the challenge of driving change within our industry and tackle the continuous learning opportunities that arise through the new clinic.

Creating this space has elevated not just our feline care, but our overall culture—bringing even more compassion, curiosity, and pride into what we do every day.

#### 2) How do you maintain a high standard of care while balancing a growing client base and team dynamics in a busy urban setting like Toronto?

Growing in a city like Toronto is both exciting and complex. As our client base expands, we've certainly faced the pressures that come with increased demand—tighter schedules, more complicated caseloads, and the challenge of maintaining personal connections in a fast-moving environment.

But instead of seeing those challenges as obstacles, we see them as opportunities to reinforce our core values.

We've invested heavily in building systems that support efficiency without compromising care. This includes longer appointment times for new patients, a strong triage protocol led by experienced RVTs, and thoughtful use of technology to streamline communication. Our Fear Free and Feline Friendly approach also plays a major role—we're able to work more effectively (and safely) because our patients are calmer, and our clients feel confident and engaged.

We also know that none of this works without a strong, supported team. Growing can test a clinic's internal dynamics, so we've made collaboration, open dialogue, and flexibility key priorities. Key to our culture is a recognition and celebration of all team members contributing every day—regardless of role or title, our collective success is a reflection of individual contributions. Our leadership team is on the floor, in the exam rooms, and part of daily problem-solving—not just making decisions from behind a desk. That connection to the day-to-day keeps us agile and responsive.

At the end of the day, we believe that exceptional care isn't about doing more—it's about doing what matters most, really well. That means prioritizing patient comfort, being transparent with clients, and making sure our team feels heard, valued, and empowered. It's not always easy—but it's how we continue to grow without losing who we are.

#### 3) Since partnering with VetStrategy in 2021, what changes-if any-have you noticed in your practice's day-to-day operations or long-term goals?

Since our partnership, I think the most important thing that resonates with me is that our practice has stayed true to our values.

All medical protocols, surgical decisions, product selection, and hiring remain entirely in the hands of our clinic leadership team—Dr. Alex Folosea, Dr. Debbie Kilburn, and Dr. Kim Buchanan. We are highly engaged in every aspect of operations and continue to make decisions based on what's best for our patients, our team, and our clients.

What the partnership has provided is operational support behind the scenes—things like payroll, HR resources, and technology infrastructure—that has allowed us to spend more time focused on medicine, mentorship, and patient care. It's also given us the opportunity to invest more deeply in things that matter to us: expanding our Fear Free training, advancing feline medicine and client-centred service



that reflects our core values. VetStrategy has also created a stronger connection of resources within the larger veterinary community; we can easily connect with colleagues to work through complicated cases, identify referral options, and ensure our practice continues to be a leader in the city—all of this only strengthens our day-to-day work.

We've been intentional about preserving our culture—and we've succeeded. We are still Dundas West. We still lead with compassion and innovation, with a focus on client connection. And we're as committed as ever to being a hospital where pets feel safe, clients feel heard, and our team feels proud to come to work.

#### 4) What technologies or treatments are you most excited about incorporating into your practice in the near future?

At Dundas West, we're always looking ahead—seeking out tools that help us practice smarter, and more personalized veterinary care. Our goal isn't to chase the latest trend—it's to invest in technologies that genuinely enhance the patient and client experience.

We've already built a strong foundation with a full suite of in-house diagnostics, including bloodwork, urinalysis, radiology, and ultrasound. These tools allow us to make timely, informed decisions for our patients—often in the same visit. These tools are especially important for urgent care, senior pet

"Our goal isn't to chase the latest trend—it's to invest in technologies that genuinely enhance the patient and client experience," says Dr. Alex Folosea

"Throughout all of this change, we cannot lose our personal connection with our clients. At the end of the day, we're excited about technology that supports our core promise: to deliver exceptional care through innovation, empathy, and connection—with each patient, each client, and each other."







management, and tailoring anesthetic and surgical plans to individual needs.

Looking ahead, we're particularly excited about incorporating CT imaging into our diagnostic capabilities. This will allow us to take dentistry, surgery, and internal medicine to the next level giving us a more detailed understanding of complex cases and helping us plan procedures with greater precision and safety.

On the client side, we've embraced digital intake forms to make the check-in process smoother and more efficient, especially for nervous or reactive pets. We're exploring AI tools that can help us take more complete medical histories and enhance our medical notes in the moment; ultimately improving efficiency and, more importantly, client communication. We really think technology will drastically change the way clients interact with clinics and will really empower owners in navigating the clinic support. Throughout all of this change, we cannot lose our personal connection with our clients. At the end of the day, we're excited about technology that supports our core promise: to deliver exceptional care through innovation, empathy, and connection—with each patient, each client, and each other.

#### 5) What qualities do you value most when bringing new team members into your clinic, especially in roles that work directly with both pets and their people?

We're not just looking for people who are great with animals—we're looking for people who believe in the power of team medicine.

At Dundas West, every patient benefits from the strength of our collaborative, multidisciplinary team. Whether you're a veterinarian, technician, client service representative, patient representative, vet assistant, or part of our leadership team, your input matters. We practice true team-based medicine, where communication, trust, and shared responsibility are essential to delivering exceptional care. We want team members who value collective problem-solving and understand that the best outcomes happen when we bring our heads and hearts together.

Equally important are the qualities that shape the client and patient experience. We value individuals who are empathetic and great communicatorspeople who can build trust with clients and help anxious pets feel safe and understood.

We also place high value on continuous learning. Our ideal candidate is someone who stays curious, welcomes feedback, and actively looks for ways to improve—not just their own skills, but the team around them. Whether your passion lies in feline medicine, surgery, client care, or pain management, we'll support you in growing that expertise.

At the end of the day, we want people who care deeply about animals, about people, and about doing their part in a hospital culture built on respect, innovation, and service. If you believe that great medicine is a team sport, you'll thrive here.

~Sarah Bauder

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