



THE CORNER INFORMER

The Newsletter of The Southeastern Michigan Veterinary Medical Association

Volume 23 Issue 3 September 2017

OUR PRESIDENT'S ADDRESS

'Tis the season for large human beings chasing around an oblong inflated hunk of pigskin, attempting to move said object into a region at the ends of a field of green, all while avoiding those that wish to carry it in the opposite direction. In between all that rigmarole, top tier synchronized musical ensembles strut their geometric stuff on the same field of green. Gotta love fall...

Wow, summer just flew on by. Kids are back in school, and parents are enjoying a little bit of much needed time off. I hope everyone was able to get outside and enjoy our beautiful state. The summer MVMA Great Lakes Conference was held at Crystal Mountain where much fun and learning was had by all. This event will be returning to Mackinac Island next year, a historic and pristine setting (not to mention the continuing education), and is very much worth attending.

Our annual golf outing was a remarkable success. We had a little over a hundred veterinarians chasing their dreams of PGA glory, raising close to \$6,000 for Leader Dogs for the Blind. It was a beautiful day, a great time, and all for an excellent cause. If you missed this year, please consider joining us next year.

We are gearing up for the start of our continuing education series. Our veterinary and veterinary technician continuing education committees have worked extremely hard to continue our tradition of offering world-class continuing education to our members. As most of you are aware, the continuing education requirements for the State of Michigan are being

finalized. Our CE offering makes it easy: we are local, we are budget friendly, and we have exceptional speakers. Remember that for each SEMVMA member veterinarian, one technician or other staff member may attend the technician continuing education program for free. Please see our newsletter and seminar brochures for further details. Whether you join us for a single meeting or the entire series, please take advantage of this local opportunity for top-tier continuing education.



Tim Duncan

Speaking of football, Michigan State University's College of Veterinary Medicine is having a homecoming tailgate before the MSU vs Indiana football game on October 21st. This is a wonderful opportunity to connect with classmates and previous instructors. If you are interested in attending, please contact the alumni office for details and to RSVP. This tailgate is free for alumni and family members.

Another not to miss social outing is our annual holiday party. This fun event will be held at the San Marino Club in Troy, MI on November 18th, 2017. We hope to see all of you there.

Autumn arrives in Michigan with an explosion of color when the state's 19 million acres of hardwood trees burst into crimson, yellow, and orange. This is (one of the reasons) why we chose to make this state our home, get out and enjoy it. I wish everyone a bountiful and safe fall, see you in December!

– Tim

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Veterinary Medical
Association**

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2017/2018
SEMVMA CONTINUING EDUCATION

Veterinary CE Program

10/18/2017—Dr. Mary B. Glaze /Ophthalmology
Sponsor: I-Med Pharma

11/15/2017—Dr. Michael P Kowaleski/Orthopedic Surgery
Sponsor: Aratana/Elizabeth DuSang

12/13/2017—Dr. Mary Gardner/Gerontology
Sponsor: Faithful Companion

02/28/2017—Dr. Margie Scherk/Feline Medicine

03/28/2018—Dr. Doug DeBoer/Dermatology
Sponsor: Heska/Cuattro

Technician CE Program

10/18/2017—Sheena Monnin/Bullying in the workplace

11/15/2017—Ann Wortinger/CBC Evaluation & IV – IO Catheters

12/13/2017—Dr. Gardner/The Aging Pet

02/28/2018—Dr. Margie Scherk/Feline Medicine

03/28/2018—Heidi Reuss-Lamky/Anesthesia Mistakes

MEMBERSHIP SPOTLIGHT

Dr. Tari Kern and the team at **Pawsitive Steps Rehabilitation & Therapy for Pets** are proud to announce that **Cathryn Adolph, LVT**, successfully completed her rehabilitation program through the University of Tennessee in June. This adds a few new letters behind her name, CCRP = Certified Canine Rehabilitation Practitioner.
Congratulations Cathryn!

WE WANT TO HEAR FROM YOU! Our goal of this section is to let members know what is occurring in our lives outside of veterinary medicine. Please notify us of your recent family additions, graduations, honors, achievements, fund raising activities, civic group associations, outdoor activities and the like. Please call us at 248-651-6332 or email us at adminsemvma@semvma.com

SAVE THE DATES – MCVA FALL MEETINGS (OPEN TO ALL VETERINARIANS):

Monday, October 23, 2017—Dr. Matthew Beal
MSU Interventional Radiology & Emergency/Critical Care Medicine

Topic: Radiology Rounds

Additionally, Dr. Chris Gray will provide an update on MSU VTH.

Location: Room 206 of the Macomb Intermediate School District building, MISD Building is located at 44001 Garfield Road, Clinton Twp, MI 48038

Dinner at 6:30pm sponsored by MSU VTH, Guest speakers at 7:00pm with general membership meeting to follow. **Please RSVP BY 10/10/17** for the radiology meeting to Kim at 248-564-0309

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Also, please mark your calendar for our November MCVA meeting

**Wednesday, November 8, 2017**—Dr. Tari Kern  
Pawsitive Steps Rehabilitation & Therapy for Pets

*Topic:* Rehabilitation & Integrative Medicine

*Location:* Pawsitive Steps Rehabilitation & Therapy for Pets  
1894 Star Batt Drive, Rochester Hills, MI 48309

Dinner at 6:30pm & Guest speaker at 7:00pm with general membership meeting to follow. **Please RSVP BY 11/3/17** for the rehabilitation meeting to Kim at 248-564-0309

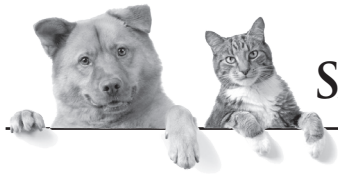
## MEMBERSHIP COMMITTEE REPORT

Please join us in welcoming the following new members to SEMVMA...

**Dr. Nathan Booth**, (MSU, 2009) Oakland Animal Hospital, Rochester, MI  
**Dr. Shelby Motoligin**, (MSU, 2017) Animal Emergency Center, Novi, MI  
**Dr. Nachamari Rivera-Rios**, (MSU, 2016) Animal Emergency Center, Novi, MI  
**Dr. David Ricketts**, (MSU, 2016) Oakland Veterinary Referral Services  
**Dr. Jen Covey**, (Colorado State University, 2004) Oakland Veterinary Referral Services  
**Dr. Krista Gazzola**, (Mississippi State Univ, 2010) Oakland Veterinary Referral Services  
**Dr. Lauren Retallack**, (Washington State University, 2012) Oakland Veterinary Referral Services  
**Dr. Rachel Smith**, (MSU, 2013) Oakland Veterinary Referral Services, Bloomfield Hills, MI

The 2017 membership committee is composed of 3 members: Norm Bayne, DVM, (Chair) (norman@baynevet.com) Tim Duncan, DVM, Duncan@oaklandanimal.com and Steve Bailey, DVM bailey@exclusivelycatsvet.com. Please feel free to contact any of us if you have any questions. If you know of a veterinarian in the area who is not a member but may be interested in joining, please contact any member of the membership committee of the SEMVMA office and we will be happy to send them information.





## SAVE THESE DATES! UPCOMING ACTIVITIES

November

4

2017

People, Pets & Vets is a FREE hands-on, interactive educational program designed for children of all ages to learn about animals and proper animal care.



[www.michvma.org](http://www.michvma.org)

[www.facebook.com/peoplepetsvets](https://www.facebook.com/peoplepetsvets)

PeoplePetsVets@gmail.com

Macomb Community College

44575 Garfield Rd, Clinton Twp, MI 48038

M-59/Garfield Campus in E Building

11am to 3pm

November

18

2017

Annual Holiday Party will be on 11/18/17, please see the enclosed insert for additional details.



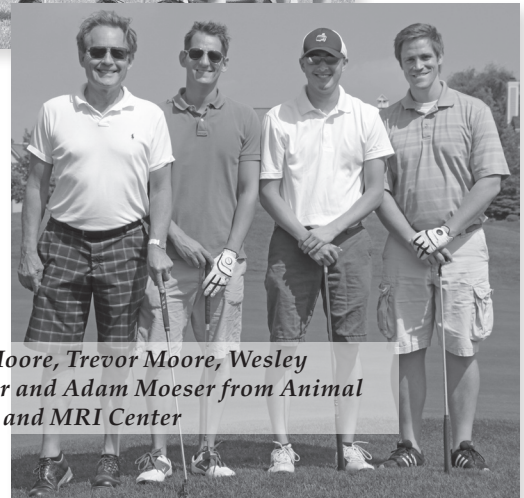
*Tom Daly and Chris Hilton (Gibraltar), Tom Kavanagh (Farmington) and Brad Theodoroff (Rochester Hills)*



*The Faithful Companion sponsor and team comprised of Jason Santeiu, Joe Santeiu, Sean Moffitt and Charlie Suder.*



*Rick Caputo (Dearborn Heights), Martin Van Almen (Idexx), Andrea McQueen and Vince Masell (Livonia)*



*Terrance Moore, Trevor Moore, Wesley Schoonover and Adam Moeser from Animal Neurology and MRI Center*

# 2017 S.E.M.V.M.A. GOLF OUTING

Just over a hundred golfers were blessed with a magnificent summer day on Wednesday, August 16th to participate in the 24th annual S.E.M.V.M.A. Golf Outing at Tanglewood Golf Club in South Lyon.

The event was successful in raising nearly \$ 6,000.00 for donation to Leader Dogs for the Blind in Rochester, Michigan.

The Faithful Companion team comprised of Jason and Joe Santeiu, Sean Moffitt, and Charlie Suder took 1st place with a blistering 14 under par score of 58. Dr. Dave Brooks with family members Paul Lisowski, Chris Moore, and Corey Moore were on the Faithful team's heels with the score of 59.

Dr. Lucy Henney and Dr. Kari Krause won closest to the pin contests for women. Dave Dalton and Terry Moore won the same prize for men.

Longest drive winners for women were Laura Dolinski and Bonnie Mathewson, and Terry Moore and Reggie Williams for the men.

Dr. Scott Driscoll won the longest putt prize and Dave Dalton captured the closest to pin after 2nd shot award. All

of the coveted contest hole prizes were provided by Jason Santeiu and staff from Faithful Companion Pet Cremation Services.

Joe McCormick won gift cards for being closest to the pin (9' 11") on the still unclaimed \$20,000 hole-in-one contest sponsored by the Ralph C. Wilson Agency. Can we get a winner for this prize at the 25th outing?

Dr Fred Rutherford was honored for having participated in all 24 S.E.M.V.M.A. outings, and he will receive complimentary entry to the 25th outing next August.

A scrumptious dinner buffet was served by the Tanglewood staff after the golf contest and several wonderful raffle prizes were doled out. Dr. Rick Caputo seemed to capture several (perhaps most) of the best prizes including main floor tickets to Bob Seger, tickets to Jerry Seinfeld, and an extremely nice golf club among several others. It appears he cornered the market on purchased raffle tickets.

Clear your calendar for August 15th in 2018 when Tanglewood Golf Club will host the S.E.M.V.M.A. Silver Anniversary Outing.



*Christopher Moore, Corey Moore, David Brooks of Brooks Animal Clinic, and Paul Lisowski.*



*Congratulations to Fred Rutherford, DVM, who has participated in our SEMVMA golf outing for 24 years!*

*S.E.M.V.M.A. expresses sincere appreciation to the following sponsors that contributed to the success of the outing:*

Affiliated Veterinary Emergency Service  
(Double Sponsor)

Animal Emergency Center

Animal Neurology And MRI Center

Boehringer-Ingelheim

Elanco

Faithful Companion Pet Cremation Services

Heska/Cuattro

Hill's Pet Nutrition

Idexx

Merck Animal Health

Midwest Veterinary Supply

Oakland Veterinary Referral Services

Patterson Veterinary

Pet & Animal Cremation Exchange

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Tom Kavanagh, DVM, DAVDC

Veterinary Cardiology Consultants

Warren Woods Veterinary Hospital

Water Gait Veterinary Rehabilitation



# MANAGEMENT OF CONGESTIVE HEART FAILURE IN DOGS & CATS

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**William A. Brown, DVM, DACVIM (Cardiology)**  
**Veterinary Cardiology Consultants**

## CLASSIFICATION OF HEART FAILURE:

The ACVIM Cardiology group has recently adopted a new classification system to describe the progression of heart disease and congestive heart failure. The new system describes 4 basic stages of heart disease. **Stage A** identifies patients that are at high risk for developing heart disease but they currently have no evidence of structural heart disease (e.g., a Cavalier King Charles spaniel without a murmur). **Stage B1** refers to asymptomatic patients with heart disease that have no radiographic or echocardiographic evidence of cardiac enlargement. **Stage B2** refers to asymptomatic patients with heart disease that do have signs of cardiac enlargement. **Stage C** includes patients with structural heart disease and past or current signs of heart failure. **Stage D** denotes patients with end-stage disease and clinical signs of heart failure that are refractory to “standard therapy.”

## MANAGEMENT OF DOGS WITH DEGENERATIVE MITRAL VALVE DISEASE:

The following comments summarize the Consensus Statement from the ACVIM College of Cardiology regarding the management of dogs with mitral valve disease. **Stage A** dogs do not require medical management or dietary changes. Instead, annual physical examinations are recommended to monitor for the onset of disease. All **Stage B** dogs should have thoracic radiographs to assess the significance of the murmur and to establish a baseline. Blood pressure measurement and echocardiography were also consensus recommendations for stage B dogs. **Stage B1** dogs do not require medical management or dietary changes. Annual re-evaluation with either thoracic radiographs or echocardiography is strongly suggested. While therapy of **stage B2** dogs is controversial, neurohormonal blockade using an ACE inhibitor is recommended by the majority of cardiologists. Mild dietary sodium restriction was also suggested. Because **stage C** dogs are symptomatic, thoracic radiographs and echocardiography were recommended by all cardiologists. NT-proBNP measurement was also suggested by

some. Consensus treatment of **stage C** dogs includes furosemide, pimobendan, oxygen supplementation and centesis for large volumes of pleural effusion or ascites. The majority of cardiologists would recommend an ACE inhibitor and spironolactone. Modest dietary sodium restriction is also suggested for **stage C** dogs. Because **stage D** dogs are refractory to conventional therapy, the same diagnostic steps outlined for stage C dogs are recommended (thoracic radiographs, echocardiography, +/-NT-proBNP testing). All cardiologists recommended more aggressive vasodilation using either nitroprusside, amlodipine or hydralazine for **stage D** dogs. The majority of cardiologists recommended increasing the pimobendan to TID dosing (off-label use). The addition of thiazide diuretics was suggested by some cardiologists. Dietary sodium should be restricted as long as it does not compromise the dog's appetite.

## MANAGEMENT OF DOGS WITH DILATED CARDIOMYOPATHY:

While there currently is no consensus statement regarding the management of dogs with dilated cardiomyopathy, there are some general principles that the majority of cardiologists follow. Breeds that are considered to be at increased risk for DCM (Boxers, Dobermans) should be proactively screened for heart disease prior to the onset of clinical signs. Recommended testing includes echocardiography and Holter monitoring. Measurement of NT-proBNP may also help to identify affected individuals. Patients with DCM can generally be divided into 3 categories: ventricular ectopy only, myocardial failure only, and myocardial failure with ventricular ectopy. **Ventricular Arrhythmia only:** Most dogs with ventricular arrhythmias are detected during routine examination or following a syncopal episode. Both the resting ECG (3-5 minute) and Holter monitoring can be useful in confirming the diagnosis and assessing the severity of the arrhythmia. Affected dogs should be started on appropriate antiarrhythmic therapy and the efficacy of the medication should be assessed using post-treatment Holter monitoring. Therapy with either sotalol or a combination of mexiletine and atenolol has been used successfully in boxers. Doberman pinschers are more difficult to treat

because there are no antiarrhythmic medications that provide consistent results. Therefore, antiarrhythmic therapy in Doberman pinschers is more trial and error. The goals of successful therapy are to prevent sudden death, eliminate syncopal episodes, decrease the complexity of the arrhythmia, and to decrease the total number of VPCs by greater than 80%. Patients typically require lifelong therapy. Their requirement for antiarrhythmic therapy may change as their illness progresses. **Myocardial Failure only:** Patients with myocardial failure are generally identified during echo screening or following the onset of clinical signs (weakness, collapse, labored breathing or coughing). Echocardiography is required to establish the diagnosis and assess the severity of cardiac enlargement and myocardial failure. Patients with clinical signs related to excess fluid retention (pulmonary edema, pleural effusion or ascites) should be treated with a furosemide and ACE inhibitor (enalapril, benazepril) combination to clear the congestion. At the same time, therapy with positive inotropic drugs (pimobendan or dobutamine) should be initiated to support the myocardial contractility and forward cardiac output. **Myocardial Failure with Ventricular Ectopy:** Patients with both myocardial failure and ventricular ectopy are often the most difficult to successfully manage. Affected dogs require both antiarrhythmic therapy and management for congestive heart failure simultaneously. It is important to remember that several of the commonly used antiarrhythmic medications (sotalol, atenolol) depress the myocardial contractility and can make clinical signs of CHF worse.

#### MANAGING ATRIAL FIBRILLATION:

Atrial fibrillation causes a loss of atrial and ventricular synchronization and compromises ventricular loading. This can result in a 20% decrease in the cardiac output. As a consequence, the onset of atrial fibrillation in a patient with pre-existing heart disease will often lead to the development of congestive heart failure. Because most patients with atrial fibrillation have severe atrial enlargement, attempting to convert them to sinus rhythm is not a worthwhile cause. Instead, controlling the resting heart rate becomes the key to controlling the CHF. A target heart rate of 100-150 in dogs is desirable. This is achieved by using a combination of diltiazem and digoxin. Most often beta-blockers (atenolol) are avoided because they can depress myocardial function and exacerbate CHF.

#### MANAGEMENT OF CATS WITH HYPERTROPHIC CARDIOMYOPATHY:

Currently, there is no consensus statement regarding the management of cats with hypertrophic cardiomyopathy. The following recommendations will summarize an approach used by the majority of cardiologists. **Occult HCM:** Most cats with HCM are asymptomatic. They are frequently diagnosed following the detection of a murmur, gallop or arrhythmia during a routine veterinary visit. Echocardiography is considered the "gold standard" for diagnosing HCM. Thoracic radiographs and electrocardiography are both of limited value (lacking sensitivity) in screening patients for HCM. NT-proBNP measurement may be valuable in identifying cats that should undergo further diagnostic testing (echocardiography). Therapy of cats with occult HCM is controversial. At this time, there are no studies that document increased survival time. Decisions regarding treatment are largely based on perceived risk: severity of left ventricular thickening, size of the left atrium, and presence of a dynamic outflow tract obstruction. In general, cats with more severe structural changes are more likely to receive aggressive treatment, while cats with mild structural changes may receive minimal or no treatment. Atenolol (or diltiazem) is often the first drug used to treat HCM. Goals of atenolol therapy include: reducing resting heart rate, resolution of the dynamic outflow tract obstruction, and improving left ventricular relaxation/filling. ACE inhibitors (and spironolactone) are typically given to cats with severe left ventricular thickening and/or evidence of left atrial dilation. **Symptomatic HCM (CHF):** Cats that are laboring to breathe should be quickly assessed with either a brief thoracic ultrasound or survey thoracic radiograph. This approach allows the separation of patients with pulmonary edema from those with pleural effusion. Thoracocentesis should be performed on all cats with significant pleural effusion. It provides the most immediate relief. Patients with pulmonary edema benefit most from combined therapy using furosemide (IM), topical nitroglycerine and oxygen supplementation. Mild sedation with an opioid narcotic can also be beneficial in some cats that are frantic due to dyspnea. Once the patient is more stable, the diagnostic database can be completed (echocardiogram, thoracic radiographs, renal panel). Chronic therapy of HCM is aimed at eliminating fluid retention, controlling arrhythmias, improving left ventricular relaxation, and preventing thromboembolism. Conservative doses of

furosemide and enalapril are used to prevent recurrent CHF. Because cats are sensitive to the effects of furosemide, close monitoring of the kidney function and electrolyte balance is strongly recommended. Atenolol is the antiarrhythmic drug of choice in cats. It is useful in suppressing ventricular arrhythmias and controlling heart rate in cats with atrial fibrillation. Atenolol should not be given to cats with signs of unstable CHF. It can cause worsening of clinical signs due to myocardial depression and bronchoconstriction. Low doses of spironolactone can be used in HCM cats that would benefit from additional neurohormonal blockade and mild diuresis. **Arterial Thromboembolism (ATE):** HCM cats with severe left atrial dilation (LA/Ao >2.0), atrial fibrillation, depressed myocardial contractility and “echocardiographic smoke” are at increased risk for thromboembolism. The majority of cardiologists use Plavix to manage these patients. Recent studies suggest that clopidogrel (Plavix) is effective at reducing the risk of ATE in these cats. Some cardiologists still recommend using a low dose of aspirin. It is important to educate owners that these therapies are not 100% effective. Instead, they simply reduce the risk of ATE.

#### **CARDIAC DISEASE AND DECLINING RENAL FUNCTION:**

Patients with advanced cardiac disease are at increased risk for developing progressive azotemia. This problem is multifactorial. First, patients with poor cardiac function have decreased forward cardiac output and therefore decreased renal perfusion. Second, patients with severe cardiac disease have maximal activation of the renin-angiotensin-aldosterone axis. This hormonal activation helps to maintain GFR by increasing vascular tone in the efferent renal arteriole. Therapy with ACE inhibitors vasodilates the efferent arteriole and can cause a sudden drop in GFR. Third, patients with advanced cardiac disease are often receiving high dose diuretic therapy. This increases the likelihood that they will develop dehydration and systemic hypotension. The best approach to prevent the development of azotemia is to know the risk factors: 1) advanced heart disease, 2) poor myocardial contractility, 3) dehydration, 4) high dose diuretic therapy, 5) systemic hypotension, 6) atrial fibrillation. By anticipating problems and adjusting medication doses (don't over-medicate) many times the development of azotemia can be avoided. In patients that develop azotemia, every effort should be made to increase the forward cardiac output by maximizing inotropic support and controlling arrhythmias

such as atrial fibrillation. In addition, the diuretic dose should be decreased if possible. Decreasing or eliminating the ACE inhibitor can be considered in patients that remain azotemic.

#### **DIETARY SODIUM RESTRICTION AND MEDICATION ADMINISTRATION:**

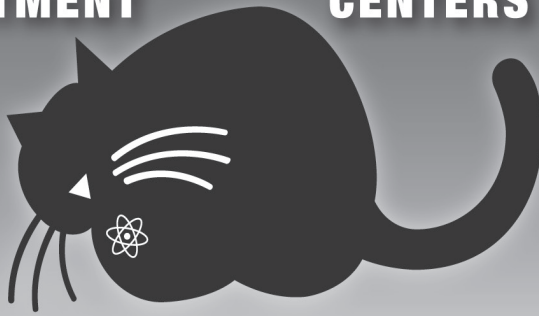
Patients with mild heart disease do not require dietary sodium restriction. Those with moderate cardiac disease will potentially benefit from mild sodium restriction. I typically begin by recommending that owners avoid salty foods and snacks. Many owners will administer cardiac medications in lunch meat or cheese without thinking. Depending on the size of the patient this can be a major mistake. In addition, many pet treats and chews are loaded with salt. I like to use Fig Newtons (various flavors) to administer cardiac medications to dogs. This low salt, low fat treat helps to avoid sodium overload. Patients with severe heart disease will certainly benefit from modest sodium restriction. Introduction of a low sodium prescription diet or homemade diet should be considered. For me, the major stumbling block to dietary sodium restriction is convincing a geriatric patient to eat a “new” diet that often is not very palatable. The perfect low salt food and a poor appetite is a recipe for disaster. It is better to have a great appetite and eat all the wrong foods.

#### **HOME MONITORING OF THE RESTING (SLEEPING) RESPIRATORY RATE:**

At home monitoring of resting respiratory rates in dogs and cats with subclinical heart disease can be helpful in detecting the earliest stages of clinical decompensation (CHF). Owners should be instructed to observe their pets at rest (or sleep) and count the number of breaths in 30 seconds. The minute respiratory rate is then calculated and recorded. Ideally, the owner should keep a log so that trends in the resting respiratory rate can be noted. *Most patients with stable cardiac disease have resting respiratory rates less than 25 breaths/min.* It should be noted that sleeping respiratory rates are slightly lower than resting respiratory rates. I prefer to use sleeping respiratory rates because some patients will change their breathing pattern if they make eye contact with the owner. This is especially true in cats. Sudden changes in a patient's normal respiratory rate may indicate the onset of congestive heart failure.



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| <b>NORTHERN SUBURBS</b>            | Dr. Steve Bailey  | <b>248 666-5287</b> |
| <b>S. MI / N. OHIO / DOWNRIVER</b> | Dr. Jeff Dizik    | <b>313 389-2222</b> |
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## Veterinary Cardiology Consultants



**William A. Brown**  
DVM, Diplomate ACVIM (Cardiology)

**Joanne L. DeSana**  
DVM, Diplomate ACVIM (Cardiology)

**Christian D. Weder**  
DVM, Diplomate ACVIM (Cardiology)

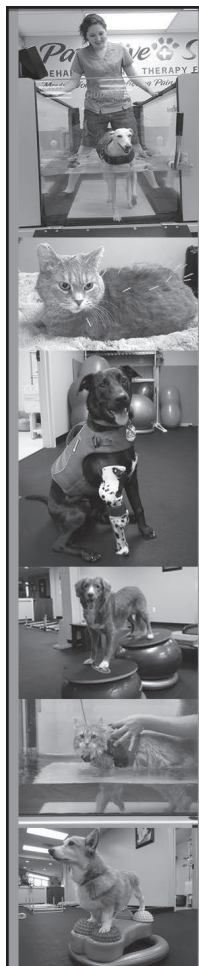
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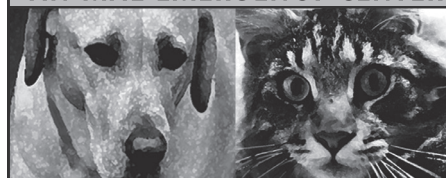
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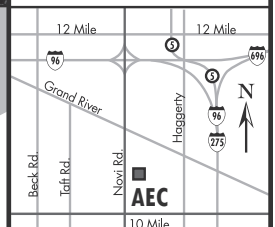
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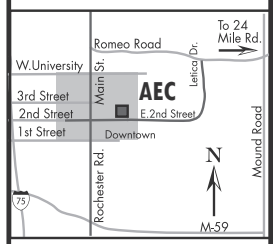
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# OPPORTUNITIES

## VETERINARIANS

Northville, Michigan: Hidden Spring Veterinary Clinic is seeking a part time experienced veterinarian. HSVC is known for its exceptional customer service and beautiful country setting near downtown Northville. At HSVC we take pride in fostering a caring, friendly atmosphere for our staff and clients. Our progressive, modern clinic has an outstanding long term staff and the practice is well equipped with in-house lab and digital whole body and dental radiography. Interested parties please contact Dr. Kim Berrie at hsvc kb@yahoo.com

.....  
Associate Veterinarian needed for AAHA—accredited, very highly ranked multiple doctor practice in Allen Park. Openings for both part and full time positions. We have a beautiful, completely remodeled facility offering in-house laboratory, medical, surgical (including laser), ultrasound, digital radiology and dental services. We are looking for a candidate that strives to practice high-quality veterinary medicine, communicates well with clients and will treat the patients as their own. Our support staff is fantastic and our treatment room is staffed with LVTs. Part-time house will typically be 20-30 per week including 2 Saturdays per month. Competitive salary. Full time position offers benefits including health (BC/BS), life, disability and dental. If you are looking to practice high quality medicine in a team atmosphere, please send your resume to kcox@southpointevet.com or fax to (313)382-3548.

## RELIEF VET

Norman Bayne, DVM, MS (MSU '81) - dog and cat veterinary relief work. Caring and compassionate service. Will travel. 248.506.1104 or norman@baynevet.com

.....  
Matt R. Fish DVM (LSU 95), available for relief work in southeast Michigan. Owned own practice for 16 years with my wife. Did all soft tissue surgery. See most exotic mammals and reptiles as well as dogs and cats. Cell phone 248-978-5354. Email matt.fishvet@gmail.com.

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Mirella Magri, DVM (1989). Dog and cat veterinary relief work. Caring and compassionate service. Managed a \$1.3 Million practice for 13 years. Will travel. 519-978-9315 or magri@cogeco.ca  
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Available for small animal relief work, Mon.- Sat. in Wayne, eastern Washtenaw, Monroe, and southern Oakland counties. Lifelong SE Michigan resident and MSU grad with 22 years of experience in general medicine, soft tissue surgery, and exotics. Quality, dependable, and compassionate care for all of your clients' pets. Call (313) 300-3417 (leave voicemail) or Email: a.ayearst.dvm@gmail.com

## TECH WANTED

Experienced licensed vet tech needed for a busy downtown Detroit small animal hospital. Job requirements include previous veterinary technician experience including surgery and anesthesia, impeccable client communication skills, and a team oriented positive attitude. Must be able to lift large dogs. Job is 40 hrs/week, Monday, Tuesday, Thursday, Friday, and Saturday. Possibility of employer provided health insurance after first 90 days, if applicable. Send resume and cover letter to amanda@pattersondogandcat.com or fax (313) 832-4990

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Full or Part time LVT for established and growing small animal practice. We are a low volume, high quality practice looking for a motivated, happy, team player to fit the culture of our practice. Please email resumes to patty.vetgen@gmail.com

.....  
Veterinary referral center looking for an experienced self-motivated Licensed Veterinary Technician to join the Behavior department. Candidate should be compassionate towards animals and people; understand basic learning theory and behavior modification; be detail-oriented, organized and punctual; possess excellent communication and writing skills; have strong computer skills; and be passionate about learning and teaching veterinary behavior. Interested candidates should submit a letter of intent (outlining interest, experience, and qualifications) and current resume to Dr. Theresa DePorter at theresadax@aol.com



## POLICY

In order to preserve the educational and informative purpose of the SEMVMA newsletter, the SEMVMA council adopts the following policy regarding advertising. Ads should be submitted to Barb at [adminsevmma@sevmma.com](mailto:adminsevmma@sevmma.com)

Practices or businesses with a common owner shall be treated as one business or practice for the purpose of this policy (referred to as "Common Owner Business or Practice"). A common owner is a person or entity which owns 5% or more of an entity or practice. Shareholders or sole proprietors of an entity or practice shall be considered an owner along with the entity that holds an interest in the business or practice.

Corporate ¼ page ads are limited to one business, owner or corporation for each issue of the SEMVMA newsletter. This is in the interest of having the newsletter inform the association and not overwhelm them with ads. The SEMVMA council may modify or waive the application of this policy on a case by case basis at the discretion of the council.

Ads will run only once unless a request is submitted to the Administrative Secretary to run longer. Classified ads are \$15 for 60 words or less and \$25 for 61–100 words. Corporate ¼ page ads are \$135 per issue or \$500 for four issues. Payment is due at the time of the initial ad placement.

SEMVMA Members interested in providing Relief Veterinary Services can advertise in the newsletter at no charge. The classified ads must follow the same guidelines regarding number of words and deadline restrictions as all other classified ads. If you are a SEMVMA member interested in placing a classified ad, please contact Barb at 888-SEMVMA-5 or [www.adminsevmma@sevmma.com](mailto:www.adminsevmma@sevmma.com).

Newsletters are published quarterly: on March 15th, June 15th, September 15th and December 15th. All ads should be submitted to the SEMVMA office by the 15th of the month preceding publication.



### Animal Neurology & MRI Center

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Diplomate ACVIM (Neurology), CCRT

**Adam Moeser, DVM**

Diplomate ACVIM (Neurology)

**Trevor Moore, DVM**

Diplomate ACVIM (Neurology)

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**Dr Steven Zinderman**

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**248-429-9866**

www.comfortcarevet.com  
comfortcarevet@gmail.com