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On the cover:
We thank our proud veterinary nurse technicians for treating patients with their expertise, love and compassion every day.
2018 was a year of change for the NAVTA

NAVTA had a busy and productive year in 2018 and experienced many changes. The NAVTA executive board took the opportunities presented, evaluated systems, and reorganized.

In order to move forward, sometimes you have to “step back.” In 2018, it was important to ensure sustainability of the association to enable NAVTA to continue its mission of supporting the profession of veterinary technology and veterinary nursing. The following is a summary of the NAVTA executive board’s focus for 2018.

**Association Management**

In the first quarter of 2018, NAVTA’s former Executive Director resigned. The AVMA graciously offered us assistance as the board determined the best direction forward for future association management. The AVMA’s support culminated in securing an interim Executive Director from June through December 2018. Lisa Perius, an experienced veterinary medical association executive director, stepped in to help NAVTA leadership with the reorganization process. Lisa helped to identify our organization’s many opportunities and made improvements in several areas, including refining the membership database while handling day-to-day management. At the end of her tenure, Lisa provided a report that will allow NAVTA to continue to work on the areas with the most need for improvement. NAVTA owes Lisa a huge debt of gratitude for all she has done to set us up for success during the past year.

As the board evaluated our long term day-to-day management needs, we were faced with three options: 1) Have the board run the organization 2) Keep the current model with an independent Executive Director that works with a small team 3) Contract with an association management group that provides support to a mutually agreed upon Executive Director. The board agreed that option #3 was the best way forward—and we decided to hire an organization that provides association management. Such an organization would support NAVTA on many levels and help identify an Executive Director that meets NAVTA’s needs. Potential partners submitted proposals to the Board throughout 2018. After a thorough search process, the board made the decision to partner with AVMA as our association management firm. NAVTA and AVMA will work together to identify a permanent Executive Director in the first quarter of 2019.

This management agreement, along with a revitalization of NAVTA committees, will allow the NAVTA board to move forward with functioning in its true designation – maintaining the direction of the organization for continued growth and success.
Financials and Membership

Michelle Krasicki-Aune took over as Treasurer in January 2018 and began a deep dive into NAVTA’s finances. Having an MBA enables her to look at things from a true business perspective. Michelle continues to work to ensure NAVTA’s financial information is current, while also streamlining processes to ensure accountability. Her efforts allow for a clearer financial picture.

Michelle’s efforts also include hiring a new CPA firm, which works with the Treasurer and the board to ensure all tax filings are current. For those members interested in NAVTA’s financial report, our yearly 990 Forms are public record and can be found on the IRS website (irs.gov) in the “Charities & Non-Profits” section.

As the NAVTA board reviewed the state of the association in the summer of 2018, the financial situation was one of the main concerns. To attain financial security and sustainability, NAVTA requires income through membership and veterinary industry sponsorships. We have worked diligently throughout 2018 to return to a place where we have a positive cash flow. We now plan to continue this work to allow for sustainability and growth of NAVTA.

Membership is an important component of having a healthy financial organization. One of Lisa’s areas of focus in 2018 was how to increase NAVTA membership. The NAVTA executive board plans to continue working to improve membership in 2019. In addition, we welcome suggestions from our valued members on how to best increase membership, as well as indicating what benefits members most want, and what support NAVTA should provide.

The NAVTA Journal

The NAVTA Journal is both a major benefit and a major expense for the association. During 2018, the board made a short-term decision to offer a digital-only version of the Journal while our financial situation was being evaluated. This would contribute to the sustainability of NAVTA as a whole. This decision was not taken lightly, and the board acknowledges the concerns we have heard on both sides.

The good news is, that with the association management partnership with AVMA, the NAVTA Journal will have access to resources in the AVMA publications department. NAVTA leadership has been working with members of AVMA to identify more cost-effective ways to produce a print version of the NAVTA Journal.

Strategic Planning and NAVTA’s Vision

Since 2015, NAVTA has worked hard to set and follow a strategic course. The strategic plan developed in 2015 is summarized in Figure 1. The Executive Board will be working to review and update their strategic plan in 2019 based on the revision and reorganization that has happened over the last year. There will be a continued focus on finding ways for NAVTA to be a sustainable organization, as well as support and improved awareness of our profession.

NAVTA Committees

The bulk of the work of many successful organizations is carried out at the committee level. Committees work to identify areas for improvement and innovation and put together plans to implement their ideas. The executive board worked to revitalize NAVTA committees in 2018 through appointing chairs to open seats and finding new, interested members to serve on these committees.

The Committee for Veterinary Technician Specialties (CVTS) deserves particular recognition. As co-chair of the CVTS
Ad-hoc Committee, Ed Carlson worked diligently to present revised guidelines to the NAVTA board. Part of the revision included aligning the make-up of the committee to include representation from more VTS Academies. Linda Merrill was elected chair of the CVTS and immediately started her committee on updating and improving the CVTS and NAVTA’s support for the Academies.

The NAVTA board recognizes that wellbeing is important for every member of the veterinary team, and in 2018 instituted the Wellbeing Task Force. The mission of this task force is to serve veterinary team members in actively creating a life and career that is fulfilling, rewarding and sustainable. Check out the resources the task force compiled at: https://www.navtanet/page/Wellbeing.

Other committee chairs that have taken their seats over the last 1-2 years include Anna Santos and Jamie Rauscher, taking over the State Representative Committee, which oversees the NAVTA state representative system and our two leadership symposia each year. Mark Sharpless took on the chair of the Legal Committee and immediately began to revitalize that committee for the important work of the review of NAVTA’s bylaws.

The Veterinary Nurse Initiative (VNI)

The Veterinary Nurse Initiative continues to be a large focus for NAVTA. The VNI has worked throughout 2017-2018 to standardize credentialing requirements, scope of practice and creating title protection for the title of Registered Veterinary Nurse (RVN). The coalition of the VNI has grown with both financial supporters, and those who have provided letters of support and position statements, joined by over 38 supporting organizations as of December 2018.

VNI legislation was introduced in both Ohio and Tennessee in 2018. Ohio succeeded with the first VNI victory on its first vote in committee of 14 to 1. Due to delays caused by internal issues in the Ohio legislature, the process in Ohio is still ongoing. The Tennessee bill was withdrawn early in the year to reserve resources when it appeared there would be significant opposition from an organized nursing association. Even with this opposition, the VNI team received positive indicators that Tennessee could be a successful state in future (non-election) years. The VNI has identified states to introduce legislation for 2019 and will continue to support efforts towards standardization in other states.

The VNI has brought challenges faced by our profession to the forefront of the veterinary field’s minds, sparking many discussions on how to set ourselves up for future success going forward. The VNI will continue to function as a branch for research, communication and advocacy for the national credentialing process. We look forward to all the upcoming productive discussions with you, our members, about the profession.

Related to the efforts of the VNI, team utilization was definitely a focus in 2018, with NAVTA leadership invited to present on veterinary nurse/technician utilization—and to hold a panel discussion on this topic at the 2018 Banfield State of Pet Health Symposium. This amazing opportunity afforded NAVTA the venue to discuss proper utilization of all team members with the leaders in the veterinary profession. This was an opportunity to address burnout, turnover, pay scale, wellness, etc., and how proper utilization of every team member can combat these important issues.

The NAVTA executive board wishes to thank the membership for their continued support and patience as we worked through this necessary and challenging transition year. Additionally, we would like to thank our partners and supporters throughout the veterinary industry who have been ready to provide whatever support NAVTA has needed.

Here’s to an exciting 2019!

Respectfully,
The NAVTA Executive Board

2019 NAVTA COMMITTEE CHAIRS

CE Committee:
Vicky Ograin, MBA, RVT, VTS (Nutrition)

CVTS Committee:
Linda Merrill, LVT, VTS (SAIM)

Global Outreach Committee:
Ken Yagi, BS, RVT, VTS (ECC, SAIM)
Linda Markland, RVT

Membership Committee:
Jaime Rauscher, RVT
Beth Skiles, RVT

Veterinary Nurse Initiative:
Ken Yagi, BS, RVT, VTS (ECC, SAIM)
Heather Prendergast, RVT, CVPM, SPHR

Public Relations Committee:
Jade Valasquez, LVT

SCNAVTA Committee:
Beckie Mossor, RVT

State Representative Committee:
Jaime Rauscher, RVT
Anna Santos, RVT

Veterinary Assistant Committee:
Dennis Lopez, M.ED, B.SCI, LVT

Wellbeing Taskforce:
Mary Berg, BS, RLATG, RVT, VTS (Dentistry)
NAVTA's 2019 Executive Board

President
Erin A. Spencer, M.Ed., CVT, VTS (ECC)

Erin Spencer currently lives in New Hampshire and works in Massachusetts. The majority of her career has been spent working in Emergency and Critical Care and she still picks up relief shifts whenever she can. She earned her VTS (ECC) in 2011. After spending time as the technician manager for IVG Hospitals, Inc. (now ETHOS Veterinary Health), Erin transitioned to the non-profit world and worked with the HSVMA Rural Area Veterinary Services (RAVS) teaching program as both a field technician and the volunteer coordinator. It was then Erin realized that she wanted to pursue teaching. While she continues to spend her summers with RAVS, she earned her M.Ed. in 2015 from Colorado State University and began teaching full-time at Mount Ida College the same year.

Erin currently works as an Assistant Professor in the Veterinary Technology program where she teaches a variety of courses, her favorite being a clinical skills lab where she is able to work one-on-one with students to develop their nursing skills. Erin lectures both regionally and nationally and is currently working on a book focusing on neonatal and pediatric nursing care. Erin has served on the board of the Massachusetts Veterinary Technician Association for a number of years and is the immediate past president of the organization. She also serves on the NAVTA Approved Veterinary Assistant Committee, as well as the Credentials and Mentoring Committee for the Academy of Veterinary Emergency and Critical Care Technicians (AVECCT).

She enjoys spending her down time with her husband and their furry little monster, a terrier cross, Nick.

President Elect
Kenichiro Yagi, MS, RVT, VTS (ECC), VTS (SAIM)

Over the past 19 years in practice, Ken has discovered and refined his role as a veterinary technician by promoting compassionate and progressive care for patients and their families. He obtained his VTS certification in emergency and critical care as well as small animal internal medicine and obtained his master’s degree in Veterinary Science. He served as the ICU Manager and Blood Bank Manager at Adobe Animal Hospital until 2018, and is now is the Program Director for the RECOVER CPR Initiative and the simulation lab manager of the Tetlow and Roy Park Innovation Laboratory at the Cornell University. Ken has co-edited the Manual of Veterinary Transfusion Medicine and Blood Banking and has published over 25 text chapters and articles in various publications. He speaks internationally and has given over 800 presentations on topics in ECC, Transfusion Medicine, and the veterinary technician profession.

Ken works to encourage further recognition of the vital role of the veterinary nurses and technicians through organizations such as the National Association of Veterinary Technicians in America, co-chairing the Veterinary Nurse Initiative and serving as a board member of the Veterinary Emergency and Critical Care Society, the Academy of Veterinary Emergency and Critical Care Technicians, and the Veterinary Innovation Council. He pursues these goals by showing the value of the profession’s perspective in veterinary medicine.

Ken invites everyone to ask “Why?” to understand the “What” and “How” of our field, and to constantly pursue new limits as veterinary professionals and individuals.
Immediate Past President
Kara M. Burns, MS, MEd, LVT, VTS (Nutrition), VTS-H (Internal Medicine, Dentistry)

Kara Burns is a licensed veterinary technician with a master’s degree in physiology and a master’s degree in counseling psychology. She began her career in human medicine working as an emergency psychologist. She made the move to veterinary medicine and worked in small animal private practice and a small animal and avian practice in Maine.

Kara is the Founder and President of the Academy of Veterinary Nutrition Technicians, the tenth recognized specialty for veterinary technicians, and has attained her VTS (Nutrition). She teaches nutrition courses around the world on digital platforms and in person. Kara is a consultant for the Lafeber Company/Emeraid, is Director of Veterinary Nursing for NAVC Publishing and is editor in chief of Today's Veterinary Nurse. She also works as an independent nutritional consultant.

Kara is a member of many national, international, and state associations and holds positions on numerous boards; AAVN executive board technician liaison; Western Veterinary Conference Technician Education Manager; PrideVMC board Treasurer; Society of Veterinary Medical Ethics Board; and the Pet Nutrition Alliance executive board, just to name a few.

She has authored many articles, textbooks, and textbook chapters and is an internationally invited speaker focusing on topics of nutrition, leadership, and technician utilization.

Ms. Burns has been featured on the covers of the Veterinary Technician Journal and the NAVTA Journal. She was named the 2013 North American Veterinary Conference Technician Speaker of the Year. She was granted an honorary VTS (Internal Medicine) in 2011. She was also granted an honorary VTS (Dentistry) in 2012. She is the 2010 NAVTA Veterinary Technician of the Year, as well as the 2011 Dr. Franklin Loew Lecturer. Kara has been named the National Association of Professional Women ‘Woman of the Year’ for 2010-2011, and the Cambridge Who's Who in Professionals V.I.P. for 2010-2011. She was accepted into the International Women’s Leadership Association in 2012.

She enjoys spending time with her wife Dr. Ellen Lowery, their children, and their pet menagerie - a French bulldog, A Border collie/Aussie mix, 6 birds, and 4 indoor cats!

Secretary
Jamie Rauscher, RVT

Jamie Rauscher is a Registered Veterinary Technician living in Atlanta, Georgia. She is the medical manager of a nine doctor GP/Emergency practice, where she has worked for 19 years. She is the current president of the Georgia Veterinary Technician and Assistant Association, as well as actively serving on several NAVTA committees. Jamie is in the process of pursuing the appointment of the Registered Veterinary Technician seat on the Georgia State Board of Veterinary Medicine.

Jamie's interests include anesthesia, surgery and pain management, as well as emergency & critical care. She also enjoys client communication and education. Jamie mentors the technicians and assistants that she comes into contact with on a daily basis. Last year she started a local continuing education group in Atlanta, which allows the technicians and assistants in the area to come together for food, networking and CE. She is also in process of pursuing her VTS in Emergency & Critical Care. In addition, Jamie is working on writing articles for publications and speaking engagements. She has had the opportunity to speak at several national conferences and will continue to do so next year.

Jamie has been married for 14 years and has a teenage son. Her family also includes a golden retriever and three cats, one of them being a super cute sphynx kitten named Pitou.
**Treasurer**

Michelle D. Krasicki-Aune, MBA, BS, CVT

Michelle’s calling to work in veterinary medicine was evident from a young age. After becoming an on-the-job trained assistant at a large Chicagoland veterinary hospital, Michelle continued her education focusing on the sciences and graduating from North Dakota State University with a Bachelor’s of Science in Veterinary Technology, and she received her credentials as a Certified Veterinary Technician from the state of Minnesota. She furthered her education and received her Masters of Business Administration with an emphasis in Veterinary Medicine Management. During this time, she worked in a variety of small and mixed animal hospitals, veterinary teaching hospitals, specialty and referral hospitals, as well as serving as a veterinary technology educator for over eight years.

During her career, Michelle has served several terms on the Executive Board of the Minnesota Association of Veterinary Technicians, provided technical editing and question creation for upcoming textbooks, and contributed various articles to veterinary technology centered publications. When asked, she always finds time to contribute to both regional and national conferences such as AVMA, AAHA, MVMA, CVMA and ISVMA, in addition to participating in the Fear Free Speakers Bureau.

Currently Michelle spends her time volunteering on various NAVTA committees, NEPRIS, and owning and operating Vet Teams, LLC, where she provides veterinary technology relief, assessment, training and management services for various companion animal and specialty practices. She shares her home with her loving husband Zac, daughter Madelyn, and a small collection of furry friends.

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**Member at Large**

Harold Davis, Jr., RVT, VTS (ECC) (Anesth/Analgesia)

Harold Davis is a Registered Veterinary Technician who grandfathered in to take the California Animal Health Technician Examination. He was also certified in Florida as a Veterinary Technician. He is a graduate of California State University, Sacramento with a Bachelor of Arts degree in Biology. Harold has been in the profession for almost 43 years and was drawn to the profession because of a love of animals and an interest in medicine. Harold has worked in a full service veterinary clinic at a local humane society, general daytime practice, private emergency practice, and until July 2018 was the Manager of the Emergency and Critical Care Service at the UC Davis William R. Pritchard Veterinary Medical Teaching Hospital. He worked at UC Davis for nearly 36 years. Prior to managing the UC Davis Emergency Service, Harold was an ICU technician, coordinator and instructor in clinical practice for all first through third year veterinary students, and he was the Emergency Service supervisor. Currently he is a veterinary practice educational consultant/lecturer providing in hospital continuing education opportunities.

As co-founder of the Academy of Veterinary Emergency and Critical Care Technicians, Harold was instrumental in working with, and obtaining from, the North American Veterinary Technicians Association (now known as the National Association of Veterinary Technicians in America) provisional recognition for technicians as specialists. This was the first organization to receive this acceptance. He is also a charter member of the Academy of Veterinary Technicians in Anesthesia and Analgesia. Harold is a former member-at-large to the Board of Directors for the Veterinary Emergency and Critical Care Society (VECCS), having also served as treasurer and president. Harold is the first non-veterinarian elected as president of this 5,000 plus member organization. He currently serves on the Board of Directors for the North American Veterinary Community and is Chairman of the Bylaws Committee and member of the Governance, Finance and Earl Rippie Veterinary Technician Scholarship committees. Harold has served on several continuing education program committees for various organizations such as AAHA, ACVIM, VECCS, and UC Davis. In 1985 Harold was appointed by California Governor, George Deukmejian, to serve on the Registered Veterinary Technician Examining Committee a subcommittee of the Veterinary Medical Board. Harold is the recipient of many awards and honors. He is a national and international speaker having spoken in eleven countries. Harold has published several book chapters, journal articles and co-edited a book entitled Advanced Monitoring and Procedures for Small Animal Emergency and Critical Care.

As of the time of publication (end of 2018), there is one Member-at-Large opening due the seat left vacant with Ken Yagi’s move to President-Elect. Per NAVTA bylaws, the Executive Board will appoint someone to serve the remainder of Ken’s Member-at-Large term for 2019.
As a NAVTA member you’ll receive:

- The NAVTA Journal and NAVTA e-newsletter
- **20% membership discount** if you are a specialist or member of your state association
- **10% discount** on VetMedTeam.com courses
- **10% off** Puppy Start Right for Instructors Course, hosted by the Karen Pryor Academy
- **5% discount** on Disability Insurance through VetInsure
- **20% discount and free, 30 day trial** on Vetlexicon, the world’s largest online clinical reference source, provided by Vetstream
- **20% off** FearFree Certification
- **20% discount** from PetPlan Pet Insurance
- Discounts with Pet Health Insurance Plans
- **25% off and Free Shipping** on Elsevier Publications
- **Complimentary membership with VetCheck**—the amazingly simply veterinary communications software!
- **20% discount** on annual subscription to VetCompanion®
- Access to NAVTA Social Link—allowing networking and engagement with other members!
- Access the NAVTA Career Center—allowing you to post resumes and look for jobs across the nation!
- Watch for more EXCITING opportunities and benefits to come in 2019!

Do you want to connect with people who believe in you, support you, and elevate you in your life and your career?

**MEMBER RENEWAL**

If you’re ready to feel empowered, join or renew your membership with the National Association of Veterinary Technicians in America (NAVTA). We welcome everyone in the industry, including credentialed veterinary technicians, veterinary assistants, veterinarians, educators and students.

NAVTA gives you the voice that elevates your role in the veterinary community, sparking conversations around the world that keep our members on the cutting edge of research and education in the industry.

**Joining NAVTA is truly an investment in YOU.**

Visit www.navta.net to become a member or to renew your membership today.
UNRAVELING THE MYSTERIES OF PET FOOD LABELS

Vicky L. Ograin, MBA, RVT, VTS (Nutrition)

LEARNING OBJECTIVE:
There is a lot of confusion today about pet food labels; we will discuss who regulates pet food labels and what needs to be on a pet food label, according to the FDA and AAFCO. We will also discuss common terms found.

Introduction
A pet food label is a legal document and there is specific information that must be on the label. Unfortunately, most of the rest of the information on pet food labels is marketing, designed to entice the pet owner to purchase the food. There is a lot of misinformation on the internet; pet owners desperately want to do what is best for their loved pet. They are reading blogs written by non-veterinary professionals that are leading them to believe information that is not always correct and could be misleading. Technicians should be the advocates for our patients and can educate pet owners on what is correct. Technicians need to take the power away from the internet and bring it back to the veterinary clinic and the experts in nutrition and pet food labels to explain what is correct and help a pet owner make a pet food selection.

Who regulates pet food?
Association of American Feed Control Officers (AAFCO)
AAFCO is a non-profit organization that has no regulatory authority. AAFCO membership is made up of feed control officials from all states and territories, federal agencies (such as the FDA) and government representatives from Canada and Costa Rica. Local, state and federal feed regulatory officials have meetings to discuss and develop uniform and equitable laws, regulations and policies. AAFCO has committees and committee advisors that may be made up of industry members, trade associations, and consumer groups, such as the Pet Food Institute (PFI) and American College of Veterinary Nutrition (ACVN). The Pet Food Committee is made up of state feed control officials and the FDA. There are also advisors on the pet food committee from trade associations, other government agencies, research groups and consumer groups. These committee advisors cannot be members of AAFCO, they can only have an advisory capacity, and they have no voting rights.1-3

AAFCO has three main goals: 1) safeguarding animal and human health, 2) consumer protection and 3) a level playing field of orderly commerce for the animal feed industry.3 One large source of income for AAFCO is their yearly publication, “Official Publication” each year. The AAFCO Official Publication can be purchased online at www.aafco.org; in 2018 the cost was $110.4

State Associations
It is the responsibility of state feed control officers to regulate pet food in their state. Most states, but not all have adopted the AAFCO recommendations. Most states

This program was reviewed and approved by the AAVSB RACE program for 1 hour of continuing education in jurisdictions which recognize AAVSB RACE approval. Please contact the AAVSB RACE program if you have any comments/concerns regarding this program’s validity or relevancy to the veterinary profession.
are regulated by the State Department of Agriculture, Regulatory Protection Division, or State Chemist. The states not only regulate packaging, but also common communication from various types of media, such as pet food company website.

Food and Drug Administration (FDA)
The Center for Veterinary Medicine (CVM), a division of the FDA, is responsible for regulating pet food at the federal level in cooperation with the states. The Federal Food, Drug and Cosmetic Act (FFDCA) requires that pet food is safe to eat, made under sanitary conditions, has no harmful substances, and is truthfully labeled.

The FDA requires that all pet food labels have proper identification of the food, net quantity statement, manufacturer’s name and address, and proper listing of ingredients. The CVM regulates health claims on pet food labels and in literature. A pet food recall may be conducted on a firm’s own initiative, by FDA request, or by FDA order under statutory authority.

United States Department of Agriculture (USDA)
Any pet food company that has a research facility is overseen by the USDA; the research facility will be inspected at least yearly. The USDA provides certificates for animal products that will be imported or exported.

The USDA oversees organic claims. A pet food that meet the requirements of the USDA National Organic Program (7 CFR Part 205) can make an Organic claim on the pet food label.

Let’s unravel a few of the requirements

Product Name and Brand Name
Many pet foods have words included in the brand name that signify a percentage of ingredients (Figure 2). Knowing the naming conventions will help understand what is in the bag or can.

- **100% or 95% Rule:** For a product to have 100% ingredient or “All” on the label it must only have one ingredient, except for water sufficient for processing, decharacterizing agents or trace amounts of preservative and condiments. For a meat ingredient to be named in the product name, the ingredient must be made up of an animal, poultry or fish, (water for processing can be excluded when calculating), and it needs to be at least 95% of the total product weight. For example, in a product brand name this would be listed as 100% Chicken or 95% Chicken.

- **25% Rule:** When at least 25% of an ingredient(s) is being used, (excluding water) then “with” can be used to designate the percentage of an ingredient. If there are multiple ingredients, each must have at least 3% of the ingredient. For the 25% and 3% rule the ingredients are shown in order of weight with the highest to lowest on the label. For example, in a product brand name this would be listed as With Chicken.

- **3% Rule:** When at least 3% of an ingredient(s) is being used, (excluding water) then “with” can be used to designate the percentage of an ingredient. If there are multiple ingredients, each must have at least 3% of the ingredient. For the 25% and 3% rule the ingredients are shown in order of weight with the highest to lowest on the label. For example, in a product brand name this would be listed as With Chicken.

- **Flavor Rule:** A food with a flavor designator must conform to the name or source of the ingredient statement. The ingredients must be in the ingredient statement and must be recognizable by the pet owner. There is no percentage required of the ingredient(s) named in the flavor. For example, in a product brand name this would be listed as Chicken Flavor.

Guaranteed Analysis
Guaranteed analysis gives a minimum for crude protein and crude fat and a maximum for crude fiber and moisture (Figure 3). After the four required nutrients, ash may be listed, which is voluntary and will be identified as a maximum. In addition, claims about the content of specific nutrients in the product would necessitate that nutrient
to be guaranteed. Typically, the nutrient would be guaranteed as a minimum, like a glucosamine claim would be guaranteed as a minimum. Sometimes the claim would require a maximum. For example, a controlled fat claim would need to be guaranteed as a maximum. A company can voluntarily guarantee any nutrient they would like. All nutrients in the guaranteed analysis are on an as fed basis meaning the water is included in the value.

If a nutrient is listed in the guaranteed analysis, but is not listed in the AAFCO dog or cat food nutrient profile it shall be listed followed by an asterisk referring to a dog or cat food nutrient profile it shall be listed followed by an asterisk referring to a disclaimer “not recognized as an essential nutrient by the AAFCO dog (or cat) food nutrient profiles.” This just means that AAFCO has not established a value for the nutrient. Looking at the analyzed nutrient on a dry matter basis or caloric basis amount from the manufacturer’s product literature or website if available is a better way to evaluate the nutrient content of the food.

**Ingredients**

Ingredients shall be listed on the pet food label in order of predominance by weight; this is preprocessing weight, so with the water included. Ingredients need to be listed according to the AAFCO official definition. If there is no definition established by AAFCO, then the common or usual name can be used.

If there is a meat or meat by-product in the ingredient list, then the animal from which it is derived must be identified, unless it is derived from cattle, swine, sheep, goat or any combination thereof. Brands or trade names cannot be used in ingredient statements. There cannot be a reference to quality or grade in an ingredient statement, but there can be a reference in other parts of the label referencing quality, nature, form or other attributes of an ingredient.

A by-product is defined in part by AAFCO as “secondary products produced in addition to the principal product.” There are many ingredients that are by-products, but are very nutritious, like organ meats (liver), Jell-O contains gelatin which is a by-product of meat or vitamin E which can be a by-product of soybean production. There are many nutritious ingredients used in pet food that are the secondary products of another ingredient.

**Grain Free**

Grain free has become popular and most companies now seem to have a no-grain option. A grain free food will substitute a vegetable option for a grain. This does not mean the food has no carbohydrates or fewer carbohydrates. For example, companies have replaced corn with potatoes. Potatoes actually have more carbohydrates than corn and less protein. Grain has been defined by AAFCO as a “seed from cereal plants.” While there is no regulation written for grain free, the basic tenet of a pet food label is it has to be truthful. So a company that uses a known grain, but says their food is grain free would be considered to have a pet food label that is misbranded. For example if a company makes a grain free claim, but has maize in the ingredient list, which is another word for corn, the food would be misbranded.

**Nutritional Adequacy Statement- AAFCO Statement**

A nutritional adequacy statement, also known as an AAFCO statement, provides two pieces of information: what life stage the food is intended for, and the method by which the pet food was made. A pet food label can say it is complete and balanced, perfect, scientific or 100% nutritious if it has completed a feeding trial, has been formulated, to meet the nutrient levels established by the AAFCO dog or cat nutrient profile, or is a member of a product family, (similar in nutrients to a food that has successfully passed a feeding trial). There are 4 recognized life stages: all life stage, gestation/ lactation, growth, and adult maintenance. Intermittent or supplemental feeding can be used if the food is recommended for supplemental or limited time feeding; this typically includes snacks and treats. Some companies choose to include a nutritional adequacy statement on snack and treat packaging, but it is not required unless they are complete and balanced. There are no specific nutritional requirements for senior/ mature dogs or cats. An all life stage food must be nutritionally appropriate for the most demanding life stage, which is gestation and lactation. Puppies/ kittens have similar requirements, but adults and seniors may get extra, like calories.

A gestation/ lactation food would have higher levels of fat for this very demanding life stage. Regulations for a puppy food that is formulated and is for all life stage or growth now has a calcium requirement of no more than 1.8% DMB and a new statement has to be added to the AAFCO statement. This new regulation currently does not include a food that has passed a feeding trial.

A pet food label has to include a
nutritional adequacy statement that needs to be stated as one of the following verbatim: 1

1. “(Name of product) is formulated to meet the nutritional levels established by the AAFCO Dog (or Cat) Food Nutrient Profiles for ____________.” The blank space will be filled in with the appropriate life stage i.e. gestation/ lactation, growth, maintenance or all life stage. 2 If the food is formulated for growth or all life stage an additional statement must be added. For puppies that will be 70 pounds or more as an adult would add “including growth of large size dogs (70lbs or more as an adult).” If less than 70 pounds as an adult the statement would include this statement “except for growth of large size dogs (70lbs or more as an adult).” 2

2. “Animal feeding test using AAFCO procedures substantiate that (Name of Product) provides complete and balanced nutrition for ____________.” The blank space will be filled in with the appropriate life stage i.e. gestation/ lactation, growth, maintenance or all life stage. 2

3. “(Name of Product) provides complete and balanced nutrition for ____________ and is comparable in nutritional adequacy to a product which has been substantiated using AAFCO feeding tests.” The blank space will be filled in with the appropriate life stage i.e. gestation/ lactation, growth, maintenance or all life stage. 2

4. A nutritional adequacy statement can also read “This product is intended for intermittent or supplemental feeding only.” 1

Feeding Directions
Any food labeled complete and balanced must have feeding directions on the label. A therapeutic food that is intended for use by, on or under the supervision of a veterinarian can display “Use only as directed by your veterinarian” instead of the feeding guide on the label. Specialty pet food, including snacks and treats shall have a feeding guide on the label. 1 The feeding instructions must be for the intended use, meaning a puppy food must have a feeding direction to meet the caloric needs of a growing puppy.

Calories on Packaging
All pet food labels must display the calories on all dog or cat foods; dry and canned food, as well as snacks, treats and supplements.

TABLE 1. CALORIE REQUIREMENTS FOR LIGHT, LITE, AND LOW CALORIE CLAIM

<table>
<thead>
<tr>
<th>Calorie Requirement</th>
<th>Moisture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dog Food</td>
<td></td>
</tr>
<tr>
<td>&gt; 3100 kcal ME</td>
<td>Less than 20% moisture</td>
</tr>
<tr>
<td>&gt; 2500 kcal ME/kg</td>
<td>More than 20%, but not more than 65% moisture</td>
</tr>
<tr>
<td>Cat Food</td>
<td></td>
</tr>
<tr>
<td>&gt; 3250 kcal ME/kg</td>
<td>Less than 20% moisture</td>
</tr>
<tr>
<td>&gt; 2650 kcal ME/kg</td>
<td>More than 20%, but not more than 65% moisture</td>
</tr>
<tr>
<td>950 kcal ME/kg</td>
<td>65% or more moisture</td>
</tr>
</tbody>
</table>

There is also a set calorie requirement when making a light, lite or low calories claim (Table 1). A dog food can’t have more than 3100 kcal ME/kg for foods with less than 20% moisture, no more than 2500 kcal ME/kg for food with more than 20%, but not more than 65% moisture, and 900 kcal ME/kg for foods with 65% or more moisture. Cat food can’t have more than 3250 kcal ME/kg for foods with less than 20% moisture, no more than 2650 kcal ME/kg for food with more than 20%, but not more than 65% moisture, and 950 kcal ME/kg for foods with 65% or more moisture. A food can make a less or reduced calorie if it has lower calories than another product with higher calories from the pet food company. The comparison must be to a similar form, dry to dry or can to can. 1

Manufacturer or Distributor: Names and Address
The label must have the name and address of the manufacturer or distributor. The label does not have to display the street address, if it can be found in a directory. If the pet food is made in a place other than the principal place of business, the label can state the principal place of business instead. 1

Holistic
The term “Holistic” found as part of the legal brand name has no legal definition. There is no regulation defining what the word holistic means with regard to pet foods. This means any pet food could call itself “holistic.” 1

Natural
According to the American Association of Feed Control Officials (AAFCO), the term natural is acceptable if the total food is natural without any chemically synthesized ingredients. AAFCO does allow for exceptions of minerals, vitamins and trace nutrients. They only allow this exception with proper labeling by the pet food
SPARK A CONVERSATION.
SPARK HER METABOLISM.

Focus your weight conversation on metabolism, and make it easier for pet parents to commit to weight loss success for their dog or cat.

1. Weight gain can be a sign of a slowing metabolism, which happens naturally over time.
2. Prescription Diet® Metabolic is the only nutrition clinically proven to activate metabolism.

Spark lasting change and help pets enjoy happier, healthier lives.

For best results, feed Metabolic as directed in the feeding guide.

It is difficult to tell quality from a pet food label, which makes it more difficult for consumers to determine what is the best food for their pet. A technician can play an integral role in assisting a pet owner in reading the pet food label and deciding which food is best for an individual pet.

**Summary**

A pet food label, and its associated advertising, is a legal document that is regulated. It is difficult to tell quality from a pet food label. There is a lot of marketing that goes into selling a pet food. It makes it more difficult for consumers to determine what is the best food for their pet. A technician can play an integral role in assisting a pet owner in reading the pet food label and deciding which food is best for an individual pet.

**REFERENCES**

1. Association of American Feed Control Officials 2018 Official Publication: 1-7, 103, 111-112, 139-199, 339 and 345
5. https://petfood.aafco.org/labeling-labeling-requirements
LET’S REVIEW...

1. What lifestage is not defined in the nutritional adequacy (AAFCO) statement?
   a. Growth
   b. Maintenance
   c. Senior
   d. Gestation/ lactation

2. What is the maximum amount of calcium allowed for a large breed puppy (over 70lbs) food on a dry matter basis (DMB)?
   a. 2.5% DMB
   b. 1.8% DMB
   c. 1.2% DMB
   d. 3% DMB

3. What 4 nutrients are required on a guaranteed analysis?
   a. Protein, fat, fiber, moisture
   b. Fat, calcium, phosphorus, fiber, moisture
   c. Protein, fat, calcium, moisture
   d. Fat, calcium, fiber, moisture

4. In what order are ingredients listed on a pet food label?
   a. In order by their predominance of weight
   b. In order of prominence by amount/ volume present in the food
   c. Meat sources listed first, followed by grains, fats, and trace ingredients
   d. In an order determined by the manufacturer

5. A flavor on a pet food label must be recognizable by the __________?
   a. Veterinarian
   b. Pet food company
   c. Pet owner
   d. Pet

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Surgeries are stressful for your clients. With active post-surgical nutrition protocol, you can provide:

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- Peace of mind for pet parents
- Nutritional support to help your patients recover quickly

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- Highly digestible to help pets absorb nutrients necessary for recovery
- Gentle on the pet’s Gi tract — ideal to support nauseated patients
- Promotes beneficial gut bacteria which may be compromised by medication

Order your free post-surgical nutritional support material through your Hill’s Representative today.

HillsVet.com/GI
Let’s use Chelsea, a 3-year-old spayed female cocker spaniel crossbreed, as a hypothetical case to demonstrate a pet’s experience eating a low-fat food that supports a therapeutic plan for a patient with gastrointestinal signs and history of pancreatitis.

**History & Signalment**
Chelsea was presented for 3 days worth of vomiting and diarrhea. The patient had a history of pancreatitis and hyperlipidemia, which had been relatively controlled on a moderate-fat adult maintenance food (4 g/100 kcal). A dietary history revealed that Chelsea received 1.5 cups per day of the current food (337 kcal/cup) and varied meats added on top to the main food for palatability. There were no other current medications or supplements, and the owners reported Chelsea had no recent dietary indiscretion.

**Physical Examination**
A full physical examination revealed a L/V systolic heart murmur, a sensitive abdomen on palpation, and loose watery stool on rectal examination. Body condition score was ideal at 5/9, muscle condition score was normal, and body weight was 30 lb (13.6 kg).

**Relevant Diagnostics**
Complete blood count, serum chemistry panel, fecal exam, and urinalysis were within normal limits except for mildly elevated triglycerides of 500 mg/dL (range, 12.5-150 mg/dL). Radiographs revealed no significant abnormalities. The owners declined an abdominal ultrasonography or echocardiogram at the time.

**Diagnosis & Treatment**
Differential diagnoses for gastrointestinal signs included gastroenteritis, stress colitis, hyperlipidemia, and pancreatitis. The owner elected to pursue medical management with a focus on dietary management. After anti-emetic medication, fluid therapy, and a 12-hour fast, the patient had an improved appetite, and a dietary plan was developed.

**Nutritional Management**
Nutritional goals for this patient included a highly digestible, low-fat, lower sodium, moderate fiber, mixed fiber therapeutic food with specific consideration for a therapeutic food that contained clinically tested prebiotic fiber and met the dietary preferences of the pet (Table). Hill’s® Prescription Diet® i/d® Low Fat canned and dry formulas were selected to meet these goals. Due to the association of dietary indiscretion with pancreatitis risk, all additional food items were discouraged initially. Giving the i/d Low Fat dry formula as treats in puzzle toys and dispensing games was recommended instead to ensure owner compliance. The stew formula of Hill’s Prescription Diet i/d Low Fat was selected as the main part of the dietary recommendation, which Chelsea readily ate without added meats and allowed for improved compliance with the low-fat dietary regimen.

**Follow-up**
The owners were recommended to keep a journal of clinical signs and three months after the initial treatment plan was established: no further clinical episodes of vomiting and diarrhea were noted and fasting triglycerides were at normal levels.

**Discussion**
Nutritional goals for this patient included modification of the fat, fiber, and sodium content as well as the digestibility of the therapeutic food. Due to the elevated triglycerides and history of pancreatitis, restriction in fat was the foremost priority and led to the recommendation for a food that has been clinically tested to lower triglycerides in the serum. A food restricted in fat can provide benefits for both lowering triglycerides as well as managing pancreatitis due to the potential for malabsorption of fat that can accompany a variety of gastrointestinal conditions. High digestibility is also important because it can help manage this maldigestion and malabsorption and is generally recommended in gastrointestinal disease.

**Fiber** can be complicated due to the differing types, although ingredients providing a moderate mix of soluble and insoluble fibers (eg, beet pulp) can aid in the treatment of intestinal diseases and possibly improve nutrient absorption. Further, ingredients such as beet pulp also act as prebiotics, which can support the growth of beneficial flora within the gastrointestinal tract.

Aside from the gastrointestinal tract, although the cause of the heart murmur was not discovered, avoiding high sodium in patients with potential valvular disease (a working differential given the signalment) is generally recommended.

Lastly, pet preferences and owner adherence were significant factors in this case. Palatability of the recommended therapeutic food’s stew formula eliminated the need for variable meats to be added, which improved compliance. In addition, utilizing the dry kibble of the therapeutic food for “treats” allowed the owner to provide fun and interactive meal times without impacting her nutritional goals.

**Nutritional Notes**
Gastrointestinal Signs in a Pancreatitis Patient
Deborah E. Linder, DVM, MS, DACVN
Sponsored by Hill’s® Pet Nutrition

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**Nutrients of Concern and Nutrient Profile of Foods**

<table>
<thead>
<tr>
<th>Nutrients of Concern</th>
<th>Hill’s Prescription Diet i/d Low Fat Stew (g per 100 kcal)</th>
<th>Hill’s Prescription Diet i/d Low Fat Dry (g per 100 kcal)</th>
<th>Chelsea’s Previous Adult Maintenance Food (g per 100 kcal)</th>
<th>AAFCO Minimum for Healthy Adult Dogs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fat</td>
<td>2.6</td>
<td>2.0</td>
<td>4.0</td>
<td>1.4</td>
</tr>
<tr>
<td>Crude Fiber</td>
<td>0.9</td>
<td>0.5</td>
<td>1.3</td>
<td>--</td>
</tr>
<tr>
<td>Sodium</td>
<td>111</td>
<td>86</td>
<td>200</td>
<td>20</td>
</tr>
<tr>
<td>Calorie density</td>
<td>286</td>
<td>333</td>
<td>337</td>
<td></td>
</tr>
</tbody>
</table>

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**References**

**Suggested Reading**
Available at brief.vet/GI-Case

*References and additional materials available at brief.vet/GI-Case*
I am a licensed veterinary technician. That’s how I introduce myself these days and I say it with pride. It’s a badge of honor I am proud to wear. It is who I am at my core as it impacts every aspect of my life; mentally, physically, emotionally and professionally. Not only does it fulfill my desire to help animals, it provides me with a plethora of opportunities to learn new things that challenge me every day.

I didn’t initially intend to pursue a Veterinary Technician degree. I began college as a Biology major at Virginia Commonwealth University with my sights set on vet school. I had been hired at my dream job—a local emergency and specialty center in Richmond, Virginia. I was 18, I felt invincible, and the education was invaluable. Within a year, I began to realize this was not such a dream after all. I spent my days working long shifts and trying to decide between sleep or studying. I was working 70 hours a week as a “part-time” employee but the rush was addicting. I couldn’t pull myself away from work, or the unique cases I’d never seen before. But, like with all highs, I eventually crashed.

The turnover rate was incredibly high in this hospital and I couldn’t rely on help being there when needed. My ability to provide high-level patient care dwindled. It became nearly impossible to swap shifts or schedule time off even when sick. On several occasions I went to management for assistance. I expressed my concerns for patient care due to lack of staffing and needed a manageable schedule for school, but it fell on deaf ears. My mental, physical, and emotional health was of little consequence. I had no one I could turn to who would understand my dilemma. I suffered in silence and my own self-care fell behind work and school. After two years working in this environment, burnout, depression, and anxiety slowly clawed their way into my life.

I inevitably failed to complete my undergraduate career. I withdrew from all my classes and accepted a full-time position with the hospital. I decided I would spend my energy doing what I really loved: caring for critical patients. In my mind, spending more time in the hospital would reduce my level of stress and improve patient care. It was a terrible idea, but one I convinced myself would work. Just six weeks later I lost my job. I was blindsided and my confidence in the profession crumbled away as I walked out of the doors to that hospital, sobbing, broken and confused.

I kept moving forward despite my exhaustion and doubts, and immediately enrolled in the St. Petersburg Veterinary Technology distance education program. I was offered an assistant position in a start-up veterinary clinic. However, when the new clinic opened I felt like a deer in headlights. I realized all the criticism and doubts that had been put in my mind gnawed away at me. If I failed to hit a vein for a blood draw, or took too long at the microscope, I perceived it as another criticism of my skills. My stress returned and I was crying often. I wasn’t doing what I loved. After two months, I decided I needed to return to an ICU; I would rather be stressed by the chaos of treating critically ill and injured patients. So I made another change.

In August of 2014, I was hired by Natalie Pedraja, LVT

Compassion is a Two-Way Street

I was working 70 hours a week as a “part-time” employee but the rush was addicting. I couldn’t pull myself away from work, or the unique cases I’d never seen before. But, like with all highs, I eventually crashed.
Veterinary Referral and Critical Care in Manakin-Sabot, Virginia. I felt a bit like Dorothy in the strange land of Oz; I was surrounded by farmland, cows, and a well-staffed ICU. I suddenly had this influx of support available and people willing to help when needed. What a concept! It took me a few months to relinquish my insecurities. With the help of school and my mentor, Susan (a Veterinary Technician Specialist in Emergency and Critical Care), the next two and a half years flew by. I learned to love my work again.

I graduated from my technician program and passed my VTNE. I had unlimited support from my coworkers, as well as my manager, Suzanne. Aptly nicknamed “Susie Sunshine,” she was around to cheer me on and help me in any way I needed. I had never experienced such positivity and understanding from management before, which became crucial to my survival. But within a week of being licensed, I was jarred by the realization that everything I’d just accomplished could be taken away if I made a single error. The wrath of my depression and anxiety was suddenly unleashed in full force. I felt stupid and inexperienced. By the end of each shift, I had cried in the bathroom multiple times. I began driving home at night playing out the fantasy of a truck hitting me head-on. For almost three months I lived with the hope that I wouldn’t die. As the weeks stretched into months, I felt a bit like Dorothy in Oz when the ball was rolling. I would also train for a year of practice as an LVT. I reflected on my achievements: I placed a central line withoutpagesize:not Found

ACKNOWLEDGEMENTS

I want to thank Suzanne Owens for being my cheerleader through tech school; Susan Clark for teaching me 90% of the technical skills I have now; Bom Harris for helping me take care of myself; Erica Ditzler for being an amazing friend and ER doctor and believing in me when I didn’t believe in myself; Bridget Boken for getting me into the surgery department and becoming my newest mentor; Olga Van Beek for being a patient and understanding doctor and hospital owner; and the many other technicians, assistants, and doctors who helped get me to where I am now; and my parents, Lisa and Glynn Dumelow, for always having faith in me, even when I couldn’t find faith in myself.

Without you all I’d still be lost.
FOR IMMEDIATE RELEASE

The National Association of Veterinary Technicians in America (NAVTA) announces the formation of the Veterinary Team Wellbeing Task Force July, 2018.

For decades, studies have detailed that veterinarians are at risk for depression, psychological distress and burnout. Veterinary team members show a progression from idealistic enthusiasm to a gradual loss of energy and commitment. Fatigue, frustration, and mental anguish may lead to feelings of incompetence, helplessness, and hopelessness—and can shorten a career or lead to a toxic environment within your veterinary team. The entire veterinary team is at risk. The Wellbeing Task Force will provide resources to veterinary technicians/nurses and team members.

Wellbeing begins with personal wellness. If veterinary team members can’t take care of their own health, they will find it difficult to care for patients and support the team. The Task Force will help create tools that will assist NAVTA members and veterinary professionals in assessing personal wellness, review resources to determine how one can develop a self-care program to improve work-life balance, reduce compassion fatigue, and improve physical health and financial fortitude.

Rollout began during National Veterinary Technician Week and included resources and tips on the NAVTA website related to:
• Physical Wellbeing
• Mental Wellbeing
• Professional Wellbeing
• Veterinary Team Finances & Debt Load
• Harassment & Bullying

Anticipate information related to peer assistance, help-lines and guides for everyone on the veterinary healthcare team. The Task Force will be working with representatives of the AVMA and AAHA, tapping into their many publications. We greatly appreciate their support and collaborative spirit!

The dynamic task force members are eager to provide NAVTA members and veterinary professionals resources improving their personal and professional lives!

If you are in crisis, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or contact the Crisis Text Line by texting TALK to 741741.

VETERINARY WELLBEING TASK FORCE QUICK FACTS

Mission
The NAVTA Wellbeing Task Force serves veterinary team members in actively creating a life and career that is fulfilling, rewarding, and sustainable.

Vision
Empower all veterinary team members to advocate and strengthen each other in an optimistic manner through solutions in wellbeing.

Values
> Lives
> Resourcefulness
> Empathy
> Caring for Yourself and Others
> Leading Through Example
> Collaboration
> Trust

TASK FORCE MEMBERS
> Mary Berg, BS, LATG, RVT, VTS (Dentistry), Chair
> Rebecca Rose, CVT, Co-Chair
> Rachel Lees, RVT, KPA CTP, VTS (Behavior)
> Beckie Mossor, RVT
> Sandra Morales Foster, LVT, MSEM, DrPH
> Malia Frisen, BA, LVT
> Tiana Hibpshman, Veterinary Technician Student
> Beth Ann Skiles, RVT, RLATG
> Becky Murray, CVT, MA, LCPC
> Wendy Jurski, BA, CCFE
> Megan Baylor, CVT
Long-Term Management of Feline Idiopathic Cystitis

Kelly A. St. Denis, MSc, DVM, DABVP (Feline Practice)
Charing Cross Cat Clinic
Brantford, Ontario.
Sponsored by Hill’s Pet Nutrition, Inc.

Murphy, a 2-year-old, neutered male ragdoll cat, had been recently purchased and was living in a home with 2 adults and one other ragdoll cat. Murphy did not exhibit the relaxed, cuddly nature typical of his breed; instead, he was nervous and jumpy and disliked being handled.

History
Murphy was presented to the clinic with lower urinary tract signs (LUTS) including periuria and dysuria. He was not obstructed, and other than microscopic hematuria, diagnostic test results (ie, blood work, urinalysis, radiography) were normal. Murphy responded well to treatment with analgesics, and his episode of LUTS quickly resolved.

Presentation
Murphy was returned for recurrence of signs 1 week later. Even before recurrence of clinical signs, it was recognized Murphy would likely experience this problem again; he fit all the criteria of a cat with feline idiopathic cystitis (FIC).

Diagnosis
FIC accounts for more than 60% of causes for LUTS. Clinical signs of FIC may include hematuria, periuria, dysuria, stranguria, and/or pollakiuria, which can be complicated by urinary tract obstruction in males. Causes of FIC are not clearly understood, and contributing factors are numerous. Inflammatory changes in the bladder wall are associated with FIC. Stress is considered a major contributing factor, with FIC patients often exhibiting recurrence of clinical signs when exposed to presumably stressful, unusual external events.

Management
When managing cats with LUTS in general, and FIC in particular, 3 clear factors emerge:

1. Feeding a high-quality, therapeutic food can help manage LUTS cases via reduction of recurrence of FIC signs as well as reduce the risk of struvite and calcium-oxalate formation.
2. Stressors in patient care and environment should be identified and managed.
3. Prevention, reduction, and overall control of inflammatory pathways should be targeted to reduce recurrence and associated clinical signs.

Murphy’s food, environment, and lifestyle were discussed with the owners, particularly situations that encouraged anxiety or calmness. Murphy’s environment required several adjustments: As Murphy lived with other cats, it was necessary to ensure ample resources (eg, litter boxes-food bowls, water stations, resting spots, play structures, toys) were available to reduce anxiety. The owners were advised to institute a regular daily schedule of feeding times, litter box care, and client-directed play time. Anxiety levels were high enough that fluoxetine was prescribed.

A food change was recommended to reduce Murphy’s risk for recurrence of signs associated with FIC as well as reducing the risk for other causes for LUTS such as urolithiasis. The recommended food, Hill’s® Prescription Diet® c/d® Multicare Feline, was selected based on evidence supporting a clinically significant reduction of FIC signs (See Nutritional Management of FIC). The owners chose the wet variety of the product based on their cat’s preference and received the vet’s permission to feed it to the remaining cats in their household as well.

Outcome
Murphy responded well to the food change and has continued on the food for more than 2 years. With the change of the food, environmental enrichment, and appropriate resource management, Murphy’s episodes of periuria decreased, and he has not had any episodes of dysuria or hematuria. He has continued to require fluoxetine to minimize the periuria.

NUTRITIONAL MANAGEMENT OF FIC

In a randomized, double-blinded, prospective study, researchers assigned cats with FIC to foods with 2 different nutritional profiles and followed them for one year. During that time, owners documented any clinical signs associated with LUTS and FIC recurrence. An episode was defined as 2 or more LUTS occurring on consecutive days.

The test food was Hill’s® Prescription Diet® c/d® Multicare Feline wet or dry. This food features a modest reduction in mineral content and produces a more acidic urinary pH. For anti-inflammatory purposes, the food contains higher concentrations of antioxidants vitamin E and ß-carotene and increased concentrations of omega-3 fatty acids.

The control food was a custom manufactured food formulated to meet or exceed the Association of American Feed Control Officials requirements for adult cats, with mineral concentrations designed to mimic commercial feline maintenance foods and had a targeted neutral urinary pH.

Results of the study showed that cats fed the test food, Hills® Prescription Diet® c/d® Multicare, had an 89% reduction in recurrent episodes of hematuria, dysuria, and/or stranguria.

1References and additional materials available at brief.vet/FIC

Originally published in collaboration with Clinician’s Brief. For more information, please visit brief.vet/FIC
Pet obesity is not a new problem. Over the past few decades, a significant shift has occurred in the way many pets are housed, fed and cared for as family members. It is tempting to blame the parade of overweight pets on this more pampered, well-fed and often sedentary lifestyle, and it may be a contributing factor as the problem worsens, but history shows that pets have been overweight since long before you could buy your Pom-a-poo an off-the-rack tutu. One of the first commercially available pet foods formulated specifically for weight reduction appeared in 1949. Overweight and obese pets have been a recognized as a significant enough problem to warrant a veterinary therapeutic diet for almost 70 years.

That said, the incidence of pets who exceed their ideal body weight is steadily growing. In 2007, a national survey by the Association for Pet Obesity Prevention found that 43% of dogs and 53% of cats were classified as overweight or obese. In 2017, those numbers had grown to 56% of dogs and 60% of cats. It is as difficult to elucidate the causes of this epidemic as it is to do so for human obesity. Despite the seemingly simple adage of “calories out > calories in,” many experts now agree that maintaining an ideal body weight is far more complicated. Weight status is a multifactorial condition in humans, resulting from not only physical metabolic traits (both genetic and environmental or epigenetic), dietary intake, and energy expenditure, but also emotional, psychological and lifestyle factors that impact the physical behaviors. We do not have documented evidence that animals experience the same type of mental/emotional causes of weight imbalance, but anecdotally some individuals seem to be able to self-regulate caloric intake better than others in the face of ad libitum food. The mental/emotional factors that impact a pet’s weight are primarily those of the human caretakers who may use food as a reward, a form of attention, and as a symbol of love. Pets who are not given the opportunity for other mental or physical stimulation may overeat out of boredom.

Health Risks Associated with Overweight and Obese Pets
Regardless of the causes, the associated health risks of pet obesity are well-documented and plentiful. Once thought to be merely excess tissue that created pathology only by occupying space and increasing weight-bearing load, adipose tissue is now understood to be an active metabolic organ involved in the biological mechanisms of inflammation. Overweight and obese dogs and cats have increased incidence of orthopedic disease, which may result from increased joint stress and presence of inflammatory mediators, but can also contribute to worsening obesity if the pet is less able to exercise. This vicious cycle is difficult and frustrating for pet owners to overcome. Overweight body condition has a positive correlation with urinary tract disease, neoplasia, respiratory disease and diabetes mellitus in both species. These conditions have a significant impact on the human-animal bond and the owner’s quality of life and may result in euthanasia or rehoming. Overweight dogs
are at greater risk of hyperadrenocorticism (Cushing’s disease) and pancreatitis. A recent study found that overweight and obese cats are also more likely to have oral conditions, diarrhea, hypertension, asthma and atopic dermatitis. All of these health conditions add to the financial burden of pet ownership, which is a timely topic of discussion and concern, and one that has implications for not only the pet’s well-being, but that of the owner and the veterinarian as well. The most recent Banfield State of Pet Health survey found that owners of overweight dogs spent 17% more on healthcare and 25% more on medications than owners of ideal weight dogs. Owners of overweight cats spent 36% more on diagnostic procedures for obesity-related conditions.11

Despite the long list of negative physical effects of obesity in pets, owners often associate their (over)feeding behaviors with their pets’ happiness and are reluctant to engage in new behaviors they see as restrictive.12,13 In reality, overweight and obese pets were shown to have a lower emotional quality of life.14 Perhaps most strikingly, in a longitudinal study, dogs who were fed ad libitum and allowed to become overweight had a significantly decreased lifespan, by an average of 2 years, than their control counterparts who were fed 25% less. A strong sense of love and bonding causes some pet owners to overfeed their pets. This same deep affection should lead to a desire for their pet to live the longest, best quality life possible, but unfortunately their well-intended actions often subvert that possibility.

**Weight Loss Strategies: Diet and Communication**

The rising prevalence of pet obesity indicates that veterinary approaches to curbing pet obesity have largely failed. The traditional approach of simply asking owners to feed less and exercise their pets more requires compliant and motivated owners, and does not address the multitude of factors that make weight loss difficult for both people and their pets. Many dietary formulas, available both over the counter and by veterinary prescription, have been developed over the past several decades to deal with pet obesity with varying degrees of success. Most rely on reduced calories, reduced fat, and higher fiber to curb appetite, but these too are dependent on feeding compliance. A category of higher protein, lower carbohydrate diets became popular, mirroring human nutrition trends, but the success of these is also equivocal and needs to be balanced with concerns about inappropriate protein levels in certain individuals like senior pets or those with early chronic kidney disease. More recently, therapeutic weight loss diets that are not focused on macronutrients, but rather on the nutrigenomics of metabolism and body composition, have been introduced. The success of these seems less dependent on strictly compliant owners and they may be the most promising of all in real-world scenarios.16

In human weight loss, an extremely important aspect of success is the communication and support surrounding the weight loss journey. Despite over half of the pet population experiencing overweight or obesity, veterinarians often cannot or do not dedicate the time necessary to discussing it with owners in a way that leads to lasting success. The topic of pet nutrition has become a perceived minefield. It can be time-consuming and feels confrontational when a pet owner comes armed with information from other sources. Veterinarians are under pressure to see many appointments in a day, and time may not be reserved for lengthy discussions about nutrition and weight, especially when the appointments were set up as “wellness” checks. Some veterinarians may feel uncomfortable repeatedly bringing up the topic to a resistant owner, or may not feel confident enough in their communication skills. Some veterinarians may feel uncomfortable talking to an owner who is also overweight about their overweight pet.

Efforts should be made to change the culture in veterinary practices when it comes to talking about nutrition and pet obesity. As our profession potentially shifts away from a product-based revenue model toward a time and expertise-based one, the potential for longer appointments that allow for more thorough discussions exists. There is increased focus on communication training in school and at continuing education venues. But not all of the responsibility for improving nutrition and weight-related communication should fall on veterinarians. The role of veterinary technicians, nurses, assistants and other veterinary health care team (VHCT) members is also essential. Not only can the rest of the VHCT share the communication and follow-up burden, messaging consistency throughout the client’s experience helps reinforce the doctor’s recommendation and the importance of the issue.

**Creating a Clinic Culture**

If a client perceives that all of the members of the VHCT strongly believe in the same message and practice the doctor’s recommendations with their own pets, the client may be more likely to heed that message. This approach can also be practiced for other recommended care like vaccinations and dental care. Featuring staff members and their pets’ stories, including
nutritional and weight loss successes, can humanize the clinic staff to clients. Anecdotes about staff members including their pets in daily activity and exercise can help normalize an active lifestyle to the client audience. All of this can be done via rotating posters or bulletin boards in the lobby and/or exam rooms, and via digital formats like monthly newsletters and social media posts. Ideally both approaches would be taken to reach the widest client audience.

Staff training is crucial to developing a VHCT that feels confident verbally supporting the doctor’s recommendation. All client-facing staff, including technicians, nurses, receptionists, and boarding kennel or daycare staff if applicable, should be included. Clients sometimes give the veterinarian all indications that they will comply with a recommendation, but continue to ask other staff members their thoughts once the doctor leaves the room. When a client asks a technician or receptionist if they think their pet really needs a therapeutic weight loss food, an answer of, “Yes, I see that Fluffy’s body condition score is noted as higher than we’d like. We see a lot of success with the approach the doctor recommended and the pets are so much healthier and seem happier!” is much more effective than, “I’m not sure, I can get the doctor again for you if you have more questions.” Training can include imparting product knowledge for the diets carried in the hospital or frequently recommended, as well as explaining the health risks of pet obesity and communication strategies. Therapeutic food representatives often have material of this kind and are happy to conduct staff trainings.

A clinic culture that prioritizes optimal nutrition and a healthy body condition score will have a standard protocol for including these discussions in their appointments. Maintaining an ideal body condition is easier than reversing obesity, therefore it is not sufficient to wait until a client asks to discuss its importance. All new pet, puppy/kitten and wellness exams should include a discussion of the risks associated with becoming overweight or obese. New pet owners should be shown the body condition scoring system and their pet’s current and ideal adult scores. A clinic could even include a copy of their preferred scoring chart in their new pet owner handouts, as it has been shown that owners tend to underestimate their own pet’s score without sufficient education. Enthusiastic encouragement should be given to owners of pets who are maintaining their pet at a healthy weight.

Clinics should also consider prominently displaying and making available for sale any of the foods, support aids and exercise tools they recommend. Making these items easily available for owners takes a step out of their compliance journey and benefits the practice. Weight and body condition score should be measured at every visit regardless of presenting complaint or interval between last visit. New practice management software makes it easy to watch trend lines for various physiological parameters. A weight trend should be kept and discussed with the owner at each visit. If it is increasing (or decreasing in a pet not on a weight loss plan), further action should be taken to diagnose and prevent progression. This visualization of weight trends can be powerful evidence for a client.

Handling Objections
Clients resistant to engaging their pet in a weight loss program tend to share some common objections. Whether or not they bring them up with the veterinarian, they often seek to discuss them with the technicians and other VHCT members. The first hurdle is getting clients to believe that their pet is overweight. Clearly displayed body condition scoring materials can help
clients passively absorb accurate information and can aid the doctor in actively scoring the pet with the client’s input. The VHCT member can then use the documented body condition score in the chart to continue the discussion with the pet owner, reinforcing the diagnosis of obesity.

The second hurdle is impressing upon the client that their overweight or obese pet is, in fact, at increased risk for morbidities and possible earlier mortality. This needs to be communicated empathetically, but many pets already show evidence of some of these associated diseases. Tailoring the conversation to the pet’s specific conditions can make the consequences feel more real for the client, and give them an action plan in what may be an otherwise frustrating disease process, such as urinary tract conditions or atopic dermatitis. Again, having the VHCT adequately trained in the more common associations can help them continue the conversation that the veterinarian has started. Highlighting some of these associations in written pieces on the clinic’s newsletter or social media platforms can also be helpful. These short articles can be the responsibility of a technician who enjoys writing or client education.

The cost of therapeutic weight loss foods is often brought up as a barrier to weight loss success. The sticker price on these diets is perceived as high, especially if they are currently feeding a less expensive over-the-counter food. However, a recent study found that the cost-per-day to feed dogs on successful weight loss programs using therapeutic foods was no higher than the daily cost of the dog’s previous feeding regimen. This may be because owners of overweight pets provide more food than required, spending unnecessary dollars. They generally also do not consider the cost of treats, chews, table foods and other extras when calculating how much they spend to feed their pets, but these costs can add up. Eliminating or reducing them will reduce the cost to feed. One of the most important jobs of the veterinary technician/nurse is to gather a thorough and accurate nutritional history. The technician can coach the owner to keep a food journal of all feedings, treats and “extras” that the pet is fed over a week’s time, and then help the owner calculate the true cost of their current feeding practice.

Social Support

In humans, a supportive social system is paramount to long term weight loss success. This social support has historically been live and in person, in the form of weight loss coaching groups, group exercise and accountability buddies. More and more, this support is moving to the online space and appears to be effective there too. Because pets are overweight due in large part to the behaviors of their owners, social support may be very helpful in maintaining owner motivation to continue their pet’s weight loss journey. Motivated clinics can create live and online support systems that can also help bond clients to the practice. Group client education sessions, clinic-organized group dog walks or hikes and demonstrations of how to exercise cats are all examples of live social support activities. Pets enrolled in weight loss programs at the clinic can be displayed (with the owners’ permission) on a success tracking display in the lobby. Online, clinics can utilize closed group functions of social media platforms to create support groups. Members not only receive information from the clinic this way, but can engage with each other for support, best practices and activity scheduling. All of these platforms can be managed by members of the VHCT.

Effective Goal Setting and “One Health” Approach

Weight loss discussions in both people and pets have historically been centered around food and scale numbers. In the human world, people often think of “dieting” as a necessary evil to lose weight. This term brings to mind restrictive temporary changes in eating patterns in order to drop the
number on the scale. It seldom works in the long term. Similarly, pets are often put on a therapeutic weight loss food or their owners are told to “cut back” food and treats. Owners may view this as a decrease in their pets’ quality of life and a barrier to their bond.

In reality, the most effective communication may focus on increasing activity and celebrating those behaviors, rather than focusing only on weigh-ins. Owners may view this as a decrease in their pets’ quality of life and a barrier to their bond.

In reality, the most effective communication may focus on increasing activity and celebrating those behaviors, rather than focusing only on weigh-ins. While we do know that obesity carries associated health risks, there is evidence that physical activity and fitness levels are potentially more important than weight alone in people. Shifting the goals from negative paradigms (“Eat this many fewer calories.” “Get your weight below this number”) to positive ones (“Achieve this much physical activity each day/week”) can be much more encouraging. Human weight loss communities and forums often refer to these as “non-scale victories.” The options for physical activity are endlessly flexible, so most people can find at least one they enjoy doing. Physical activity also has positive impacts on energy level, mental health and overall feelings of well-being in many people, which may contribute to their motivation to continue more than dietary deprivation or pounds lost alone could.

We can shift this discussion toward pets as well. For most dog owners, the options for increasing physical activity are easy and free. The VHCT can help the owner set achievable goals for daily walks, fetch sessions, dog park trips, etc. If an owner is not physically able to accompany their dog on walks, the clinic staff can assist in recommending dog walkers. Increasing activity for cats seems more difficult at first, but increased play sessions with toys and laser pointers make a difference.

Food locations can be moved to higher locations to encourage jumping if possible, or scattered throughout the house in several bowls or commercially available bowl-less foraging feeding systems. Some owners and cats even enjoy playing short-range fetch with a portion of each meal’s kibbles. The occasional cat will use a circular cat treadmill type device.

These activities can not only help strengthen the pet-owner bond, but may also help owners maintain healthy amounts of physical activity. Much discussion has been had lately about approaching pet obesity and human obesity as a “One Health” issue. It is impossible to generalize that all overweight pets have overweight owners and vice versa, but where there is a correlation, if the owner’s motivation can be maintained for either their pet’s journey or their own, that motivation may cross over and help advance the other. The VHCT staff has a role in guiding and encouraging owners to increase activity levels and find creative feeding solutions.

Technology, Tracking and Gamification

Setting goals is only effective if there is a way to track progress toward them. There are multiple options for providing owners with ways to track their pets’ physical activity and compliance to dietary plans. Clinics can create and provide paper handouts that track weekly activity or they can take advantage of new technology-driven options. Wearable activity trackers have been popular for humans for many years and they have now expanded into the pet space. Several options exist currently, with varying degrees of accuracy and additional features. In at least one model, not only can the pet owner see their dog’s activity, but so can their veterinary clinic. This adds an additional level of accountability and may encourage goal achievement. The technology is primed to take this a step further as well, and create competition among participants using the devices. The human wearables have utilized this popular option for some time, allowing people to challenge friends to activity contests and beat their own records. This “gamification” of physical activity can be very motivating, not only providing mini-goals but also the social support mentioned previously, as well as “celebrations” within the device’s app interface.
Follow Up, Follow Up, Follow Up….and CELEBRATE!

Multiple factors lead to weight loss success for people and for pets, but many of them come back to long-term follow up and support, including maintaining motivation by celebrating successes and achievements throughout the entire journey. This amount of follow up can be somewhat time-consuming, but that should not be an excuse not to do it. Involving the entire client-facing VHCT, especially technicians and nurses, is the key to making these programs successful. Creating weight loss program protocols that are the domain of key selected VHCT members distributes much of this time burden more evenly among the team, empowers staff members to be actively involved in helping their patients and clients, and enhances two-way communication and bonding between the VHCT and clients.
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**LET’S REVIEW...**

1. How prevalent is pet overweight/obesity as of 2017?
   a. 56% of dogs, 60% of cats
   b. 43% of dogs, 78% of cats
   c. 25% of dogs, 25% of cats
   d. 74% of dogs, 90% of cats

2. How much longer did calorie-restricted dogs live, on average,
   compared to their free-fed littermates in one study?
   a. Approximately 2 months
   b. Approximately 6 months
   c. No difference
   d. Approximately 2 years

3. What new scientific technology is the newest promising
dietary approach to weight loss based on?
   a. Postbiotics
   b. Calorie-restriction
   c. Nutrigenomics
   d. Gene editing

4. True or false: Feeding a therapeutic weight loss food costs
   more per day than the average overweight pet’s regular
   feeding regimen?
   a. False
   b. True

5. What are important ways to give social support and
   encouragement to pet owners whose pets are in a weight loss
   plan?
   a. Contests with results/achievements displayed in lobby
   b. Social media and in-person support and activity groups
   c. Consistent follow up
   d. Setting and tracking activity goals
   e. All of the above

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