

# THE CORNER INFORMER

The Newslever of The Southeastern Michigan Veterinary Medical Association

Volume 28 Issue 4 December 2022

# Our President's Address

Greetings fellow SEMVMA members! What a year it has been! We have one more continuing education session this year and two more Celebration at the Townsend Hotel. This celebration is free to our members and one guest. This includes dinner and drinks as we celebrate new

early in 2023. They are sure to be fantastic. Your SEMVMA council is continuing to offer our continuing education sessions in a hybrid format. That means if you want to attend in person and enjoy the food and comradery you can do so. However, if you want to learn while sitting in your pajamas, you can do that as well! Sessions will NOT be recorded, but will be live-streamed,

which means you will be able to ask questions live and have them answered. We will continue to evaluate the need for a virtual option for our 2023-2024 CE Program. We are always looking for topic and speaker suggestions, so please feel free to pass along anything you think would be of benefit! If you attend a conference and see any amazing, engaging speakers, please let us know.

We have a few dates for our members to keep available on next year's calendar. First, keep January 11, 2023 open for the Membership



Michelle Meyer, DVM

members, announce awards, and listen to an always wonderful, guest speaker.

We have some other exciting events to put on your calendar for next year as well. The SEMVMA Summer Party is set for July 15, 2023 at the Packard Proving Grounds. It is sure to be an event that you will NOT want to miss.

This year has flown by for me and I'm sure it has for you as well. I am beyond honored to have been able to serve as your president this past year. We hope that next year can be one of celebration as many of us could use a break from the stress of our daily lives by celebrating with each other. I know I can! I wish everyone a wonderful and safe holiday season and hope to see all of you at a CE session or the Membership Celebration in January!

– Michelle Meyer, DVM

#### Southeastern Michigan Veterinary Medical Association

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### Printing and Layout provided by

Steve Zammit Print & Marketing Solutions 586-718-6790

# 2022/2023 CE PROGRAM

### VETERINARY PROGRAM

01/25/2023 – Dr. Marie Hopfensperger – Behavior 03/01/2023 – Dr. Devon Wallis Hague – Neurology

Sign-in for the conference begins at 8:15 am, with the seminar beginning at 9:00 am. Continental breakfast and full lunch are included. The seminars will conclude at 5:00 pm.

### TECHNICIAN PROGRAM

01/25/2023 – Heidi Reuss-Lamky, LVT, VTS (Anesthesia & Analgesia, Surgery) Hypothermia-What's the Hype? and Role of the Veterinary Surgical Scrub Technician 03/01/2023 – Jessica Buccilli, LVT – Behavior

Sign-in and dinner for the conference begins at 5:45 pm with the seminar starting at 6:30 pm. The seminars will conclude at 8:30 pm.

For each SEMVMA member in your practice, one technician or staff member can attend each of the seminars for FREE. The cost for additional staff members or for the staff of non-SEMVMA members is our regular charge of \$35. You must RSVP to ensure a meal and proceedings. Seminars will be held at the Management Education Center.

> Management Education Center 811 West Square Lake Road, Troy, MI (248) 879-2456, http://www.mectroy.com/

You can attend our meetings in person or virtual, your choice! Please contact Barb at the SEMVMA Office to register (248) 651-6332 adminsemvma@semvma.vet



**We are asking for your help!** The Southeastern Michigan Veterinary Medical Association strives to bring informative and interesting speakers to you. The SEMVMA Continuing Education Committee will start working on the 2023/2024 program very soon. If you have any suggestions for a speaker or topic, we would like to hear about it. Please email Barb at the SEMVMA Office adminsemvma@semvma.com



**Dr. Emily Socks** of Oakland Hills Veterinary Hospital along with her husband welcomed their second son, **Austin**, on August 31st.

**Dr. Tari Kern** and the team of Pawsitive Steps Rehabilitation & Sports Medicine are excited to welcome **Dr. Jenna MacDonell** to the practice.

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

## Membership Committee Report

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

Dr. Taylor Aiello, MSU, 2022 - Madison Veterinary Hospital, Madison Heights, MI

Dr. Courtney Ferrell, MSU, 2022 – Animal Emergency Center, Rochester Hills, MI

Dr. Katherine Engel, MSU, 2002 – Parkway Small Animal & Exotic Hospital, Clinton Township, MI

Dr. Cory Breen, MSU, 2003 – Animal Emergency Center, Novi, MI

Dr. Stephanie Dexter, Univ of Illinois, 2011 – Harper Woods Veterinary Hospital, Harper Woods, MI

The 2022 membership committee is composed of 3 members:

Becky Dietlin, DVM bbarrdvm@gmail.com, Emily Socks, DVM harri812@gmail.com, and Tim Duncan, DVM Duncan@oaklandanimal.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.

The Southeastern Michigan Veterinary Medical Association developed the SEMVMA Academy to celebrate the commitment of veterinarians to the continual improvement of their professional knowledge and competence achieved through continuing education. There are many reasons to apply for Academy membership. Members are listed on the SEMVMA Academy web page for the current year and there is a link for members of previous years. The Academy web page listings show up on web searches when clients search an Academy member's name. Membership in the Academy is free to members and the application process is simple. To qualify, you must demonstrate 50 hours of CE during the prior year; this can include web based learning, self-study, and more (see SEMVMA.com/academy for more information). Visit our website at www. semvma.com/academy to download your application.

Applications must be submitted by February 13, 2023

## -2021 ACADEMY MEMBERS-

Kaitlin Bahlmann, DVM – Exclusively Cats Veterinary Hospital
Steven Bailey, DVM, DABVP – Exclusively Cats Veterinary Hospital
Kathy Christy, DVM – Oakland Hills Veterinary Hospital
Nicole Cichon, DVM – Serenity Animal Hospital
Melissa Doolin, DVM – Greenfield Animal Hospital
Judy Duderstadt, DVM – Gibraltar Veterinary Hospital
Marj Field, DVM – Furever Friends Veterinary Services
Tari Kern, DVM, CCRP, CVMA, CVSMT – Pawsitive Steps Rehabilitation & Sports Medicine
Molly Lynch, DVM – Ann Arbor Cat Clinic
Michelle Meyer, DVM – Serenity Animal Hospital
Karen Michalski, DVM – Serenity Animal Hospital
John S. Parker, DVM – Briarpointe Veterinary Hospital
Cheryl Rice, DVM, ACVIM – Oakland Veterinary Referral Services
Julie Sherman, DVM – Serenity Animal Hospital
Dave Smith, DVM – Leader Dogs for The Blind
Sandy Smith, DVM – Animal Health Clinic
Emily Socks, DVM – Oakland Hills Veterinary Hospital
Stephanie Tallis, DVM – Animal Medical Center of Troy
Laura Van de Grift, DVM – Oakland Hills Veterinary Hospital

# Student Loan Debt Reduction Awards

SEMVMA has a long history as a successful veterinary organization in an educational, social and community support perspective. We are proud to have implemented an additional way to continue this standard. We all know that the cost of veterinary education has grown tremendously. The Student Debt Reduction Award was developed and instituted by SEMVMA to support members who have recently graduated. There will be two yearly awards in the amount of \$5000 to help offset some educational debt. The application will be due each Fall with two awards presented at the Membership Celebration the following January. The selection process is random in the presence of a quorum of the SEMVMA Board. Applicants must meet the following criteria:

- Have graduated in the last 3 years (2020, 2021, 2022)
- Are members of the SEMVMA
- Work in one of the 9 counties that our membership derives from (Wayne, Oakland, Washtenaw, Macomb, Monroe, Livingston, Lapeer, Genesee, St. Clair & Windsor).
- Have active student loan debt that can be verified from a lending institution. Each award shall be granted to a recognized student loan provider or debtor organization.
- Have not received the award in the past

### We are proud to announce the 2023 recipients:

- Dr. Karie Haase of Southpointe Veterinary Hospital
- Dr. Tony Vernaci of Oxford Veterinary Hospital

Please join us in congratulating them and welcoming them to our fine association at the Membership Celebration on January 11, 2023. We hope this award represents the commitment to our community and membership.

Did you know that new veterinary graduates get **FREE** SEMVMA membership? If you have a new graduate at your practice, let them know about the Southeastern Michigan Veterinary Medical Association and about the Student Loan Debt Reduction Award!



SAVE THESE

DATES!

UPCOMING ACTIVITIES



**Membership Celebration** Townsend Hotel in Birmingham, MI Cocktail hour starts at 6:30 PM; Dinner at 7:30 PM



**SEMVMA Summer Party** Packard Proving Grounds Additional Details To Follow

### **SEMVMA Golf Outing**

The Newsletter of SEMVMA | December 2022

## AN UPDATE ON CANINE AND FELINE RENAL Proteinuria—SEMVMA December Newsletter

#### Kaitlin Lonc, DVM, DACVIM (Small Animal Internal Medicine)

Proteinuria is an often over-looked clinicopathologic abnormality that can have important implications in both cats and dogs. Firstly, let's make sure we are even CATCHING proteinuria in our canine and feline patients. A urinalysis is an extremely important part of a patient's basic health assessment and should be done as a part of a yearly examination in most pets.1,2 It's gold for a reason!

Now a bit on how/why proteinuria develops. Within the kidney, the glomerular filtration barrier filters proteins from the blood to prevent their loss into waste in the form of urine. The glomerular filtration barrier is best at excluding proteins that are large (greater than 65kDa) and negatively charged. Albumin, one of the most important and the most abundant circulating blood proteins, happens to be 66-69kDa and negatively charged—nifty, right? The glomerular filtration barrier is a very efficient way for the body to re-cycle these crucial proteins.

Proteinuria can be identified on a urine dipstick from low levels "trace" of 10-30 mg/dL to high (+++) levels (500 mg/dL- 2g/dL). Normal animals should excrete very little protein in their urine. A "trace" or (1+) value in concentrated urine (>1.012) or urine with a high pH (>8) is often insignificant. Greater than 2+ urine protein or 1+ urine with decreased urine concentration (<1.012) should prompt further examination.3 Persistent proteinuria/albuminuria can be defined as positive test results on  $\geq$  three occasions,  $\geq$  two weeks apart.4 Of note, a protein-losing nephropathy (PLN) is a specific syndrome in which albumin and other blood proteins are LOW and does not occur in all cases of proteinuria.

When proteinuria is found on a urinalysis, there can be multiple underlying causes that must be considered. The easiest way to start is to differentiate (if possible) between pre-renal, renal, and post-renal causes. **Pre-renal** causes of proteinuria, i.e. "overload proteinuria," include hemoglobinuria (from hemolysis), myoglobinuria (rhabdomyolysis), or immunoglobulin light chains (Bence-Jones proteinuria, usually due to plasma cell neoplasia such as multiple myeloma). In hematuria, the color of centrifuged urine is normally clear and microscopic examination of unspun urine shows red blood cells. In myoglobinuria and hemoglobinuria, spun urine remains red. **Post-renal** proteinuria is due to inflammation or hemorrhage in the lower urinary tract (ureter, bladder, urethra) or genital tract (in free catch samples). Once these possibilities are excluded, **renal proteinuria** remains on the differential list and should be further investigated.

Renal proteinuria can be further characterized by performing a urine protein to creatinine ratio (UPC). This should be performed any time there is excessive proteinuria given the concentration of the urine (see above). This test should not be performed in animals with active urine sediments (post-renal proteinuria). UPCs of 0.2 - 0.5 in dogs and 0.2 - 0.4 in cats are considered borderline proteinuria. Persistent proteinuria that results in UPCs > 0.4 in cats and > 0.5 in dogs, where pre- and post-renal proteinuria have been ruled out, are consistent with glomerular or tubulointerstitial CKD, whereas UPCs > 2.0 are strongly suggestive of glomerular disease.

Renal proteinuria can be caused by injury to the glomerulus, interstitium, or renal tubule. Any type of glomerular proteinuria can lead to further accumulation of protein in the renal tubule, leading to renal tubular damage, which is thought to be one of the major factors of renal disease progression.4 Persistent renal proteinuria should not be ignored!3 Persistent proteinuria is defined as that found on 3 or more occasions, 2 or more weeks apart.4 **Persistent renal proteinuria indicates the existence of CKD (4) even if azotemia is not yet present!** 

Renal proteinuria can be associated with negative outcomes in dogs with chronic kidney disease.3 In one study, the relative risk of uremic crises and mortality was approximately three times greater in dogs with UPC > 1.0 (n = 25), compared with that in dogs with UPC < 1.0 (n = 20). In this study, the risk of an adverse outcome was approximately 1.5 times greater for every 1-unit increase in UPC, and the decline in

renal function was greater in dogs with higher UPCs.5 In cats with CKD, even mild proteinuria has been associated with increased likelihood of death or euthanasia.6

Renal proteinuria is best treated with a multi-modal approach. The ACVIM/IRIS proteinuria guidelines (Brown et al, 2013, and http://www.iris-kidney.com/guidelines/recommendations.html) are a helpful resource but are a little outdated at this time as far as treatment options (more on this below). The recommendation is to treat dogs with azotemia and a UPC > 0.5 and cats with azotemia and a UPC of > 0.4, or non-azotemic animals with a persistent UPC > 2. Recommendations include dietary (a diet with reduced quantity, but high-quality protein and increased omega-3 fatty acids) as well as antithrombotic medications (clopidogrel). In some cases, immunosuppression is recommended. Consider anti-hypertensive treatments such as calcium channel blockers (amlodipine) in profoundly hypertensive patients.

Traditionally, the drug class of choice to treat proteinuria was the group of angiotensin-converting enzyme inhibitors (ACEi) such as enalapril and benazepril. However, there have been recent studies in both dogs and cats (8,9,11) using the angiotensin receptor blocker (ARB) telmisartan. This drug selectively blocks the angiotensin II type 1 receptor (AT1) receptor which allows the angiotensin II type 2 receptor (AT2) to remain available for activation by angiotensin II. The AT2 receptors appear to have renoprotective effects such as vasodilatation, natriuresis, and inhibition of inappropriate cell growth. Therefore, specific AT1 blockade could offer potential benefits.8,15

From a practical standpoint, I have often seen a better clinical response in patients on telmisartan therapy rather than enalapril or benazepril. In cases of refractory proteinuria, a combination approach of ACEi and ARB could also prove useful to avoid the so-called "RAAS escape" phenomenon. In these cases, I will typically add the telmisartan to the patient's established regimen (continuing the same dose of ACEi) and then gradually reduce first the ACEi and then later the telmisartan (if possible) as the patient's proteinuria improves. In my cases of newly diagnosed renal proteinuria, I will typically start telmisartan first before reaching for an ACEi per the newer recommendations. I start at the low end of the dose (Plumb's) at 1 mg/kg SID for both dogs and cats.

Careful monitoring of renal values, blood pressure values, and electrolytes—especially serum potassium —are warranted with both ACEi and ARB therapy (http://www.iris-kidney.com/guidelines/recommendations. html). There is thought that ARBs may have less of a likelihood of causing serum potassium increases due to less of a decrease in serum aldosterone concentration compared to ACEi, but this has not been definitively established in veterinary medicine.8 Both ACEi and ARBs can cause elevations in BUN, creatinine and SDMA. An acceptable increase is up to about 25% from baseline in a patient that is otherwise tolerating therapy well. Both ACEi and ARBs can cause GI upset (vomiting, inappetence, diarrhea). I tend to see this with equal frequency in patients on telmisartan and enalapril/benazepril. Sometimes this does get better after a few days of starting treatment. **IT IS EXTREMELY IMPORTANT that these patients not become dehydrated/ hypovolemic** as RAAS inhibition can significantly decrease GFR leading to severe azotemia. If patients are not eating and drinking well it is better to not start an ACEi/ARB and work to rehydrate the patients and get them back to feeling clinically well OR if ACEi/ARB therapy has already been initiated, to **discontinue** it temporarily. This becomes more important as the patient's CKD progresses into late stage III/IV (http://www. iris-kidney.com/guidelines/recommendations.html). In many cases of advanced CKD, it is more prudent to not treat the proteinuria if patients are clinically fragile.

Well, that's all there is to know about proteinuria and its treatment! Easy, right? This is a hugely important area in both veterinary and human nephrology as we learn more about factors of CKD progression, so stay tuned for further research and treatment advancements!

- 1. AAHA canine lifestage diagnostic testing guidelines: https://www.aaha.org/aaha-guidelines/ life-stage-canine-2019/diagnostic-testing-for-each-life-stage/
- 2. AAHA/AAFP feline lifestage diagnostic testing guidelines: https://www.aaha.org/aaha-guidelines/ life-stage-feline-2021/diagnostic-testing-for-each-life-stage/
- 3. Grauer, Gregory. IRIS Education—Proteinuria (2022) http://www.iris-kidney.com/education/proteinuria.html
- 4. Lees GE, Brown SA, Elliott J, et al. Assessment and management of proteinuria in dogs and cats: 2004 ACVIM Forum Consensus Statement (small animal). J Vet Intern Med 19:377-385, 2005
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- 6. Syme HM, Markwell PJ, Pfeiffer, D, et al. Survival of cats with naturally occurring chronic renal failure is related to severity of proteinuria. J Vet Intern Med 20:528-535, 2006
- 7. Brown S, Elliott J, Francey T, et al. Consensus recommendations for standard therapy of glomerular disease in dogs. J Vet Intern Med. 2013;27:S27-S43.10.
- 8. Lecavalier, J, Fifle, L, Javard, R. Treatment of proteinuria in dogs with telmisartan: A retrospective study. J Vet Intern Med. 2021; 35: 1810–1818. https://doi.org/10.1111/jvim.16146
- 9. Sent U, Gössl R, Elliott J, Syme HM, Zimmering T. Comparison of Efficacy of Long-term Oral Treatment with Telmisartan and Benazepril in Cats with Chronic Kidney Disease. J Vet Intern Med. 2015 Nov-Dec;29(6):1479-87. doi: 10.1111/jvim.13639
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- 11. Bugbee, A., Coleman, A., Wang, A., Woolcock, A. and Brown, S. (2014), Telmisartan Treatment of Refractory Proteinuria in a Dog. J Vet Intern Med, 28: 1871-1874. https://doi.org/10.1111/jvim.12471
- 12. Plumb DC. Telmisartan. Plumb's Veterinary Drugs. Accessed 11/29/22.

## **OPPORTUNITIES**

#### VETERINARIANS

MedVet is seeking an Emergency Veterinarian to join our Commerce, MI hospital. The ideal candidate thrives in a fast-paced environment and is dedicated to practicing the highest quality of emergency medicine and critical care. In addition to 24/7 Emergency services, MedVet Commerce offers specialties in Internal Medicine, Neurology & Neurosurgery, and Surgery. For more information about MedVet, please visit our website at www.medvet.com or to submit a confidential CV, email Amanda Purcell at Amanda.Purcell@medvet.com There are more positions listed at www.medvet.com/careers. Moving somewhere we don't currently have a posting? We still want to hear from you!

Associate Veterinarian wanted – Downtown Birmingham Veterinary Clinic, Full or part time. New graduate welcome. Contact Dr. David Schwartz, (MSU, 1977). 248-642-6144 or email dave@serious-sounds.com

Serenity Animal Hospital is a small animal, privately owned practice in Sterling Heights, MI. We are seeking a full time veterinary associate to join our growing practice. Proficiency in preventative medicine, small animal surgery and dentistry is required. A full licensed technical staff is available to assist you at all times. Endoscopy, laparoscopy, digital radiography, and ultrasound are also located with the practice. Most importantly, we are looking for an easy-going energetic, fun-loving soul who works well with others and can multi-task. Our clients will challenge you with their pets, and allow you to practice the high-quality, progressive medicine you desire. No late nights, Sundays, or after-hours emergency calls. Serious inquiries may provide their resume in person, via email (greyhounddoc@comcast.net) or fax (586-264-9381) to Dr. Karen Michalski

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Moore Veterinary Hospital is an AAHA accredited, small animal practice in SE Michigan. Currently with 1.5 FT veterinarians, we are rapidly growing to need another associate. Our ideal candidate would have 2+ years experience with the ability to perform surgical and dental procedures. If a desire to lead and manage exists, the opportunity to transition to medical director is also available. Ultimately our hope is to match your professional goals with our practice needs! A \$30,000 sign on/relocation assistance, full medical benefits and more. Contact us at moorevh@mypm.vet

#### **CLINICS FOR SALE**

Are you ready to buy or sell a veterinary practice? Valuations, consultations. Buying or selling, I can help. Call or text Dr. Fred Zydeck, Broker, at: 248-891-3934 or email: fzydeck@aol.com

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#### NEWSLETTER ADVERTISEMENT 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 adminsemvma@semvma.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.adminsemvma@semvma.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.





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