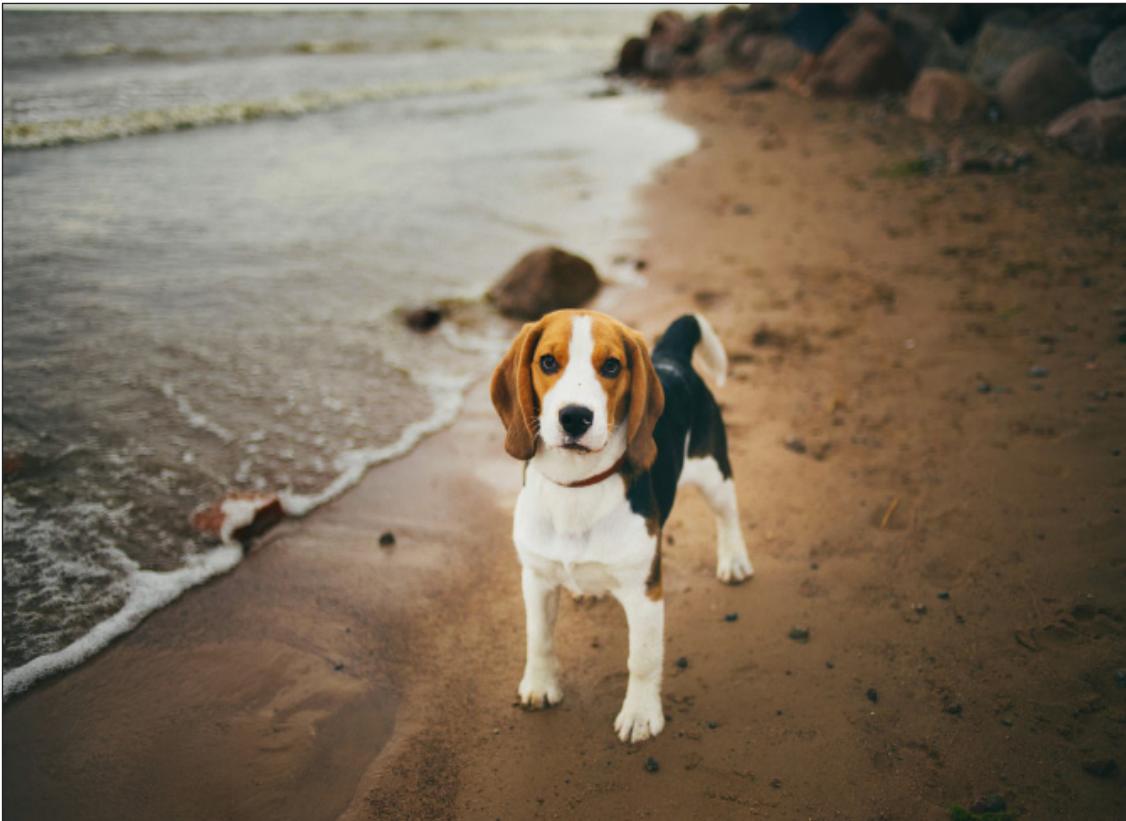




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July 2020



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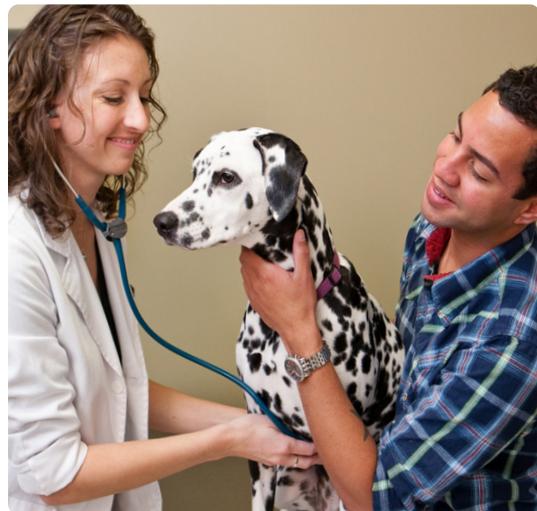
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SDCVMA FALL VETERINARY CONFERENCE



Veterinary Support Staff Welcome

September 12 & 13, 2020

Held at:

Handlery Hotel San Diego

950 Hotel Circle North, San Diego CA 92120



PROGRAM — 12 CEU

Saturday, September 12, 2020 — Session I

Shaking, Rattled, or Rolling? Diseases of the Pinnae and Otitis Externa/Media (Werner Resnick)

Some dogs are all ears. Some days in practice may feel the same. The treatment of otitis externa is the second most common reason for claim submission to insurance companies – representing the disease with the highest total claims (\$8.7 million 2016 for one company alone). Over 15% of patient presentations to the general practitioner – with a recurrence rate of over 24% -- are due to diseases of the ear canal. Canine otitis is one of the most challenging and frustrating conditions because it is not a single disease but a complex of interrelated etiologic components. A pictorial review of the anatomy and the common lesions of the pinnae, external and middle ear will be followed by a discussion of and pictorial review of diseases and diagnostics related to the ear canal.

Listen Up! Surgical Treatment of Diseases of the Pinnae and Ear (Shaver)

Identifying when surgery is indicated for aural disease can be challenging, as well as determining what surgical approach would provide the greatest benefit. Imaging and surgical options for treating otitis, aural neoplasia, polyps, and traumatic injuries will be discussed.

Taking Stertor in Stride: Update on Brachycephalic Airway Surgery (Shaver)

Although some things may not change- Bulldogs are medical and surgical challenges- the methods we have for improving brachycephalic airway disease have continued to evolve and improve. Classic techniques for managing upper airway obstruction such as alarplasty and staphlectomy will be reviewed, along with recommendations to decrease the likelihood of complications when performing these procedures. New options for treating brachycephalic upper airway obstruction will also be introduced.

Veterinary Conference Schedule Both Days:

7:30am-8:30am	Registration & Breakfast
8:30am-4:30pm	CE Sessions
10:00am	Refreshment Break
12:00-1:00pm	Luncheon
2:30pm	Refreshment Break
5:00pm	Happy Hour on Saturday ONLY



Sunday, September 13, 2020 — Session II

Oncologic Surgery of the Head and Neck (Shaver)

Tumors of the head and neck can be particularly difficult to treat surgically due to their proximity to eyes, ears, nose and mouth! A review of when, where, and how-to biopsy these difficult locations will be presented, along with general strategies for how to best approach surgery in this region.

Homage to Halstead: How to Hasten Healing (Shaver)

In this session, we will focus on the most common causes of brain disease in cats due to either extracranial and intracranial causes. We will use video cases to demonstrate the most common presentations of brain disease in cats and discuss how we can effectively investigate them.

Cutaneous Adverse Drug Reactions: Blame the Drug, Not Your Choice! (Werner Resnick)

Adverse drug reactions (ADR) are reported to occur in up to 7% of the human population and are the 4th and 6th most common cause of death in hospitalized humans. Cutaneous adverse drug reactions (CADR) occur less commonly – reported in 1 to 3% in humans -- and are also reported to be approximately 2% in dogs and cats. What are the pathophysiological mechanisms for these reactions, when do they occur, and what are their symptoms? And most importantly, what can you do? Sometimes the treatment can be worse than the disease. Always keep this differential on your list.

Dermatology or Ophthalmology? The Eyelid Margin Wars (Werner Resnick)

Dermatologist or ophthalmologist? Diseases of the eyelid are often thought to be an extension of ocular disease. And yes, the eyelids protect (and lubricate) the globe. But often when there are lesions or inflammation around the eyes, there is no ocular disease – and medical evaluation and treatment of the skin is required. Eyelid dermatoses can be generalized into five categories: benign swellings, tumors, infection, allergic blepharitis, and immune-mediated dermatitis. A pictorial review of the common lesions at or near the eyelids will be presented.

Something to Sneeze at: Dermatologic Diseases of the Nasal Planum (Werner Resnick)

The nasal planum has a distinct appearance - and it gets stuck, literally, in many different places. Changes in the look and feel of your patient's nose can be very distressing to your clients. Diseases that affect the nasal planum can be part of a generalized dermatosis or may be unique to this structure. Common causes may be congenital, environmental, infectious, metabolic, immune-mediated, or neoplastic in origin. A pictorial review of the anatomy and of common lesions affecting the nasal planum will be presented.



Angela Sartor, DVM, DACVS
Program Chair, Immediate Past President

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More to follow this printing

CONFERENCE SPEAKERS

Stephanie L. Shaver, DVM, DACVS-SA

Dr. Steph Shaver was raised in Colorado and received her veterinary degree from Colorado State University. Following vet school, she completed an internship in Small Animal Medicine and Surgery at the University of Georgia and underwent residency training in Small Animal Surgery at the University of California at Davis. She is currently an assistant professor in small animal surgery at Midwestern University's College of Veterinary Medicine. Dr. Shaver enjoys presenting on and discussing surgical topics with colleagues; she is enthusiastic about all aspects of small animal surgery, particularly surgical oncology and wound management. She has been published numerous times and has a research focus on surgical education and surgical fundamentals. Dr. Shaver feels lucky to be able to work with outstanding colleagues in veterinary medicine and to teach students in the classroom and clinics to create the next generation of compassionate, dedicated veterinarians.

Alexander Werner Resnick, VMD, DACVD

Dr. Werner Resnick received his undergraduate degree from Iowa State University and his veterinary degree from the University of Pennsylvania. Following a one-year internship in small animal medicine and surgery at California Animal Hospital, he completed a residency program in veterinary dermatology in the University of California, Davis. Dr. Werner Resnick is a Diplomate of the American College of Veterinary Dermatology. In addition to lecturing, Dr. Werner Resnick has published articles in peer-reviewed journals, is the author of several book chapters, and remains as the editor of the dermatology section in the latest (and upcoming) editions of the 5-minute veterinary Consult textbook. His textbook (co-authored with Dr. Helton Rhodes) – Blackwell's 5-minute Consult Small Animal Dermatology 3rd edition – was published in 2018.

REGISTRATION IS NOW OPEN

Please visit our website for full program details
and to register:

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Complete Conference Details Online:
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TECHNICIAN SEMINAR

Behavior & Fear Free Essentials

SEMINAR SPEAKER

Monique Feyrecilde, BA, LVT, VTS (Behavior)

Licensed Veterinary Technician and Veterinary Technician Specialist in Behavior. With over 20 years of full time clinical practice experience, Monique strives to bring audiences concepts and strategies they can implement right away when they return home from CE!

Complete biography available online on conference pages.

PROGRAM — 6 CEU

Sunday, September 13, 2020

BEHAVIOR ESSENTIALS

Learning Theory YOU Need to Know!

Learning happens every moment of every day. Teach your patients and colleagues to work with you to achieve your goals by understanding how we learn, why we learn, what we learn, and what YOU can do about it!

Application and Videos

Apply your knowledge with this applications session. Case examples and video will be used to demonstrate operant conditioning, classical conditioning, counterconditioning and much more. Packed with tips you can start using the minute you get back to your clinic.

Behavior Jeo-Parody! Ultimate Quiz Show Edition Test your knowledge and win some prizes! Be sure to phrase your answer in the form of a question when you play this Behavior edition of Jeo-Parody. Questions will range from the essentials and basics all the way through advanced concepts in behavior and training. And did I mention, prizes?!

FEAR FREE

Getting Started in Five Easy Steps

Fear Free lets us protect the physical and the emotional welfare of every patient, every time. Learn five easy tips you can implement tomorrow to bring Fear Free to your patients, clients, and colleagues.

Gentle Control: Effective Fear Free Animal Handling

Handling animals in a compassionate way makes care safer and more enjoyable for pets and for veterinary professionals. Learn strategies for safe, effective, animal-friendly handling and restraint in the veterinary setting.

Change Doesn't Have to Hurt! Effective Implementation of Fear Free

The most frequent obstacles described by staff in implementing Fear Free/low-stress techniques and addressing behavioral wellbeing of patients are perceptions among team members and doctors that these things are "expensive" or "take too much time." Learn what you can do to help your practice change for the better. (And how to implement any kind of change successfully and quickly!)

*Cost details, schedule & registration for the
Technician Seminar are available online
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AAHA: Too Busy? Hospitals' Advice On How To Slow Down And Keep Staff Sane

Tony McReynolds - 6/18/2020

Heather Parker, practice manager at Twin City Veterinary Clinic, a small, one-doctor practice in Port Neches, Texas, posted the following question on the [AAHA-Accredited Members Facebook page](#) a couple of weeks ago: "I know all our clinics are so busy and staff exhaustion is a REAL issue right now. Any ideas on what to do to alleviate this for my team? Not just gifts and surprises, but like scheduling [tips] or real options to allow them to breathe more often?"

Her colleagues at other practices around the country were quick to oblige.

Susan Drieber, practice manager at Animal Hospital Highway 6 in Sugarland, Texas, wrote, "We are going to rotate paid Fridays off until everyone's had a three-day weekend. We are short-staffed. I'd love to give everyone a week but that's not real right now."

NEWStat checked in with Drieber yesterday to see how her plan was working out. "It's going well," she said. "Our first team member took last Friday off and completely clocked out for the [weekend]. She appreciated the opportunity to recharge her batteries." Drieber said a second team member will take this weekend, and a third team member will take the weekend after. "We'll keep plugging away until everyone gets a weekend to recharge."

David Hawkins, owner and practice manager of Dogwood Pet Hospital in Gresham, Oregon, wrote that his staff tells every nonclient that it will be at least two weeks before their next opening, and they limit new client visits to one per day, although never in urgentcare slots. "I hate to throttle new client numbers," Hawkins told *NEWStat*, "but we can't afford to turn away current clients because we scheduled a time-intensive new client who can't meet the doctor in person." And that's if the new client even shows up. "It works short term out of desperation," he acknowledges, "but stifles long-term growth." It doesn't help that, like Twin City, Dogwood is short on veterinarians.

"Throughout this, we have had to throw out 40+ years of fine-tuned protocols [to] hastily implement a new way of working with clients," Hawkins continues, voicing a concern common to many practices. And many of those clients are growing increasingly impatient to come back inside, which presents other problems. "I think part of the fear in many practices is the unknown about when and how to reopen the doors to clients," says Hawkins, who has reassured his staff that he has no plans to allow clients inside any time soon, and that he'll actively solicit their input before doing so. "I think our best coping mechanism is communication," he adds. "Two [members] of my small staff have even told me that they consider our practice their second safe space [after home]. I don't want to jeopardize that."

Sherry Knopp, DVM, co-owner of Babcock Hills Veterinary Hospital in San Antonio, Texas, said her hospital stopped accepting new clients entirely. "We were being inundated

with new clients and could not take care of those we already had," she told *NEWStat*. "I never, in 35 years of being a practice owner, envisioned something like that coming to pass!" Knopp said they've only had the policy in place for a week now, but the veterinarians say it's definitely streamlined their days.

Knopp's hospital also started reserving three appointments per day for same-day urgent care cases and another three for nonurgent medical cases. "We have four to five doctors working every day, so that allows for six slots total for medical concerns versus wellness visits," she says. "If a patient needs attention, we can usually get them in without having to schedule them as an urgent care walk-in. If an existing client calls and we are already completely booked, we will allow them to come in as a walk-in with an added urgent care fee on top of our regular office visit fee." She says the first available doctor available will see them as soon as possible, but makes sure the clients understand there could be a long wait. "It's important to take care of the clients we have and not overextend our doctors."

Pamela Turner, front desk shift supervisor at Bellevue Animal Hospital in Bellevue, Nebraska, says her hospital settled for no new-client appointments on Saturdays—those days are reserved for current clients. As a seven-doctor hospital, they can afford to be more flexible. "We don't close for lunch or turn off the phones," she says, which were other popular suggestions in the Facebook thread. "We have added at least 10 minutes to our service times, with the exception of vaccine appointments, to allow for the time needed to run back and forth to the cars, as we're still completely curbside."

After talking to some of the accredited members who'd responded to Heather Parker's original Facebook post, *NEWStat* checked in with Parker again to see how her hospital's been doing. She says she discussed many of the suggestions with her hospital's owner, and their biggest takeaways were learning to say "no" and setting limits.

Parker said, "For us, setting limits meant multiple things that were mentioned in the thread, such as booking nonurgent cases further out than we normally would; limiting new clients to one or two per day; truly telling clients 'no, not today' versus working three clients in on top of my already-overworked and overbooked doctor."

The hospital also closes for lunch for an hour and a half, per another suggestion in the thread. That means they turn off the phones and all staff leaves the building to ensure that everyone gets a break. Previously, she says, "My technicians and DVM were sometimes working through lunch if surgery ran over."

Given her hospital's staffing limitations, Parker, like Hawkins, is an advocate for clear communication, and schedules short, 5- to 10-minute staff meetings at irregular intervals to reinforce staff unity: "I can announce any changes or concerns and it gives the team a moment to breathe and voice their concerns, too," she says. "Long lunches are great right now, but [taking 5 minutes] to let my team know I see they're exhausted and that we're doing what we can to help them is sometimes more beneficial than an hour and a half away from the clinic." 

AAHA: Coming In From The Curb: When (And How) To Let Clients Back Inside

Tony McReynolds - 6/11/2020

As states continue to relax social distancing requirements across the country, many clients are anxious to get back in the exam room with their pets during appointments. And many hospitals, due to safety concerns, are just as anxious to keep them out. How will you decide when—and, perhaps more importantly, how—to let clients back inside your hospital?

NEWStat spoke to owners and staff at several AAHA-accredited hospitals to find out where they stood on the issue.

Ashley Forrester, CVPM, practice manager at Cumming Veterinary Clinic in Cumming, Georgia, inspired this story when she asked her AAHA colleagues at other hospitals via the [AAHA-Accredited Members Facebook page](#) if anyone had surveyed clients to see how they felt about coming back inside.

Forrester never actually sent out a survey herself, but after relaying her colleagues' Facebook feedback to her hospital's owner, they decided to hold off on letting clients back inside and focus on staff safety concerns. "We plan to continue curbside service through the end of June and are considering having clients back in the building after the July 4th weekend," she says, adding that they'll continue to offer curbside service as an option through the end of the year.

Margaret Rucker, DVM, owner of Southwest Virginia Veterinary Services in Lebanon, Virginia, and past-president of AAHA (1998–1999) didn't do a survey, either, but she did start allowing one person per pet into her hospital two weeks ago—and only if they wore a mask. About half the clients who had booked appointments took her up on it that first week, but the second week, nearly all opted to don a mask and came inside.

As of yesterday, Rucker says, all clients wear their own masks, and technicians escort them inside and check their temperature at the front desk. Once the visit's over, they're escorted back to check out or are checked out in the room, and then outside. "No one is allowed to enter the building without an escort, and no one can come in and loiter or wait in the reception area," Rucker says. "And only one person per pet is allowed." The one exception is euthanasia, when several family members are allowed to grieve together in the comfort room.

Christen Lynch, practice manager at Animal Hospital of Rowlett and Diagnostic Center in Rowlett, Texas, said their clients would love for them to return from curbside to inside visits. "But we're not willing to do so at this time," she says, citing, like Forrester, concerns for staff safety. Lynch says she didn't bother with a client survey "because I already know their feedback would overwhelmingly tell us that they want to be back in the building with their pets." If you're willing to allow that, she says, "then I think a survey is a great idea."

Lynch says her hospital will go back to their prepandemic hours in July, but plan to remain curbside until at least August. "We're watching the Dallas County [COVID-19 monitoring report] and it's not down enough yet for us to feel comfortable moving away from curbside." Nevertheless, they have a plan in place to let masked clients back in: "Clients will get their temperature checked at the door, they'll be escorted inside directly to an exam room, we'll limit the number of clients in the room, and have lines

on the ground where they must stand to stay six feet from staff," she says. They also bought Plexiglas to separate benches in the seating area in the event they ever have clients waiting inside. "And we'll continue to offer curbside forever for those who like it."

Lauren Dell, DVM, owner of the Cat Vet of Hebron in Hebron, Kentucky, surveyed her staff, not her clients: she put a whiteboard in the breakroom for staff to write down suggestions about protocols for letting clients back in. "So far, [suggestions include] getting wrist bands for the front door key, making storyboards featuring our [cat mascot] to explain the state safety guidelines, and having our website company make a slideshow of the storyboards [to email] with appointment reminders." Dell will start letting clients back inside on July 1.

One hospital owner in the Denver metro area who asked to remain anonymous told *NEWStat* she wouldn't survey clients: "This is one area where I don't think the clients' desires should be a deciding factor. I say this as a practice owner who understands this may alienate some clients and lead to loss of revenue. There are a number of reasons we're continuing curbside, and much of that decision is based on things clients have no understanding of—lack of PPE for [staff], the impossibility of maintaining social distance in a small practice, the liability for employers if an employee gets sick or gets a client sick, etc. [Clients] don't know enough about [how things work behind the scenes] to have a say about this."

Despite that, she says her hospital is considering ways to let people back in soon, but for her the biggest difficulty is scale: Her hospital is a one-doctor practice with fewer than five employees. "It's not physically possible for us to keep a six-foot distance in exam rooms or the lobby area," she said. "I'm most concerned about people congregating around the front desk. Even if people come in, we'll still have to take the pets to the back to have enough working room and distance from clients, so it's easier to just have them stay outside for now."

Another concern: her hospital is a part of Denver, which is considered a COVID-19 hot spot, with several recent outbreaks at nearby businesses. When those numbers go down and the governing bodies give the go-ahead, she'll start thinking about letting clients back inside. But she says that could be a while. "We're not out of the woods yet."

Rebecca May, practice manager at Town 'N' Country Animal Hospital in Burlington, North Carolina, said they started surveying clients about coming back inside two weeks ago.

The response was pretty evenly split, with 49% voting to come inside as long as they were masked and observed social distancing measures and 51% opting to stay curbside to limit their exposure. With client desires split down the middle, May says her hospital decided to try catering to both groups.

"We're only doing [in-hospital visits] with exams, euthanasia, [and] basically things where we believe there's going to be some conversation between the veterinarian and the client that the client benefits from," she told *NEWStat*. "That means no coming inside if clients are just dropping off pets for boarding, or a bath, or a heartworm test. We wanted to limit our staff's exposure in situations where there was no benefit in face-to-face communication."

May says the in-hospital visits are going well, although occasionally clients try to bend the rules. One of those rules is one person

— continued on pg. 8

per pet, and that person has to be masked. "One woman came in last week after agreeing to the conditions in writing: she'd come in alone and masked. Instead, she showed up with her three children and nobody had a mask." Needless to say, they weren't allowed in.

Although May says you can't please everyone, Town 'N' Country seems to be coming close. "We had older immunosuppressed clients say, 'If you let clients in the building, I'm going to have to find another veterinarian because I won't feel safe,'" she says. "And we've had healthy clients say, 'This is ridiculous. You need to let everybody in.' Doing it this way, we're able to accommodate clients who don't feel safe and want to stay in their car." And what about clients who are adamant about coming in with their pet? "As long as they play by our safety rules," May says, "we can accommodate them, too." 



AAHA NEWStat: Leading Diagnostic Labs Say Testing Delays Are Possible For Some Feline Samples

Tony McReynolds - 5/07/2020

Those two cats who tested [positive for COVID-19](#) in New York State last month may have thrown a wrench in lab-test turnaround time for all the other cats.

An AAHA-accredited referral hospital received an email from Ethos Diagnostic Science (now owned by Zoetis) last week cautioning about the possibility of slight delays in turnaround times for lab results involving a couple of very specific feline tests—delays directly tied to the introduction of more rigorous laboratory safety protocols after those two cats tested positive.

NEWStat looked into it to see how that news might affect other AAHA-accredited hospitals.

"While we aim to continue business as usual as much as possible," the email stated, "we are watching for developments at any of our Zoetis facilities from potential exposure to COVID-19, and in accordance with guidance from local government and health authorities, we are taking appropriate steps to maintain a safe work environment for our colleagues and anyone who visits our sites."

"Due to the recent reports on the slight possibility of active feline infections with COVID-19, and following CDC guidelines, we now must treat all respiratory fluid and fecal samples from cats as a possible source of virus aerosolization and risk of human exposure. The handling of these samples is currently being performed under safety hoods with additional protective equipment by our staff at our larger labs where these measures are possible."

The email said that all of the company's labs across the country were currently open.

It goes on to advise that the above-mentioned additional safety precautions could possibly add an additional one- to two-day delay in turnaround times on certain lab tests. Specifically:

- fluid analysis and/or cytology on feline Bronchoalveolar lavage (BAL) or tracheal wash submitted as fluid
- Fecal ova and parasite (O&P) exams on felines
- Giardia enzyme-linked immunosorbent assays (ELISA) on feline feces

The email was signed by Richard Goldstein, DVM DACVIM (SAIM) DECVIM-CA, Vice-President and Chief Medical Officer, Medical Affairs, Global Diagnostics, Zoetis.

NEWStat spoke to Goldstein to find out more about the reason for the possible delays.

"When it became apparent that there is a chance [of infection], albeit very small, our first priority is always protection—protecting our colleagues and our staff," Goldstein told NEWStat. "After [it] became clear that there was the potential for cats to become infected, [the company] looked at the CDC guidelines for the handling of human samples that could be infected in labs." He said the company decided to follow those guidelines in order to protect laboratory staff.

"Samples from cats that have the potential to be aerosolized and the virus to get into the air [which include samples from the cat's respiratory tract, feline fecal samples that were centrifuged, and any fresh tissues from cats] would have to be handled in a special way to make sure that our staff was protected," Goldstein said.

Goldstein also stressed that those types of samples aren't common: "It's not bloodwork; it's not CBCs and chemistries and urinalysis. [This kind of testing includes] sampling directly from the lungs," which is less usual. Zoetis operates some smaller labs in facilities like the referral hospital mentioned earlier, but for safety reasons he said those types of tests could only be done in Zoetis's larger laboratories. That involves shipping, which is where the possible delays come in. "The volume for these samples is really small, but we thought we did need to tell our customers about it because we didn't want any surprises."

Zoetis can continue to process dry slides from feline respiratory tract samples for cytology in their smaller local laboratories.

Goldstein said hospital feedback has been positive. "They all appreciate the importance of protecting the staff." Some hospitals even asked for advice on how to better protect their own staff while taking such samples. "The point was to stress that even if there's a tiny chance that a person or a technician is going to be exposed to fluid from a cat's lungs, we should just take precautions because we know there is a possibility that those samples could be infected," Goldstein added. "So I think the delay is a minor issue." Zoetis isn't the only company bracing for possible testing delays.

NEWStat also reached to Antech Diagnostics to find out if they've instituted similar additional safety protocols that might delay testing. Antech performed the tests that led to the two cats in New York testing positive for COVID-19 in April. Their results were later confirmed by the [United States Department of Agriculture](#), per standard operating procedure.

"Antech has implemented strict protocols around COVID-19 safety," Jennifer Klein, Antech's vice president of marketing, told NEWStat via email. "This includes associate and facility protocols in accordance with CDC recommendations as well as good laboratory practice protocol guidance around handling and processing of potentially infectious samples."

Klein acknowledged the possibility of operational delays for specific tests in specific regions, adding that any delays would be posted on Antech's website (as of press time, Antech was reporting some delays in testing turnaround in their [New York City laboratory](#) and none in [Canada](#).)

But more importantly . . .

Klein says Antech's labs haven't turned up any new COVID-19-positive cats since the first two in New York. 



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Connie Burke, CPA, CVA, CM&AA

SANTA CRUZ COUNTY, Scotts Valley: Located about 6 miles north of the City of Santa Cruz & 26 miles southwest of San Jose. Healthy economic region w/ educated residents & great school system. Various amenities with a small town feel. Well established PX situated within a strip center. Leasehold facility is ~ 1,800 sq. ft w/ 2 exam rooms & 15+ cages. Full service, computerized 1- DVM px. Equipment includes CR X-Ray & IDEXX lab. 2019 Gross ~\$783,000. Very motivated seller due to health issues. **Any offer will be seriously considered. PRACTICE PRICE ONLY: \$390,000**

INLAND EMPIRE- Rare Opportunity: Located in the heart of southwest Riverside County and ~1.5 hours from L.A. & San Diego. This upscale community offers a rural feel w/ incredible amenities available. Amazing location to reside and work. PX is located in a popular shopping center w/ ample parking. ~2,800 sq. ft. hospital includes 3 exam rooms, & multiple runs/runs. Well-equipped PX w/ digital X-Ray & IDEXX lab. Under-utilized PX w/ limited DVM hours& services. Room for expansion & growth. 2019 Gross ~\$1.3 Million. **PX PRICE: \$1.1 Million. RE PRICE ONLY: \$400,000.**

GREATER SACRAMENTO- Motivated Seller: This historic town is located just 30 minutes north of Sacramento within Placer County, paradise for outdoor enthusiasts, wine connoisseurs, foodies and history buffs alike. The practice is located on a major thoroughfare with excellent visibility and ample parking. Efficient ~1,900 sq. ft. free-standing facility. Computerized practice includes digital X-Ray and IDEXX lab 2019 Gross ~\$798,000. Currently operated as a 1 DVM practice with great staff. **PRACTICE PRICE: \$500,000. REAL ESTATE PRICE: \$420,000.**

ORANGE COUNTY, COASTAL- Priced to sell quickly: This charming community offers ideal weather, a diversified economy & excellent educational system. The city is located near three airports: (SNA), (LGB), & (LAX). PX is located in a newly renovated urban shopping center. Efficient leased facility ~ 1,200 sq. ft. w/ 2 exam rooms, 3 runs & several cages. 2019 Gross ~\$554K produced w/**extremely limited**, part time DVM hours. Significant growth potential with new energetic owner-operator. Currently, the PX values at greater than 1 year's gross. **PX PRICE ONLY: \$470,900.**

CONTRA COSTA COUNTY- New Listing: Easy access to San Francisco and Sacramento, this convenient, central location, along with a temperate climate, allows residents to enjoy a wide variety of unique and scenic attractions within the immediate Bay Area as well as throughout Northern California. Leased facility, ~2,000 sq. ft located in a shopping center with ample parking. Facility offers 2 exam rooms and 20 cages. Computerized practice includes DR X-RAY, Abaxis lab equipment. Many opportunities for growth with new energetic owner. **PRACTICE PRICE ONLY: \$399,000.**

SANTA CRUZ COUNTY- New Listing: Situated in the heart of the Monterey Bay area, 84 miles south of San Francisco, less than 10 miles from the ocean, this friendly community offers an ideal environment for working and living. Although agriculture forms the economic base, technology, electronic companies, electrical products, construction materials and heavy construction companies support the economic structure. Spacious, freestanding ~3,744 square foot leased facility situated near a major thoroughfare. Long established, full-service, small animal hospital includes 3 exam rooms, 30 cages, 8 runs with DR- XRAY & IDEXX lab equipment. 2019 Gross just over \$1.1 Million. **PRACTICE PRICE: \$820,000.**

SAN DIEGO COUNTY, NORTH- New Listing: Near perfect climate. Leisurely drive to beach cities and downtown San Diego. Endless outdoor activities, easy access to retail & commercial areas offers a highly desirable area in which to live & work. Well-established & organized PX located in an active shopping center. ~1,895 sq. ft. leased facility. Full-service hospital w/ experienced staff. 2019 Gross ~\$740,000 produced with limited DVM hours & services. Excellent opportunity for first time buyer or satellite practice. **PRICED FOR A QUICK SALE. PRACTICE PRICE ONLY: \$365,000.**

LOS ANGELES, COASTAL: MOTIVATED SELLER! Rare opportunity to own a well- established practice located in an excellent area. The city includes a state university, along with a harbor port, airport. 1,100 sq. ft free-standing facility. Equipment includes Abaxis VS2 lab, dental unit, Digital DR X-Ray. 2019 net sales ~\$556,000. **PRACTICE PRICE: \$400,000. REAL ESTATE PRICE: \$575,000.**

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BRITTANI JONES, DVM, DACVS-SA

Dr. Jones graduated from The Ohio State University, School of Veterinary Medicine in May 2015. She then completed a general medicine and surgery rotating internship at the Animal Medical Center in New York in July 2016. Dr. Jones went on to complete a small animal surgery residency in July 2019 at Michigan State University in Lansing, Michigan. She joined VCA Animal Specialty group in September 2019. Dr. Jones became a diplomate of the American College of Veterinary Surgeons in February 2020.

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Niemiec, Brook, San Diego 858-279-2108
Woody, Allison, Encinitas 760-230-1818

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Member Spotlight

Holly Mullen, DVM, DACVS

Interview Conducted By:
Angela Sartor, DVM, DACVS, SDCVMA Past President



Q: How did you first get into the veterinary field and what is your favorite part about it?

A: Dr. Mullen wanted to be a veterinarian ever since she could remember. Coincidentally, her great-great grandfather was a Kentucky racehorse veterinarian and she had heard stories about him growing up (He also held the first patent on the drink, sarsaparilla, by the way). She pursued the path, growing up in Virginia; she became a certified veterinary technician and worked at the same practice for 8 years, working up to being a hospital manager before the state of Virginia finally opened the Virginia-Maryland Regional College of Veterinary Medicine. She was then able to get into vet school as an in-state student.

Dr. Mullen's two favorite parts about being a veterinarian:

1) She likes that she can use her skills to help heal animals and that she can help them leave the world if they have untreatable pain and suffering, something she strongly supports as a personal choice for humans, too. She also likes having expertise in pain management; when people tell you they wanted to be a veterinarian but "can't stand to see animals in pain" and ask, "how can you stand it?" Dr. Mullen responds she can stand it because she takes comfort in knowing how to ease it.

2) As a surgeon, Dr. Mullen really likes those cases where life is literally in the balance; when there is a particularly difficult surgery she sees it like a battle between good (the surgery team) and evil (the disease) and being able to win that battle and save the patient gives a kind of high, a sense of euphoria in knowing that she was able to "defeat the forces of evil" and win a battle that not everyone is necessarily able to do. This high helps make up for rarely winning other battles in life; like what's going on under the hood of her car, or how to both see and hear at the same time on Zoom, and what are those weird pipes in the toilet tank.

Q: What are your favorite types of cases?

A: Dr. Mullen loves those cases when she can take a situation which would have been terminal or a lifelong problem and make it right (for example: PDAs, a bad fracture in a young animal, deformities associated with genetic defects such as PPDHs, rectovaginal fistulas, etc). She has a special love for cardiothoracic surgery, jigsaw-puzzle-like fractures, and really massive tumors that don't seem resectable (but are).

Q: What is the oddest question a client has asked you?

A: One woman asked Dr. Mullen, when dropping their pet off for surgery, if she could guarantee that she would not do other experiments on the dog while the dog was hospitalized. The oddest part being that a client would actually believe we DVMs have free time to "conduct experiments", in addition to all the other tasks that fill our busy days!

Q: What are your hobbies outside of work?

A: "Is there an outside of work?" was Dr. Mullen's initial response. When she is able to grab a bit of free time, she enjoys a variety of activities from gardening, photography, birdwatching, hiking (especially in remote areas like Anza Borrego, the Eastern Sierras, or Yosemite), travel, wine and meal tasting, gourmet cooking and baking, reading for pleasure, opera, plays, musicals, and Broadway shows.

Q: What is something about you that others might find unexpected?

A: Some people find Dr. Mullen intimidating and tough, but secretly she is a softie. Certain unexpected things make her cry, like witnessing random kindness between strangers; visiting Olduvai gorge, where the earliest evidence of human ancestors is found; a beautiful singing voice (definitely NOT hers!); certain poems; beauty in nature; the first time she saw a wild lion in Africa; and reading some children's books, especially ones about animals (ie. The Velveteen Rabbit, The Cat Who Went to Heaven — after the last chapter, try not to get choked up!).

Q: What is the most fun thing you've done while social distancing?

A: The most fun thing was getting four days off in a row every other week for 2 months when the VCA EAHRC was divided into two completely separate teams to combat COVID-19.

Q: How many rolls of toilet paper do you think you're down to now?

A: Dr. Mullen has three packs of 24 rolls of Charmin in her garage – she is not worried!

Q: What are you most looking forward to doing once we no longer need to shelter in place?

A: Dr. Mullen is looking forward to being able to go everywhere without a mask and physically get together with friends for dinner and movies.

Q: You graduated veterinary school in 1985. At that time, about what percentage of the class was female?

A: 1985 was the first year that 50% of the graduating veterinary students were women. Before veterinary school, she constantly heard that a woman is just taking a deserving man's place in vet school, since all women who went to veterinary school would just drop out and have babies. There were only

about 40 women in the American College of Veterinary Surgeons when she became board certified in 1990.

Q: You started working in San Diego in 1995. How has San Diego and the veterinary community changed since that time?

A: Both communities have grown immensely since Dr. Mullen has been here. The vet community was small and tight knit initially; now there are so many more veterinarians and hospitals. There has been a big shift in the past 10-15 years of general practitioners referring more to specialists. San Diego itself has become much busier; it used to have more of a small-town feel. Now, there is much more traffic – it takes so much longer to get places! San Diego is also becoming, in Dr. Mullen's opinion, overdeveloped, resulting in an increased cost of living. She also can appreciate the effect of global warming – summers are definitely warmer than they used to be.

Q: What is your favorite part about being an SDCVMA member?

A: Dr. Mullen loves that the SDCVMA has a core membership that has a real camaraderie - that the membership is a warm and welcoming group. When she attends lecture gatherings, it's like seeing old friends (that she usually only gets to talk to on the phone and never gets to see). Dr. Mullen also appreciates that there is a good team running the SDCVMA, and that the office staff help veterinarians out so often. 

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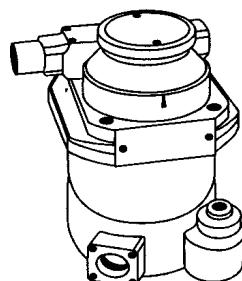


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SDCVMA SPRING VETERINARY CONFERENCE

Endocrinology for the General Practitioner

April 24 & 25, 2021

SPEAKERS

Patty Lathan, VMD, MS, DACVIM

Associate professor of small animal internal medicine at Mississippi State University.

Renee Rucinsky, DVM, DABVP (Feline)

Owner and feline specialist at Mid Atlantic Cat Hospital in Queenstown, Maryland.

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Veterinary Conference Schedule Both Days:

7:30am-8:30am Registration & Breakfast

8:30am-4:30pm CE Sessions

10:00am Refreshment Break

12:00-1:00pm Luncheon

2:30pm Refreshment Break

5:00pm Happy Hour on Saturday ONLY

The SDCVMA is a California Statutorily Approved CE Provider.

Support Staff Welcome

Breakfast & Lunch Included





Notices & Recommended Reads

For optimal viewing, please visit the Notices & Recommended Reads section electronically on our SDCVMA website so you can click thru to all the articles and references.

FDA Approves Generic Animal Drug for Broad Spectrum Parasite Protection in Cats

May 28, 2020: The U.S. Food and Drug Administration has approved Imoxi Topical Solution for Cats, the first generic version of a topical imidacloprid and moxidectin product for the following indications: the prevention of heartworm disease; the killing of adult fleas and treatment of flea infestations; the treatment and control of ear mite infestations; and for certain life cycle phases of hookworm and roundworm intestinal parasites. Imoxi Topical Solution for Cats is available by prescription only because a veterinarian's expertise is needed to diagnose parasitic disease and determine the appropriate treatment.

Imoxi Topical Solution for Cats contains the same active ingredients (imidacloprid and moxidectin) in the same concentrations and dosage form as the approved brand name drug product, Advantage Multi for Cats, which was first approved in 2007. In addition, the FDA determined that Imoxi Topical Solution for Cats contains no inactive ingredients that may significantly affect the bioavailability of the active ingredients.

Vetoquinol USA, Inc. is the sponsor of Imoxi Topical Solution for Cats. Vetoquinol USA, Inc. is also the sponsor of [Imoxi Topical Solution for Dogs](#), which earned FDA approval in December 2019.

For more information: [FOI Summary](#)



[California Department of Public Health Issues COVID-19 Guidance for Veterinary Practices as of May 28, 2020.](#)

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/GuidanceforVeterinaryProfessionalsandPremises.aspx>



[CDFA: Virulent Newcastle Disease – Update 6.1.2020 Southern California Regional Quarantine Lifted](#)

SACRAMENTO, June 1, 2020 – The California Department of Food and Agriculture (CDFA) and the U.S. Department of Agriculture (USDA) have announced an end to the Virulent Newcastle Disease (VND) quarantine in Southern California. Extensive test-

ing of the regulated area has been completed, with no additional detections of the disease. This allows poultry to again move freely within California.

"We have eagerly anticipated this day and are extremely proud of the tireless work of the Virulent Newcastle Disease Task Force," said CDFA Secretary Karen Ross. "While we extend gratitude to the hundreds of dedicated and skilled USDA, CDFA and California Animal Health and Food Safety Laboratory System employees who worked for over two years to achieve this goal, often in adverse conditions, we also want to thank the thousands of poultry owners in Southern California who made the sacrifices and investments needed to eradicate this virus from California."

To read more: https://www.cdfa.ca.gov/ahfss/Animal_Health/Newcastle_Disease_Info.html



[FDA Approves Clevor \(Ropinirole Ophthalmic Solution\) to Induce Vomiting in Dogs](#)

June 16, 2020: The U.S. Food and Drug Administration's Center for Veterinary Medicine has approved Clevor (ropinirole ophthalmic solution) for inducing vomiting in dogs. Clevor is a dopamine agonist that is administered by drops in the dog's eye.

Some examples of when a veterinarian may want to induce vomiting in dogs include when the dog has eaten something that may be poisonous or that can't pass through the intestinal tract, and that can be safely vomited as determined by a veterinarian. Clevor is available by prescription only, as the drug should only be administered by veterinary personnel because professional expertise is required to ensure safe use of the drug, assess the animal patient for contraindications associated with the induction of vomiting, and monitor any possible adverse reactions.

To read more: https://www.fda.gov/animal-veterinary/cvm-updates/fda-approves-clevor-ropinirole-ophthalmic-solution-induce-vomiting-dogs?utm_campaign=6-16-2020-Clevor&utm_medium=email&utm_source=Eloqua



[Click here for Active Livescan Sites, as of June 15, 2020](#)
https://www.vmb.ca.gov/applicants/live_scan_sites.pdf



[Veterinary Medical Board Office Reopens to the Public on June 15, 2020](#)

In response to state and local stay at home orders to help reduce the spread of COVID-19, the Veterinary Medical Board (Board) temporarily closed its office to the public in March. Following a detailed risk assessment and implementation of a COVID-19 prevention plan, we will reopen our office to the public on Monday, June 15, 2020. The office will resume normal hours of operation, Monday through Friday from 8:00 a.m. to 5:00 p.m.

In accordance with California's Resilience Roadmap and guidance from the California Department of Public Health, the Board has implemented preventive measures to safeguard the health and safety of our employees and visitors. Read more at:

<https://covid19.ca.gov/roadmap/>

Meetings • Seminars • Events • Webinars

July	3 & 15	VCA EAH & Referral Center Radiology Seminar, Dr. Craychee, MS, DACVR, 1-2pm
	31-August 4	AVMA Annual Meeting, San Diego, CA , www.avma.org CANCELLED
August	7 & 19	VCA EAH & Referral Center Radiology Seminar, Dr. Craychee, MS, DACVR, 1-2pm
September	12-13	*SDCVMA Fall Veterinary Conference, Special Senses: Dermatology with a Twist for the GP 12 CEUs, Handlery Hotel San Diego
	13	*SDCVMA Technician Seminar, Behavior and Fear Free Essentials for the RVT 6 CEUs, Handlery Hotel San Diego
	30- October 4	AAHA Connexity Annual Meeting, Denver, CO, www.aaha.org
October	9-11	CVMA Fall Conference, Renaissance, Palm Springs, www.cvma.net
November	21	SDCVMA Holiday Gala: Location TBA: Save The Date!

**SDCVMA is closely monitoring developments related to COVID-19 and we will continue to follow recommended public health guidelines leading up to all scheduled SDCVMA events.*

Pet LatinAmerica VMA: Meets last Saturday of each month. For any questions, please contact Dr. Al Guajardo 619-582-2560 or Dr. Miguel Constantino 619-278-0000.

Board Meeting Highlights

May 6, 2020

9 Board members present



Association Office/Director's Report:

- Fall Special Senses/Dermatology Conference & Behavior/Fear Free Essentials RVT Seminar - Sept 12 & 13. Brochure almost ready for print. Registration to open June 1st.
- Save the date 11/21/2020 for the Holiday Gala
- Contracting in progress for the 2021 Specialists' Update Sunday and Practice Manager's Meeting
- The Membership renewal cycle for 2020 has ended. Office staff continues to reach out to members that may have missed the renewal notices.
- Many of our pharmaceutical partners are offering free CE webinars to our members. All will be communicated via constant contact email to our membership.
- Office staff working on creative advertising & sponsorship opportunities.

CVMA Board of Governors:

- Meeting held via video conference. CVMA legislation positions discussed.

Committee Updates:

- Community Services - Opportunity to volunteer at the SD Food Bank. Reach out to Dr. Stanke to join.
- Membership, Mentorship & Support Staff outreach halted due to COVID-19 restric-

tions. Phone outreach always available, plus teleconference ideas discussed.

- COVID-19 information and updates will be communicated via social media and email.

New Business:

- PPP Loan discussed
- Add a President's/BOD Column to Intercom
- Member Dr. Schiebert shared free telemedicine platform with members called Doxy.me

Discussion:

- Bring back Member Spotlight Intercom feature - Dr. Sartor will interview Dr. Mullen for the July issue. Dr. Lindsey managing interview candidate list.

Welcome New Members

Alexandria LaPorte, DVM (COR)
Michael Mamaghani (Affiliate)
Valerie Cardeiro, DVM (Life Member)



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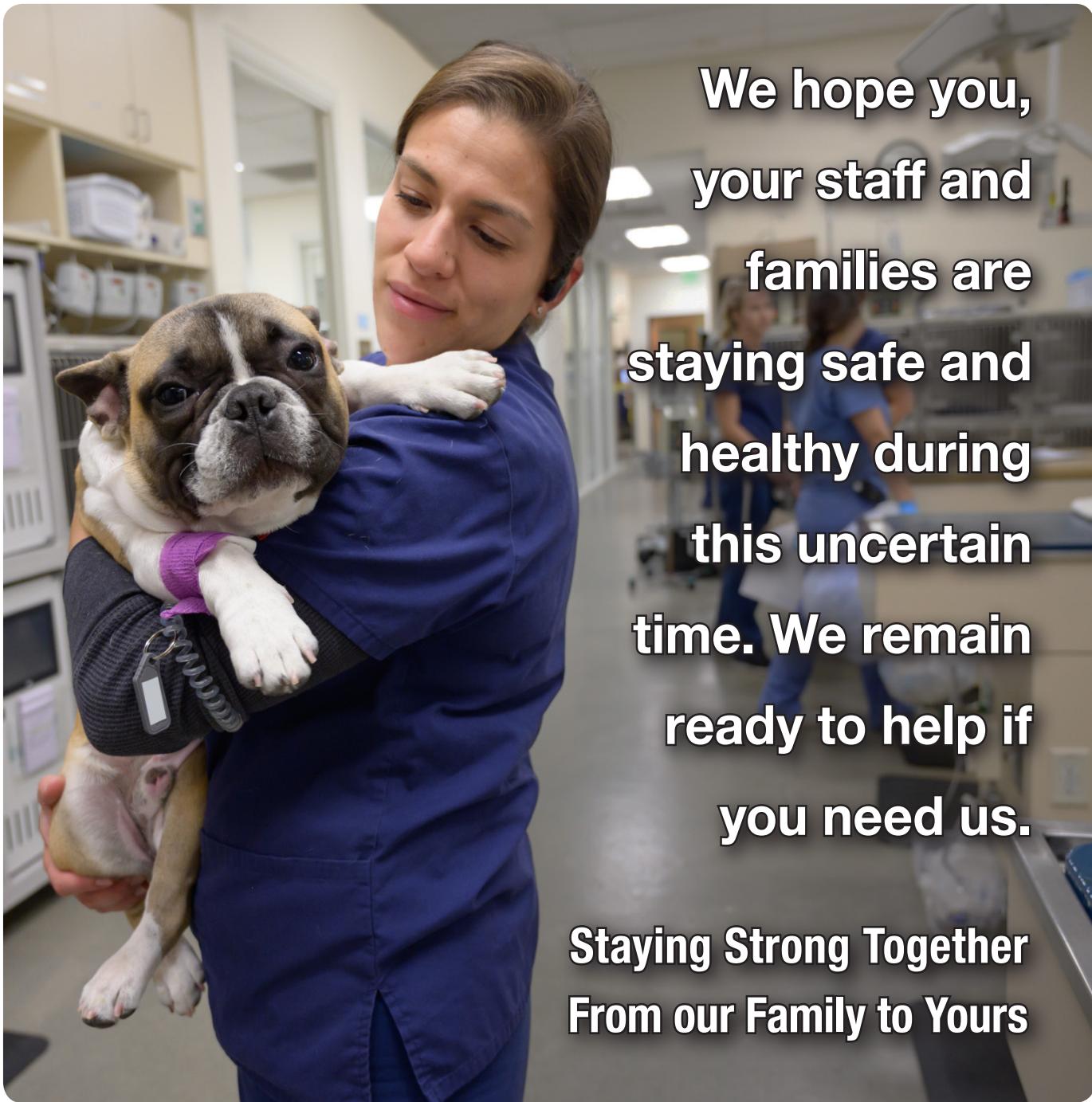
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FOR CARDIOLOGY CARE THAT GOES BEYOND BASIC. TOTAL WELLNESS IS HERE.



VCA Emergency Animal Hospital & Referral Center

CARDIOLOGY SERVICE AVAILABLE 6 DAYS A WEEK!

Our cardiologists are available Monday through Saturday for cardiology referrals and emergency cases!



Dr. Sharon Huston is a board certified cardiologist and founder of the San Diego Veterinary Cardiology practice at VCA Emergency Animal Hospital & Referral Center. Dr. Huston received her DVM degree from Michigan State University in 1998. She completed a one-year internship in small animal medicine and surgery, followed by a three-year residency in veterinary cardiology. Dr. Huston achieved board certification in cardiology in 2002. Dr. Huston returned to California in 2006 and celebrates over 10 years as a cardiologist in the San Diego community. In addition to her work with companion animals, Dr. Huston continues to serve as the lead cardiologist for the National Marine Mammal Foundation and the ASPCA.



Dr. Adonia Hsu is a board certified cardiologist now celebrating her 5th year with San Diego Veterinary Cardiology this summer! She received her VMD in 2003 from the University Of Pennsylvania School Of Veterinary Medicine. She practiced general veterinary medicine for several years in Brooklyn, NY, before pursuing the specialty of cardiology. Dr. Hsu completed a one year small animal internship at Advanced Veterinary Care Center in Lawndale, California, followed by a residency in cardiology at the University of California, Davis. Dr. Hsu has a special interest in interventional cardiology.



Dr. Elizabeth Cole is an experienced board certified cardiologist who joins us from back East where she has practiced for the past decade at a multi-specialty/emergency hospital. Dr. Cole received her DVM from the University of Illinois College of Veterinary Medicine in 2004. She completed a one-year rotating small animal internship in 2005 at the University of Missouri College of Veterinary Medicine. She became board-certified following her residency in cardiology at the Animal Medical Center in NYC in 2008. Dr. Cole has a special interest in congestive heart failure and feline cardiomyopathies.

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Ask for our Referral Coordinator, Rhonda Nevins,
to help facilitate your referral appointments.

