President’s Message

Howdy,

Veterinary practice has changed in the generation since I graduated. I don’t need to tell you that for many of us, it seems harder. Compassion fatigue and burnout amongst veterinarians are serious issues these days more than ever before.

To me, one change that is not often talked about is a large contributor to the increased stress felt by many of today’s vets. I am referring to the erosion of respect toward veterinary medicine and veterinarians by the society that we serve. A generation (or two) ago veterinarians were revered members of the community and their medical opinions and judgements were not often debated or questioned. Like its human counterpart, veterinary medicine was seen as a noble profession; it was understood that there were limits to what could be done and that sometimes patients did not survive despite the vet’s best efforts.

Today, “Dr. Google” seems to make many clients feel like experts on par with the veterinarian despite the fact that without training it is difficult for them to critically evaluate the information to which they are exposed. Review sites allow clients to anonymously attack veterinarians and clinics when things don’t go their way, sometimes on a clinic’s own Facebook page. The constant and immediate access of the digital age enhances the expectation by clients of instant answers with few, if any, tests performed. The rise of telemedicine further encourages the notion that veterinary medicine can be practiced over the phone or via Skype with little cost. The discordance between veterinarians, who see their livelihood threatened from all sides, and the public that increasingly seems to feel that vets are greedily overcharging them for unnecessary services has never been larger.

Continues on page 3

ATTENTION MEMBERS:

A few reminders as we start 2016:

♦ Only 80% of your MVMA dues are deductible as a business expense on your taxes.

♦ Your current MA veterinary license expires on 02/28/2016

♦ You must have completed all required CE before you can renew your state license.

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Joining Dr. Kube in the New Year!

Paul Cuddon, BVSc (hons), DACVIM (neurology)

Dr. Paul Cuddon completed a residency in small animal internal medicine at the University of Guelph, Canada and a second residency in neurology and neurosurgery at the University of California at Davis. He became board certified in neurology in 1989 by the American College of Veterinary Internal Medicine. Dr. Cuddon was on faculty at the University of Wisconsin, Madison as an assistant professor from 1986-1994 and at Colorado State University as a tenured associate professor from 1994-2001 and 2008-2012. Dr. Cuddon worked in private practice as well, both in Northern Colorado and in Denver and has advanced training in acupuncture. He will be joining our team in 2016 as an interim neurologist, prior to his retirement, to help us continue to grow our practice.
In response, veterinarians have needed to adjust, realizing that we must change with the times. The field of veterinary medicine has expanded dramatically, allowing veterinarians options besides the traditional small and/or large animal practice setting. The internet, with all of its negative aspects, allows us have access to vast amounts of information previously unavailable, as well as the opportunity, through groups like VIN, to consult, vent, and communicate with our colleagues. The increase in 24 hour practices allows some the ability to work schedules outside of the traditional daytime office hours, and frees general practices of the burden of emergency coverage when the clinics are closed.

As the landscape for veterinarians has changed, for the MVMA it is also changing. Some may view the MVMA currently as a “club” for veterinary professionals, offering some benefits, CE programming, and an increasingly active legislative role. Currently, income from dues and CE programming covers the bulk of our expenses. Our worry is that we don’t know how much longer we can count on the status quo of these income sources. One reason is that these days it seems that some vets are not convinced that they want to be involved with the MVMA. Joining because it’s “the right thing to do” no longer carries the same weight that it used to. A second is that increasing availability of alternative CE options, including offerings locally and easily accessed web-based resources, means that we cannot necessarily count on a steady income from our CE programs. The stresses and time constraints felt by younger veterinarians often limits their ability to volunteer, bringing into question who the next generation of MVMA leadership will be.

While the above descriptions of individual and organized veterinary medicine may sound despairing, this column is actually one of hope. We at the MVMA have recognized our need to evolve into an organization that better resonates with our members. We have spent time over the last year considering what our current members want and need from their state organization and are striving to find concrete ways to meet those needs (e.g., better use of technology, interactions that more effectively address time constraints) as well as to better communicate the value of membership and participation in the MVMA. We recognize that while our current model is working well now, if we are to survive and thrive, we must adapt to the new challenges that face us as veterinarians.

You, our members, are a vital part of our efforts to evolve the MVMA into an organization that will better appeal to the veterinarians of our state. First and foremost, we hope that you will be able to truly see the intangible value of MVMA membership, i.e., that there is more to the MVMA than measuring the direct dollar return on investment of your dues. **Practice owners** - consider providing MVMA membership as a benefit as well as encouraging your employed veterinarians to attend CE programs and to be involved with the MVMA if they are interested. **Associates** - as you contemplate the plethora of CE opportunities around, consider the benefits that a robust MVMA CE program attendance offers in enhancing our ability to fulfill our legislative and other programs. As always, your input is encouraged and appreciated, so don’t hesitate to contact me with any questions or concerns (president@massvet.org).

In an age that has seen an erosion of respect for the veterinary professional, vets need support from each other more than ever before. Our goal for the MVMA is to be even more of a source of that support. As we consider the evolution of the MVMA, our challenge is also to better convey the ways that robust membership in our organization enables us to better provide for our members; your challenge is to recognize the important role that your participation plays in enhancing your life as well that of your fellow veterinarians, to the betterment of the veterinary community as a whole. It’s a tall task for all of us, but I truly believe that we are up to the job.

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I have read, with interest, Dr. Adam Arzt’s President’s Message in the Dec. 2015 Newsletter. While I agree with some of his message, I dispute some of it.

Dr. Arzt describes an article in the Springfield, MA newspaper about a “horse dentist” who clearly practices veterinary medicine without a license. Dr. Arzt states, “The Board [Board in Veterinary Medicine]….appears reluctant to act unless a formal complaint is filed, and is limited to a cease and desist order as there is no license to revoke nor fines to access to someone who is not licensed. (I am not aware of any of these practitioners being prosecuted by the district attorney’s office…)” He is right, the Board has no jurisdiction over non-veterinarians; however, the district attorney does.

When my local pet store was offering “anesthesia-free dentistry” I wrote a letter to the store owner and technicians performing the procedure and informed them of the Massachusetts state law regarding practicing veterinary medicine without a license. They stopped the practice and I did not need to contact the attorney general’s office. I would have, if needed. We do not need to threaten restraint of trade. I believe that this is a duty we veterinarians have to the public.

Sub-standard treatment should not be allowed to be practiced by anyone. This is a matter of protecting animals and the animal-owning public. Some lay people may have some competence, but we have no way of knowing that. That is what Dr. Arzt proposes—that these people become “licensed.” I believe that license is a veterinary license. The AVDC (American Veterinary Dental College) has recently formed an equine specialty board which has been approved by the AVMA to increase and certify the expertise of veterinarians.

I agree with Dr. Arzt that we “have invested years of time and effort (and money) on [our] veterinary education and continue to do so to be licensed to practice…” Our job as veterinarians is to educate the public about our expertise. To do otherwise is a disservice to the animal owning public and their animals; as well as a step backwards.

MVMA members can read the about Anesthesia-free Dentistry topic and the Equine Specialty on the AVDC website: www.AVDC.org.

Thank you,
Laura M. LeVan, DVM, Dipl AVDC
Veterinary Dental Education Center

Letter to the Editors

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Thank you to all who have already renewed their MVMA membership. For those of you who have not yet had the chance, please visit the MVMA website at www.massvet.org or call (508) 460-9333 and renew today. Please be sure to complete and return the questionnaire with your renewal materials—it’s the only way we can stay current and best represent you!

This is the start of another exciting year for the MVMA. We continue to monitor and seek input on legislative issues that may affect us all. Be sure to check out the great work the MVMA Charities, Inc. continues to do as well!

The MVMA relies on membership dues to fund our many programs and member benefits. Please renew today (and tell your friends and colleagues who are not already members to join). We also invite you to take an active role in your membership by participating in our committees. Your knowledge and experience will make the MVMA voice louder and stronger!

The MVMA needs you!!!

The MVMA Warmly Welcomes All New Members

Dr. Rachel Ashley  
Fairhaven, MA

Dr. Ashley Lockwood  
Boston, MA

Dr. Bonnie Stevenson  
East Freetown, MA

Dr. Martha Bugbee  
Franklin, MA

Emily McCabe  
Cornell University, 2016

Dr. Norman Stillman  
Plymouth, MA

Dr. Erin Carey  
Boston, MA

Rebekah Meyer  
Tufts University, 2016

Dr. Meredith Taylor  
Fall River, MA

Dr. Acelyn D. Colella  
Dracut, MA

Dr. Tyler Murphy-Tucker  
Arlington, MA

Dr. Lara Tomich  
Walpole, MA

Mary-Kate Cone  
University of Missouri, 2018

Dr. Meagan Payton-Russell  
Waltham, MA

Dr. Sarah Wengert  
Westminster, MA

Dr. Nancy Field  
Rowley, MA

Dr. Melinda Persson  
Sharon, MA

Elsa Yeung  
Tufts University, 2017

Dr. Kimberley Marie Dinan  
Northborough, MA

Dr. Sarah Sharp  
South Weymouth, MA
Congratulations!
The following MVMA members were inducted into the AVMA Honor Roll* in 2016.

Robert S. Brown
Bridgewater, Massachusetts

Bob Labdon
South Yarmouth, Massachusetts

Susan Horowitz
Groton, Massachusetts

David Ross
Danvers, Massachusetts

David Johnson
Middleboro, Massachusetts

Carlos E. Silvera
Fall River, Massachusetts

*These individuals have maintained membership in the AVMA for a period of 40 or more years and have reached the age of 70 or have reached the age of 72 and maintained continuous membership since graduation.

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Dear Colleagues,

Earlier this month Cummings Hosts International and the Tufts Veterinary Council on Diversity sponsored a wonderful potluck dinner that included holiday foods and traditions from around the world. Both of these groups have as part of their missions to help make Cummings School a welcoming place for all. It was gratifying to learn from speakers and attendees how much we all have in common when it comes to celebrating a season of goodwill.

It seems lately that the world needs as many welcoming faces as possible and I’m pleased to share with you a holiday card filled with a remarkable group of smart and caring individuals – our students and your future colleagues. Please access the full video holiday card using the URL listed* or by scanning the QR code.

From Cummings School to all of you, thank you for the support you lend to our students, the trust you place in our clinicians and scientists and your faith in the value of the school and the profession.

On behalf of your colleagues at Cummings School, I wish you happiness and health for the holiday season and the coming year.

Special thanks to Lorraine Daignault, Teresa Loftin, Andy Cunningham, Beth Mellor, and the talented veterinary students at Cummings School for their good work on our holiday card and throughout the year.

Speaker Highlight:
Christopher Byers, DVM, DACVECC, DACVIM (SAIM), CVJ
Gretchen Schoeffler, DVM, DACVECC

Small Animal Emergency Medicine

Attend either SECTION A for ER Doctors or SECTION B for Primary Care Doctors (4 CE). Both sessions will meet separately and will then come together for a JOINT SESSION (2 CE) in the afternoon.

SECTION A: Emergency Medicine for the ER Doctor (4 CE):
- **Stepwise Interpretation of the Blood Gas**—Understanding blood gas sampling, indications, limitations, and interpretation (traditional acid base, oxygenation, and ventilation). We will work through 5 case examples during the lecture.
- **Pattern Recognition of Respiratory Distress**—Attendees will learn how to localize a patient’s breathing problem by recognizing specific breathing patterns.
- **Diagnosis & Management of IMHA & ITP**—Attendees will learn an effective approach to accurately diagnosing and initially treating IMHA and ITP in dogs and cats.

SECTION B : Emergency Medicine for the Primary Care Doctor (4 CE):
- **Nutrition for the Sick Dog & Cat**—Attendees will learn how to implement an effective and nutritionally sound feeding program for hospitalized dogs and cats.
- **Clinical Pearls of Feline Emergency Medicine**—Five cases will be used to illustrate 5 clinical pearls—little bits of wisdom, compatible with existing, relevant evidence. This will be an interactive session.
- **Cardiopulmonary Resuscitation**—This lecture will review the latest RECOVER guidelines on performing cardiopulmonary resuscitation in dogs and cats. Attendees will learn how to optimize basic life support (chest compressions and breathing), as well as advanced life-support (what monitoring equipment is useful during CPR, what drugs to administer when, and when and how to defibrillate).

JOINT SESSION: Remember the Basics to Make Your Patient’s Life (and Yours) Easier (2 CE)
This session will bring together attendees from sections A and B and will be led much like a rounds session with audience participation. A case will be presented in which the audience will be involved in decision making for a critically injured/ill patient. Through case examples, attendees will be provided updates about fluid resuscitation, body cavity sampling, pain management, airway management, and endpoints of resuscitation.

Dr. Christopher Byers received his BS in Animal Sciences from Colorado State University and his DVM from Cornell University. He is currently Medical Director at VCA MidWest Veterinary Specialists in Omaha and is also an Adjunct Associate Professor at Kansas State University’s College of Veterinary Medicine. He serves as a consultant in emergency medicine for VIN and serves on the Continuing Education Committee for the Nebraska VMA. He is an at-large board member of the Nebraska Academy of Veterinary Medicine and is very active in both the ACVECC and ACVIM. Dr. Byers has published numerous scientific papers in peer-reviewed journals and has authored book chapters for several medical textbooks. In addition to his research, Dr. Byers also publishes a weekly blog for pet owners.

Dr. Gretchen Schoeffler has been practicing veterinary emergency and critical care medicine since 1996, and serves as section chief of the Emergency Medicine and Critical Care Service at Cornell University’s College of Veterinary Medicine. She received her DVM from Texas A&M University. Following graduation she completed an internship in small animal medicine and surgery at the University of Georgia and a residency in emergency and critical care at Tufts University. She is certified by the American College of Veterinary Emergency and Critical Care.

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   Dawn Boothe, DVM, MS, PhD

Track 2—Small Animal Emergency Medicine
   Christopher Byers, DVM, DACVECC, DACVIM (SAIM), CVJ
   Gretchen Schoeffler, DVM, DACVECC

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Track 3—Equine Medicine & Business/Practice Management
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**Cardiology**: Wednesday, February 3, 2016

- **Location**: Sheraton Needham, 100 Cabot St, Needham, MA
- **Date/Time**: Wednesday, February 3, 2016 from 6:00pm - 8:45pm
- **Speaker**: Ashley Jones, DVM, DACVIM (Cardiology)
- **Topics**: Common congenital heart diseases in dogs vs. cats, diagnosis and treatment of shunts outflow obstructions, and atrioventricular valve dysplasia, and more

**Ophthalmology**: Sunday, March 20, 2016

- **Location**: Burlington Marriott, 1 Burlington Mall Road, Burlington, MA
- **Date/Time**: Sunday, March 20, 2016 from 8:00am - 2:15pm
- **Speakers**: Daniel Biros, DVM, DACVO and Martin Coster, DVM, DACVO
- **Topics**: Emergency management of corneal ulceration; brachycephalic ophthalmology; cataracts & lens luxation; uveitis; top ophthalmology tips

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- **Speaker**: Ashley Jones, DVM, DACVIM (Cardiology)
- **Topics**: Common congenital heart diseases in dogs vs. cats, diagnosis and treatment of shunts outflow obstructions, and atrioventricular valve dysplasia, and more

**Ophthalmology**

- **5 CE Credits (pending R.A.C.E approval)**
- **Location**: Burlington Marriott, 1 Burlington Mall Road, Burlington, MA
- **Date/Time**: Sunday, March 20, 2016 from 8:00am - 2:15pm
- **Speakers**: Daniel Biros, DVM, DACVO and Martin Coster, DVM, DACVO
- **Topics**: Emergency management of corneal ulceration; brachycephalic ophthalmology; cataracts & lens luxation; uveitis; top ophthalmology tips
To Echo or Not to Echo? Incidentally Detected Heart Murmurs in Dogs and Cats

By Rebecca Malakoff, DVM, DACVIM (Cardiology)
MSPCA Angell West

Veterinarians commonly auscult heart murmurs during routine exams for pets presenting for non-cardiac reasons (for example annual vaccine appointments). Although it would be wonderful if every such pet could have a full cardiac workup, not every client may have the resources or inclination to follow up with an echocardiogram or visit to a cardiologist, requiring general practitioners to be able to provide information to enable their clients to make the best diagnostic decisions and plans for their pets. In 2015 a group of board certified cardiologists brought together as the “Working Group of the ACVIM Specialty of Cardiology on Incidentally Detected Heart Murmurs” published a reference article in JAVMA providing current information by species and age group to help veterinarians in this endeavor. This summary will highlight some of the key points made by the authors, although it is worth noting that the full article provides even more information that is well worth reading.

The group described characteristics which aid in determining whether a murmur is pathological (resulting from a cardiovascular lesion) as opposed to nonpathological (associated with a structurally normal heart). A nonpathological murmur may be termed functional if there is a physiologic cause such as anemia, or innocent if no obvious physiologic cause is identified. The authors modified a “6-S” rubric used in human cardiology to indicate features more likely to be associated with a nonpathological murmur: murmurs which are 1. Soft (generally grade 1 or 2/6), 2. Systolic, 3. Small (localized to left heart base or to one location with no radiation), 4. Single (no other abnormal heart sounds such as clicks, gallops, or arrhythmias), 5. Short (predominantly heard in early or midsystole), and 6. Sensitive (absent or much softer at rest than with excitement or exercise). It is important to note that this rubric may be more useful in dogs, as with cats it is often not possible to classify systolic murmurs grades 1-3/6 as pathologic or nonpathologic.

Nonpathologic murmurs are commonly ausculted in puppies, but pathologic murmurs are heard as well, typically resulting from congenital heart disease. The most common congenital heart defects diagnosed in dogs in the United States are pulmonic stenosis, subaortic stenosis, patent ductus arteriosus, and ventricular septal defect, with some breed predispositions to particular disorders. Further investigation of an incidentally ausculted murmur in a young dog is warranted if the murmur is continuous, diastolic, prolonged such that it obscures the second or both heart sounds, or accompanied by transient abnormal heart sounds (such as a split second heart sound). Murmurs ausculted in locations other than the left heart base (such as radiating to the carotid region, over the right hemithorax, or best heard at the left apical region over the mitral valve), or are loud (grade 3/6 or louder) with PMI over the left heart base warrant further testing.

Young cats (< 6 months) may have nonpathological murmurs or pathological murmurs, and as previously emphasized, the specific characteristics that separate these two categories fail to reliably do so in most cats with grade 1 to 3/6 systolic murmurs. If such a murmur is ausculted, the authors suggest three different possible approaches: further cardiovascular testing (echocardiography), second opinion auscultation by a cardiologist, or reexamination and reauscultation after a period of 2 to 4 weeks. Any murmurs louder than a grade 3/6 or continuous in duration warrant further investigation. Murmur intensity and location is less helpful for predicting specific diagnosis and prognosis for cats than dogs. For example, cats with a small, clinically insignificant ventricular septal defect may have a loud (grade 5/6) systolic murmur.

For both puppies and kittens with heart murmurs warranting further investigation, 2-D and Doppler echocardiography by a cardiologist are recommended as providing the best diagnostic and prognostic information. ECG and thoracic radiographs may provide useful ancillary information, but cannot provide a definitive diagnosis of the cause of the murmur. Assessment of cardiac size on thoracic radiographs in cats can have limited accuracy, especially as concentric ventricular hypertrophy is not radiographically apparent.

For adult and geriatric dogs with an incidental heart murmur, considering signalment aids in determining most likely etiology of pathologic murmurs. The majority of small breed (< 20 kg) dogs with a systolic murmur over the left apex have degenerative mitral valve disease. Although echocardiography provides more precise and accurate information regarding the cause of the murmur and is ideal in these cases, thoracic radiographs are often performed first because of lower cost and greater availability. If the thoracic radiographic findings are normal, clinically important heart disease is uncommon (absence of cardiomegaly may suggest a nonpathologic murmur or mild/early degenerative mitral valve disease). If there is cardiomegaly or other

Continues on page 14
cardiovascular abnormalities, echocardiography is more strongly recommended. For large breed dogs (>20 kg), fewer conclusions may be reached confidently based solely on physical exam findings. Large breed dogs with a left apical systolic systolic murmur may have dilated cardiomyopathy or degenerative mitral valve disease, and degenerative valve disease can progress more rapidly in dogs of this size compared to small breed dogs. Therefore, for this size group of dogs, echocardiography should be recommended as initial diagnostic test of choice. Other findings to prompt recommendation for echocardiography in adult and geriatric dogs share some similarities as with juveniles: diastolic or continuous murmurs, murmur location other than left apical, murmur accompanied by arrhythmia, or murmur that is recent in onset and coexists with vague systemic signs (to rule out possible infective endocarditis).

Systolic heart murmurs are fairly common in healthy adult and geriatric cats. The most common form of heart disease causing a pathologic murmur in cats is hypertrophic cardiomyopathy, and the most common cause of a nonpathologic murmur is dynamic right ventricular outflow tract obstruction. Because there is so much overlap in how these murmurs sound, it is generally impossible to differentiate pathological and nonpathological murmurs in cats based on auscultation alone. Additional findings which would strengthen the recommendation for echocardiography in an adult cat include presence of a gallop sound, arrhythmia, a murmur which is diastolic or continuous, a murmur which is loud (grade 3/6 or louder), or increased strength of the apex beat. Thoracic radiography is less useful for determining whether significant cardiac disease is present, as concentric hypertrophy (such as with hypertrophic cardiomyopathy) may not result in an apparently enlarged cardiac silhouette. Certainly if cardiomegaly is apparent radiographically, this strengthens the recommendation for echocardiography, as would the finding of an abnormal NTproBNP level.

Finally, several considerations beyond physical exam findings or other test results can help in determining whether a juvenile or adult veterinary patient should have an echocardiogram. For example, client concern, anxiety, or desire to be as informed as possible about the cause of the murmur can influence whether an echocardiogram is pursued. The veterinarian should also consider whether the patient requires general anesthesia in the near future, or any treatments with relative cardiac contraindications. If the dog or cat is to be used for breeding, echocardiography to try to obtain a definitive diagnosis of the cause of murmur becomes of more paramount importance as well.

References
Like most states, Massachusetts is approaching the middle of a two-year legislative session. The following brief year-end report was developed to help put the achievements of the first year in context, while reviewing what we can reasonably expect from the legislature over the coming year:

For a host of reasons, the Massachusetts legislature got off to a very slow start this year – and sputtered to stalemate as the legislative year drew to a close. The overwhelmingly Democratic body had to accustom itself to working with a new Republican governor, albeit one with lots of Beacon Hill experience and good working relationships with many of his Democratic colleagues. The Senate, too, adjusted to working under a new president, Stan Rosenberg, a 24-year Senate veteran who proved more assertive than his predecessor in challenging the power of his House counterpart, Speaker Robert DeLeo. A standoff between the two legislative leaders, however, dragged on for months, delaying both the assignment of bill numbers and the referral of bills for review by joint committees.

As a result, committee hearings began late, leaving the House and Senate co-chairs to scramble to catch up and consider the approximately 5,900 bills filed to date. Apart from the annual state budget (and periodic supplemental budgets to correct omissions and adjust for overspending), almost no significant legislation made it through this gauntlet to be signed into law.

Indeed, most legislation remains stuck in committee. Most joint committees have until March 16, 2016 to report out legislation, effectively leaving 3½ months for bills to compete for attention in the respective Ways and Means committees and on the floor of both chambers.

In this environment, the bills with the most chance of passage are those that find the sweet spot of appealing to a progressive Republican governor, a relatively conservative House speaker, and a liberal Senate president. Legislation to combat an epidemic of opioid addiction leads that list, and energy and the environment also represent categories where the state’s political leadership is expected to find common ground. But even priority bills like these stalled this year in the face of back-and-forth jockeying between the two chambers.

By year’s end Serlin Haley was monitoring 30 bills in Massachusetts for MVMA, and while many dealt with animal safety (or cruelty), others ranged from animal rescue organizations, pet grooming, kennels, puppy sales, burial and cremation, property insurance for dog owners, and the repeal of archaic laws such as one that prohibits frightening certain pigeons.

Among the bills we support are one creating a subsidiary board under the Board of Registration for veterinary technicians and another exempting veterinarians from provisions of the state’s strict drug compounding laws. We are also watching closely as the legislature considers bills relating to non-compete agreements among vets and others that would restrict employers in employee scheduling matters.

In addition to bills dealing with tethering or confinement of dogs or farm animals, Massachusetts is watching as national advocacy groups make it a test case for bypassing state legislatures and taking farm confinement practices, in particular, straight to voters. A question making its way to the 2016 state ballot would ban the sale or importation of eggs, pork and veal raised in gestation crates and other similarly constrained spaces. The Humane Society of the United States claims to have obtained sufficient signatures to place a bill before the legislature; if not enacted there, voters will likely decide the issue instead.

Despite the legislature’s late start, all but two of the bills we are following for MVMA have now received hearings, and one of those, on non-compete agreements, is now scheduled for hearing next week. Otherwise, the legislature essentially wrapped up work for the year on Nov. 18 when it voted to go into “informal session” for the remainder of 2015. Once formal sessions resume in January, we can expect 500 to 600 bills a week to be released over the ten weeks leading up to the mid-March committee deadline.
My name is Karen Bradley and I am running for the District I AVMA Board of Directors position, representing New England and New York. It would be an honor and privilege to represent District I members at the AVMA Board. My Vermont VMA and AVMA service are detailed in my resume which is posted on my website.

My VMA experiences have shaped me as a leader—one who strives for transparency, works for consensus, and values inclusivity. I value the connectedness we have as a profession. AVMA can be the face of the veterinary profession to the world and reflect the values and needs of its members. At the board level, it is essential that a diverse set of experiences and opinions are present around the table if AVMA is to achieve this and remain relevant to its members. I envision an association that moves forward and is proactively the voice of animal health and welfare, food safety, and public policy—with veterinarians as the voice of authority. I envision an AVMA at your fingertips, one where members feel like they understand what is happening, why, and when (and in real time, what we need to know when we need it).

Many AVMA members experience what I do every day: they work part or full time, they have interests and commitments outside of being a veterinarian that are very important to them, and they are often juggling being there for the other people in their life. Participating in our professional associations can feel like something we have no time for. The same we can argue for taking care of ourselves. Both of these are essential. Active participation in AVMA and our regional or professional speciality associations makes us better veterinarians and gets us out of the vacuums our daily career positions can be.

A little background on the AVMA Board of Directors which is made up of: the officers of the association (vice president, president-elect, president, immediate past president) and 11 district directors representing 11 geographic regions of the United States (including Puerto Rico and District of Columbia). The geographic regions are drawn like voting districts. District I is made up of: Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island, and New York. Candidates for the District I Board position can be nominated by any of these state VMAs or by petition. I am proud to have been nominated by my Vermont VMA. This is the only leadership position that AVMA members get a chance to directly elect.

For AVMA District I, I will be an active listener to you and be your voice at the Board. I will also provide all District I members with coverage and information of what AVMA and the BOD are doing for them. Please follow me on Facebook (Dr. Karen Bradley) and Twitter (@karenbdvm) and when those ballots from AVMA arrive in the spring—please vote!

You can read the other candidate’s letter on page 18.
Humanitarian Dr. Sue Rabaut is this month’s Very Cool Veterinarian. Sue has owned the Framingham Animal Hospital since 1975 and has been a staple of compassion and kindness to her patients and community at that very hospital since the start of her veterinary career in 1968. Being one of only nine women in her veterinary class at Michigan State University did not feel pioneering to Sue, as she just thought how fulfilled she was that she was going to be a veterinarian, which she had wanted to do since she was a young girl. Sue was one of eight children growing up in Detroit, and her mother was an animal lover who encouraged Sue’s familiarity with many types of animals. Over the years, young Sue had a pet skunk, a pet woodchuck named Minerva (who was featured on television), a dog, chickens, and hamsters, among other animals.

When first starting out in practice, Sue did a little horse work along with her small animal work, but she found her best fit in small animal practice and has loved being a small animal veterinarian. What she loves most is the relationship she can have with her clients, which she finds so very important. She feels that the effect our job has on people is on-going, and she mentioned the clients who remember even years and years later the kindnesses they were shown, remembering tender moments spent helping the family through their pet’s illness.

Sue likes both surgery and medicine in practice, and she still does orthopedic surgery, general surgery, and sometimes procedures like bloats and urethrostomies when the need arises. When she began as a veterinarian, there were not many specialty practices around, and becoming strong in surgery was part of what was needed. Building a caring relationship with her clients and tending to their animals’ needs is of utmost importance to Sue. One of her keys to success and happiness in practice is being of service and constantly thinking, “I am a servant to others.” Her many deeply-appreciative clients and friends prove that what you give out to your patients on a day-to-day basis comes back to you. Her philosophy is that one goes into practice with the idea of helping every person who needs you, even if it means giving some occasional financial breaks or covering for a blood test now and again. The care of the people and the animals is always the driving force. Sue feels that her staff is tremendous and devoted to the “nth degree.” Sue reminds her staff often that, “we treat every pet as if it were our own,” which means getting someone in quickly if that needs to happen.

Sue worries about some of the changes in our profession (cost of schooling, corporations) if that results in too much of a loss of compassion and if it means the loss of reaching out to others. The epitome of what we do is compassion. There is nothing more important.

In her time away from the office, this remarkable woman loves being outdoors, hiking, paddleboarding, boating, cross-country skiing, motorcycle riding, running (she ran one Boston marathon), and is very active in nature’s playground. In the past, she had been an active part of the MVMA’s Public Relations committee and Metrowest VMA. Sue was also MVMA President in 1995 and received the 1999 Distinguished Service Award (DSA). Sue has twenty nieces and nephews, fourteen great-nieces and nephews, and visits family in Detroit when she can. Sue is connected strongly to her church and the environment, and environmental causes (like Nature’s Conservancy) are most valuable to her.

Sue received this note recently from a client after their dog passed away, and she wanted to share part of this for us all to not only remember the huge importance and impact of what we do as veterinarians, but as a high-five to the many veterinarians in our state who also try to spend their days helping animals and families with kindness and compassion.

“As my wife said the last time we saw you, what you do matters a lot. You take care of our pets, who are really members of our family. Every day, when you go home (usually fairly late it appears), you should know that you’ve made someone’s life better. Sometimes an animal. Sometimes a person. But usually it’s both. Thank you so much for everything you did for Haylee. We will never forget your kindness.”
AVMA House of Delegates

District I Director Candidate Campaign Letter to the MVMA

Arnold L. Goldman DVM, MPH

As a 30-year AVMA member I am proud to be a candidate to represent District 1. I offer my extensive leadership experience at state, regional and national levels, as well as my track record of successful advocacy, innovation and mentorship in service to AVMA. My vision for AVMA encompasses the priorities members indicated are important to them, especially advocacy and member services. If elected, I will represent all veterinarians.

I believe veterinary medical associations should serve as instruments of the Veterinarian’s Oath, performing service to society to benefit people and animals, as well as veterinarians. Passionate students and young graduates seek opportunities to serve, as well as to benefit, from their profession, and AVMA is positioned to channel that member passion, while also accomplishing the advocacy essential to protect our profession. Advocacy and public outreach are therefore two parallel paths with common goals: to provide member benefit as well as public service, and strengthen member relationships and the grass roots essential to effective advocacy.

During 18 years of leadership, I’ve had the honor of serving as president of the Connecticut Veterinary Medical Association, the New England Veterinary Medical Association, the Hartford County Veterinary Medical Association, and the National Alliance of State Animal & Agricultural Emergency Programs, a national organization which supports states and state VMAs in disaster response planning and preparedness. I am president of the Connecticut Veterinary Medical Foundation (CVMF), a four-time recipient of competitive AVMF project grants and innovated many of its programs.

For over 6 years I’ve served in the AVMA House of Delegates, chairing its Term Limits Subcommittee, and also serve on the State Advocacy and Governance Performance Review Committees. I have attended AVMA Legislative Fly Ins in Washington DC, repeatedly lobbied on behalf of AVMA, and delivered testimony to the Connecticut legislature and federal agencies on issues of importance to veterinary medicine. I have also been a regular contributor to AVMF and the AVMA PAC. In 2008 my Connecticut colleagues honored me as Veterinarian-of-the-Year.

Since 1995 I’ve practiced at Canton Animal Hospital, in Canton, Connecticut, having previously lived and worked in Massachusetts, Rhode Island and New York. In 2011, I completed a Master of Public Health degree to gain a broader perspective of veterinary medicine, and to open doors for new professional pursuits. My thesis described a mechanism of disaster response for animals, CTSART, which is now one of several CVMF public outreach programs, and an integral part of disaster response in Connecticut. I am also a nationally certified emergency manager.

While veterinary medicine has changed dramatically during my career, I feel fortunate to have been involved in that change, and able to innovate in service to our profession. I’m humbled by the support colleagues of all generations and backgrounds have offered me, as the “Mentorship” and “Testimonials” pages on my website reflect: www.goldman4avma1.com

As your District 1 director, I will bring broad experience in leadership, innovation, advocacy, and mentorship in service to AVMA District 1. I humbly ask for your vote. Thank you.

You can read the other candidate’s letter on page 16.
What are the signs of aging in the horse and when do they begin to appear? Several studies have looked at aging in the horse. In a survey of owners of geriatric horses (Brosnahan, Paradis 2000), the owners reported that they first noted signs of aging in their horses around 23 years of age. This is approximately equivalent to a 58-60 year old human. The physical characteristics of the older horse include graying of the haircoat and decreased musculature along their toplines giving a sway back appearance. There may be a hollowing out of grooves above the eyes. Musculoskeletal stiffness may be more evident. Quiding of hay (presence of wads of chewed up hay) due to dental wear and tear are common.

Aging affects all body systems. Pituitary pars intermedia dysfunction (PPID) is the most specific disease of aging in the horse. The prevalence of PPID in New England is in the range of 25-30% in horses over the age of 20 with the clinical signs increasing as the horse becomes more aged. The clinical sign of hypertrichosis (failure to shed hair) is the chief clinical sign.

In studies done in Great Britain (Ireland, 2012), many of the aging changes seen in the older horse appeared significantly more frequently in the 23 - 25 year old horse than the 19-18 year old age group. 18.6% of horses ≥ 15 years of age were lame in at least 1 limb at the walk while 50.5% of animals were assessed as lame in at least 1 limb at the trot. The median age of the lame horses (25 and 23) was higher than the median age of non-lame horses (19 and 18). Decreases in range of motion were also found to be more frequent in the 23-25 year old animals.

Ireland found that approximately 20% of horses over 20 years of age will have a detectable a murmur. The age of animals with a murmur (median 24.8) was significantly greater than that of horses without a murmur (median 19) in horses over the age of 15. Often these murmurs are found on a yearly physical examination and are attributed to aortic insufficiency caused by degenerative changes of the aortic valve leaflets.

Ophthalmic lesions also become more frequent with age. Cataracts (Ireland, 2012) were found in 58% of the geriatric horses, median age for affected animals was 23; bilateral cataracts median age 25. Neoplasia becomes more frequent with aging. Squamous cell carcinoma of the genitalia, eyes and stomach and melanoma are the two most common tumors of the older horse.

Why is it important to define aging in the horse? It is important for the client and the veterinarian to know when they should begin looking for the development of the problems associated with horse growing older. With aging come the decisions to extend life or begin to think about ending life. The goal in extending life would be to recognize and treat those problems that improve the quality of life of the animal. As the horse ages it is important to establish with the owner how this is best done. Annual senior horse check ups with emphasis on looking at the problems mentioned above is recommended. Once a problem is identified, more frequent monitoring of the diseases progress is important. Below is a suggested Senior Horse Workup.

**Senior Horse Workup**

<table>
<thead>
<tr>
<th>Test</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Examination</td>
<td>Body condition score each horse (make sure to palpate if shaggy). Place special emphasis on detecting heart murmurs, dental disease, ophthalmic problems, haircoat changes, soundness</td>
</tr>
<tr>
<td>CBC, Profile</td>
<td>Special emphasis on WBC, hematocrit and protein, glucose levels, renal values</td>
</tr>
<tr>
<td>ACTH levels or TRH responses test</td>
<td>Screening for PPID or evaluating control if medicated, should be done twice a year (once in September)</td>
</tr>
<tr>
<td>Insulin levels</td>
<td>Evaluation of metabolic syndrome status and risk for laminitis</td>
</tr>
<tr>
<td>Fecal egg counts</td>
<td>Probably should be done at least twice yearly</td>
</tr>
</tbody>
</table>
Just because an employee signs a non-compete agreement does not mean a court will enforce it. While non-compete agreements are lawful in most states, their enforceability depends on many factors. Here are some key points courts consider in deciding whether to enforce a non-compete agreement.

1. **Protectable Interests**
   To be valid, a non-compete must protect a legitimate business interest. The employer’s trade secrets, proprietary business information, and customer goodwill are “protectable interests” in most jurisdictions. If the employee’s work for a competitor would be unlikely to harm any of these interests, then a court would be unlikely to enforce the non-compete.

2. **Ordinary Competition**
   Courts generally will not enforce a non-compete merely to prevent an employee from bringing basic skills to a competitor. While the employee may have become skilled through training or experience provided by the employer, this typically does not constitute the “protectable interest” needed to enforce a non-compete.

3. **Consideration**
   Has the employee been given something of value (i.e., “consideration”) for signing the non-compete? In many jurisdictions, initial employment suffices. But if the employee was asked to sign the non-compete after a substantial period of employment without being given something above and beyond earned compensation – such as a raise, bonus, or additional benefit – then the validity of the non-compete may be at risk.

4. **Reasonableness**
   A non-compete must be reasonable as to time, geography, and scope. If a non-compete restricts competitive employment for a period of time or in a geographic area that is disproportionate to the

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**Is Your Non-Compete Agreement Enforceable?**

*By Todd A. Newman, PC*

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interest at stake, then the employee may have grounds for a successful challenge. Similarly, if the non-compete unduly restricts the scope of services that the employee may provide to a competitor, then this, too, may render it unenforceable.

5. Signature

The employee’s signature is critical. Distributing a non-compete but then “letting it slide” if the employee fails to return a signed copy can come back to haunt. In these circumstances, the employee may claim that he or she rejected the non-compete by refusing to sign – and that the company acquiesced by not pursuing the matter further.

6. Changed Circumstances

Some judges have ruled that a material change in employment voids a non-compete. In their view, an employee would not reasonably expect a non-compete to survive a significant change in duties, responsibilities, or reporting relationships. Thus, if a material change occurs, the employee may later defeat enforcement efforts if (i) the non-compete did not by its express terms continue in force and effect, or (ii) the employee was not required to re-sign an appropriate non-compete when the job changed.

7. Non-solicitation Restrictions

Restrictions on soliciting clients should be tailored to the clients the employee served in the course of his or her employment. Otherwise, the restrictions may be invalidated as exceeding reasonable measures to protect client goodwill or as vague.

8. Fairness

A court will not issue an injunction to enforce a non-compete unless the harm to the employer if the injunction were not issued would outweigh the harm to the individual if the injunction were issued. In undertaking this “balance of hardships” analysis, courts consider fairness. Sometimes non-competes that are valid on their face go unenforced because a court finds the restrictions to be unfair under the circumstances.

9. Judicial Modification

What if some portions of a non-compete are enforceable but others are not? Depending on the jurisdiction, the court could either (i) invalidate the entire non-compete because of one or more unenforceable provisions; (ii) strike out the unenforceable language from the non-compete, leaving the rest intact; or (iii) modify the unenforceable provisions, such as by ruling that a three-year restrictive period will be reduced to two years. It is important to know how this is handled in your jurisdiction.

10. Prohibitions

In many states, non-competes are prohibited as to certain occupations by law or rules of professional conduct. In Massachusetts, such employees include physicians, nurses, social workers, broadcasters, and lawyers. While these exclusions presently do not apply to veterinarians or veterinary technicians, a bill has been filed to list veterinarians among the excluded occupations. The status of the bill should be monitored closely.

As this is a highly nuanced area of the law, both practice owners and associates alike should consult with experienced employment counsel when drafting, reviewing, implementing, or handling disputes concerning non-compete agreements, non-solicitation agreements, or other post-employment restrictive covenants.

Todd A. Newman focuses on various aspects of business law, including labor law, employment law and human resources, contracts, partnership disputes, business entity formation, and litigation. His firm, the Law Office of Todd A. Newman, P.C., is located north of Boston in Salisbury, Massachusetts. Questions about this article should be directed to todd@toddnewmanlaw.com.

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*Submit articles now for inclusion in next issue!*

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See “From the Dean’s Desk” on page 9.

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Jan. 31: MVMA Winter CE Conference. Featuring tracks on clinical pharmacology, emergency and critical care, and equine medicine and business. 6 CE. See page 11 for more details. Doubletree Westborough Hotel, Westborough, MA.

Feb. 3: Interventional Cardiology: Congenital Defects and Catheterization Procedures. 2 CE. Sheraton Needham, Needham, MA.

Feb. 10: Canine Elbow & Shoulder Chronic Pain Management. Featuring Dr. Andrea Looney. 2 CE. IVG MetroWest, Natick, MA.

Feb. 10: Forelimb Lameness. Featuring Dr. Michael Karlin. 1 CE. IVG MetroWest, Natick, MA.

Feb. 13-14: Vermont VMA Meeting. Featuring tracks for small animal and large animal practitioners. 12 CE. Burlington Hilton Hotel, Burlington, VT.


Feb. 28: Small Animal Behavior Seminar. Featuring Dr. Stephanie Borns-Weil. Cummings School of Veterinary Medicine, N. Grafton, MA.

March 6: Spring Dermatology Seminar. 6 CE. Featuring Dr. Lluis Ferrer. Cummings School of Veterinary Medicine, N. Grafton, MA.

March 10: Anesthesia Problems Forum. 2 CE. Featuring Dr. Andrea Looney. IVG MetroWest, Natick, MA.

March 20: A Day of Ophthalmology. 5 CE (pending RACE approval). Burlington Marriott, Burlington, MA.

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2016 MVMA Calendar

January 31, 2016

Winter Continuing Education Conference
Doubletree Westborough Hotel
Westborough, MA

May 11, 2016

Spring Continuing Education Conference
Best Western Royal Plaza
Marlborough, MA

October 14 & 15, 2016

Fall Continuing Education Conference
Sea Crest Beach Hotel
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SAVEs  |  Lebanon, NH  |  603.306.0007
The Russians are coming! The Russians are coming! This is likely the phrase that will identify this trip in our memories. Victoria Kartashova and Anfisa Kazachok are two young Russians veterinarians seeking to get licensure in the U.S. Not necessarily an easy thing to accomplish...and certainly not inexpensive. Bright, hard working and fun, they were linked through the internet to the Russian veterinary community in the U.S. They had never met each other prior. Too late for this trip, we received another request from a Russian vet so we seem to be on their radar.

Veteran doctors Jill Depto, Mina Connor, Terri Nord, and Jane Oster were joined by newcomers Jessica Leslie Harmon from the Sandwich Animal Hospital...always nice to have a fellow Cape Codder! Francis, our local Dominican vet whom we claim as our own, also pitched in and helped in many ways. Celeste Grace, our November team leader, rounded out the doctors. Celeste, from Sandpoint, Idaho, brought her own personal tech, Susie Kretzschman. Everyone should be so lucky to have a personal tech like Suzie!

Rachel Duffy, Donna and Diann Funk, veterans of many trips, helped the new techs get settled in the Samaná protocols but they did not need much help. Newbies Anne Bergeron, Caitlin Bohmer, and two of Dr. Depto’s ER techs from Sarasota, FL, Shari Rasplach and Ashley Winbelspecht, were “get in and get it done” top flight techs.

The days were productive and the surgeries fairly routine by Samaná standards. A C-section produced two Chihuahua type pups...just what we needed! Future dystocias no doubt. We average 64 surgeries a day and multiple "the skin is falling off" flea allergy cases and the other fairly typical medical cases. There is a distemper epidemic going on. Last trip it was parvo. In the past we have consciously decided not to vaccinate, believing it would be impossible to institute an effective program, never mind the cost. We also felt that natural selection might make sense in Samaná as we do see a lot of distemper survivors. However, it is very disheartening to go to the time, effort, and expense only to have a patient die a few months after surgery. Perhaps a single vaccine for the young patients would save a few of these dogs.
A hard working team that did not get much help from me...besides being a one and a half-eyed surgeon post-cataract surgery (presumably temporary), I had agreed to visit two other towns on the north coast of the country. The village of Luperon, near the Haitian border, has been sending us e-mails in the hopes of establishing a program. It is a healthy six hour drive from Samana, and one must drive through the city of Puerto Plata to get there. Not something I ever want to do again! Once in Luperon I found the only acceptable hotel about to close indefinitely and its manager, a local animal welfare proponent, headed back to France. So much for that. Luperon does, however, have a beautiful harbor that I will keep in mind.

Sosúa is an interesting and vibrant town just to the east of Puerto Plata and the home of Judy Liggo...an early Project Samaná veteran. Judy is a Michigan State trained tech who has been able to raise donations and has built a very respectable clinic for surgery. She boasts five anesthesia machines and a mini warehouse of instruments and supplies. Frank Alfano from Falmouth has worked with her frequently the last several years and Mina Conner was headed that way when we finished in Samaná. Judy has had World Vets come with a couple of teams but insists "they are not nearly as good as the Project Samaná teams."

That's loyalty! She would love to have anyone come for any length of time. Do some work, see the sights, and she may be able to arrange free housing. What a deal!

You Samaná followers may remember that we had two Tufts students with our team in June who spent six weeks doing research projects. I visited Tufts when Emily and Gabi presented their results to the school. Impressive young women. One of the projects was an assessment of the effectiveness of Project Samaná over the last twenty three years. They did this by conducting interviews with household residents of Samaná and comparing them with an interview with residents of Nagua, a similar size town about two hours away that has never had an animal welfare program.

The results are one of those good news/bad news deals. To very briefly summarize it is not surprising that 80% of households in Samaná were aware of Project Samaná and were supportive of our efforts and goals. In Nagua only 3.6% of pets were sterilized, but the bad news is that in Samaná still only 27.2% were sterilized. This came as a real surprise, at least to me. I would have guessed over 60% based on our street counts and TVT levels. It means we need to put more time and effort into education. Emily and Gabi have made some very good recommendations...now we have to figure out how to make them happen. WANTED! Spanish speaking animal loving teacher volunteers!

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VETERINARIANS

Seeking PART-TIME VETERINARIAN in a multi doctor (3 FTE) practice located 30 miles west of Boston near Rtes 495 & Mass. Tpke. By treating our patients, clients and staff with dignity and respect, we offer a friendly environment in which to practice quality medicine and surgery. Practice sees cats, dogs and small mammals. Approximately 15-20 hours per week, primarily Fridays and Saturdays. Easy access to Boston, Cape Cod and New England skiing. We are seeking a long-term relationship with the right person. Experience strongly preferred. For further information about this exciting opportunity, contact Adam Arzt, VMD, Metrowest Veterinary Associates, Inc. 207 E. Main St., Milford, MA 01757. Phone 508-475-7300 (daytime), 508-353-0609 (evenings).

The Vineyard Veterinary Clinic, an established 3-4 FTE practice on Martha’s Vineyard, is looking for a FULL TIME ASSOCIATE. The clinic has recently been renovated with new exam rooms, treatment center, and surgery. Digital radiography, digital dental radiography, ultrasound, and in-house laboratory support makes practice modern and efficient. Ideal applicant will have 2-years experience or internship, with surgical skills to work independently with confidence as well as ability to work with other doctors and support staff. Call 508 627-5292 or email Dr. Williams vineyardvetclinic@verizon.net

Acton Animal Hospital is seeking a new FULL or PART-TIME DOCTOR to join our team. Our new doctor must be passionate about medicine, client education, and customer service. Experience preferred but new graduates considered. Flexible scheduling available, rotating Saturday shifts required, and competitive salary and benefits offered. Contact actonanimalhospital@comcast.net.

FULL-TIME, PART-TIME AND RELIEF EMERGENCY VETERINARIAN POSITION AVAILABLE, MASSACHUSETTS. We are seeking full-time, part-time and relief emergency veterinarians to join our successful and privately-owned emergency and specialty hospital. We offer a competitive benefits package as well as a moving stipend. Please send letter of interest and CV to Veterinary Emergency & Specialty Hospital, 141 Greenfield Road, South Deerfield, MA 01373 or email kgardent@veshdeerfield.com.

Busy, small animal practice, seeks PART-TIME/ FULL-TIME VETERINARIAN. Loyal support staff, many of us with over 20 years of service. Ideal candidate is motivated, dedicated, and compassionate, and has good communication skills and enjoys surgery. Salary based on experience. Benefits include CE allowance, PLIT, DEA, cake on your birthday, and more. Please contact Stephanie Trowel at 978-774-1824 or macnamdan@gmail.com.

Banfield Pet Hospital is seeking FULL-TIME ASSOCIATE VETERINARIANS to join several of our hospitals across eastern Massachusetts! Our hospitals are full-service, companion animal hospitals with in-house labs, digital x-ray, high speed dental, anesthesia monitoring, and more. We offer competitive pay, CE, benefits, and career growth opportunities. Our hospital in Salem is also offering a sign-on bonus! Please email Danielle.andrews@banfield.com for more information or visit www.banfield.com/careers to apply.

SMALL ANIMAL and EXOTIC VETERINARIAN wanted. Looking for an opportunity that is challenging, rewarding, working with the right people, in an environment that is fun, friendly, and fosters growth? Visit www.lunenburgvethospital.com and if it feels right for you contact Dr. Carl Flinkstrom at 978-345-2623 to learn more. Send resume to: cefdvmlinenburgvethospital.net.

RELIEF VETERINARIANS

NEED RELIEF? Amiable, hardworking small animal veterinarian with 14 years experience at your service. I enjoy working as a member of great teams and giving every patient and client the attention they deserve. Thorough, punctual and reliable. Comfortable with medicine and surgery. Please contact Michael Marshall, DVM, stowvet@gmail.com.

RELIEF VETERINARIAN available for Cape Cod and Southeastern Massachusetts. Over 40 years experience in small animal medicine and surgery. I am able to work well with skilled veterinary teams, support staff and clients. Contact William Best, VMD. (508) 896-9541; awbest@comcast.net.

OTHER

FULL TIME VETERINARY TECHNICIAN: We are a small one-doctor busy practice located in Bellingham, MA. Looking to hire an experienced veterinary technician who is capable of handling dogs and cats, administering medications, drawing blood, placing in intravenous catheters, taking radiographs and monitoring anesthesia during surgeries. Must be compassionate, motivated and have good communication skills. If interested please e-mail resume to petdockwcl@comcast.net or fax to 508-966-5254.

FULL-TIME VETERINARY OFFICE MANAGER/ CLIENT CARE SPECIALIST. Seeking experienced office manager/client care specialist for a well-established small animal hospital. We are a 3-doctor practice offering a high-quality of personal care in the Needham, MA area. Previous management and customer service experience in the veterinary field required. We are offering a
competitive salary and benefit package including paid time off, retirement plan, and health insurance. Please email cover letter and resume to LLaskey@chestnutstreetah.com. No phone calls or drop-ins please.

PRACTICES FOR SALE

Are you considering selling your practice or just beginning to look for an exit strategy, but still enjoy practicing? If you’d like to have a friendly, strictly confidential conversation then please contact me at DVMcollaborator@gmail.com. Let’s see what we can work out!

PS Broker – Practices for Sale
Maryland: Baltimore County - 1,600sf, beautiful active plaza, 2-exam rooms.
Michigan: Bay County – Great Investment! 2,500sf with nearly 1/3 acre, 2-exam rooms.
New York: Elmira – Highly Profitable! 3,400sf w/RE. 2-exam rooms, apartment.
North Carolina: Northwest – Equine! High-Grossing. 6,250sf facility w/2-exam rooms.
Ohio: Cuyahoga County – Solid 2,700sf w/RE. 2-exam rooms.
Pennsylvania: Northwestern – Profitable, 2,100sf w/RE. 3-exam rooms.
Vermont: Orleans County – 4,400sf w/RE, apartment & crematorium.

PS Broker – Practices for Sale
ME-Beautiful Coastal area, Small animal practice, Grossing 750K with Real Estate. ME-Up State Maine, SA Practice w/RE. Practice Grossing 420+.
ME-Costal area-Well Equipped SA Practice with RE, Grossing over 800K. NH- Integrative 50% Western & 50% Holistic, 1 Dr Practice w/RE, Grossing 600K. NY-Upper NY State, Mixed Animal Practice with RE & 3BR Ranch Home, Grossing $900K+. NY- Brooklyn area-SA Practice, Solo Dr in beautiful leased brownstone. Great potential for additional growth. VT-NY border, Practice with RE, very profitable, 1 Doctor Grossing 450+. Contact Bill Crank at Total Practice Solutions Group 877-487-7765 or email billtpsg@gmail.com

SMALL ANIMAL PRACTICE north of Boston with experienced staff and great clients. Good life-work balance in small town with nearby emergency clinics, no commute, and minimal housing costs. Sale includes one well-maintained building with 2400 sf hospital and 1400 sf residence on 8 acres. Contact sawyerliberty1952@gmail.com


SIMMONS NORTHEAST. Listings wanted. Your local broker and practice appraiser since 1977. Licensed broker in Massachusetts and a Certified Business Appraiser for ethical and competent service in practice sales and appraisals, we are dedicated exclusively to the veterinary profession and your success. Listings and more information at www.simmonsnortheast.com. For a free, confidential consultation, contact us at (800) 474-4775 or northeast@simmonsinc.com. Jim Stephenson, DVM, CBA. Member MVMA.

PRACTICES FOR SALE. VT – Windsor County MA – Essex County CT – New London County MA – Worcester County MA Middlesex County NH – Lake Sunapee Area, CT – Litchfield County CT – Gold Coast CT – Fairfield County ME – York County ME – Northern Maine ME – Cat Exclusive Practice NY – Westchester County NY – Central New York State RI – Washington County. Visit Nate Lynch & Associates for the latest listings at www.natelynch.com and email nate@natelynch.com or give us a call on 1800-567-1264.

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INTERCEPTOR® PLUS
(milbemycin oxime/praziquantel)
Update from the MVTA

By Melissa Supernor, CVT, CFE, VTS (SAIM)

In November, the MVTA annual conference was held at the Best Western in Marlboro. The conference had three lecture tracks, including anesthesia, internal medicine, nutrition, exotic medicine, and client communication and a lab on IV catheter placements and care. The day was a very successful learning experience and brought in over 250 attendees. During lunch, the annual membership meeting was held, with the announcement of the 2016 Board Members (listed below) and the MA Tech of the Year Award recipient, Melissa J. Supernor, CVT, CFE, VTS (SAIM). Thank you to all involved for a very successful conference and see you in 2016.

The 2016 MVTA Board Members:
- President - Erin Spencer, CVT, VTS (ECC)
- Immediate Past President - Melissa J. Supernor, CVT, CFE, VTS (SAIM)
- Vice President - Betsy Hensley CVT
- Treasurer – Ed Carlson, CVT, VTS (Nutrition)
- Corresponding Secretary – Christy Boris, CVT
- Recording Secretary – Robyn Townsend, CVT

Veterinary Technician Licensure Bill

The bill to establish licensure in Massachusetts for Veterinary Technicians has been resubmitted for the current Congressional session. It is the same bill that the MVTA and MVMA co-wrote previously. Here is what you need to know:

Bill #: HB.224 - An Act to establish a subsidiary board for veterinary technology.

Bill Sponsor: John D. Mahoney (Worcester)

The MVTA has resubmitted the bill at the beginning of 2015. On March 10th, the bill was referred to the Joint Committee on Consumer Protection and Professional Licensure. This is the same path the bill followed last time around and was well received by the committee. The hope is that this time around we can move it further along in the process. We have been advised by the lobbyists that it is common for a bill to take several runs through the process before being passed so we are hopeful that our bill will get there!

If you would like to help - what can you do?

Meet with your State Representative. If you can’t meet in person, give them a call! If you are not sure who your Rep is or need their contact information, you can use this link to find out: https://malegislature.gov/people/search. The best thing we can do is talk about our bill with local lawmakers. The more our Representatives know about the bill the more likely they are to be on the lookout for it and be able to make informed decisions. The MVTA wants to ensure that all technicians and allied professionals are informed about the legislation process. While there may be times with no updates (the government truly runs at a snail’s pace), we promise to provide you with updates as we have them.

If you should have any questions along the way, please contact Erin Spencer, Legislation Committee Chair at erinaspencer@gmail.com

Melissa Supernor receives the MA Vet Tech of the Year Award.
Introducing: www.veterinaryfinancialadvisors.com

Designed specifically for veterinary practices, our new website is filled with reference material and veterinary-specific financial insight.

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