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Toronto Zoo's Dr. Justin Rosenberg takes a wild approach to animal care

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September 2026

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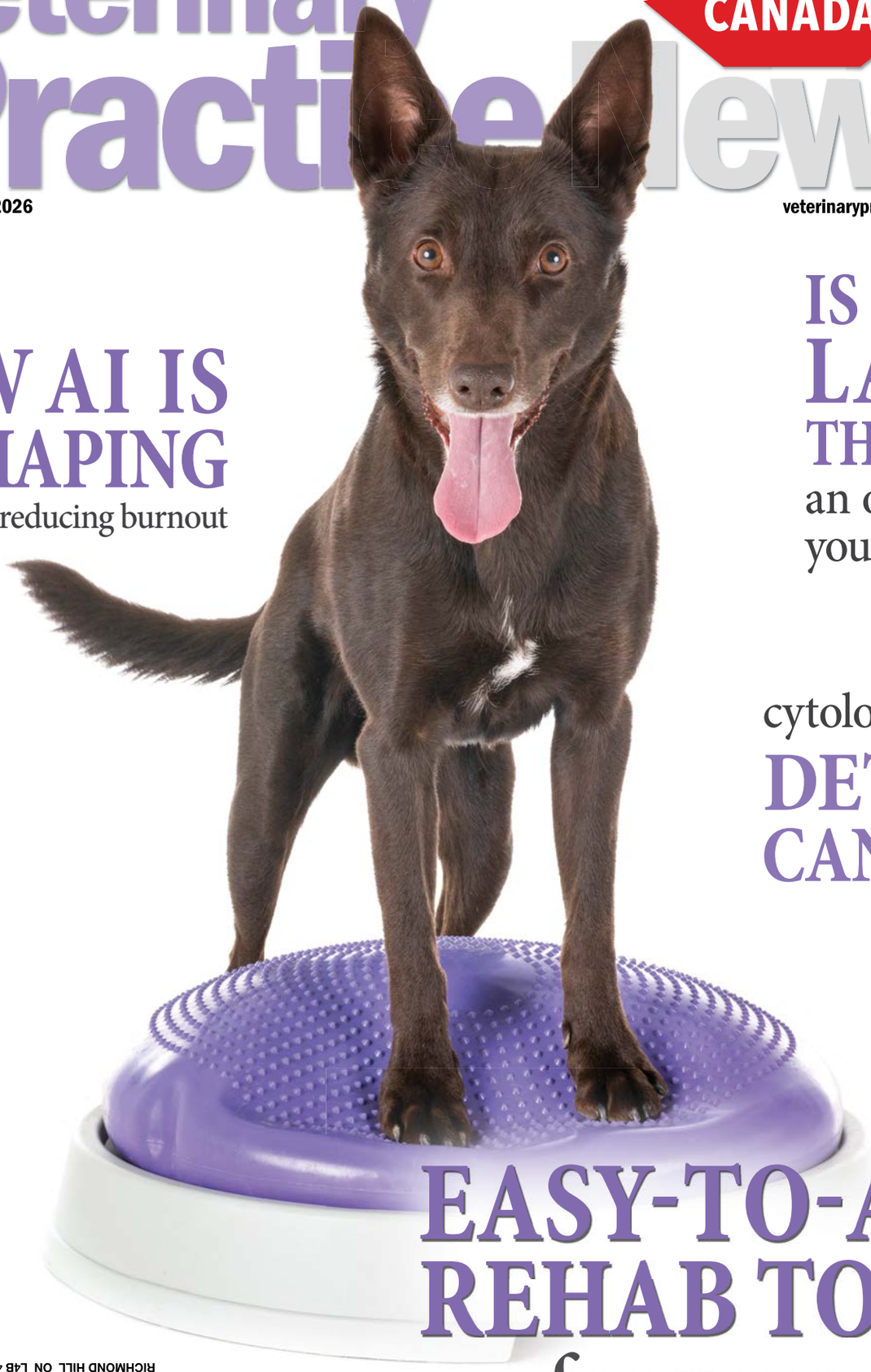

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Seeing wildlife differently

As a scuba diver, there is a certain adrenaline rush that comes with descending beneath the surface—not just from using a self-contained underwater breathing apparatus, but from the anticipation of what you might encounter once you enter another world. A curious fish. A camouflaged octopus. A reef alive with movement; vibrant in colour. Even after countless dives, there is still something exhilarating about seeing marine life in its natural environment.

At first, diving can simply be about the fun of it—the adventure, the challenge, and the stories you bring home (I mean, it is pretty cool!). Over time, though, something changes. The more you see, the more you begin to understand what a privilege it is to have access to wildlife in its own habitat. Keyword: privilege. However, that privilege comes with a bigger purpose: becoming a protector and advocate of the animals and ecosystems that make those experiences possible.

That shift in perspective is one reason this month's interview with Justin Rosenberg, DVM, manager of Wildlife Health Operations at the Toronto Zoo, resonated with me. Their work at Toronto Zoo's Wildlife Health & Science Centre offers a fascinating look at veterinary medicine beyond the traditional clinic setting, where caring for individual animals is inseparable from conservation, research, education, and the health of entire ecosystems.

At the Centre, patients can range from animals weighing only a few grams to heavier ones—and everything in between. The challenges are as diverse as the species themselves. As Dr. Rosenberg explains, treating non-domestic animals often requires veterinarians to "think outside the box," accounting not only for physiology but also natural behaviour and the realities of each species' environment.

What particularly stands out is the broader perspective behind that work. Wildlife are not simply patients. They can serve as sentinels of ecosystem health, offering early warning signs of environmental changes, emerging diseases, and other threats that can ultimately affect people. From pollinators and seed dispersers to scavengers and large mammals, every species plays a role in maintaining biodiversity.

That is the essence of a One Well-being approach: recognizing that the health of animals, people, and the environment are deeply connected. It is also a reminder veterinary professionals have an important role to play—not only in treating disease but in identifying risks, sharing knowledge, educating the public, and advocating for healthier ecosystems.

For those of us who enjoy encountering wildlife, that responsibility can feel especially personal. A diver may be thrilled to see a coral reef, but witnessing coral bleaching changes the experience. Seeing marine life becomes not only an adventure but also a reminder of what is at stake. Rosenberg points to climate change, shifting weather patterns, invasive species, and unsustainable consumption as challenges that require collective action.

Ultimately, protecting wildlife does not always require dramatic gestures. It can begin with the choices we make every day, the products we consume, and the knowledge we share.

Whether you encounter wildlife through a veterinary examination room, a zoo viewing window, or beneath the surface of the ocean, perhaps the greatest privilege is not simply getting to see these animals—but helping ensure they will still be there for others to discover.

Here's to the good work veterinary professionals, animal welfare advocates, and pet owners do!

Therese M. Castillo, *Editor*

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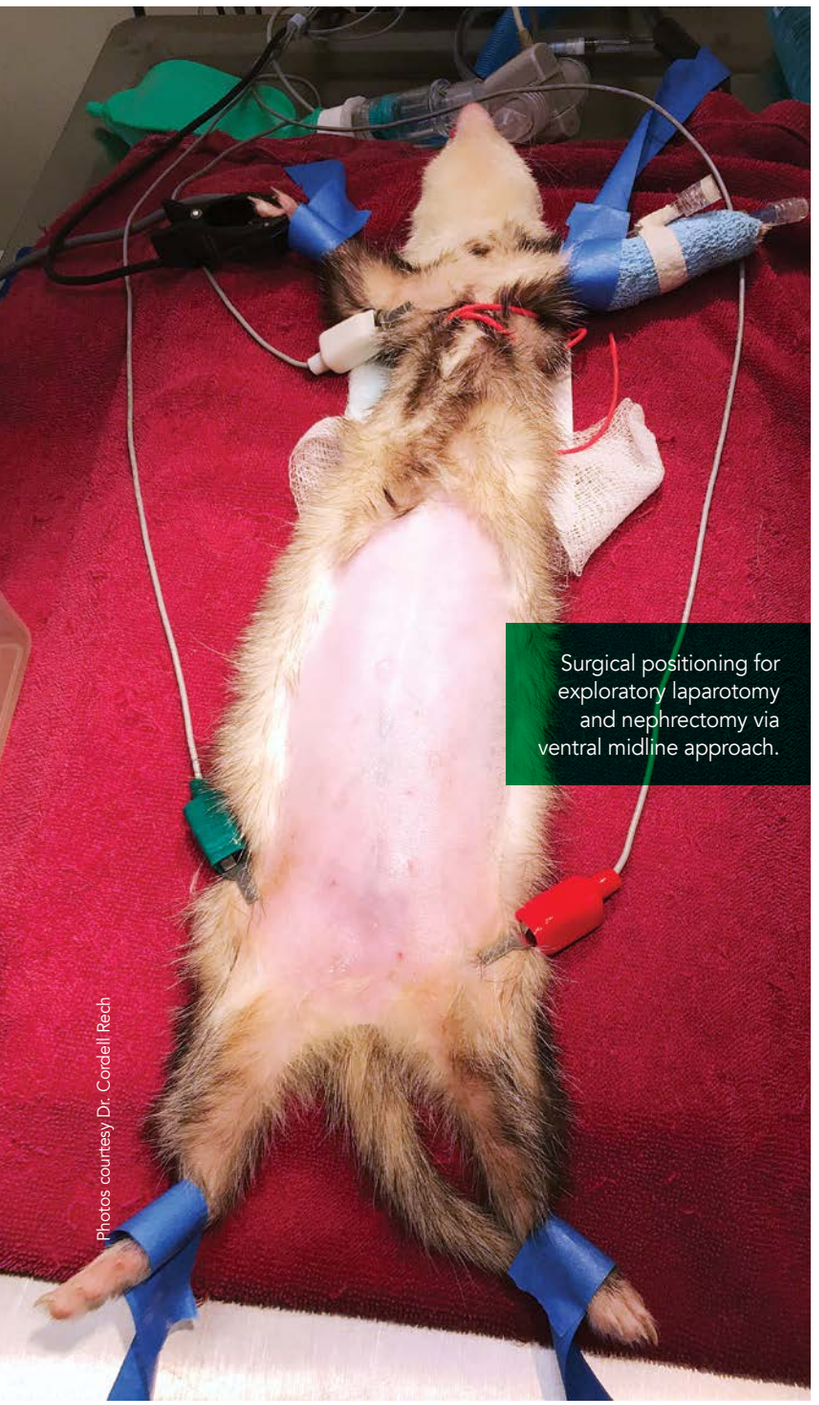
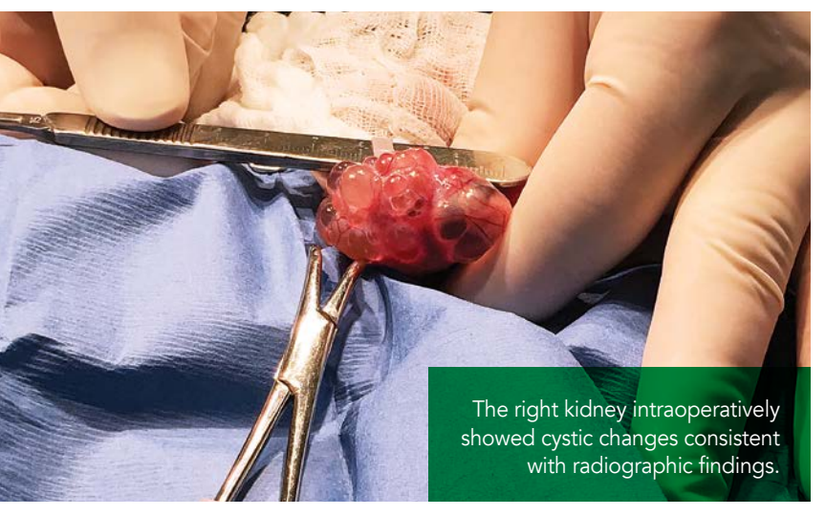
1. Elura Canadian Label **2.** Rhodes et al. (2018). Veterinary Medicine and Science, 4(1), 3-16 **3.** Wofford JA, et al. Journal of Feline Medicine and Surgery 2025 11;1-9 **4.** Elanco CVMP assessment report for Eluracat 2023



Surgical positioning for exploratory laparotomy and nephrectomy via ventral midline approach.

Photos courtesy Dr. Cordell Rech



The right kidney intraoperatively showed cystic changes consistent with radiographic findings.

Case summary: Disseminated idiopathic myofasciitis (DIM) in a ferret

By Cordell Rech, DVM

Olive, an approximately one-year-old spayed female ferret, presented after going missing for several days prior. Since coming home, she had mild intermittent diarrhea, decreased weight, and lethargy. Initial treatment for her gastrointestinal symptoms was started, including subcutaneous Lactated Ringer's solution (30 mL/kg) and oral medications for GI upset. Broad-spectrum antibiotics consisted of enrofloxacin (10 mg/kg PO BID) and amoxicillin and clavulanate potassium drops (12.5 mg/kg PO BID), gastroprotectants in the form of sucralfate (150 mg/kg PO TID), and a recovery diet to be offered due to lean body condition.

Olive returned to the clinic two days later for continued inappetence, diarrhea, and suspected fever. She was depressed but responsive with an elevated temperature (40.1 C), tachycardia (>300 bpm), 7-10 per cent dehydration, and had a palpable abdominal mass in the right cranial abdominal quadrant.

After initial triage and physical examination, a CBC, chemistry panel, and radiographs were performed. Blood work showed a mild leukocytosis (8.3 10^3/mL), elevated hematocrit (59 per cent), low creatinine (0.1 mg/dL) and BUN (9 mg/dL), and elevated cholesterol (365 mg/dL). Full-body radiographs revealed an abnormal contour of the right kidney, generalized dehydration, otherwise normal serosal detail, and no evidence of a foreign body or obstruction.

Hospitalization and surgery

Due to Olive's lack of improvement on outpatient therapy, hospitalization was implemented to manage dehydration, reduce pyrexia, and treat for possible infectious etiologies. She had a 24-gauge intravenous catheter placed in a cephalic vein and was started on IV fluids at 150 ml/kg/day to restore hydration.

Since Olive had already been started on oral medications and there was no history of emesis, the oral medications previously prescribed were continued, and meloxicam (0.3 mg/kg PO BID) was added as an anti-inflammatory. The patient was maintained on overnight fluids and hospitalized, during which her fever dropped to 39.5 C and her demeanor improved marginally, to the point of voluntarily consuming small amounts of a high-calorie recovery canned food.

During continued hospitalization, Olive's improvement plateaued. Since she was not getting any better, and there was a palpable mass effect, abdominal exploratory surgery was recommended to assess the cause of the mass and remove it if indicated. The owners approved this plan, and 48 hours after hospitalization, Olive underwent surgery. She was placed in standard dorsal recumbency and quarter-draped. The abdomen was opened in a standard midline approach, which revealed the right kidney to be diffusely covered in fluid-filled cysts with loss

of normal architecture. No other abnormalities were seen. The right kidney was removed without complication, and hemostasis was managed by hemoclip placement across the renal artery, vein, and ureter.

After sterile lavage of the abdomen, the body wall and skin were closed in three layers using a monofilament absorbable suture. The kidney was submitted for histopathology, and a sterile swab of several ruptured cysts was sent in for culture.

Olive was discharged from the hospital 24 hours postoperatively. She was more active, eating well, and had a normal temperature (38.3 C).

Histopathology results

Histopathology and culture for the kidney returned, showing multifocal renal cysts, moderate chronic pyelonephritis with hydronephrosis, and pyogranulomatous peritonitis without evidence of bacteria or other infectious or neoplastic agents.

After 96 hours, the renal culture returned negative, and although Olive had been on antibiotics for 24 hours prior to surgery, this was considered unlikely to have caused a false-negative culture given the number of cysts and the amount of inflammation present. Due to clinical history and diagnostic findings, it was concluded Olive's abnormal kidney was an incidental finding and not a primary factor in her illness.

Follow-up

Olive returned one week post-nephrectomy due to worsening conditions, with 7-10 per cent dehydration, returned pyrexia (40 C), anorexia, and severe lethargy. At this visit, the veterinary team's differential list had been narrowed to include sepsis and disseminated idiopathic myofasciitis (DIM).

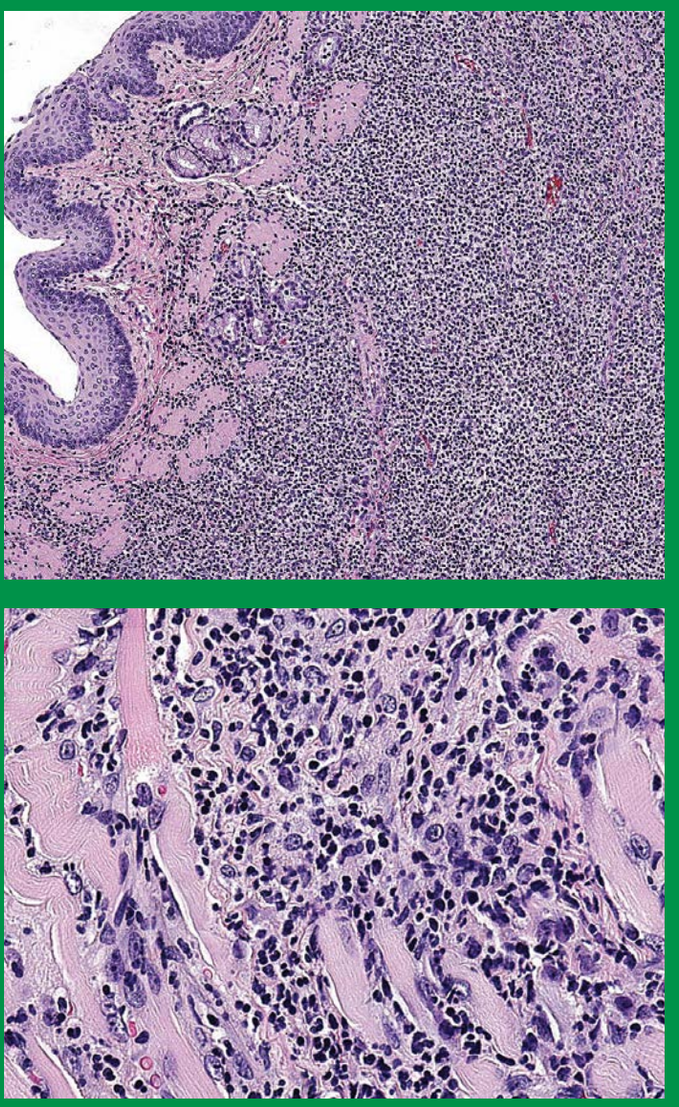
Blood work was repeated, and Olive had several changes considered to be caused by the recent nephrectomy: low HCT (32 per cent), low RBC (6.3 x 10^6/mL), and low HGB (9.6 g/dL). Clinically significant changes to her blood work that gave indication to the primary disease process being DIM were a severe leukocytosis (32.2 x 10^3/mL) characterized by a severe neutrophilia with toxic changes (18,998/mL), severe lymphocytosis (11,914/mL), moderate thrombocytosis (680 x10^3/mL), low total protein (4.8 g/dL), low albumin (1.8 g/dL), and mildly elevated chloride (114 mEq/L).

Due to the lack of response to treatment and the increasing suspicion of disseminated idiopathic myositis, the decision was made to switch Olive's antibiotics and begin immunosuppressive steroids in an effort to improve her clinical signs: enrofloxacin was stopped and replaced with doxycycline (10 mg/kg PO BID), famotidine (0.5 mg/kg PO BID), and prednisolone (0.5 mg/kg PO BID).

Over the next several days, Olive showed no improvement despite the changes to her treatment plan, and her quality of life continued to decline. Due to this, her owners elected humane euthanasia.

Post-mortem

After euthanasia, muscle biopsies were taken from the diaphragm, esophagus, and gastrocnemius muscles for histopathology. Histopathology showed severe suppurative esophagitis and myositis with pyogranulomas. DIM typically affects young ferrets less than 18 months old, is not contagious, and has a rapid onset. Owners may report overnight changes in demeanor and behavior, as well as a persistent yet fluctuating fever. Initial bloodwork may show normal to mildly elevated white cell counts, as in Olive's case, which can rapidly progress over 7-10 days, with up to 100,000 cells/mL of blood with toxic changes.



Esophageal biopsy showing suppurative esophagitis with pyogranulomas consistent with disseminated idiopathic myositis.

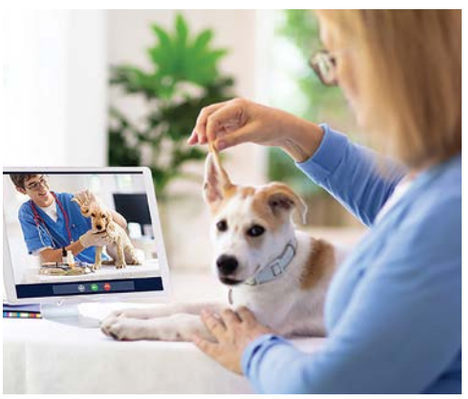
Images courtesy of Dr. Robin F. Lane, Avian & Exotics Consultant, Antech Diagnostic Laboratories

Glucose is frequently elevated, and albumin levels are usually decreased, while creatine kinase (CK) is not elevated. Biopsy of the affected muscle typically reveals severe, widespread inflammation, often with suppurative changes, with the esophagus being particularly affected. The prognosis for this condition is poor, and the etiology is still unknown, but is suspected to be autoimmune. There have been some cases where systemic immunosuppression has caused remission using steroids and other immunosuppressants. Olive's histopathology, combined with her history, is most indicative DIM and was her post-mortem diagnosis.

Cordell Rech, DVM, enjoys the challenge and variety that exotic companion animals bring to general practice. Educating clients about their pets and helping prevent illness is rewarding and brings enthusiasm from staff and clients alike. He graduated from Texas A&M College of Veterinary Medicine and Biomedical Sciences in 2016 and completed two internships before moving into private practice. Dr. Rech would like to thank his fellow doctors for their assistance with the hospitalization and management of this case while at South Wilton Veterinary Hospital: Raina Schunk, Clare Fahy, and Ryan Pelletier.

■ A global survey by Boehringer Ingelheim finds that the most critical parts of veterinary care are often the least visible to pet and livestock owners. The results draw on responses from more than 1,000 professionals from 51 countries. They show the issue most often diagnosed during hospital visits is hidden health problems and pain. Ninety-seven per cent of veterinary professionals focused on pets, and 67 per cent focused on equine health say "spotting hidden health problems" is the most important yet overlooked aspect of their role. Further, the survey shows 76 per cent of veterinarians also feel their role in protecting food-chain safety is overlooked. The findings, Boehringer Ingelheim says, shine a light on the role veterinary professionals play in caring for pets and safeguarding the animals and animal-derived products that help feed an overwhelming majority of the world's population.

■ The North American Pet Health Insurance Association (NAPHIA)'s 2026 State of the Industry Report shows accelerating adoption of pet health insurance, with insured pets up 3.9 per cent year-over-year in Canada and 9 per cent in the U.S., bringing coverage to 7.6 million animals across North America. Despite gains, a significant protection gap remains: Canada insures just 3.72 per cent, while 4.27 per cent of U.S. pets are reportedly. NAPHIA says most claims stem from common, routine conditions that regularly send pets to the veterinarian, including GI issues, dental disease, and skin infections. The report highlights a Bernese Mountain Dog whose prolonged specialist care was made possible by insurance, underscoring how coverage expands treatment options. NAPHIA president SammiJo Nevin urges broader public education to close the protection gap.



■ Veterinary telemedicine company Vetster has expanded its virtual veterinary support program to PetSmart stores across Canada. The partnership gives associates at more than 140 PetSmart locations direct access to licensed veterinarians through Vetster's secure virtual care platform. In a press release, Vetster reported the expansion responds to growing demand for fast, trusted veterinary guidance. The company also said the program offers a new way to support pet health in retail settings. According to Vetster, veterinarians can address many common pet health concerns through virtual care. These include vomiting, diarrhea, skin and ear conditions, minor injuries, allergies, anxiety, and parasite prevention.

■ Quebec has confirmed its first case of raccoon rabies in a domestic cat, prompting renewed vaccination guidance for pet owners and a wildlife vaccination campaign. A stray cat in the Montérégie region tested positive on July 23. Three people who had contact with the animal received preventive rabies treatment. The Ministère de l'Agriculture, des Pêcheries et de l'Alimentation said raccoon rabies is circulating in wildlife and can infect domestic animals.

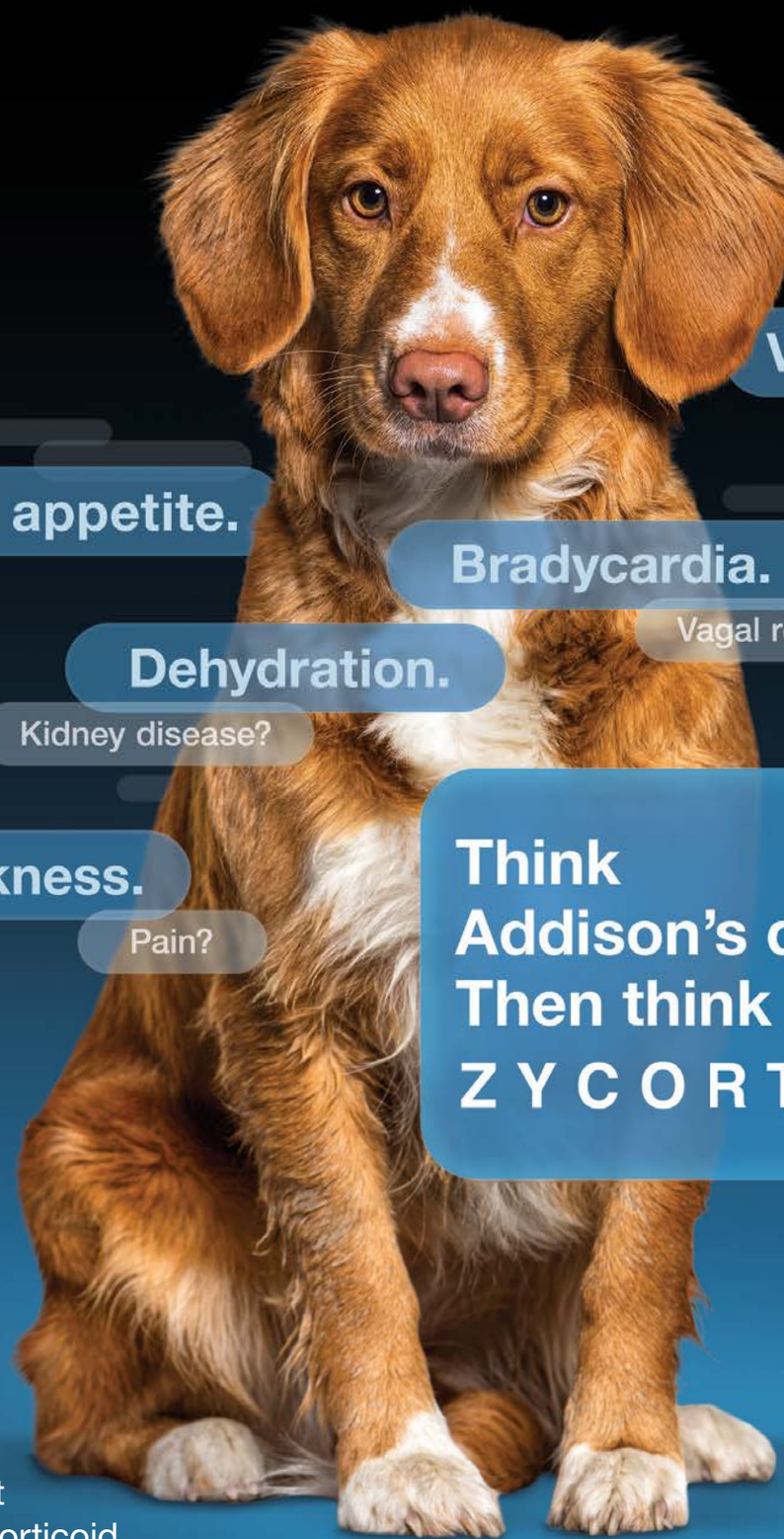
Officials advised reminding owners to keep pets supervised outdoors and to seek veterinary care promptly after exposure to wildlife. Pets with excessive drooling, paralysis, lameness, disorientation, or unusual aggression should be isolated and evaluated immediately. Residents are also advised to avoid wild or unknown animals and remove food sources that attract wildlife.

■ Western Financial Group has partnered with the Canadian Veterinary Medical Association (CVMA) and l'Association des médecins vétérinaires du Québec (AMVQ). The partnership gives veterinary professionals access to commercial insurance, employee benefits, and other risk management services. The agreement makes Western Financial Group a preferred insurance provider for CVMA and AMVQ members. In Quebec, AMVQ members will receive support through HED Courtier en assurance, a Western-affiliated insurance broker. Western Financial Group said the partnerships reflect growing demand for specialized insurance products that address the evolving needs of veterinary clinics across Canada.

■ Canadian pet owners are prepared to reduce personal comforts rather than compromise on their animals' health and well-being, according to a national study released by Pet Valu and Caddle. The May 2026 survey of 1,417 dog owners and 1,380 cat owners found 90 per cent actively consider ways to improve their pet's lifespan and quality of life. Fifty-eight per cent buy pet health insurance, while 55 per cent invest in wellness technology, including wearable monitors and diagnostic tools. When budgets tighten, respondents said they would prioritize pet costs over dining out, clothing, self-care, coffee, and streaming services. The study found 75 per cent would consider adopting another pet after a current pet dies, with 22 per cent saying they would do so immediately. Emotional difficulty was the main hesitation among those uncertain about getting another pet.

■ Ontario is moving to end the use of certain cosmetic procedures on companion animals. New restrictions will prohibit veterinarians from declawing cats, cropping dogs' ears, and devocalizing dogs unless the procedures are deemed medically necessary. The regulatory change reflects growing concerns from animal welfare advocates and veterinary professionals that these procedures can cause pain, alter normal behaviours, and provide no therapeutic benefit when performed solely for appearance or convenience. Ontario Regulation 152/26, made under the Provincial Animal Welfare Services Act (PAWS), 2019, designates the three procedures as prescribed procedures. The regulation will come into force on January 1, 2027. Under the new rules, the procedures will remain permitted when a veterinarian determines they are medically necessary to treat an injury or disease. The medical rationale must be documented in the animal's records.

When Nothing Quite Fits



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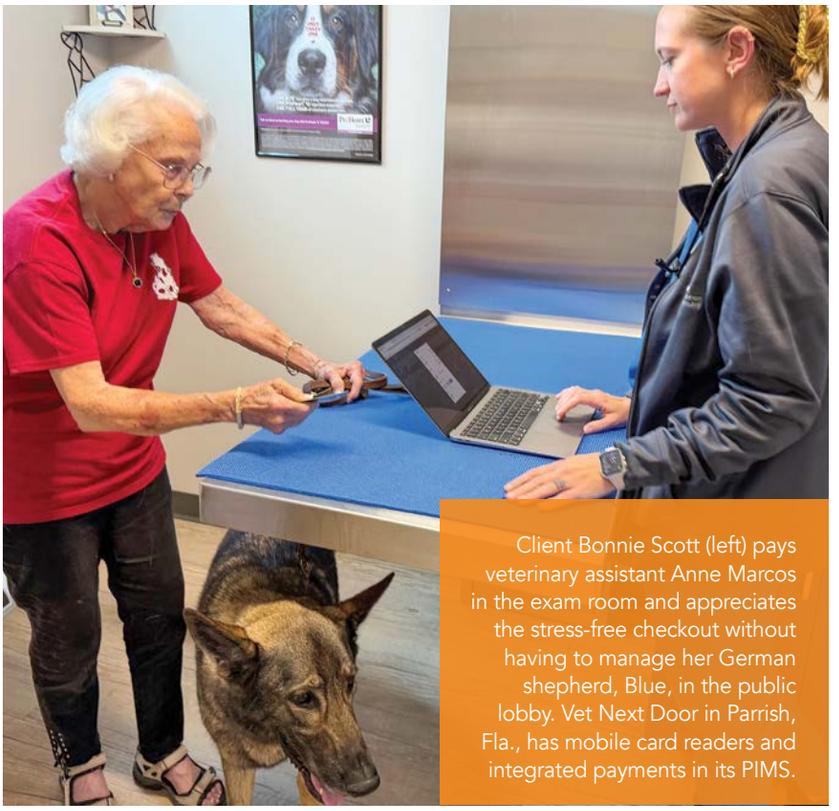


Client Bonnie Scott (left) pays veterinary assistant Anne Marcos in the exam room and appreciates the stress-free checkout without having to manage her German shepherd, Blue, in the public lobby. Vet Next Door in Parrish, Fla., has mobile card readers and integrated payments in its PIMS.

BUSINESS BUILDER

By Wendy S. Myers, CVJ

Photos courtesy Wendy S. Myers

I watched a client juggle her recovering little dog, medications, home-care instructions, and an oversized purse while trying to pay at the front desk. She was grateful for the emergency care and hospitalization that saved her pet, but this final step shifted the experience from compassionate to transactional. She still had two doors to navigate and no free hands to do it. As she walked out, I wondered what would stay with her longer: the nearly $2,000 bill or the team's expert medical care, compassion, and commitment to her pet's recovery. This is where exam-door-to-car-door service becomes more than a courtesy—it becomes the last impression.

Whether a pet has been hospitalized for an illness, injury, or procedure, create a caring discharge experience. Here's how:

Provide written and digital discharge instructions

Clients may forget verbal conversations and feel emotionally overwhelmed after their pets' hospitalization. Written information provides a permanent, accessible reference. Digital formats make it easy for clients to share details with other caretakers.

Help clients understand what to do next

Highlight priority instructions, such as when to give the next dose of medication, symptoms that may require additional care, and the nearest emergency hospital when your clinic is closed. Invite a conversation with, "What questions can I answer?" and help the client leave confident about home-care instructions. You risk shutting down a collaborative discussion with, "Do you have any questions?"

Share the doctor's business card

This creates peace of mind and enhances trust. Pet owners have contact information if they need to reach out with questions.

Forward book follow-up care during checkout

Schedule with the same veterinarian for exam efficiency and continuity of care. You will also have more appointment availability if you book now rather than near the due date. Explain what will happen on the follow-up visit and use the yes-or-yes technique.

Say, "Dr. [Name] needs to examine [pet name] 10 days after surgery to ensure the incision site is healing, remove stitches, and discuss the appropriate activity level based on your dog's progress. Dr. [Name] has appointments available on [date, time 1] and [date, time 2]. Which do you prefer?" Appointment reminders will print on today's receipt and automated confirmations will be sent by text or email.

Have clients pay in exam rooms

In-room checkout creates a smoother, more accurate, and compassionate experience for everyone:

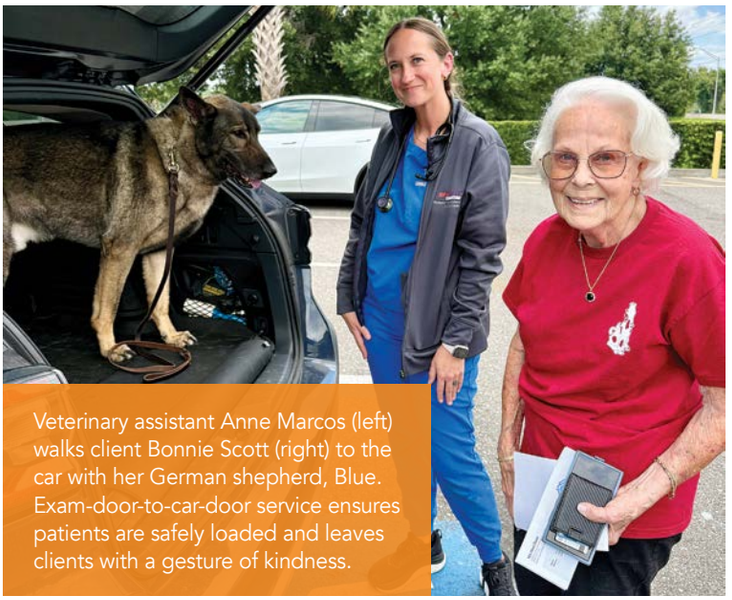
- **Practice accuracy**. Clinics miss five to 10 per cent of charges, totaling $250,000 in lost revenue for a hospital grossing $2.5 million annually.[1] Manual entry, handoffs, and paper systems are common culprits. A quick 60-second, record-to-invoice check protects revenue and anchors billing to the medical record:[2]
  1) Open the SOAP record for the visit.
  2) Open the invoice beside it.
  3) Scan the Assessment and Plan.
  4) Confirm that every treatment, product, and service appears on the invoice.
- **Team well-being.** Reduce staff stress by avoiding front desk bottlenecks. Mobile card readers, text-to-pay links, and integrated PIMS payment tools with securely stored credit cards streamline the process. Financial conversations also feel more comfortable in the privacy of exam rooms.
- **Client convenience.** Pet owners with mobility challenges, small kids, tight schedules, or anxious pets will appreciate the fast, friction-free payment experience without having to return to a busy lobby.
- **Patient comfort.** Pets avoid overstimulation and can head straight home—especially important for surgical patients that need calm, controlled movement during recovery.

Provide exam-door-to-car-door service

This small act of kindness transforms the discharge experience from a transaction to a truly caring one.

- **Use confident, affirming language.** Escort clients to their vehicles with phrases such as, "Let me help you to your car." Telling—not asking—removes the pressure for clients to decline assistance out of politeness or guilt. If someone hesitates, offer a light, friendly reason, such as enjoying a moment of sunshine, stretching your legs, or saying goodbye to a special patient.

"Sit, Stay" signs in eight exam rooms signal clients to expect in-room checkout. Vet Next Door, has done in-room checkout since opening in 2022. "Technicians know what services we did and improve invoice accuracy," says Dr. Zachary Pearl, owner.



Veterinary assistant Anne Marcos (left) walks client Bonnie Scott (right) to the car with her German shepherd, Blue. Exam-door-to-car-door service ensures patients are safely loaded and leaves clients with a gesture of kindness.

- **Let the team carry the load.** The technician or assistant will handle the patient, medications, and instructions so the client can focus on getting keys in hand. This reduces stress and prevents unsafe juggling of pets, paperwork, and belongings.
- **Prevent post-surgical risks.** Let's say a German shepherd had orthopedic surgery, and you emphasized zero jumping. The client has an SUV, clicks the key fob to open the rear gate, and the dog tries to leap inside. By escorting the client and patient, you can demonstrate proper lifting techniques to avoid post-surgical mishaps.

Follow up the next day

Based on the client's communication preference, a medical team member can call, text, or email to check the patient's status and answer additional questions. If you leave a message, send a backup text because 67 per cent of people don't listen to voicemails.[3] Texting takes seconds and has open rates as high as 98 per cent.

A simple walk to the car can lead to five-star reviews, show value for care, and strengthen client relationships. Exam-door-to-car-door service will have clients remember the care, not the cost.

Wendy S. Myers, CVJ, trains veterinary teams to communicate with clarity and confidence, inspiring client trust and better medical care. As the founder of Communication Solutions for Veterinarians, she teaches proven skills through online courses, conferences, and consulting. Myers' experience as a partner in a specialty and emergency hospital gives her insight into practice challenges. Explore her online training at CsvetsCourses.com.

References

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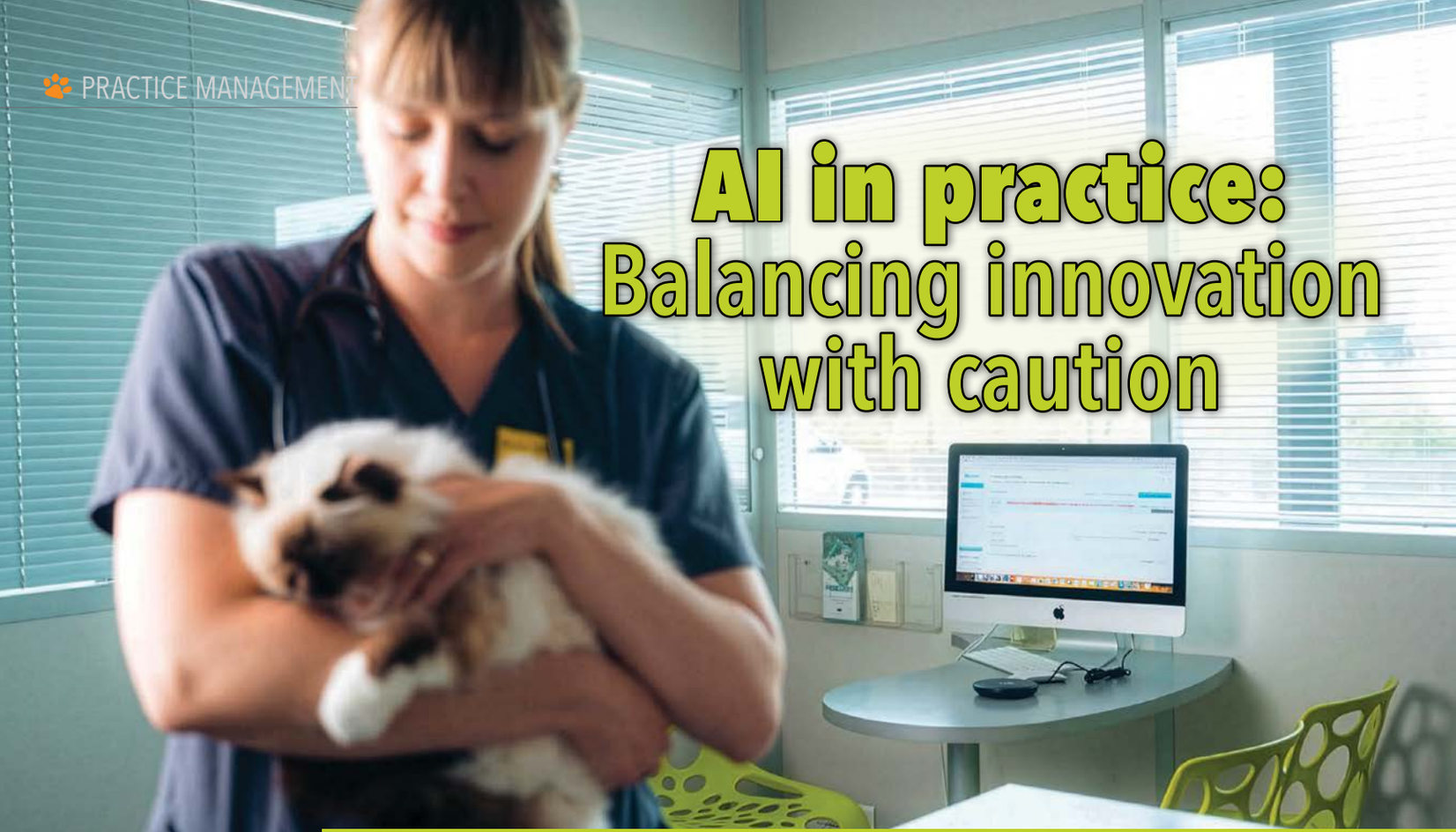
AI in practice: Balancing innovation with caution



AI tools can save time and make visits clearer by helping veterinarians share observations in real time with clients and staff.

By Mike Parent
Photo courtesy CoVet

Used well, artificial intelligence (AI) can reduce administrative burden without moving the veterinarian away from the centre of care. Not as a distant concept or a headline about the future, but as practical support for the work clinics are already carrying.

The most immediate example is documentation. A tool that helps turn what is said aloud during an appointment into a draft of a medical record does not change the veterinarian's responsibility; rather, it changes their starting point. Instead of beginning from a blank page at the end of a long day or rushing between visits, the veterinarian can finalize the record while the details are still fresh.

It is a simple but meaningful use case, as veterinary medicine is burdened by small tasks that can add up. A few minutes after every appointment becomes hours at the end of the week. A delayed record becomes a delayed follow-up or referral.

For many veterinary teams, the value of AI is practical. It helps reduce everyday friction in already stretched work.

When communication breaks down, clinical care can suffer

Documentation is inextricable from care in veterinary medicine. It preserves the reasoning behind a decision so care can continue after the appointment ends.

That is why AI documentation tools have become an early and practical use case. When a veterinarian speaks observations aloud during an appointment, the tool can help produce a draft for review. The veterinarian remains wholly responsible for the record, but the work shifts from recreating the visit later to refining a draft while the appointment is still fresh.

Used well, these AI tools can save time. They can also make the visit clearer for everyone in the room. When veterinarians speak more of their observations aloud, clients and support staff have more context as the visit unfolds.

The interesting part is that the same habit can improve both sides of the appointment. The client hears more of the doctor's thinking in real time, and the AI has better context to draft the record. That is where the tool starts to feel less like administrative software and more like support for the actual clinical encounter.

This is a practical starting point for AI, as it addresses a problem many clinics already face. It does not ask the veterinarian to defer their expertise. The technology gives them a better way to manage work that already needs to be done.

Context matters more than capability

The next stage of AI in veterinary medicine will depend less on what a general-purpose system can produce and more on what it understands about the clinical setting. A chatbot may sound capable, but it will not necessarily understand how the clinic works.

A general-purpose chatbot can be useful, but it does not know the practice. It does not know the patient's history, the clinic's documentation preferences, or what was discussed in the exam room that morning. That context is where the real opportunity sits.

In veterinary practice, context is what turns AI from a novelty into a source of support. A system that understands more of the workflow can help organize information in a way that is easier to review. It may help bring attention to a relevant detail before or after an appointment.

This is also where AI can become a useful second set of eyes. It may flag a medication prescription that falls outside a typical dosage range, a documented patient allergy, or another prescription that may not pair well with the medication being considered today. The veterinarian still makes the decision. The value is that the system can help bring the right details to the surface at the right time.

The veterinarian must always remain the decision-maker. AI works best when it helps prepare information for review, and at no point should it supplant clinical judgment.

That distinction is central to trust. Clinical accountability must remain with trained professionals. AI outputs should be reviewed before they are used. No system should be treated as an infallible authority, especially when patient well-being is involved. The Canadian Veterinary Medical Association has recognized that AI tools are being used by veterinary professionals, while also emphasizing the need for scientific rigour to help reduce risk to patients and liability for veterinarians.[1]

The same caution applies as AI moves closer to diagnosis. A tool that helps draft a record carries a different level of risk than one that may influence medical decisions. The closer a system gets to clinical decision-making, the higher the standard should be.

Where AI may have the biggest operational impact

Beyond the exam room, AI may have an even broader impact on practice management.

Many clinics are burdened by administrative tasks that are frequently underestimated. Between appointments, the team manages a steady stream of client needs that compete with patient care.

AI may be especially useful here by helping the clinic handle repetitive work more efficiently.

Client communication is one area to watch closely. Many clinics struggle to answer every call quickly, which may cause clients to worry. AI-enabled front desk services may help clinics respond faster to routine questions and escalate to a team member when the situation is sensitive.

That distinction is important. An AI system should not guess its way through uncertainty and should "know" when to stop. When a situation becomes urgent, emotional, or clinically uncertain, the tool should revert to a human being.

That is the difference between useful support and risky automation.

Start with low-risk, high-value workflows

For teams unsure where to begin, the safest first step is usually a familiar workflow where the output can be easily reviewed.

Documentation is a common starting point because the burden is familiar and the output is reviewable. This tangibly reduces the time skilled people spend recreating information that was previously communicated.

A clinic should define success before it adopts a tool. Otherwise, it becomes easy to mistake novelty for progress. The measure might be less after-hours charting. It might be faster follow-up communication. The right metric depends on the problem the team is trying to solve.

Training matters as much as the software

Teams need to understand what the tool is good at and where it can fail. They also need time to build new habits. A documentation tool, for example, often works best when the veterinarian verbalizes more of the appointment. That can feel awkward at first. Over time, it can become a communication advantage because clients hear the doctor's thinking in real time.

Ask hard questions about data

Data questions belong at the start of the buying process. Veterinary teams are right to ask how data is handled when using AI documentation tools. That includes where data goes, who can access it, whether it is used for model training, and what happens when someone leaves the practice. They should also understand what managers or corporate groups can see.

This is personal for me. My mom is a veterinarian, my co-founder is a veterinarian, and many members of our team have worked in veterinary practice. That changes how we think about these systems. Data can be incredibly useful, but it must be handled with discipline. Teams should benefit from broader patterns without turning individual consultations into a surveillance tool.

A clinic may benefit from identifying where communication slows or where workflow repeatedly creates pressure, but there is a difference between learning from patterns and exposing individual consultation details too widely.

Strong privacy controls matter because trust matters. Teams need to know the tool is there to support their work.

Clients are adopting AI, too

Veterinary teams should also consider the client side of AI.

Clients will use these tools whether clinics like it or not. If a pet owner goes home worried, there is a good chance they will ask a general AI tool to explain what they heard. Practices are at the forefront of providing clearer, safer, more contextual communication during visits, rather than leaving clients in the dark.

When evaluating AI tools, practical criteria are more useful than hype. A vendor should be able to explain what data the system uses, how outputs are reviewed, how clinic standards are reflected, and how data is protected. If those answers are vague, the clinic should be cautious.

> "If AI can take pressure off the administrative side while strengthening communication, that is not a future-facing novelty. It is a practical tool for a profession that needs support now."

The best tools will make sense to the people using them between appointments, phone calls, and late-day records. They will fit the workflow instead of forcing the team to work around the technology.

There will be missteps as AI becomes more common in veterinary medicine, but the strongest use cases will come from matching the technology to problems the team already recognizes.

Veterinary medicine needs better support because the work has become too heavy in too many places. AI can help reduce administrative workload, free up time for client communication, improve record-keeping, and help teams catch details that might otherwise be missed.

The goal is not to make veterinary medicine less human. It is to give veterinary teams more room for the human parts of medicine: judgment, explanation, trust, and care. If AI can take pressure off the administrative side while strengthening communication, that is not a future-facing novelty. It is a practical tool for a profession that needs support now.

Mike Parent is a co-founder of CoVet, an AI copilot for veterinary teams focused on documentation, workflow support, and client communication. He has spent his career building technology for healthcare and veterinary practice, with a focus on tools that fit naturally into clinical workflows. Parent's perspective on veterinary medicine is also personal: his mother and co-founders are veterinarians, and CoVet's team includes veterinarians and former practice staff. He can be reached at mike@co.vet.

References

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Talking about money without losing trust

Caring Pathways veterinarian Dr. Mindy speaks with Bonnie's owners about the importance of financial planning for their dog's care.

By Chelsea McGivney, DVM, MBA

Photos courtesy Josh Lewis

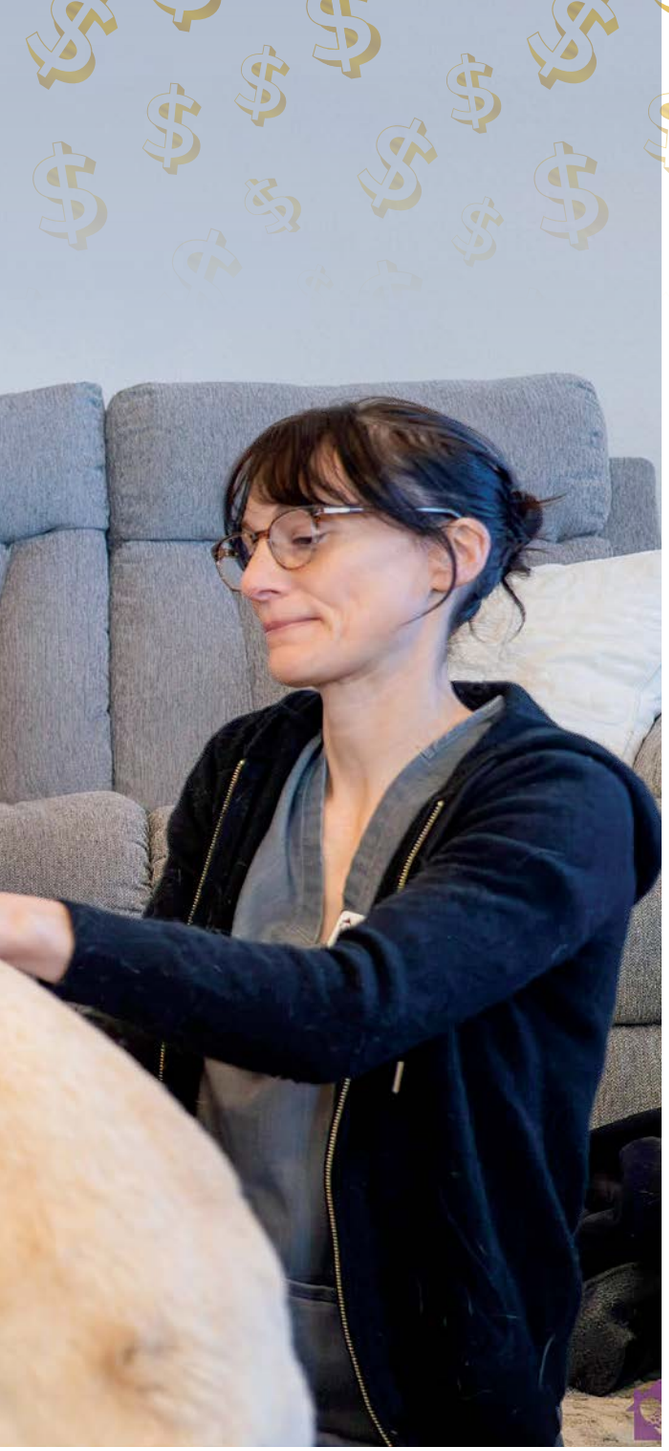
A healthy, two-year-old Labrador retriever comes in for his annual wellness examination. The appointment is routine, and his owners leave with a clean bill of health, a year of heartworm prevention, and plans for many adventures ahead. Six months later, the same dog is rushed into an emergency hospital after swallowing a sock. Surgery is recommended immediately. The prognosis is excellent, but the estimate is several thousand dollars.

The medicine is straightforward. The financial decision is not.

Scenarios like this unfold in veterinary practices every day. As our profession has advanced, we have gained remarkable tools to diagnose disease earlier, treat conditions once considered untreatable, and improve both the quality and length of our patients' lives. At the same time, those advances have increased the cost and complexity of veterinary care, and conversations about money have become an unavoidable part of clinical practice.

For many veterinarians, those conversations remain uncomfortable. We worry discussing costs too early may make clients think we are motivated by profit. We hesitate to mention pet insurance because we do not want to appear to endorse a particular company. We often wait until an estimate is in hand before talking about finances at all. Unfortunately, that is often the worst possible time.

Pet insurance has become an increasingly important part of the veterinary landscape. According to the North American Pet Health Insurance Association (NAPHIA), more than seven million pets were insured across North America at the end of 2024, reflecting sustained double-digit market growth over the past decade.[1] Even so, the vast majority of companion animals remain



uninsured, leaving many families to face unexpected veterinary expenses without a financial plan.

Financial conversations are most effective when they occur before a crisis, not during one. When practices normalize discussions about pet insurance, payment options, and financial planning as part of preventive care, they help clients prepare for the unexpected, preserve trust, and expand access to veterinary medicine.[2-4]

Financial conversations are part of patient care

Today's veterinary professionals practice in a very different environment than they did 20 years ago. Referral medicine has expanded dramatically, advanced imaging is increasingly available, and treatments, such as chemotherapy, minimally invasive surgery, rehabilitation, and specialty critical care, are no longer uncommon. Clients rightfully expect access to these options when they offer the best chance for a positive outcome. At the same time, many families remain unprepared for the financial realities of advanced veterinary care. As a result, many pet owners first encounter the true cost of modern veterinary medicine during an emergency or following a life-changing diagnosis.

When this happens, emotions are already running high. Clients are trying to absorb complex medical information while simultaneously making significant financial decisions. Veterinary teams, meanwhile, may experience frustration or moral distress when financial limitations prevent them from pursuing what they believe is the best medical option for a patient.[5]

These situations are emotionally taxing for everyone involved, but they are not simply financial problems; they are communication challenges. Research in veterinary medicine consistently demonstrates that clients value clear communication, empathy, and transparency as much as they value clinical expertise.[2-4] When financial conversations are delayed until the moment an estimate is presented, they can feel transactional. When those same conversations begin earlier, such as during wellness visits or new-patient appointments, they become part of preventive healthcare and shared decision-making.

Reframing pet insurance

Many veterinary professionals avoid discussing pet insurance because they fear crossing the line into salesmanship. In reality, educating clients about pet insurance is no different than educating them about parasite prevention, nutrition, or dental care. The goal is not to persuade clients to spend more; it is to help them make informed decisions by understanding both the medical recommendations and the financial options available to them.

Practices should remain neutral regarding specific companies and avoid recommending one insurer over another. Instead, the conversation should focus on the role insurance can play in helping families prepare for unexpected medical expenses.

Rather than saying, "You should purchase pet insurance," consider a broader message: "One of the things we discuss with all new pet owners is how they plan for unexpected veterinary expenses. Some families choose pet insurance, some build a dedicated savings account, and others prefer financing options if they ever need them. There isn't one right answer, but it's much easier to make those decisions before an emergency happens."

This approach accomplishes several important goals. It normalizes planning for unexpected veterinary expenses, avoids assumptions about a client's financial situation, and emphasizes preparation rather than fear. Most importantly, it reinforces the discussion is standard practice for every client, not a judgment about any individual family's resources.

Pet insurance is really about access to care

It is easy to think of pet insurance primarily as a financial product. From a clinical perspective, however, it is more helpful to think of it as an access-to-care tool. One of the greatest challenges in veterinary

Caring Pathways veterinarian Dr. Maria answers a client's questions about her cat's care during an outdoor quality of life assessment.

medicine is treatment decisions are often influenced as much by financial constraints as by medical considerations. Veterinarians encounter these situations every day: an owner declines advanced imaging because of cost, delays surgery while exploring alternatives, or elects euthanasia because the recommended treatment is financially out of reach.

Pet insurance cannot eliminate every financial barrier, nor is it appropriate for every family. Most plans exclude pre-existing conditions, making early enrollment an important consideration.[5] Policies differ substantially in their premiums, deductibles, reimbursement percentages, annual coverage limits, waiting periods, and exclusions, underscoring the importance of encouraging clients to compare plans carefully before enrolling.[1]

However, when insurance is already in place before illness or injury occurs, it may allow clients to make decisions based more heavily on what is medically appropriate rather than what is immediately affordable. Even when reimbursement occurs after payment has been made, insurance may provide clients with greater confidence in pursuing recommended care by reducing the potential financial burden associated with unexpected illness or injury. The conversation should never be about selling insurance. It should be about reducing one potential barrier that prevents pets from receiving timely medical care.

The best time to talk about financing is before it's needed

One of the most common mistakes practices make is waiting until a financial crisis develops before introducing pet insurance or payment options. Imagine trying to explain waiting periods, reimbursement models, or pre-existing condition exclusions while an owner is deciding whether to authorize emergency surgery for their dog. At that moment, the information is no longer educational–it is simply frustrating.

Routine wellness visits offer a much better opportunity. Puppy and kitten appointments naturally lend themselves to conversations about long-term healthcare planning. Annual examinations provide another opportunity to revisit those plans as pets age, and their healthcare needs evolve. New-client appointments can include a brief discussion about how the practice approaches financial transparency and what resources are available should unexpected medical needs arise. These conversations need not be lengthy. In many cases, a single-minute elevator pitch or an easy-to-understand handout discussing financial preparedness during a wellness visit may prevent a much more difficult conversation years later.

Beyond insurance: Expanding financial options

Pet insurance is an important tool, but it is not the only one. Even insured clients remain responsible for deductibles, co-pays, and services that may not be covered. Likewise, many pet owners choose not to purchase insurance or may not be eligible for comprehensive coverage because of their pet's age or pre-existing conditions. For these families, discussing other financial options can be equally important.

Third-party financing programs allow many clients to spread the cost of unexpected veterinary expenses over time. These programs can improve access to care while allowing practices to receive payment promptly. However, financing should never be presented as the "expected" solution. Clients should be encouraged to review repayment terms carefully, understand any promotional financing periods or interest charges, and determine whether financing is appropriate for their individual circumstances.

Financial flexibility extends beyond financing programs. In some situations, a staged diagnostic approach or phased treatment plan may allow clients to move forward with care while working within financial constraints. These conversations require careful medical judgment, but when appropriate, they can preserve patient welfare while respecting a client's circumstances.

The goal is not to persuade clients to spend more money. The goal is to help them make informed decisions by ensuring they understand both the medical recommendations and the financial options available to them.

Communication builds trust

While practices often focus on what to say during financial conversations, how those conversations occur may be even more important. Research in veterinary communication has consistently shown that clients value empathy, partnership, and transparency.[2-4] They want to understand why a recommendation is being made, what it is expected to accomplish, and what it is likely to cost. Just as importantly, they want to feel their concerns are heard.

Simple communication techniques can make these conversations more collaborative. Open-ended questions invite clients to share their perspective before assumptions are made. Asking, "What concerns do you have about today's treatment plan?" or "Have you thought about how you'd like to prepare for unexpected veterinary expenses?" often

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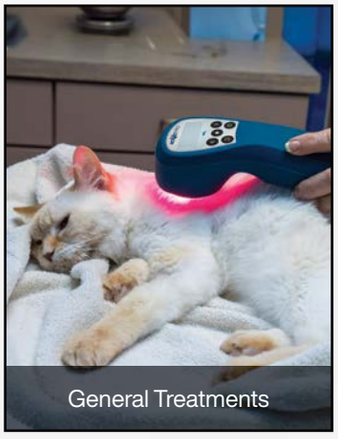

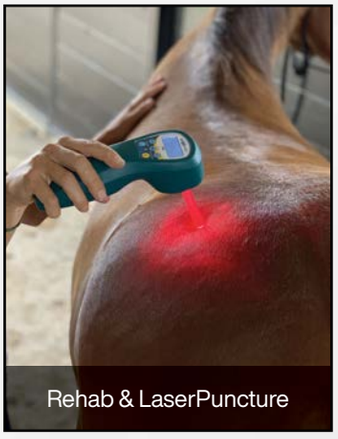

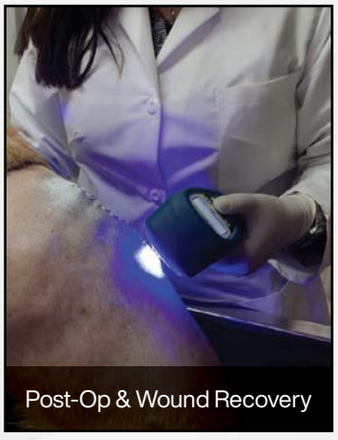

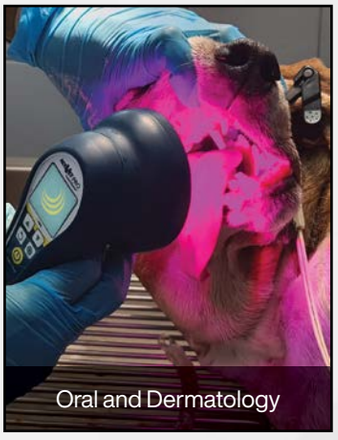

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Caring Pathways veterinarian Dr. Kristin goes over resources with a client during an in-home euthanasia appointment.

reveals important information that might otherwise remain unspoken.

Normalizing financial discussions can also reduce embarrassment or guilt. Statements such as, "Many families are surprised by the cost of advanced veterinary care," or "We have these conversations with all of our clients because unexpected illnesses happen to pets at any life stage," reassure clients they are not being singled out.

Transparency is equally important. Presenting the medical recommendation first, followed by a clear explanation of anticipated costs and available options, reinforces that recommendations are based on the patient's needs rather than financial considerations.

Finally, listening may be the most powerful communication tool of all. Clients who feel heard are often better able to process difficult information and participate in shared decision-making, even when financial limitations ultimately influence the plan.

Creating a practice-wide approach

Financial conversations should not begin and end with the veterinarian. Like client education, they are most effective when they are reinforced consistently throughout the patient experience.

Client service representatives can ask whether a pet is insured when establishing a new client account. Veterinary technicians can revisit the conversation during wellness appointments or while reviewing preventive care recommendations. Practice managers can ensure educational resources about insurance and payment options are readily available on the practice website or in new-client materials. Veterinarians, meanwhile, remain responsible for discussing how financial considerations intersect with medical recommendations. When every team member understands their role, clients receive consistent messaging rather than fragmented information.

Practices may also benefit from establishing written communication guidelines. These need not be elaborate. A simple protocol that identifies when to discuss insurance, payment options, and estimates helps ensure these conversations occur proactively rather than only during emotionally charged situations.

Consistency also benefits clients. When client service representatives, technicians, and veterinarians share a common approach to financial conversations, clients receive consistent information throughout their interactions with the practice, reinforcing trust and supporting shared decision-making.[2-4,6]

Looking ahead

Veterinary medicine continues to evolve at an extraordinary pace. New diagnostics, advanced therapeutics, specialty services, and emerging technologies are improving patient outcomes and expanding what is medically possible. Yet every advance also brings financial considerations that clients must navigate.

The profession cannot eliminate the cost of care, nor should it apologize for the expertise, technology, and dedicated teams required to deliver high-quality medicine. What we can do is help clients prepare for those realities before they find themselves making decisions in the middle of a crisis.

When conversations about pet insurance, payment options, and financial planning become routine rather than reactive, they strengthen the veterinarian-client relationship. They encourage transparency, reduce uncertainty, and help clients make decisions based on both their values and their circumstances. Ultimately, these conversations are not about insurance policies or financing programs. They are about preserving access to care.

Most veterinary clinicians have experienced the heartbreak of knowing what a patient needs while recognizing that financial limitations may prevent it. Although no single strategy will eliminate those difficult moments, thoughtful, proactive communication can reduce their frequency. Helping clients prepare for the unexpected may be one of the most meaningful ways we can support both the families we serve, and the patients entrusted to our care.

Chelsea McGivney, DVM, MBA, attended veterinary school at Colorado State University. She has practiced general medicine, emergency medicine, and in-home end-of-life veterinary care. Currently, Dr. McGivney is the executive director of operations of Caring Pathways, a multi-practice in-home end-of-life veterinary company focused on providing compassionate hospice and palliative care, as well as in-home euthanasia at life's end.

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Essential equipment to make dentistry easier

By John Lewis, VMD, DAVDC, Fellow- AVDC OMFS

Photos courtesy Dr. John R. Lewis

The phrase "it's like pulling teeth" arose for a reason. Having the right equipment and supplies can help. This article is the first in a two-part series discussing essential tools of the trade.

After 29 years in practice, I finally figured out why most veterinarians do not like dentistry. When I travel to visit veterinary colleagues at referring practices, it becomes clear most are lacking the resources they need to make surgical extractions easier. Sometimes, the problem is the lack of training because dentistry as a discipline did not have much of a foothold in their veterinary school's curriculum. This is unfortunate, since dentistry is a huge part of the graduating veterinarian's daily life. A lack of training can be addressed even after graduation by enrolling in an appropriate continuing education program. No matter what level of dental training vets have achieved, there's always an opportunity to take it to the next level.

The two most important tools in diagnosing a variety of dental conditions are the digital dental X-ray unit and the periodontal probe.

In the late 1990s through the early 2000s, digital dental radiography was a benchmark for whether a general practice was keeping up with the times. Twenty-five years later, it is safe to say performing surgical extractions without having dental radiography in your practice does not meet a minimum standard of care.

Figure 1A

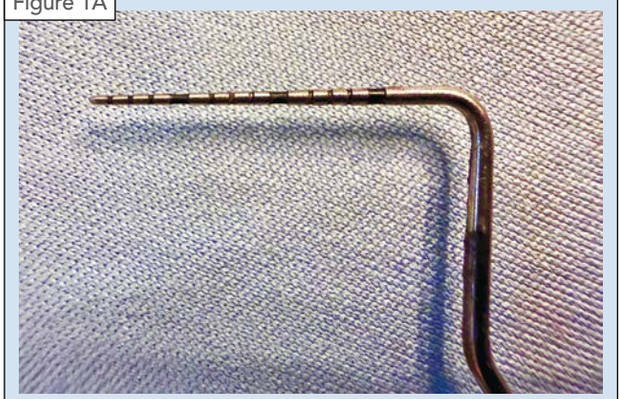
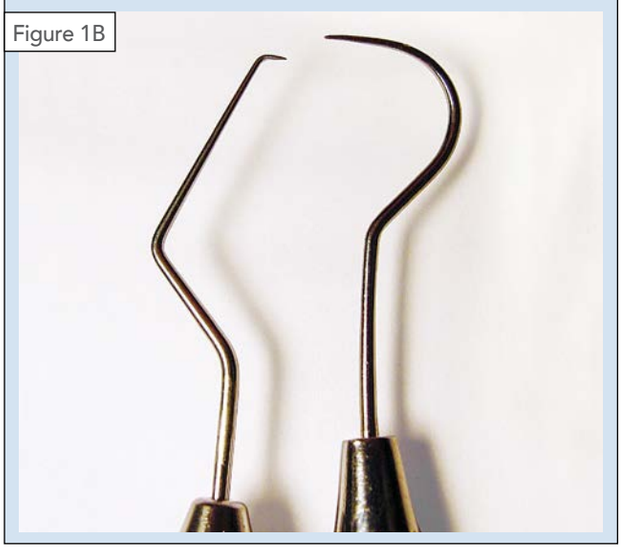


Figure 1B



X-ray units

Direct digital systems are typically attached directly to a computer via a cord. The immediacy of direct digital systems is a great benefit when learning positioning techniques. Direct digital radiography (DR) systems provide instant feedback, so if tube head positioning is elongated, the X-ray tube head can be quickly adjusted to see the benefit of repositioning.

Historically, one disadvantage of a direct digital system was that sensor sizes were limited to sizes 0, 1, and 2. However, there is now a size 4 digital sensor on the market. Plastic sleeves are placed over the sensor to protect it from moisture, and care should be taken to prevent a patient from biting down on it. A variety of direct digital systems are available to veterinarians, and it is worth reviewing each type to ensure you are comfortable with the sensors and their respective software.

Different systems have different defaults for how much image processing occurs before an image appears on your computer screen. Nearly every digital system, direct or indirect, allows for default settings to be modified to your individual interpretation preferences.

Indirect or computed radiography (CR) systems utilize reusable phosphor plates that are scanned to provide an image on the computer screen within seconds of exposing and scanning the plate. As the plates are fed into the machine, the image on the plate is scanned into the computer software, and the image is cleared from the plate so it is ready to be reused. The plates are available in a variety of sizes, including size 4 or larger. The phosphor plates can become scratched, so plastic covers are necessary to prevent damage and to prevent moisture and hair from getting transported into the scanner. The amount of radiation needed to provide an optimal image may vary when comparing new phosphor plates to those that have been reused many times. Phosphor plates are much less expensive to replace than a damaged direct digital sensor.

Probes

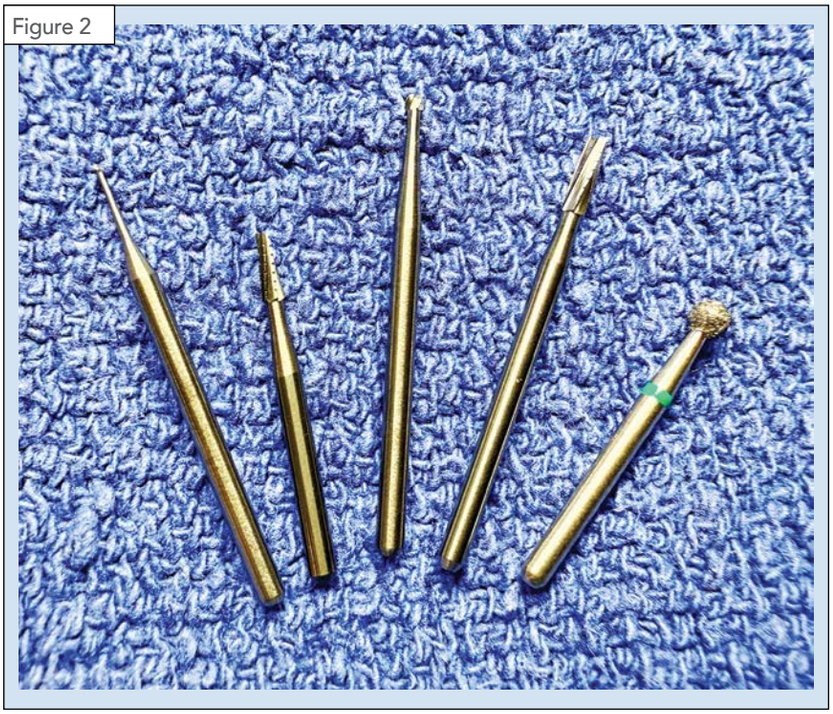
Now, an ode to the probe! The periodontal probe/explorer is the most common double-ended diagnostic instrument; however, there are variations. A probe or explorer can also be purchased in a single-ended version, and double-ended instruments are available with two different probe types or two different explorers on each end. The probe helps determine and measure pocket depths when measured at multiple sites around the circumference of the tooth. The normal gingival

sulcus depth for a cat is less than 1 mm, and less than 3 mm for a dog. Probing determines if there is a normal anatomic gingival sulcus or an abnormal periodontal pocket due to attachment loss. My favourite type of probe for use in veterinary dentistry is one called a UNC-15, which has easy-to-spot markings up to 15 mm (Figure 1 A). This probe can also be used to measure and document the dimensions of small oral masses.

The explorer is used to assess whether fractured teeth have pulp exposure, assessing the gingival margin of the tooth for evidence of early tooth resorption, and feeling for subgingival calculus. Figure 1 B shows two different types of explorers. The TU #17 (or its similar counterpart, the Orban #17) is helpful for finding subtle tooth resorption in cats that might be missed with larger explorers such as the #23 shepherd's hook.

The high-speed/low-speed dental unit is the third essential piece of equipment that every practice should have. Most units run on compressed air, but in recent years, electric units have been gaining momentum in veterinary dentistry and oral surgery. The electric unit handpiece is heavier than an air-driven handpiece, but its main benefit is the torque it can generate. Regardless of whether you use an air-driven or electric handpiece, having an assortment of burs is essential. This is the working end of your handpiece, and a variety of burs allows for a variety of functions. Figure 2 shows an assortment of burs that are helpful in general practice, including carbide round burs, crosscut fissure burs, and diamond burs. Most carbide burs are best purchased in surgical length rather than standard length.

Figure 2



Next issue's column will dive deeper into helpful equipment that makes dental extractions easier, including some newer options for your armamentarium.

John Lewis, VMD, DAVDC, Fellow- AVDC OMFS, teaches at Silo Academy Education Center and practices at Veterinary Dentistry Specialists in Chadds Ford, Pa.

FOOD FOR thought

on small animal derm issues

Understanding the evidence behind supportive dermatological nutrients can help better client discussion and patient outcomes.

Photos courtesy JustFoodforDogs

By Lauren Tseng, DVM, and Chris Margrey, DVM, DACVIM (Nutrition)

Itching, flaking, and a dull, lackluster coat are presentations most clinicians know well. From ruling out environmental allergies to parasite control, finding symptom relief for these pets can be difficult. For many of these patients, the missing variable can be found in the food bowl.

Skin is the largest organ in the bodies of dogs and cats. As a dynamic barrier against physical, chemical, and infectious insults, the integument requires adequate nutrients, such as protein, lipids, micronutrients, and antioxidants, to maintain structural integrity, support immune function, and regulate inflammation.

In small animal practice, dermatologic diseases are a common reason for clinical presentation, accounting for an estimated 20 per cent of the general practice caseload.[1] Nutrition plays an interconnected role in the management of many of these conditions. While complete and balanced diets are sufficient for most healthy patients, targeted nutritional support can serve therapeutic functions, ranging from modulating inflammatory pathways to supporting barrier repair, complementing conventional pharmacologic management. For the veterinary team, understanding the evidence behind supportive dermatological nutrients can help inform clinical recommendations and client discussions.

Protein

Protein, specifically amino acids, is essential to support the integument of dogs and cats. Skin and hair account for up to 12-24 per cent of body weight in dogs and 2 per cent in cats.[2] It is estimated 25-30 per cent of daily protein intake is needed for skin and coat renewal alone. Amino acids, such as methionine and cysteine, are the primary sulfur-containing constituents incorporated into hair, providing structural integrity through keratin formation.[2] Tyrosine and phenylalanine provide coat pigmentation. Dermatological lesions due to protein deficiencies include alopecia, scaling, and a brittle/lackluster coat.[3] The minimum amounts of protein intake published by the Association of American Feed Control Officials (AAFCO) for adult maintenance in dogs and cats are outlined in Table 1.[4] Overt protein/amino acid deficiency dermatoses are uncommon in pets consuming complete and balanced commercial diets that meet minimum daily nutritional requirements.

Polyunsaturated fatty acids (PUFAs)

PUFAs are a group of fatty acids characterized by their chemical composition, which contains multiple degrees of unsaturation (*i.e.*, double bonds being present). PUFAs are further categorized as being omega-3 (n-3), omega-6 (n-6), and omega-9 (n-9) based on the locations of these double bonds. Omega-3 and omega-6 fatty acids are two very important

and commonly targeted nutrients for dermatologic health, specifically regarding linoleic acid (LA), an omega-6 fatty acid, and the omega-3 fatty acids alpha-linolenic acid (ALA), eicosapentaenoic acid (EPA), and docosahexaenoic acid (DHA).[5,6]

Linoleic acid is an important nutrient for skin health because it helps produce prostaglandins and sebum, the oily substance that helps protect the skin and hair from environmental damage. Linoleic acid can be found in concentrated sources, such as canola, corn, walnut, wheat germ, sunflower, and soybean oils, as well as in fatty poultry and pork products and in some seeds, nuts, and grains.[5,6]

Omega-3 fatty acids, on the other hand, are commonly added to diets to reduce inflammation by inhibiting the production of compounds such as prostaglandins, thromboxane, and leukotrienes.[7] However, some nuance is required when targeting these effects. Alpha-linolenic acid, an omega-3 fatty acid most commonly found in plant products like flaxseeds and chia seeds, can have some anti-inflammatory effects itself,[6,8] although the omega-3 fatty acids traditionally used for this intent are EPA and DHA. While ALA can be converted into EPA and DHA, the conversion rate is believed to be very low or negligible in dogs and cats, underscoring the importance of consuming intact EPA and DHA for therapeutic goals in skin-supporting diets.[6] EPA and DHA are most abundant in marine sources such as fatty fish (salmon, anchovies, mackerel, etc.), fish oils, and algae oils, while ALA is most commonly found in plant sources such as flaxseeds, chia seeds, and walnuts.[5,6]

The ideal therapeutic dosing of omega-3 fatty acids, namely EPA and DHA, remains an ongoing discussion in pet nutrition. A commonly used reference outlines common indications for fish oil supplementation and recommended dosing targets for these conditions.[9]

Regarding inflammatory skin diseases, recommended dosing is provided as 125 mg/kg0.75, although this dosing is likely influenced by other variables, such as disease severity, intake levels of other relevant nutrients (*i.e.*, LA, ALA, antioxidants like Vitamin E and selenium, etc.), environmental conditions, and other medical interventions being pursued.[9]

Micronutrients of interest for skin health

Zinc

Zinc is an essential mineral in the diets of dogs and cats that plays many roles in health, including supporting growth and development, immune functions, and antioxidant pathways.[10] With regard to skin and coat health, zinc is important for epidermal proliferation and for supporting various metabolic pathways involving essential fatty acids, such as LA.[3,11]

Zinc is also a cofactor in the superoxide dismutase and glutathione peroxidase antioxidant pathways. As a result, adequate zinc intake is essential for supporting healthy skin and coat function, especially in pets affected by dermatologic disease.

"Protein, specifically amino acids, is essential to support the integument of dogs and cats. Skin and hair account for up to 12-24 per cent of body weight in dogs and 2 per cent in cats. It is estimated 25-30 per cent of daily protein intake is needed for skin and coat renewal alone."

Copper

Copper, like zinc, is an essential mineral in the diet of dogs and cats that plays many roles in maintaining health, including supporting energy production, antioxidant systems, neurotransmitter production, and skin and coat health.[12] Regarding dermatologic health, copper's role in enzyme pathways is critically important. Copper is required for the enzymes tyrosinase, sulfhydryl oxidase, lysyl oxidase, and superoxide dismutase, which are necessary for pigmentation, keratinization, collagen formation, and antioxidant activity, respectively.[12] Sufficient copper intake is thus very important for providing a stable baseline for integumentary health.

Table 1

Nutrient (Unit)	2026 AAFCO Adult Minimum Dogs (Unit/1000 kcal)	2026 AAFCO Adult Minimum Cats (Unit/1000 kcal)
Crude Protein (g)	45.0	65.0
Methionine (g)	0.83	0.5
Methionine-Cystine (g)	1.63	1.00
Phenylalanine (g)	1.13	1.05
Phenylalanine-Tyrosine (g)	1.85	3.83
Crude Fat (g)	13.8	22.5
Linoleic Acid (g)	2.80	1.40
Zinc (mg)	20.0	18.8
Copper (mg)	1.83	1.25
Vitamin A (IU)	1250	833
Riboflavin (B2) (mg)	1.30	1.00
Niacin (B3) (mg)	3.40	15.0
Pantothenic Acid (B5) (mg)	3.00	1.40
Pyridoxine (B6) (mg)	0.38	1.00
Vitamin E (IU)	12.5	10.0

Vitamin A

Vitamin A, a general categorization of retinol and its related compounds, is essential for the dermatologic and overall health of dogs and cats. One unique consideration regarding Vitamin A requirements for dogs and cats is that while dogs can use beta-carotene for conversion to retinol, cats cannot do so in sufficient quantities to meet their nutritional needs. As a result, cats must consume preformed retinol to meet nutritional requirements.[13,14]

Vitamin A plays a pivotal role in cellular development throughout the body, namely cell growth and differentiation, as well as sebum production. In the skin and hair coat, this is important for a healthy, functioning skin barrier and vibrant coat. Vitamin A deficiency is very rare in companion animals but can present as hyperkeratinization, alopecia, a dull or poor hair coat, an oily texture to the skin/coat, epidermal scaling, and secondary pyodermas.[3,14]

B-Vitamin complex

B vitamins are water-soluble micronutrients involved in multiple biochemical pathways required for skin barrier function. Most pathological presentations result from vitamin deficiencies and are characterized by nonspecific lesions, such as scaling and a dry hair coat.

- Inadequate intake of Vitamin B2 (riboflavin) results in alopecia (head and neck distribution in cats), flaky skin, and gross changes to the sebaceous glands.[15]
- Vitamin B3 (niacin) has been previously studied for its role in steroid-sparing immunomodulation in canine autoimmune dermatoses.[16]
- B5 (pantothenic acid) is a vital component in the synthesis and metabolism of coenzyme A for fatty acid synthesis in reinforcing the integrity of the dermal barrier.[17–19] A previous publication in dogs demonstrated that supplementation of Vitamins B3 and B5 resulted in improved stratum corneum quality and reduced transepidermal water loss.[3]
- Vitamin B6 (pyridoxine) is involved with keratin and collagen production through the involvement of protein synthesis in amino acid metabolism.[19] Deficiencies in Vitamin B6 result in microcytic, hypochromic anemia in both dogs and cats, as well as the generalized dermatological lesions previously described.
- Vitamin B7 (biotin) acts as a cofactor in carboxylation reactions in fatty acid synthesis, thus supporting epidermal cells. Biotin deficiency is uncommon in dogs and cats, but has been documented in association with excessive raw egg white consumption, due to biotin-binding properties of avidin, or with prolonged oral antibiotic therapy that reduces intestinal bacterial synthesis.[19]

True dietary deficiencies of B vitamins are rare in dogs and cats fed complete and balanced commercial diets. A consensus on dosing for the discussed B-vitamins is not established for dermatological diseases, although the AAFCO has established minimums for riboflavin, niacin, pantothenic acid, and pyridoxine for adult maintenance (Table 1).[4] Sources of B-vitamins are highest in organ and muscle meats, eggs, fish, and fortified grains.

Antioxidants

Antioxidants are a broad category of compounds that collectively serve to neutralize free radicals (molecules with unpaired electrons) and prevent them from damaging cell membranes, DNA, and proteins in the body. Many antioxidants have multiple mechanisms of action, but commonly cited ones include Vitamin E, Vitamin C, Vitamin A, selenium, glutathione peroxidase (which involves selenium and zinc), and superoxide dismutase (which involves copper). In dermatologic diseases, it is theorized that free radicals can contribute to ongoing inflammation and impede the normal processes of cellular development and turnover that are integral to optimal skin barrier function.[20] An in-depth discussion of this multitude of metabolic pathways is beyond the scope of this piece; however, the importance of antioxidants for integumentary support is nonetheless worth acknowledging in clinical decision-making.

Many nutrients play diverse yet critically important roles in maintaining skin and coat health, with a growing body of evidence supporting targeted nutritional interventions for dermatologic disease. As research in veterinary nutrigenomics advances, individualized dietary protocols may increasingly complement conventional pharmacologic management. For the veterinary team, evaluating nutritional adequacy beyond minimum requirements and across all sources, including food, supplements, and treats, is a meaningful step toward more complete dermatologic and overall health care.

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Renting lasers to geriatric pet owners can boost compliance

By Tyler Carmack, DVM, CVA, CVFT, CHPV, CPEV, CVPP

Photobiomodulation (PBM) has become a familiar tool in multimodal pain management, rehabilitation, wound support, and post-procedure recovery. However, many pet families and veterinary practices still experience the same bottleneck: PBM works best when it is delivered as a series of treatments, and that series can be hard for clients to sustain, especially for geriatric pets. Transportation and mobility challenges, anxious patients, busy work schedules, and the cumulative cost of frequent visits all contribute to reduced treatment adherence.

A well-designed home laser rental program can break that barrier. Turn-key platforms modeled after at-home prescription programs aim to extend PBM from the clinic into the home, in a structured, trackable, and practical way for families.[1] This approach does not replace in-hospital PBM; it creates a continuum: intensive care in the clinic when needed, followed by maintenance and ongoing support at home.

Improving outcomes and client experience

PBM is commonly positioned as an "adjunct," but many of its best use cases are adherence-dependent: chronic osteoarthritis, geriatric mobility decline, chronic soft-tissue pain, and long recovery arcs after orthopedic or neurologic injury. These cases do not require a single perfect treatment; they need a repeatable routine. At-home PBM reduces the friction that keeps families from returning to the clinic weekly (or multiple times per week), while allowing the practice to remain clinically involved through protocols, education, and check-ins.

Practically, home programs solve four chronic barriers:

1) Dose consistency over time. PBM is typically delivered as a course rather than a single event. *Merck's Veterinary Manual* highlights that the response depends heavily on whether and how light enters the tissue, underscoring why repeatable technique and consistency matter.[3]

2) *Patient stress and handling challenges*. Anxious dogs, cats that hate carriers, and patients in pain often tolerate PBM better at home.

3) *Logistics and equity.* Clients with limited mobility, rural travel distances, or tight schedules can still access ongoing care.

4) *Continuity after surgery or acute injury*. Practices can initiate PBM in-hospital and transition the patient to home care when the patient is stable.

Thinking "safety by design"

The safety protocols and treatment frequency differ substantially between high-power Class 4 PBM systems and lower-power devices designed for home use.[2] Home laser programs succeed or fail on one non-negotiable: owner usability without compromising safety.

Devices marketed for home use typically do this through a combination of lower-emission levels (often Class 1 at the point of use), preset protocols, limited user controls, and educational content that standardizes technique. In contrast, most in-clinic therapeutic lasers are Class 3B or Class 4 systems (depending on design and output). These devices are not "unsafe," but they can be less forgiving. They demand staff training, eye protection protocols, controlled environments, and careful dosing and delivery.

A clean way to explain device selection to your team:

- Clinic lasers optimize through put and flexibility (variable power, spot size, and protocols across diverse conditions).
- Home lasers optimize standardization and guardrails (preset programs, simplified controls, lower hazard profile).

The safety and frequency differences that matter

1) Thermal risk and the margin for error

The American Animal Hospital Association (AAHA) summarizes laser classifications and notes that Class 4 lasers can cause thermal injury to tissues.[2] That does not mean burns are common in trained hands; it means the device has the potential to create a thermal effect if used incorrectly, used too long in one spot, or used without appropriate technique and safeguards.

Operational implications for practices:

- Class 4 systems should generally remain in controlled clinical environments with trained operators, eyewear, and attention to movement, distance, coat/skin characteristics, and contraindications.
- Home devices should be selected specifically to reduce the likelihood that an owner can deliver an unsafe exposure.

2) Eye safety expectations

Even when PBM is considered "noninvasive," the eye remains the critical hazard. Many clinics treat PBM rooms like procedure spaces: controlled entry, reflective-surface awareness, and mandatory eyewear when using higher-class lasers. While home devices can be engineered for reduced hazard, your training should still emphasize "never aim at eyes" and "no face/eyes/ears unless explicitly directed."

Operational implication:

- For Class 4, always institute clinic eyewear policies and signage as part of your SOP.
- For home, emphasize behavioral handling (calm restraint, treating when the pet is settled), positioning, and "stop if the pet turns toward the device."

3) Treatment frequency: Why home programs often involve more sessions

This is the key clinical logic that is easy to communicate:

- Higher power (Class 4) systems can deliver a therapeutic dose to a larger area more quickly, which supports efficient in-clinic sessions and higher throughput.
- Lower-power home devices generally require more frequent sessions (and/or longer sessions) to achieve comparable cumulative dosing over time, but they are designed so that this frequency is feasible and dosage delivery is safer for families.

Home laser therapy can improve adherence, patient comfort, and continuity of care while strengthening client relationships.

Operational implication:
- In-clinic PBM plans often look like "twice weekly for two to three weeks, then reassess," because each session can deliver more energy efficiently.
- Home PBM plans often look like "short sessions, several times per week," because adherence becomes easier when the session is brief, and the patient is already at home.

This is exactly why home rental programs can be transformative: they convert the need for frequency from a barrier into a routine.

Program design: A practical blueprint for clinics

Step 1) Define your most common clinical uses. Avoid "laser for everything." Start with three to five indications where at-home PBM fits naturally:
- Osteoarthritis/chronic mobility pain
- Post-operative recovery (once stable)
- Chronic soft-tissue pain or repetitive strain patterns
- Palliative comfort support where transport is difficult
- Selected wound/incision support when appropriate and monitored

PBM is part of a multimodal approach and should emphasize matching use to the case. Your program should reflect that "right patient, right protocol, right follow-up" strategy.

Step 2) Build the workflow like a prescription program. The most successful home models behave like "medication with coaching," not retail.

Minimum workflow components:
- Eligibility exam/enrollment visit (confirm diagnosis, goals, contraindications, baseline pain/quality of life [QoL] metrics)
- Hands-on demo + owner return-demonstration (teach technique and verify understanding)
- Written protocol (frequency, treatment sites, duration, what "normal response" looks like)
- Follow-up touchpoint (seven–14 days) and then at least monthly during rental
- Stop rules (worsening pain, new neurologic deficits, increased swelling/heat, intolerance) and required recheck

Often, the device manufacturers' resource portal or webpage contains a structured content library that can support owners with operation, technique, and condition-specific guidance.

Step 3) Treat it like a compliance and outcomes initiative. Decide what you will measure. Simple wins include:
- Client-reported mobility scale (stairs, rising, walks)
- Pain interference score (sleep, play, grooming)
- Medication changes (dose reductions, fewer breakthrough episodes)
- Recheck findings (range of motion, comfort on palpation, gait notes)

This turns your program into a quality initiative rather than a gadget.

Step 4) Make pricing transparent and values-based

Clients do not only buy devices; they buy access to a guided plan. A strong value frame:
- Device access (rental or purchase)
- Training and support
- Follow-ups and protocol adjustments
- A plan that reduces travel stress and keeps the pet comfortable at home

When your front desk and technicians can articulate that in one sentence, adoption rises.

Client communication: The script that prevents confusion

A simple, accurate explanation families understand: "In the clinic, we can use a higher-power laser that delivers treatment quickly, but it requires strict safety controls. The home laser is designed for safety and ease of use, so treatments are shorter and typically performed more often at home. You're trading 'fewer clinic visits' for 'more consistent routine,' and we'll guide you the whole way."

That one paragraph addresses safety and frequency without overpromising.

Risk management: What your SOP must include

Even with home devices designed for safety, your SOP should cover:
- Contraindications/precautions (neoplasia discussions, pregnancy precautions, endocrine/thermal sensitivity considerations, ocular avoidance).
- Eye/face handling guidance.
- "Never leave running unattended."
- Skin/coat notes (thick coat technique; contact vs. hover method depending on device guidance)
- Documentation: training completed, owner demonstrated use, protocol provided, follow-up scheduled.

The bottom line

Home PBM programs can transform laser therapy from something we do when clients can come in to a comfort-care tool families can actually sustain. They are most effective when they are treated as a prescription service, anchored in training, protocols, and follow-up, rather than a retail add-on.

Also, they work best when practices communicate the most important nuance clearly:
- Class 4 (high power) supports efficient delivery in the clinic but demands tighter safety controls due to thermal and ocular risk potential.
- Home devices trade power for guardrails—making frequent, consistent PBM feasible and safe for families to perform.

Tyler Carmack, DVM, CVA, CVFT, CHPV, CPEV, CVPP, is the director of Hospice and Palliative Care for the Caring Pathways family of practices. She founded Hampton Roads Veterinary Hospice, an AAHA-accredited end-of-life practice, and has practiced exclusively in hospice and palliative care since 2011. Dr. Carmack has served on the Board of Directors of the International Association for Animal Hospice and Palliative Care (IAAHPC) since 2016 in various roles, including president in 2020 and 2025. She holds certifications in animal hospice and palliative care, veterinary pain management, peaceful euthanasia, veterinary acupuncture, TCVM food therapy, and TCVM End-of-Life care.

References

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Improving early cancer detection with cytology and AI

Zoe, an eight-year-old spayed female American bulldog

By Sue Ettinger, DVM, DACVIM (Oncology)

Photos courtesy Dr. Sue Ettinger

One of the most common and challenging moments in practice is discovering a lump on a patient. It may be discovered incidentally during a routine exam, or a worried pet owner may bring it up after noticing something new at home. No matter how the mass is found, the questions come quickly. *What is it? Should we be worried about it? What do we do next?*

That conversation matters. For veterinarians, lumps and bumps are part of everyday practice. For pet owners, these moments can feel stressful and emotional–especially because pets are family. Recent research reports 21 per cent of pet owners found the death of their pet the most distressing loss they had ever experienced.[1] The emotional bond is why uncertainty around a mass can feel so heavy, and why early, practical, and affordable diagnostics matter.

One of the key messages I share with veterinary teams and pet owners is simple: No one can look at a mass or feel a mass and know what it is. Not a pet owner, not a general practitioner, and not a veterinary oncologist like myself. That is why cytology is such an important first step. It helps move the conversation from guessing and waiting to gathering information, making a diagnosis, and creating a plan.

This is also the foundation of my See Something, Do Something. Why Wait? Aspirate. program, which was created to empower veterinary teams and pet owners to be more proactive with lumps and bumps.[2] The guidelines are intentionally simple: if a mass is the size of a pea (1 cm) and has been present for one month, aspirate it. The goal is not to make every lump feel alarming, but to move away from guessing and waiting when a simple fine-needle aspirate can provide meaningful information and help guide next steps.

Start with cytology

Fine-needle aspiration is a simple, minimally invasive technique that can provide valuable information about a mass. In many cases, it allows us to determine whether we are dealing with inflammation, a benign growth, or a malignancy, without guessing, waiting, or rushing that patient straight into surgery. This is why I consider cytology such a powerful first step in oncology diagnostics. It can help guide staging, treatment decisions, referral if needed, and the next conversations with the pet owner.

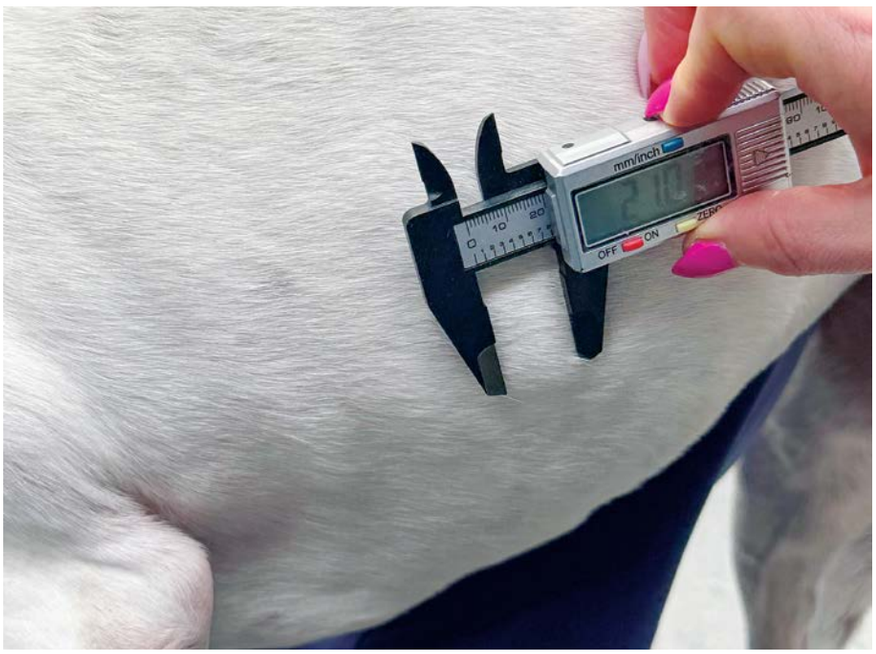
Cytology is valuable but not without challenges. Sample quality can vary, and interpretation depends on the cells present, slide quality, clinical picture, and the experience and confidence of the person collecting and reviewing them. In general practice, time, cost, and access to pathology support can also shape how quickly and sometimes whether we get answers.

When samples are sent to conventional external laboratories, cytology can add to the cost for the pet owner and may take several days to return results. In that space, uncertainty has time to build, both for the veterinary team and for the owner sitting at home waiting. For some owners, the cost of cytology is the barrier to taking the next diagnostic step. Unfortunately, small or not-urgent-looking do not always mean benign. Many skin and subcutaneous masses, even many malignant ones, can be cured with early diagnosis and treatment while still small.

In oncology, timing matters. Not every mass is an emergency, but delays in interpretation can influence how we move forward and, in some cases, how the disease progresses. Just as importantly, timing shapes how we communicate. It is difficult to guide a client through the next steps when we do not yet have enough information to offer real clarity.

Over the past several years, advances in digital cytology and artificial intelligence (AI) have begun to change how we approach these early stages of diagnosis. We are already seeing this change play out in real time. AI-supported digital cytology can help make cytology more practical and accessible as a screening diagnostic, especially when cost, time, or access to pathology support may otherwise delay the first step.

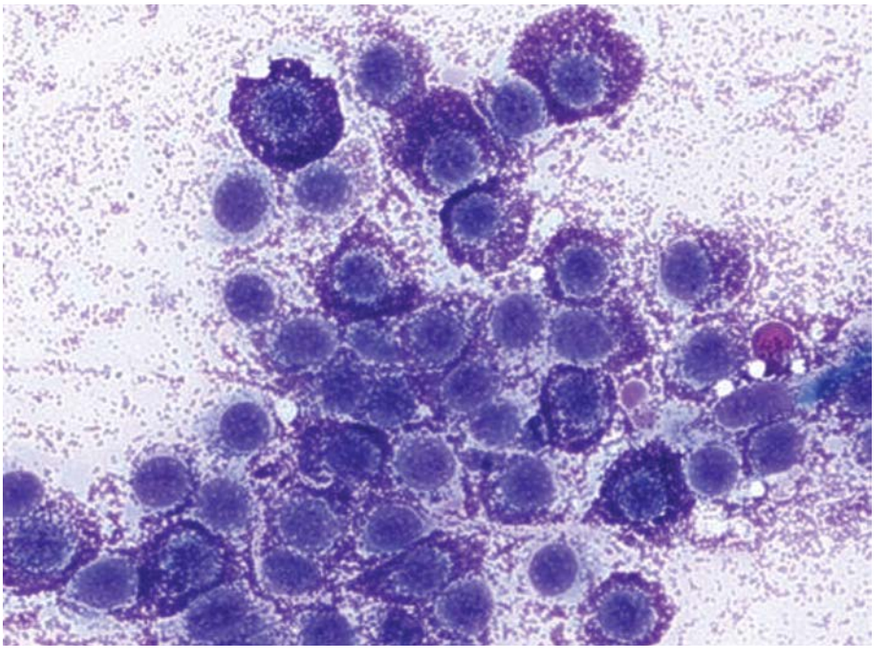
That matters because when cytology is supported at the point of care, we are not waiting days for the first layer of information. With AI-supported digital cytology, once the slide is scanned, the report can provide useful information quickly, often in the same visit, with results typically available in about 20 minutes. In practical terms, that means veterinarians may be able to see what cell populations are present and whether the findings support an inflammatory process, a benign lesion, or concern for a malignant tumor, such as a mast cell tumor (MCT).



The See Something, Do Something. Why Wait? Aspirate. program promotes proactive evaluation: if a lump is pea-sized (1 cm) and persists for one month, aspirate it.

When I use AI-supported digital cytology, I have the owners wait for results if they are able, so I can review the findings and next steps in person. That information can change a conversation immediately. If an MCT is identified, for example, I can explain how we typically approach the disease and discuss treatment options. Depending on the mass, location, cytology findings, and the overall patient, it may mean staging, surgery, intratumoral injection, referral, add-on expert review, or other treatment options. For MCT, I recommend an add-on expert review of cytologic grading, as this can inform staging and treatment recommendations.

AI-supported digital cytology does not replace veterinarian judgment. The report still needs to be



AI-supported digital cytology complements, rather than replaces, veterinarian judgment. Reports should be interpreted alongside the patient's history, physical examination, sample quality, and slide findings.

interpreted in the context of the patient, physical exam, sample quality, and what was seen on the slide. Some cases are straightforward enough to guide the next step, while others are more complex or ambiguous. In those other cases, a clinical pathologist's expert review can be especially valuable.

For me, the value is not that AI gives every answer; it is that AI-supported digital cytology can be a practical, efficient, and cost-effective way to screen masses, help identify benign processes, and diagnose malignant MCT, the most common malignant cutaneous cancer in dogs. It brings useful cytological information into the exam room sooner, instead of asking the owner to go home and wait before we can begin a real conversation. We can discuss the findings, what we still do not know, and the next step, often in person during the appointment.

Case in context: Same-visit clarity with AI-supported cytology

Zoe, an eight-year-old spayed female American bulldog, presented for recheck of a previously diagnosed follicular lymphoma with salivary gland involvement. This was an atypical lymphoma presentation, and, unlike more common forms of lymphoma, she had not been treated with a traditional chemotherapy protocol after lymph node removal. On physical examination, Zoe's peripheral lymph nodes were normal, but a new, flat, movable subcutaneous mass was noted on the left ventrolateral abdomen.

Given the new mass, fine-needle aspiration was performed. Clinically, I thought the mass was likely lipoma. It was difficult to aspirate because the mass was very flat and mobile, but the sample was submitted through AI-supported digital cytology, which identified findings consistent with an MCT.

Having that information available during the visit changed the conversation. Instead of asking the owner to wait several days before discussing the possibilities, we were able to talk in person about the findings, why this was not a matter to simply monitor, and the next step. Based on the AI Masses findings, I recommended an add-on expert review to confirm the diagnosis and provide cytologic grading, which supported a low-grade MCT.

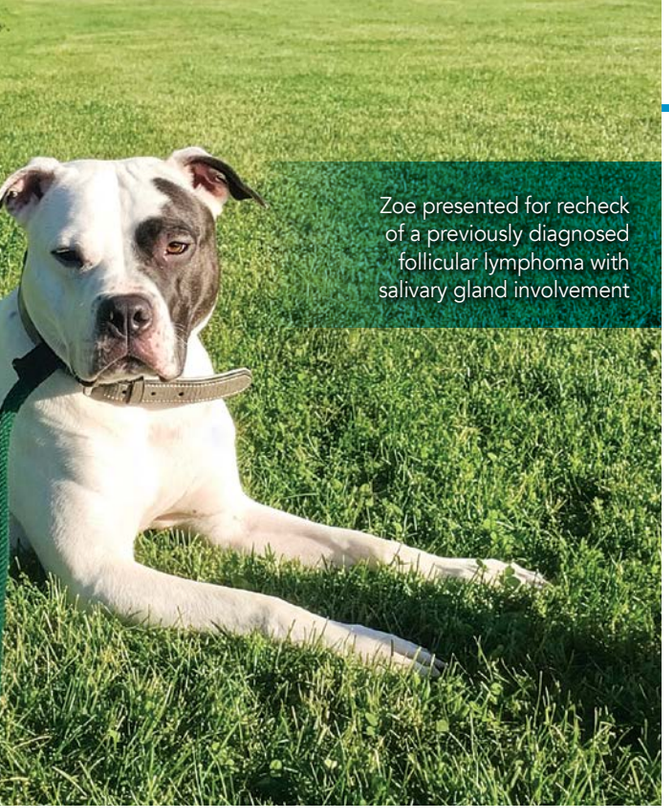
Because the mass was subcutaneous and located on the trunk, I recommended surgical removal with her primary veterinarian rather than an intratumoral injection. Zoe went on to have surgery eight days later. Histopathology confirmed a low-grade subcutaneous MCT, with no infiltrative pattern, no multinucleated cells, and a mitotic count of 0. Margins were narrow laterally but complete, with a good, deep margin and a tissue plane deep to the tumor. A separate ventral thoracic lipoma was also removed.

The owner then returned for a post-operative oncology recheck so we could review the biopsy report in detail. We discussed that subcutaneous MCTs are distinct from dermal MCTs and often have a favorable prognosis when completely excised, although a small subset can behave more aggressively. Additional prognostic testing was discussed but declined at that time, with the option to add it later if needed.

This case highlights the practical value of AI-supported digital cytology as a screening diagnostic. It did not replace clinical judgment or expert review, but it helped identify a malignant tumor sooner, enabled us to have a more informed in-person conversation, and facilitated Zoe's efficient transition from cytology to surgery to post-operative planning.

Veterinary expertise supported by AI

AI-supported tools are not a substitute for veterinary expertise. Cytology remains an interpretive discipline, and clinical context will always be central to how we understand and act on any result. These technologies are best seen as an additional layer of support, one that can bring greater consistency, improve efficiency,



Zoe presented for recheck of a previously diagnosed follicular lymphoma with salivary gland involvement

expand access to cytologic information, and help veterinary teams make more informed next-step recommendations.

For general practitioners, this can be especially valuable because they are often the first to evaluate the skin and subcutaneous masses that walk through the door every day. AI-supported digital cytology can help bridge the gap between an initial assessment and specialist input when needed. It can support more streamlined workflows and earlier, more confident case triage in everyday practice. For pet owners, these conversations can be clearer because we can explain what we are seeing, what we are concerned about, and what may come next.

For patients, earlier information can mean reaching a diagnosis sooner and starting the appropriate, recommended strategy. Earlier intervention often improves outcome and prognosis. In other cases, it may simply help avoid delays, repeated procedures, or prolonged uncertainty that can add stress to the family and veterinary team.

There is also a broader impact when we think about access to care. Not every practice has immediate access to a clinical pathologist, specialist, or advanced diagnostic services. Bringing more cytological support into the clinic in a cost-effective, time-efficient manner helps narrow that gap and supports a more consistent standard of care, regardless of setting.

At the same time, it is essential we remain thoughtful in how we integrate these tools into practice. High-quality sample collection still matters. The report still needs to be interpreted within the clinical picture. Early cancer detection is never the result of a single test or a single technology. It is a process, one that relies on careful examination, appropriate use of diagnostics, clear communication, and sound clinical judgment.

What these advances offer is not a shortcut. They strengthen that process by helping us to gather useful information sooner, interpret more efficiently, and move forward with greater clarity and confidence.

Final thoughts

Our role is not only to diagnose diseases, but also to guide our patients and their families through what can be a very difficult, often emotional journey.

When used thoughtfully, AI-supported digital cytology can help us move from "Let's keep an eye on it," to "Let's get more information and make a plan." That is where I think these tools are most valuable—not as a replacement for the veterinarian, but as support for making better decisions, having better conversations, and taking earlier action.

When we find a lump, getting useful information sooner helps us stop guessing, start planning, and guide the pet owner with greater confidence.

Sue Ettinger, DVM, DACVIM (Oncology), practices at Guardian Veterinary Specialists in New York and was recognized as the 2019 Western Veterinary Conference Small Animal Continuing Educator of the Year. Dr. Ettinger pioneered the "See Something, Do Something, Why Wait? Aspirate®" initiative to promote early cancer detection in pets. Beyond her clinical work, Ettinger connects with pet owners and veterinary professionals on social media, where she shares valuable education and support with more than 140,000 followers. She is the co-author of the Second Edition of The Dog Cancer Survival Guide.

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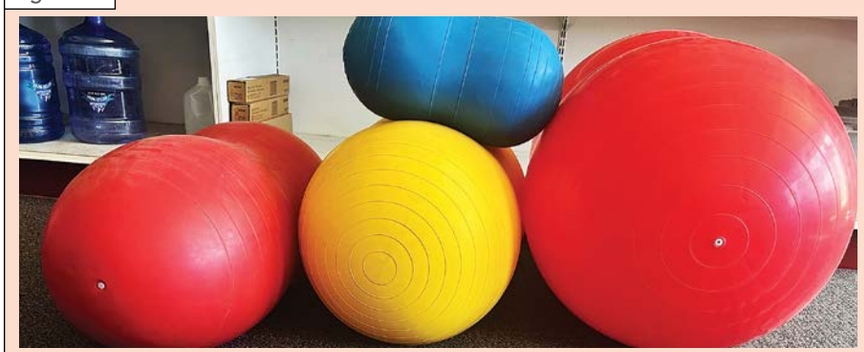
Donuts, discs, and posture peanuts among easy-to-add rehab tools

Before beginning any physical rehabilitation with patients, ensure their pain is well managed.

Figure 1



Incorporate the use of inflatable discs, donuts, and peanuts for balance training.

By Robin Downing, DVM, MS, DBe, DAAPM, DAVCSMR

Photos courtesy Dr. Robin Downing

Canine and feline physical rehabilitation has come a long way since its inception. Veterinary medicine followed human medicine's advancements, making adaptations to benefit veterinary patients. Many of the essential tools and techniques used in human physical therapy have been successfully adapted to help dogs and cats improve their comfort, function, and mobility. While many people conjure images of underwater treadmills when they think of veterinary rehabilitation, there is so much more to it. Fundamental physical rehabilitation equipment is both affordable and fun to use—for patients and practitioners.

Why is physical rehabilitation important, and who can benefit?

At least 20 per cent of canine and feline patients across all ages suffer from osteoarthritis.[1,2] With age, that percentage increases. Additionally, at any time, most veterinary practices have patients recovering from orthopedic or neurologic surgeries. These are patients whose comfort and function are usually compromised, and those that can benefit from physical rehabilitation.

While there are specialty veterinary practices dedicated to rehabilitation, there are not nearly enough to serve all the needy patients. Here are some examples of physical rehabilitation equipment that are fundamental and easy to incorporate into any practice in order to serve this patient population.

Balance building

Balance is critical to normal gait and to comfortably navigating both indoor and outdoor environments, making balance training an important part of physical rehabilitation. The necessary equipment for balance work is varied, straightforward, and easy to use.

Walking, standing, and reaching for treats on an uneven and shifting surface are excellent balance builders. Using a partially inflated camping air mattress is low-tech but highly effective. A rocker board or wobble board can contribute, as well. Inflatable discs, donuts, and peanuts can also provide shifting surfaces to challenge balance in various ways (Figure 1).

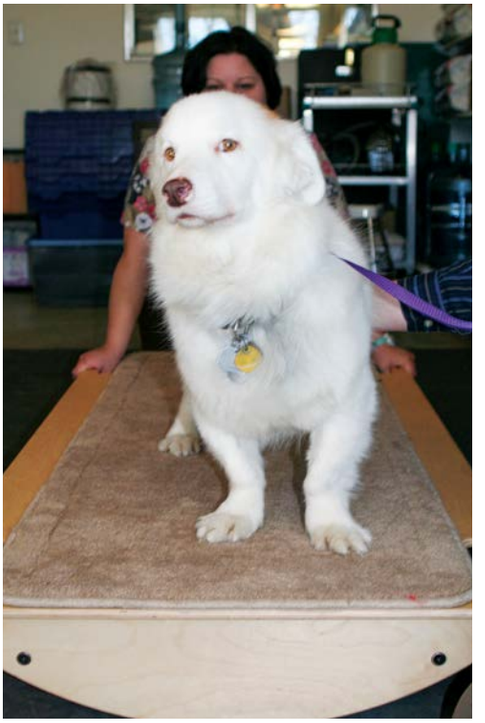
Stretching and flexibility

Stretching, both passive and active, is important to restoring and supporting normal movement. Passive spine stretching by draping the patient over an inflatable peanut or exercise ball achieves a

Figure 2

Figure 3

The use of cavaletti poles can help patients improve their limb and joint mobility, as well as their torso flexibility.



A dog balancing on a rocker board. Balance training is essential in physical rehabilitation to help patients with gait and navigate their environment.

soothing stretch that the patient cannot achieve on their own.

Active stretching, for instance, reaching for treats, works both stretching and balance if the patient stands on an unstable surface and shifts their weight as they reach in different directions. This provides a whole-body benefit.

A combination of poles and cones with holes at various heights can serve a dual purpose.

Poles from cone to cone create a cavaletti pole course (Figures 2 and 3) to encourage the patient to high-step, improving limb and joint mobility. With a quick switch, the poles can be placed upright into the cones to create a weave-pole course. Weaving back and forth works on torso flexibility and challenges foot placement with changing directions.

Resistance bands come in various strengths and can be fashioned to provide additional challenges for the patient building function and strength.

Adding equipment and finding guidance

There are now several companies offering rehabilitation equipment specifically for veterinary use. Additionally, school supply companies are a good source for some items, such as cones and poles. Finally, physical therapy supply companies are a great source of a wide variety of equipment that can be easily adapted for use with cats and dogs.

Incorporating physical rehabilitation into primary care practice provides an important strategy to expand services, enhance job satisfaction for the veterinary health care team, and add value for clients and patients.

Many fundamental physical rehabilitation techniques and activities are easy to learn and apply with a bit of study and practice thanks to several excellent textbooks as well as online learning. The following texts (not an exhaustive list) provide excellent descriptions of rehabilitation applications and techniques, along with pictures. They provide practical guidance on developing appropriate protocols and plans for specific conditions. In addition, they have websites that provide videos to enhance the ability to learn and apply rehabilitation techniques appropriately.

1. *Canine Rehabilitation and Physical Therapy,* 2nd ed. Darryl Millis, David Levine, eds. Elsevier Saunders, Philadelphia, 2014.
2. *Essential Facts of Physical Medicine, Rehabilitation and Sports Medicine in Companion Animals.* Barbara Bockstahler, ed. VBS GmbH, Babenhausen, Germany, 2019. (Available from www.utvetrehab.com)
3. *Physical Rehabilitation for Veterinary Technicians and Nurses,* 2nd ed. Mary Ellen Goldberg, Julia E. Tomlinson, eds. John Wiley & Sons, Inc., Hoboken, NJ, 2024.

Likewise, online courses are available for deeper dives into veterinary physical rehabilitation.

With a very reasonable investment of dollars, time, energy, and practice, dogs and cat patients whose quality of movement and quality of life can be improved have the opportunity to live both better and (potentially) longer.

At its core, physical rehabilitation supports the precious human-animal bond—the profession's central reason for being. Be bold and go for it. The rewards are immeasurable.

Robin Downing, DVM, MS, DBe, DAAPM, DACVSMR, is hospital director of The Downing Center for Animal Pain Management. In addition to being a practicing veterinarian, she is a Doctor of Bioethics from Loyola University of Chicago. She has received many regional, national, and international awards including the AVMA's Leo K. Bustad Companion Animal Veterinarian of the Year in 2020, and the Excellence in Veterinary Medicine Award in 2001 from the World Small animal Veterinary Association. Dr. Downing teaches internationally on topics such as pain management, physical rehabilitation, physical medicine, palliative and end-of-life care, and overcoming compliance obstacles in veterinary medicine.

References

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Coming together as an industry

For the first time, Canada's veterinary technician/technologist associations teamed up to hire a consulting firm to conduct a national wage survey. This survey not only examined how well veterinary technicians and technologists are compensated for their hard work, but also gathered information on the challenges faced by those working in the field–how they are affected by them and what they value most about their careers and associations.

"By pooling our resources, we can look at the big picture of veterinary technology nationwide rather than just scattered pieces of the puzzle," says Lisa-Marie Smith, executive director of the Saskatchewan Association of Veterinary Technologists. "It ensures every member, regardless of their province, is accurately represented and heard. The benefits are stronger advocacy and sharing best practices–we are stronger together, and this data helps us serve our members better."

Nationally, 89 per cent of veterinary technicians/technologists are paid by the hour. Of those, half make less than $30 per hour. Eighteen per cent make between $16 and $25.99 per hour. The majority are making between $26 and $35 per hour.

Nine per cent of veterinary technicians/technologists across Canada are paid a salary, but 40 per cent make less than $60,000 per year.

"Surveys that focus explicitly on RVTs are few and far between, and there has never been a Canadian survey of this scope before," says Elise Wickett, executive director of the Ontario Association of Veterinary Technicians. "Some of the benefits in taking this approach include pooling resources, the opportunity to disseminate the information with colleagues and learn from each other, and a larger data set. Over 13,000 people were sent the survey link!"

The survey also allows the associations to compare notes.

"Each of the provincial associations has done some kind of wage and compensation survey on a regular basis for many years," says Amber Gregg, executive director of the British Columbia Veterinary Technologists Association. "By doing this survey together, we have the ability to directly compare data from each province and get a more accurate picture of compensation, work environments, career satisfaction, etc., for RVTs in the country. The amount of information we were able to gather gives us a very clear picture of the profession and accurate data to guide our work. This would not have been as significant without all of the provincial associations working together."

One of the more surprising results of the survey was the consistency of concerns expressed across the country.

"The data showed RVTs continue to be concerned about compensation, workforce sustainability, professional recognition, and long-term career viability," says Donna Taraschuk, executive director of the Manitoba Veterinary Technologists Association (MVTA). "It was also notable that a significant number of RVTs reported having secondary sources of income, while many expressed a desire for compensation negotiation resources and career development support. These findings reinforce that attracting and retaining skilled professionals remains a challenge for the profession nationally."

> "For the first time, we have a national picture of the RVT profession in Canada. The insights gained will help guide association priorities, strengthen advocacy efforts, and support evidence-based decisions that benefit RVTs across the country."

Taraschuk also identified the concern among Canada's RVTs that non-RVT staff are performing the same duties without the same level of education and regulation.

"While Manitoba has title protection and a defined scope of practice, the survey suggests appropriate utilization of RVTs remains a broader professional challenge," Taraschuck says. "This highlights that regulation alone is not enough; there must also be ongoing education, awareness, and commitment from employers to fully utilize RVTs according to their training and competencies."

Past provincial surveys have identified burnout as a recurring issue in the profession, but the data from the new national survey suggest that workplaces themselves appear to be taking action to protect employees' mental health.

"I was surprised to see that 68 per cent of respondents agree that their workplace is psychologically safe and healthy, and I'm curious to understand the contributing factors," says Wickett.

Gregg says most of the data aligned with her expectations: "I was not truly surprised by the majority of the data after the initial report. I am interested in learning more about the large range of wages and to see if these are trends across the country or only in particular provinces. I am also curious to learn more about the delegation of skills and duties to non-RVT staff."

The survey provided opportunities for each association to include questions to learn about their member's specific needs.

"For Ontario, as we are looking ahead to a voluntary membership model, it is important that we know and understand what people are looking for from their association," says Wickett.

"For the MVTA, this survey provides valuable data that helps guide our priorities and advocacy efforts," Taraschuk adds. "Importantly, the survey helps us distinguish between issues that can be addressed provincially and those that would benefit from collaboration with other veterinary organizations, regulators, educators, employers, and provincial associations."

Each association will share data specific to its members over the coming months, including more details on the national picture, so veterinary technologists and technicians can better advocate for themselves with their employers.

"The real strength of this project is that it moves us beyond assumptions and anecdotes," says Vanessa George, executive director of the Alberta Veterinary Technologists Association. "For the first time, we have a national picture of the RVT profession in Canada. The insights gained will help guide association priorities, strengthen advocacy efforts, and support evidence-based decisions that benefit RVTs across the country. There is an incredible amount of information still to explore, and we expect the value of this data to continue growing as we learn from it over time."

Kate Stockmann-Fetter brings more than 20 years of communications expertise to her role as digital communications specialist at the Ontario Association of Veterinary Technicians (OAVT). A former broadcast journalist, she now leads online communications and digital strategy and serves as editor-in-chief of the RVT Journal. Stockmann-Fetter holds postgraduate credentials from Fanshawe College. In her spare time, she enjoys hiking with her two rescue dogs, Ziggy and Ruby, and cuddling with her spicy cat, Nacho.

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5 questions with... Justin Rosenberg, DVM, manager of Wildlife Health Operations at the Toronto Zoo

Above: Dr. Justin Rosenberg and the team at the Wildlife Health & Science Center care for a wide range of animal species at the Toronto Zoo.

Above-right: The Toronto Zoo welcomed the birth of an endangered pygmy hippopotamus last Aug. 2, reflecting the team's dedication to conservation and scientific collaboration.

Photos courtesy Toronto Zoo

Exploring the interesting and sometimes wild world of veterinary medicine outside the four walls of a clinic reveals a profession that extends far beyond the exam room. Sometimes, that work takes veterinarians to a zoo, where a patient may weigh only a few grams, several tonnes, or belong to a species they have never encountered before. At Toronto Zoo's Wildlife Health & Science Centre, veterinary care meets conservation, research, and public education.

In this interview with *Veterinary Practice News Canada*, Dr. Justin Rosenberg shares how the Centre's team approaches the health needs of animals, ranging from fish to large mammals, while contributing to the well-being of wildlife populations, ecosystems, and people. Its work is grounded in a One Health perspective, bringing veterinarians together with wildlife care professionals and specialists to make informed decisions.

1) Toronto Zoo's Wildlife Health & Science Centre sits at the intersection of veterinary medicine, conservation, and research. How does your team collaborate across disciplines to improve health outcomes for wildlife, and what lessons from that collaborative approach could be applied in companion animal or mixed veterinary practice?

At the Toronto Zoo, we utilize a One Well-being approach that encompasses health, nutrition, and welfare in collaboration with our wildlife care partners (keepers). We rely on our experts in each domain to help guide informed decision-making for each situation that arises. In non-zoo practice, having a collaborative, holistic approach where information sharing opens lines of communication could lead to improved welfare. It would be important to discuss topics such as the responsible use of antimicrobials and dewormers, preventive medicine (vaccination), and general trends in animal health related matters.

> "Wildlife serve as sentinels of ecosystem health, and awareness of their overall status can serve as an early warning sign of things to come. This allows for risk assessment and risk mitigation before human health is impacted."

2) From your perspective, why should practicing veterinarians care about wildlife medicine, and how does your team's work contribute to a broader One Well-being approach?

Wildlife health has widespread impacts for all of us. From free-ranging moose to the raccoons raiding trash bins, to the bees pollinating our flora. Wildlife serve as sentinels of ecosystem health, and awareness of their overall status can serve as an early warning sign of things to come. This allows for risk assessment and risk mitigation before human health is impacted. Living every day at the forefront of the human-wildlife interface, veterinary professionals have an opportunity to identify emerging diseases and take appropriate action to reduce the risk of zoonoses. Further, some of the often-overlooked wildlife species play important roles in maintaining biodiversity. Imagine the widespread impacts of losing pollinators, seed dispersers, and scavengers...

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Top: The Wildlife Health & Science Centre team works with indigenous, academic, and government partners to advance animal health, safeguard biodiversity, and support wildlife conservation.

Bottom: Toronto Zoo visitors can observe the Wildlife Health & Science Centre's work and learn about veterinary medicine, conservation, and responsible animal care.

3) Your team cares for a diverse range of species, each with unique physiological and behavioural needs. What are some of the biggest diagnostic or medical challenges you encounter, and how has working with such a wide range of animals shaped your approach to veterinary medicine and clinical decision-making?

Personally, I feel the best part of specializing in non-domestic species is constantly having to think outside the box. Knowing what we want to do is only half the battle ... figuring out how to make it happen is the fun part. Some of the challenges we face on a day-to-day basis involve patient size. Working on species that can range in weight from only a few grams up to several tonnes makes each situation a unique endeavour. We also need to consider the natural behaviour as part of our treatment plan; it is not realistic to keep a fish out of water while it heals from surgery. We find unique ways to provide top-quality care to each animal housed at Toronto Zoo.

Working with such a wide range of animals can be quite humbling. There were times early in my career when I would be presented with a species I had never known existed until it became a patient. We also lack normal reference ranges for many species, so we must have a solid foundation in domestic species to appropriately extrapolate to non-domestic species. Zoo medicine is as much an art as it is a science.

4) Can you describe how your work at the Wildlife Health & Science Centre ultimately benefits the veterinary profession and the public?

At the Wildlife Health & Science Centre, we take every opportunity to collect as much information from each individual as possible. By performing comprehensive examinations that include radiographs, blood analysis, morphometrics, reproductive evaluations, and banking samples to answer future questions, we are able to help advance the veterinary profession by pushing the boundaries of what is thought to be possible. We can work to define "normals," which in turn allows us to better assess free-ranging, in situ populations; similarly, we are developing Canada's Wildlife Cryobank, which will serve as a "frozen archive" to preserve biodiversity in the event of a natural catastrophe.

We also have an amazing public gallery where guests can observe the daily activities within the Wildlife Health & Science Centre. This allows visitors to get an up-close view of the care we provide and brings awareness to many aspects of veterinary medicine, conservation, and responsible animal ownership.

Sharing knowledge is a passion of mine, and my hope is that at least one guest each day is inspired by our conservation messaging and takes action to help save species. Over time, this would have a cumulative effect greater than any one individual can achieve.

5) Looking ahead, what emerging wildlife health issues do you believe veterinarians should be paying closer attention to, and how can practitioners become stronger advocates for both wildlife and the people who care for animals?

Unfortunately, the biggest emerging issue is one that lacks an "easy fix" and is becoming increasingly controversial—climate change. As we see greater extremes in temperature and weather patterns, there are countless impacts on wildlife. A difference of a few degrees in the ocean temperature can result in catastrophic loss of corals (coral bleaching). There is also range expansion for invasive species that can wreak havoc on native species and ecosystem health.

One of the best ways to be a stronger advocate for wildlife and those who care for animals is to be mindful of what goes into the products we use every day. Choosing sustainably sourced products (or avoiding those with less-than-sustainable practices) can make a major impact if we all take action. For example, palm oil is often harvested in ways that increase deforestation and reduce orangutans' habitat. Ocean Wise seafood reduces overfishing and population depletion. Ultimately, being a conscious consumer can have widespread impacts with relatively little effort. As veterinary professionals, we are at the forefront of educating the public about these approaches.

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