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## IN THIS ISSUE

### Q3 WEBINAR HIGHLIGHTS // [03](#)

Managing Anxiety in Anxious Times // [03](#)

Eliminate the Hurdles: Identifying and Treating Chronic Pain in Cats // [06](#)

Equine Coronavirus: A Decade-Long Journey to Investigate an Emerging Enteric Virus of Adult Horses // [10](#)

Build a Thriving Dental Practice // [14](#)

### TECH TIPS // [17](#)

Some unique and amazing tips and tricks we've learned and need to share

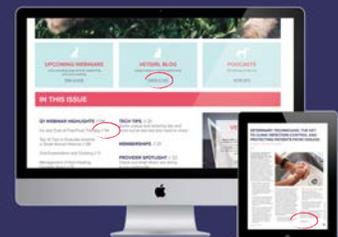
### MEMBERSHIPS // [17](#)

### UPCOMING WEBINARS // [18](#)

### PROVIDER SPOTLIGHT // [18](#)

Check out what others are doing in our community

## GET MORE OUT OF OUR NEWSLETTERS!



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# MANAGING ANXIETY IN ANXIOUS TIMES

JEANNINE MOGA, MA, MSW, LCSW

Chief Happiness Officer, VETgirl, LLC

Earlier this summer, Jeannine Moga, our Chief Happiness Officer at VETgirl, discussed how we can manage or tame our anxiety in a free [YouTube LIVE event](#) on [Taming anxiety: Bio-hacks to reduce overwhelm in an overwhelming time](#).

## KEY HIGHLIGHTS

This is all too much. We're months into a pandemic, juggling safety issues, increasing caseloads, working parenthood, virtual learning, and countless other competing demands. Everyone is crabby, overstressed, overstretched, and worried about what fresh hell is around the corner. There. I said it.

And now for the reality check: the anxiety that is bubbling up to the surface is asking for attention, too, and it will get in our way (and squirt out sideways via secondary emotions like frustration, anger, and helplessness) unless we manage it successfully. Management requires understanding both *function* and *process*.

Anxiety is related to the central emotion of fear, and fear arises whenever the brain senses potential danger (*function*). This is good, folks – feeling fearful is a sign that your brain doing its job in service to your safety. However, chronic anxiety is like fear running amok. Worrying constantly does little other than making us experts in worrying (*process*); worry becomes the default setting in the brain, which can hijack other cognitive processes and send our best skills – like discernment, decision making, and emotional management – off-line. How do we work with our fear and anxiety in a productive way? We can focus on self-regulation using these strategies:



### 1 GIVE ANXIETY AN OUTLET

Move your body and raise your heart rate/respiratory rate for an intentional reason (exercise), not a fearful one (panic). Allow the body to discharge pent up energy so that it can also remember how to calm down.

### 2 DOWNLOAD IT

We all need trustworthy sources of support who can hear us and hold our most difficult truths without judging, fixing, or giving unwanted feedback. Identify these “witnesses” and call them when you just need to download the things that are freaking you out. They don’t need to do anything but

listen with compassion – because we all need to be seen and heard.

### 3 BREATHE

Learn to use your breath *tactically* to calm yourself down and get your neocortex online. Inhale through the nose to the count of four; hold that breath for two counts, and then exhale through pursed lips to the count of six, as if you are exhaling through a straw and wringing out the lungs like a towel. Repeat this process until you feel a shift to relaxation and softness your body. Your breath is a pause button that reminds your body (and brain) that feeling grounded is possible.

(continued)

# MANAGING ANXIETY IN ANXIOUS TIMES

JEANNINE MOGA, MA, MSW, LCSW

Chief Happiness Officer, VETgirl, LLC

(continued)

## 4 FOCUS ON WHAT YOU CAN CONTROL

Stay in your lane, do what you can, and resist the urge to fret about the countless things you can't predict or control. Also stop doing other people's work, physical, emotional, and otherwise. Boundaries are critical to managing your anxiety and your energy.

## 5 CURB SCREEN TIME AND DOOM-SCROLLING

Limit your exposure to social media and the news cycle. Your brain doesn't need more "data" when it is already overwhelmed. It is possible to stay informed without flooding ourselves with bad news and constant social comparison.

## 6 CHECK YOUR STORIES

Ask yourself, "do I have enough information to freak out?" Follow with, "will freaking out help me manage this?" Also, useful: "How much of what I'm telling myself is accurate?" If you can't answer these questions on your own, process them with one of your witnesses. Once you check your stories, you can start problem-solving in earnest, which will enhance your sense of control.

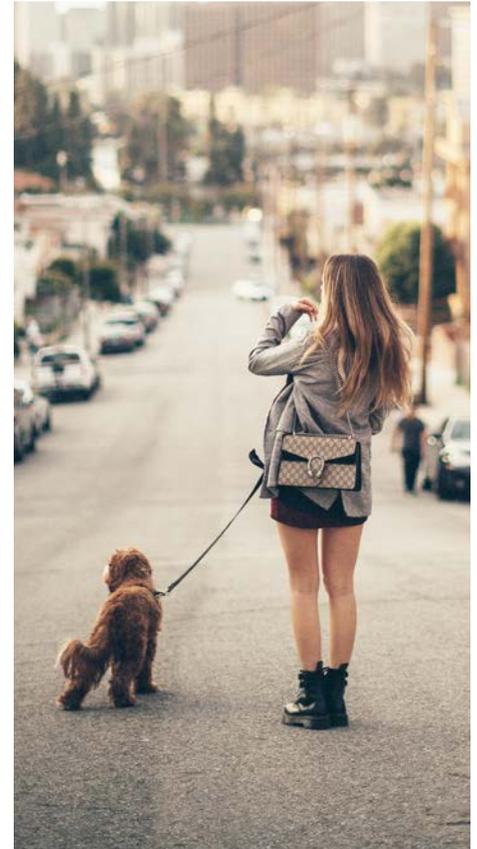
## 7 LIMIT WORRY TIME

Give yourself 10 minutes to worry about a problem inside out and upside down. Treat it like an Olympic sport. When those 10 minutes are up, STOP IT. Shift your attention to something neutral, positive, or meaningful for at least 10 minutes, which will give your brain a break.

## 8 CONSUME QUALITY FUEL

Refined sugar and caffeine are not your friend when it comes to anxiety, folks – they are stimulants that act like lighter fuel on a fire. And when we've consumed them all day and finally need to rest, what do we do? We reach for depressants (as in, "Hi, Cabernet! How nice to see you again!"). Being aware of this all-too-common cycle is the first step toward interrupting it and making healthier choices. Do better for your body and brain. Treat these substances like treats instead of the foundation of your anxiety diet.

Overall, the key to reducing the grip of anxiety is learning how to mobilize our biology to work for us, not against us. Anxiety can be useful when it directs our problem-solving and planning in a clear, focused way. But anxiety can be a fickle ally, and we can slide



from positive to negative returns the moment anxiety takes the wheel of the bus. Listen to what your worry is telling you, and remember to keep it in the back seat.

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# VETgirl certification program

As on-the-floor clinicians, we know what you need to practice better medicine, provide better patient care, and ultimately save that patient's life. VETgirl certification is designed to give you the expertise that you need, geared for clinical veterinary professionals. Offered in unique tracks, these courses range from 12-60 hours of RACE-Approved CE for both veterinarians and veterinary technicians.



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**Course Outline : 60 hours**



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**Course Outline : 12 hours**



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There's so much to know to make your veterinary clinic run lean, efficiently and smoothly. Earn your Practice Management Certificate and improve your business and leadership skills! *(Please note that this is not a CVPM certificate).*

**Course Outline : 30 hours**

Visit [vetgirlontherun.com/certificates/](http://vetgirlontherun.com/certificates/) for more information on course offerings and certification details!

\* Note: The basic emergency medicine certificate should be completed prior to the advanced course.

# ELIMINATE THE HURDLES: IDENTIFYING AND TREATING CHRONIC PAIN IN CATS

DR. TAMARA GRUBB, DVM, PHD, DACVAA

In this [VETgirl Zoetis](#) small animal webinar, Dr. Tamara Grubb, DVM, PhD, DACVAA explores ways to prevent pain 'cat-tastrophe' in a webinar entitled [Eliminate the Hurdles: Identifying and Treating Chronic Pain in Cats](#).

## KEY HIGHLIGHTS

Osteoarthritis (OA), a form of degenerative joint disease (DJD) is the most common cause of chronic pain in mammals, including cats. Up to 40% of all cats are estimated to have OA/DJD, with that number increasing to approximately 90% in senior cats (>12 years of age). Unfortunately, cat owner-identified chronic pain is uncommon and <1% of cats are presented to veterinarians for analgesia. Left untreated, pain can lead to adverse health, behavior and welfare issues. What are the hurdles to identifying and treating chronic pain in cats? 1. Cats; 2. Cat owners; 3. Need for pain exams; 4. Current treatment options. Here are some tips for overcoming the hurdles and racing to the finish to provide pain relief for cats!

### 1 BELIEVE IT!

Cats hide everything, including pain. Regardless of the eons of domestication, the behavior of many mammals, including (especially?) cats still exists in the evolutionary prey/predator space of being preyed upon if unable to avoid a predator, as could occur in a state of pain. Thus, hiding pain was once an important component of survival. Now, unfortunately, this behavior serves as a hurdle for pain identification. In addition, cats are largely sedentary and at least semi-nocturnal so they inadvertently conceal many outward signs of pain by sleeping when the owner is awake. Although these facts can't be changed, knowledge of the



facts can make us more observant when cats are awake and ambulatory.

### 2 RECOGNIZE THE MOST COMMON MANIFESTATIONS OF OA/DJD PAIN IN CATS: CHANGES IN MOBILITY AND BEHAVIOR

**Changes in Mobility** are universal manifestations of OA/DJD pain in most species but cat mobility changes are more difficult to recognize when compared to those in dogs. OA most commonly presents as unilateral disease in dogs, creating the classic limping gait. OA in cats is more commonly bilateral, perhaps creating abnormalities in gait, but not a classic limp that might be easily recognized as pain. In addition, cats spend a great deal of time moving vertically

and mobility changes in cats are more frequently manifest in vertical movement, like difficulty climbing and jumping.

**Behavior Changes** (e.g., hiding if previously social; urinating/defecating outside the litterbox if previously house-trained; failure to eat or groom; etc.) are often manifestations of a variety of maladies – including pain. Unfortunately, pain has not traditionally been high on the list of differentials for these changes when, in fact, pain is a common inciting cause. Even if medical (or other) causes for behavior changes are discovered, the potential presence of pain should be explored as co-existing pain can exacerbate the adverse effects of disease.

*(continued)*

# ELIMINATE THE HURDLES: IDENTIFYING AND TREATING CHRONIC PAIN IN CATS

DR. TAMARA GRUBB, DVM, PHD, DACVAA

(continued)

## 3 EDUCATE CAT OWNERS ON THE MANIFESTATIONS OF OA/DJD PAIN IN CATS

Owners are the biggest hurdle to achieving pain relief in cats. Cat pain isn't treated if the owner doesn't identify the pain and present the cat to a veterinarian, but the manifestations of chronic pain are largely unrecognized by cat owners. How many times have we asked, 'is your cat in pain?' and been told 'well he isn't crying or limping, so he must not be in pain'? Owners need to be educated that mobility and behavior changes (as listed above), not crying or limping, are more predictable indicators of pain in cats. But to educate owners, we have to reach them, and we need to use every avenue possible to do that. Here are some open-access tools:

**Owners want medical information** regarding their pets – just look at how often they bring in a pile of printed pages from a Google search! Instead of feeling frustrated, we can take the opportunity to drive the owners to valid, useful websites with accurate information on chronic pain in cats. Once useful websites are identified, downloadable material from them, and links to them, should be shared EVERYWHERE our clients might find them – on the clinic website, Facebook page, twitter feed, blog, in-clinic signage, on-hold messaging - and anywhere else the pet owner might frequent.

**Useful websites** include <http://felineoaexam.com/> where a checklist (checklists rule!) of pain-related behaviors and animations of

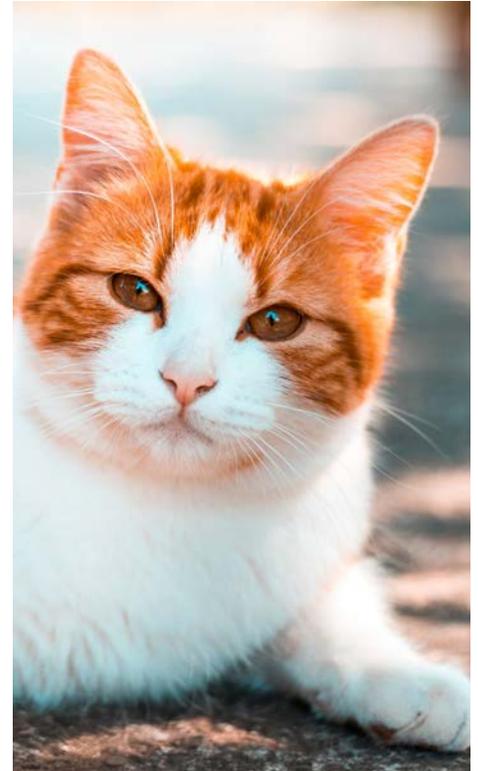
pain-related mobility can be accessed directly by the cat owner. The owner can enter information in an interactive checklist that can be emailed directly to the clinic for review prior to the cat's appointment. The checklists are also downloadable and printable and can be provided for clients to fill out at the clinic. The mobility animations are downloadable and are a great addition to the clinic website or Facebook page! The checklists and animations are also excellent tools for training the clinic team to identify chronic pain in cats.

**The website** <https://painfreecats.org/> also has a plethora of practical information for cat owners and veterinarians – and another interactive checklist.

**Printable posters and social media resources** with easily identifiable cat pain illustrations are available through the International Veterinary Academy of Pain Management at <http://ivapm.org/animal-pain-awareness-month>.

## 4 INCORPORATE PAIN EXAMS INTO YOUR SCHEDULE

We all know the constraint of a tight schedule and the almost impossibility of squeezing extra 'tests' into a 15-minute appointment. By providing resources for at-home pain identification, owners are more likely to schedule pain-specific exams. Once in the clinic, the veterinarian can use the checklist information to ask pain-specific behavior and mobility questions. Since cats are unlikely to exhibit pain-related behaviors and mobility changes in the veterinary



clinic, supplement the physical exam information by asking the owner to video their cat at home. Use the mobility animations to guide them through filming diagnostic mobility and behavior scenarios.

## 5 BRUSH UP ON CAT PAIN DIAGNOSTIC SKILLS

If cats are hiding pain at home, you can be assured that they are completely catatonic (!) about pain in the veterinary clinic. Do a cat focused pain exam as meticulously demonstrated in the professional videos at <http://felineoaexam.com/>.

(continued)

# ELIMINATE THE HURDLES: IDENTIFYING AND TREATING CHRONIC PAIN IN CATS

DR. TAMARA GRUBB, DVM, PHD, DACVAA

(continued)

## 6 DEVELOP TREATMENT PLANS WITH THE EXISTING OPTIONS

There are no research-backed, FDA-approved, easy-to-administer, long-lasting analgesic treatments for chronic pain in cats in the US. Other than NSAIDs, options for OA pain treatment are largely unproven. Most pharmacologic treatments require oral administration, which can be difficult in cats, and most nonpharmacologic options require repeat visits to the veterinary clinic, which can be difficult for both the cat and owner. But we can't just let cats suffer in pain with no help! Here are some options that have at least some clinical success and are worth trying:

**The NSAIDs** meloxicam and robenacoxib are approved outside the US for treatment of chronic pain in cats and are commonly used off-label in the US. Concerns for the class include adverse GI and/or renal effects.

**Gabapentin** may be efficacious in some pain states, including the maladaptive component of chronic OA/DJD pain. The effective dose is variable between patients, often requiring dosing alterations. Sedation is the most common adverse effect.

**Amantadine** (oral) and **ketamine** (infusion) are options in some circumstances.

**Tramadol** (oral) is more effective in cats than dogs but cats vehemently dislike the taste. **Oral transmucosal (OTM) buprenorphine** can be an option but

limitations include variable uptake following OTM administration and the need to dispense controlled drugs.

**Acupuncture, laser, massage and other nonpharmacologic treatments** can be effective in cats.

See more information on treatment options at <https://www.cliniciansbrief.com/article/feline-osteoarthritis-pain-tools-clinicians-pet-owners>.

## 7 ANTICIPATE NEW TREATMENT OPTIONS!

Keep those cats coming in – even if current treatment is frustrating – help is on the way! One very promising treatment is the not-yet-released anti-nerve growth factor (NGF) monoclonal antibody (mAb) or anti-NGF mAb.

**Nerve growth factor (NGF)**, a cytokine that binds to tropomyosin receptor kinase A (trkA), plays a major role in the generation, propagation, and sensation of pain through direct effects on nociceptors, internalization of the NFG/trkA complex and stimulation of other pro-inflammatory cells (e.g., mast cells). NGF is involved in both peripheral and central sensitization, creating a 'maladaptive' pain state marked by hyperalgesia and/or allodynia. Because of its profound pronociceptive effects, NGF is a key target for OA pain therapeutics.

**Monoclonal antibodies (mAbs)** are produced from cloned immune cells to block the activity of a single

type of antigen or target molecule, like a cytokine. In human medicine, mAb use includes treatment of pain, cancer, several GI diseases, endocrine diseases, transplant rejection and many other pathologies. Early mAbs were produced from mice and the foreign murine antigen occasionally produced reactions. Newer mAbs are species-specific, or 'specified', thereby eliminating the murine antigen.

**Specified anti-NGF mAbs** are in development (but not yet available) for both cats and dogs. In proof-of-concept studies, anti-NGF mAbs have shown promise for relief of OA-associated pain for approximately one month following subcutaneous injection, thereby potentially decreasing the need for oral delivery of medications and decreasing trips to the veterinary clinic.

**More information** on the technology is available in an open access article (Enomoto et al. 2019 <https://pubmed.ncbi.nlm.nih.gov/30368458/>) and websites [thenewscienceofOApain.com](http://thenewscienceofOApain.com) and [felineOApain.com](http://felineOApain.com).

With these tools to clear the hurdles, let's start getting cats into the clinic for some pain relief!

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# EQUINE CORONAVIRUS – A DECADE LONG JOURNEY TO INVESTIGATE AN EMERGING ENTERIC VIRUS OF ADULT HORSES

DR. NICOLA PUSTERLA, DACVIM

In the [VETgirl-Merck Animal Health large animal](#) webinar, Dr. Nicola Pusterla, DACVIM reviews equine coronavirus in the webinar [Equine coronavirus – A decade long journey to investigate an emerging enteric virus of adult horses](#).

## KEY HIGHLIGHTS

### 1 THE VIRUS

Equine coronavirus (ECoV) is classified within the *Betacoronavirus* 1 genus, along with human coronaviruses OC43, 4408 and HKU1, bovine coronavirus (BCoV), porcine hemagglutinating encephalomyelitis virus, canine respiratory coronavirus, mouse hepatitis virus, bubaline coronavirus and sialodacryoadenitis rat coronavirus. ECoV is genetically distinct from the human SARS-CoV-2 and there is no evidence to indicate that horses could contract SARS-CoV-2 or that horses may be involved in the spread of SARS-CoV-2 to other animals or humans.

### 2 CLINICAL PRESENTATION

Over a decade ago, a Japanese research group investigated an unusual outbreak of fever and enteric signs in 2- to 4-year-old racing draft horses. It is of interest to notice that enteric signs were only reported in 10% of the horses, and a total of 132/600 horses (22%) became diseased. Additional outbreaks have since been observed and reported in the USA and Europe. Collectively, these outbreaks have been able to refine the clinical presentation of ECoV, one that is still perplexing considering the inconsistent development of enteric signs. The lack of enteric signs such as colic and/or changes in fecal character may specifically relate to the intestinal



section affected by the virus. ECoV has been shown to cause enteritis in both foals and adult horses. While enteritis is consistently associated with diarrhea in foals, this condition may not affect the fecal character of infected adult horses. Horses infected with ECoV generally recover with minimal to no medical treatment within 2-4 days post-onset of clinical signs. While ECoV infection is often self-limiting, adult horses may occasionally require intensive care to resolve leukopenia, systemic inflammation and metabolic disturbances. Morbidity rates have been reported to range

between 17-57% and there are still yet undetermined host, viral, and environmental factors that impact susceptibility and outcome of ECoV infection. Of interest is the observation that clinical expression of ECoV infection is age-dependent with foals rarely developing clinical disease. Given the lack of documented outbreaks of ECoV at large breeding farms, it is possible that virus circulating between foals and breeding stock confers protection against clinical disease.

(continued)

# EQUINE CORONAVIRUS – A DECADE LONG JOURNEY TO INVESTIGATE AN EMERGING ENTERIC VIRUS OF ADULT HORSES

DR. NICOLA PUSTERLA, DACVIM

(continued)

## 3 THE DIAGNOSIS

It is the lack of gastrointestinal signs that often misleads the equine veterinarian into ruling out an enteric pathogen. Leukopenia due to neutropenia and/or lymphopenia is a consistent hematological abnormality and, although not specific for ECoV, should direct the diagnostic work-up toward a viral disease. The laboratory support of ECoV infection is based on the detection of the virus in feces. Historical detection modalities such as electron microscopy and antigen capture ELISAs have been supplanted by quantitative real-time PCR (RT-qPCR). RT-qPCR has the advantage of being highly sensitive and specific, has a quick turn-around-time and is cost-effective. Further, the quantitative capability of RT-qPCR allows the study of viral kinetics and the ability to determine the horse's contagious nature and prognosis. Experimental studies have shown that ECoV RNA can be detected as early as 72-96 hours post-inoculation and continues to be detected until 10-14 days post infection. In naturally infected horses, ECoV can be detected by RT-qPCR for 3-9 days with a detection time occasionally extending up to 25 days from onset of clinical disease.

Histological changes have only been reported in a very small number of horses and showed morphological changes similar to BCoV infection. The histological hallmarks of ECoV infection were diffuse necrotizing enteritis, marked villus attenuation, epithelial cell necrosis of the tips of the villi, neutrophilic and fibrin



extravasation into the small intestinal lumen, as well as crypt necrosis, microthrombosis and hemorrhage. Post-mortem diagnosis of ECoV can be achieved by RT-qPCR on feces or small intestinal contents, and ECoV can be detected in intestinal tissue by electron microscopy, immunochemistry and direct fluorescent antibody testing using BCoV reagents.

## 4 PREVENTION

Specific preventive measures are scarce, and there are yet no licensed vaccines against ECoV. The cornerstone of ECoV prevention resides in strict biosecurity measures aimed at reducing the risk of introducing and disseminating ECoV on equine premises. It is important to be vigilant when working-up horses presenting with fever, anorexia and lethargy, with or without concurrent enteric signs. Such horses should be isolated until ECoV, as well as other

potential infectious pathogens, have been ruled in or out. ECoV qPCR-positive horses should be isolated and stable- or herdmates closely monitored until the outcome of past-exposure has been determined. Outbreaks of ECoV are generally short lasting, especially when strict biosecurity measures have been followed, and quarantine can routinely be lifted 2-3 weeks following the resolution of clinical signs in the last affected horse. While common disinfectants inactivate ECoV, it is unknown as to how long ECoV remains infectious in the environment. Severe acute respiratory syndrome (SARS)-CoV has been shown to persist up to 2 days in wastewater and dechlorinated tap water, 3 days in feces and 17 days in urine at room temperature. The survival of the virus is even longer at lower temperatures.

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for the dog-tired chef



the  
**VETgirl**  
COOKBOOK

# dad's pizza with homemade dough and sauce

## ingredients

### Sauce:

1 can (28 oz.) tomatoes  
 2 small tins tomato paste  
 ½ to ¾ cups oregano, to taste  
 1 tablespoon black pepper, to taste  
 1 teaspoon cayenne pepper, to taste  
 2 teaspoons salt, to taste

### Dough (makes 2 doughs):

4 cups flour  
 3 tablespoons vegetable oil  
 2 teaspoons salt  
 1 teaspoon sugar  
 1 teaspoon dry yeast  
 1 to 1½ cups water, lukewarm and cold

### Pizza:

1 dough  
 ½ to ¾ pound mozzarella cheese, grated  
 1 to 1½ cups sauce  
 1 can (10 oz.) mushrooms  
 ½ pound of salami or pepperoni  
 any other ingredients you like -  
 bacon must be ½ cooked.

## directions

### SAUCE

**1** Mix tomatoes and tomato paste in blender, add ½ to ¾ cup oregano, 2 teaspoons salt, 1 tablespoon pepper, and 1 teaspoon cayenne. Mix well and taste. (Note: all the spice quantities are approximate - add little by little the first time you try this).

**2** When properly prepared you should be able to taste the oregano and cayenne slightly over the other spices. This amount will make sauce for several pizzas. The excess from any one time can be frozen (and refrozen).

### DOUGH

**1** Dump flour into large mixing bowl. Take a small container with a lid and pour in ½ cup lukewarm water. Dissolve sugar in this water and add in yeast. Hold lid under hot running water until it becomes fairly warm, then cover the container and let sit for 10 minutes.

**2** Mix the salt through the dry flour. Pour the vegetable oil over the flour. Mix the yeast and water and pour some over the flour. Pour an additional 1 cup of cold water over the mess and knead as you would bread dough. Add water or flour and continue kneading until dough is smooth. Rub any sticky dough off hands and sprinkle flour around edges of bowl and over hands.

**3** Separate dough into two halves and shape them into balls. Take two pieces of aluminum foil, each large enough to wrap one dough and lightly oil the center of each piece. Place a dough on each and using hand lightly cover each dough with oil.

**4** Allow to stand a couple of minutes, then wrap and place in fridge or freezer.

### PIZZA

**1** Preheat oven to 450 °F.

**2** Grate cheese into bowl. Drain mushrooms in sieve/colander. Slice salami (no thicker than ¼"). Sprinkle a little flour over a 10" square area of your counter or table and place unwrapped dough on same. Sprinkle a little flour over the dough (you'll find that it will probably be quite moist/wet).

**3** With your fingertips, poke the dough so that it spreads out in a pancake shape (note - do NOT flatten the perimeter of the dough). Take the dough between your thumb and forefingers at about ½" in front of the edge and thin it by pull-stretching it through your thumbs and fingers (only go in one direction - right to left or vice versa).

**4** Place the dough over both hands so that it covers ½ up the way up the back of your hands. Flip-stretch the dough by toss-pulling it between your hands (it should flip around in one direction).

**5** Place the dough on an aluminum-covered oven rack (the dough should be 14"-16" in diameter). With a soup ladle, pour 2 ladles full of sauce in the center of the dough. Spread the sauce evenly over the dough by using the ladle in a circular fashion starting at the center and gradually widening the circle. If you need more sauce add it to the center and repeat above procedure.

**6** Sprinkle cheese over the dough evenly and not too thick, especially in center. Repeat with other ingredients, starting with meat(s). If you want, you can sprinkle a little cheese over the whole thing.

**7** Place pizza in preheated oven and cook until it is golden brown around the crust.



Notes: My dad managed a pizza shop in Toronto in the late 1960's and early 1970's. This was his pizza dough recipe that my kids love today.

# BUILDING A THRIVING DENTAL PRACTICE

MARY L. BERG, BS, RLATG, RVT, VTS (DENTISTRY)

In this [VETgirl Real-Life Rounds](#) webinar, Mary L. Berg, BS, RLATG, RVT, VTS(Dentistry) reviews how to [build a thriving dental practice](#). Check it out here: <https://vetgirlontherun.com/real-life-rounds/july-8-2020-build-a-thriving-dental-practice/>.

## KEY HIGHLIGHTS

Unfortunately, veterinarians and veterinary technicians do not receive much training in dentistry while in school. Many practices don't put enough emphasis on dentistry and the importance of a healthy oral cavity. In many small animal practices, dentistry accounts for less than 3% of the gross income. When a proper dental program is in place, dentistry can contribute to an additional 30% of the overall income. Practices across the country are losing the revenue from spays and neuters, and pharmacy. Dentistry is a great way to regain that lost business.

Oral disease is one of the most prevalent diseases in dogs and cats. Over 80% of adult dogs and cats have some form of oral disease. Dental problems are a concern of pet owners in dogs and cats, especially if the pet has halitosis. Calculus and gingivitis are the common conditions diagnosed by veterinarians in all ages of animals. However, one study showed that less than 14% of companion animals receive dental care at a veterinarian.

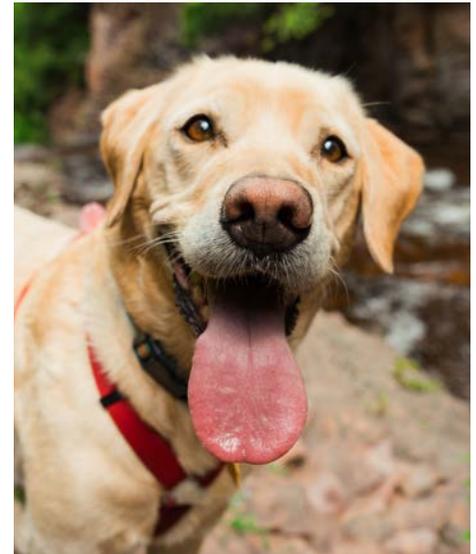
Owners are often afraid of anesthesia for their pets. Explain that blood work and a complete exam must be completed before the procedure. We should also discuss the medications used and that the pet will be monitored during the procedure to help alleviate their fears. The cost of the procedure is often thought to be an obstacle; however, many times, it's not an issue of cost but rather a lack

of understanding of the value of the procedure.

Companion animals have become an essential part of our lives. This bond is crucial to the veterinarian and his staff because clients are more readily interested in seeking care for their pets. Communication must remain open between all parties. All members of the veterinary team must be excited and motivated and thus project that enthusiasm to the client. The veterinarian and his staff must educate the client about the need for dentistry and its importance. In the author's experience, about 25% of clients will accept a recommendation immediately; another 60 percent will take a little time to accept the recommendation, the remaining 15 percent will not accept the suggestion. It is necessary to communicate the importance of dental treatment and oral care in many ways. It should become as routine as vaccinations and heartworm testing in your clinics.

### 1 EDUCATE

As veterinary health professionals, it is our job not only to promote dentistry but to educate our team about the importance of good oral health and, in turn, educate the clients. How can we do this? Attend webinars on the subject or host an in-clinic training session with a veterinary dentist or a VTS (Dentistry) to work with the team on learning as much as possible about dentistry. Having the entire team



understand the importance of oral health eliminates confusion from too many different thoughts on the subject.

The receptionist must project a positive attitude regarding dentistry and home care. How your receptionist handles the phone shoppers is essential. The receptionist should avoid quoting prices over the phone. A script that can be used by the receptionist for phone shoppers, "We can't give you an accurate estimate for dental treatment over the phone as the cost depends upon the degree of treatment necessary to give your pet the very best care possible. We'd love to see your pet, perform a quick oral assessment, and develop a treatment plan, especially for him/her."

*(continued)*

# BUILDING A THRIVING DENTAL PRACTICE

MARY L. BERG, BS, RLATG, RVT, VTS (DENTISTRY)

*(continued)*

The veterinary technicians are essential members of the dental team. A successful dental practice must have a veterinary technician whose focus is dentistry. This individual can concentrate on emphasizing home care, client education, and follow up visits. The technician's examination, communication, and therapy skills are vital for a successful practice. This individual's responsibilities should include: performing dental cleanings, oral radiographs, charting, assisting in oral surgeries, giving post-operative instructions, maintenance of equipment as well as keeping the dental operatory well stocked. They should also keep staff education up to date on oral hygiene products.

In clinics that board pets for clients, they should train their kennel staff to examine the pet's teeth before the clients leave. They should show the owner the degree of oral disease and ask if they would like to have the pet's teeth cleaned while boarding. If they do not bring a toothbrush, offer to loan one to them while the pet is boarding and incorporate daily brushing into the practice's boarding services. This simple procedure helps emphasize the importance of oral care to the client.

The veterinarian should be the team leader. They must believe that dentistry will help the pet live longer, healthier lives. The veterinarian should be comfortable recommending dental procedures to clients. They should also schedule dental education training and be supportive of continuing education opportunities for themselves and staff.

Veterinary technicians should be responsible for client education. Start this education process with your



clients at the first or second puppy or kitten visit. Talk with them about the importance of good oral care by expressing the fact that the mouth is a mirror to the body. Give handouts explaining the relationship between oral disease and systemic health. Pictures are worth a thousand words. Use photos to give the client an impression of what can happen with the lack of oral care.

Letting the client be involved in the treatment plan will help them understand the procedure. After the oral exam, review the findings with them. In dentistry, the treatment must be done while the animal is under anesthesia for a thorough oral exam. However, the review of the charts and radiographs after the procedure will be appreciated by the client. It can give them a sense of being involved. Be sure to explain the problem in terms that are appropriate to ensure that your client understands.

When presenting treatment plans, it is essential to sit with the pet owner and explain each part of the procedure and why it is vital to the wellbeing of the pet. Keep the cost at the bottom of the plan covered to allow the client to focus on the procedure, not the price. It is best to explain that it is difficult to determine the true extent of the oral disease until each tooth can be evaluated under anesthesia, and radiographs have been evaluated before a treatment plan is formulated, and the fees calculated. If the client has concerns due to cost, explain that periodontal disease is a progressive disease, and without treatment, it will get worse. Also, clinics should encourage clients to purchase pet insurance early in the pet's life or offer a third-party payment plan to help alleviate the sticker shock of any dental or emergency procedure.

*(continued)*

# BUILDING A THRIVING DENTAL PRACTICE

MARY L. BERG, BS, RLATG, RVT, VTS (DENTISTRY)

(continued)

One way to gain client compliance is to change our vocabulary. Here are a few terms that should never be used and words that can be substituted to increase compliance with medical needs.

## Dental (dentals)

This term doesn't mean anything. It is an adjective to describe something, not a noun. The client doesn't fully understand and may think it is only a tooth brushing. Replace this term with Professional Dental Cleaning, COHAT (Comprehensive Oral Health Assessment and Treatment), OAT (Oral Assessment and Treatment), ATP (Assessment and Treatment Plan), or Periodontal Therapy.

## Prophy

Unfortunately, most dental procedures are not a prophylactic procedure but a treatment of the oral disease that is already present. Hopefully, some day we will be performing prophies on most of our patients.

## Periodontal Disease

Many clients may not truly understand this term unless they have it themselves. Use 'infection' and 'pain' as clients understand these terms. Periodontal disease is an infection of the tissues surrounding the teeth and can be painful to our pets.

## Recommend

Don't say, "the doctor recommends a professional dental cleaning." A recommendation is just a suggestion. Say instead – "Your pet needs a professional dental cleaning." Replace *should* with *need* and *could* with *must*. Clients will understand that it

is essential and needs to be taken care of soon. The phrase: "The pet needs to have a professional dental cleaning, and it must be scheduled soon to prevent the infection from getting worse and risking tooth loss and systemic health problems" is more likely to get the procedure scheduled.

Every patient, every time! An oral exam must be part of every checkup, regardless of the reason for the visit. Start early and set the stage for a lifetime of good dental health and an increased lifespan of the pet. The need for dentistry must be integrated into the practice philosophy and should become as routine as vaccines and heartworm control. The need for routine dental cleanings prevents disease, just like a vaccine.

The dental procedures must also be done at the same level of perfection as all care in a practice. Team members and practice owners should commit to developing the skills and training of the staff to perform these procedures properly. It cannot be superficial. A dental cleaning procedure includes a thorough oral examination, radiographs, cleaning the crowns, and below the gumline and any treatments necessary. Do not be afraid to refer a patient for an advanced treatment, especially if it is out of the scope of the training at your practice.

## 2 HOW TO COMMUNICATE

How we communicate is just as important as what we deliver. Using a relationship-based approach that allows for two-way communication is vital to success. Use open-ended questions and evaluate and validate the owner's knowledge and concerns.



Remember, both of you share a common goal of keeping the pet as healthy as possible. Ask the owner what they already know about dental disease allowing the owner to be heard, and they may already have a knowledge base that engages them in the conversation. Conveying that information back to the owner to ensure they were listening to them. Then ask if you could share more information that can help them better protect their pet, allowing you to educate the pet owner. Ask them to repeat the basics to ensure they have a good understanding of the information.

A modified version of the dental chart can be on a dental report card for the client that will help them understand the problem areas and home care instructions for their pet. A section for diagnosis, treatment, home care, prescriptions, and follow-up visits should also be on this report card. Keep it simple and use bright, cheerful colors with clipart and before and after pictures on the take-home sheet.

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# TECH TIPS //

WITH VETGIRL COO, DR. GARRET PACHTINGER, DACVECC

Each newsletter will highlight one of the notable features on the website. This newsletter we wanted to highlight the new VETgirl continuing education (CE) [certificate management feature](#).

**Have a hard time tracking your CE? Does your CE certificate filing system involve a manila folder that is carefully (lost) in your desk?** Never again stress over lost CE certificates! Whether you attend a LIVE VETgirl webinar, complete your online VETgirl CE quiz, or obtain a CE certificate from another source, VETgirl's CE management and [tracking system](#) allows you to upload and manage your CE certificates and provide a unique, simple, and comprehensive way to store, search, and save your CE certificates!

We hope you love...and more importantly use this new VETgirl feature! Thank you again for being part of the VETgirl CE experience, learning with the #1 CE community, resource, and CE management system for busy veterinary professionals.

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<b>April 26, 2020</b> Webinar Quiz - April 22, 2020: Neo-Poly-BAC to the Future: The Next Generation of Essential Eye Meds	Vg Passive	Dr. Shelby Reinstein, DACVO	2	785-38777/38862	VETgirl	DOWNLOAD

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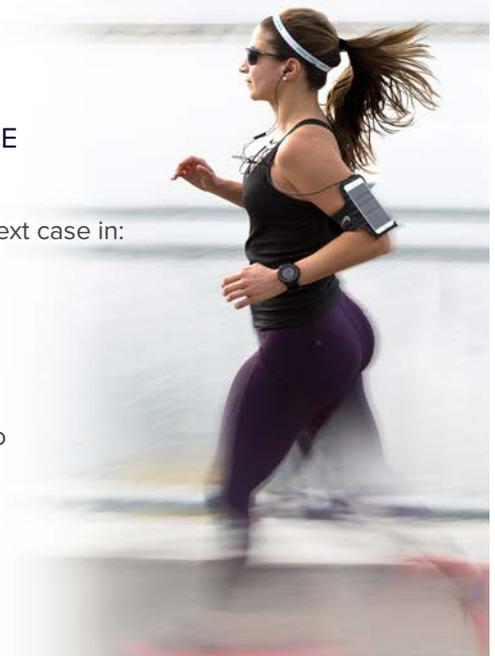
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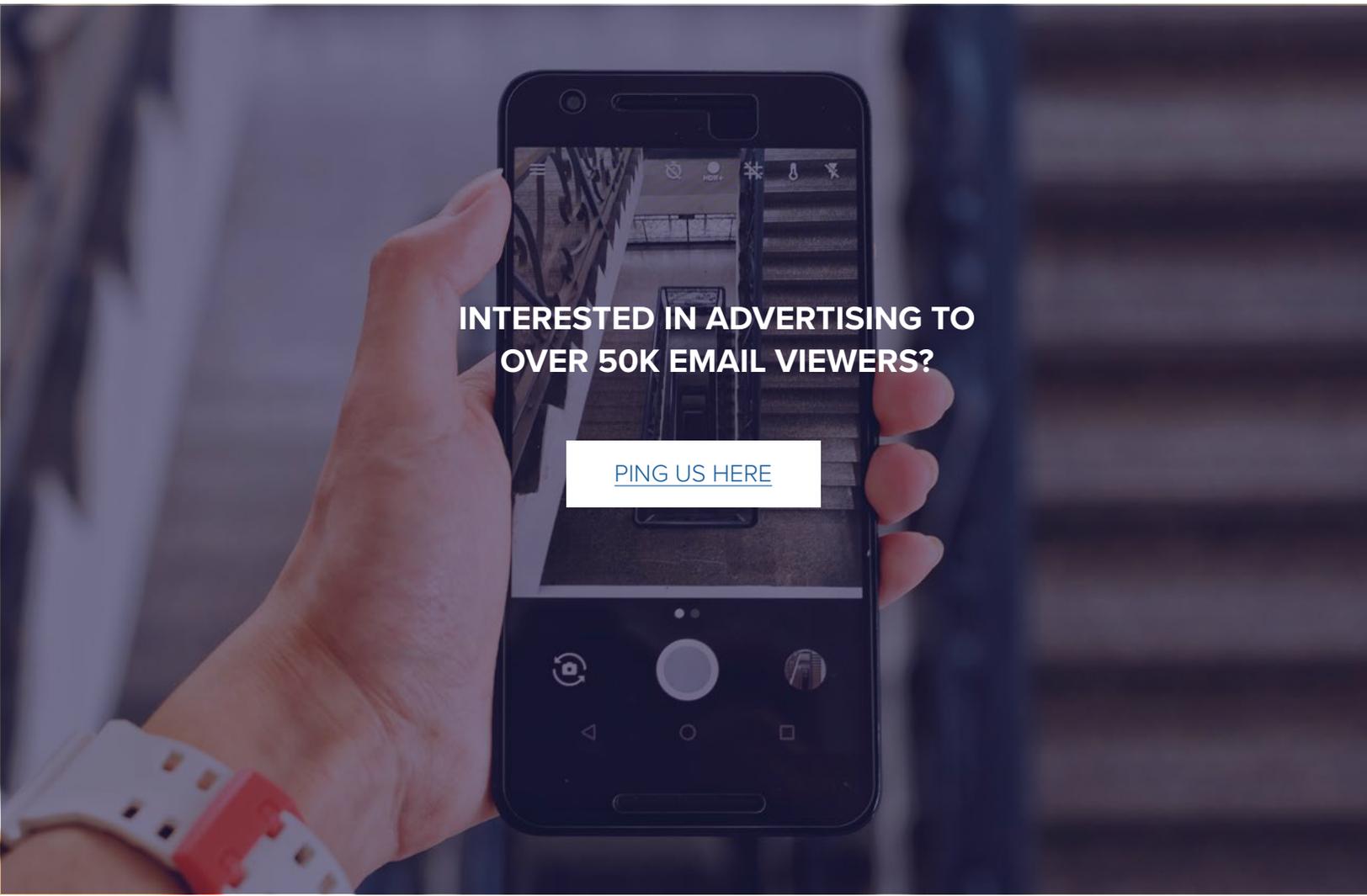
# PROVIDER SPOTLIGHT //

## RACHEL FELDMAN, CVT

INTERACTIVE MEDIA ASSOCIATE, VETGIRL, LLC

Rachel obtained her Bachelor's degree in English from University of Colorado at Boulder with the end goal of becoming a teacher. However, Veterinary Medicine grabbed her while in college and she never let go. With over 20 years of experience in the industry, her passion is emergency and critical care medicine. She currently resides in Doylestown, PA but has lived all over the country. She is in love with Golden Retrievers (who isn't?) and currently has a Golden retriever named Hazel and a Duck Toller named Ollie. In her limited spare time, she enjoys running and coffee with friends.





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NOTE: When in doubt, all drug dosages should be confirmed and cross-referenced with a reference guide such as Plumb's Veterinary Drug Handbook.