



## OUR PRESIDENT'S ADDRESS

Well the colder weather is finally upon us and as we head into the holidays it's a busy season for everyone. This is my last newsletter as SEMVMA president so I'd like to recap our year a bit.

We finished two of our 5 CE lectures and had great attendance and feedback from our members both for the tech and DVM series. Both DVM speakers said they really enjoyed our group and all the questions and good conversations they had with attendees. Upcoming seminars are Dr. Steve Carey (Respiratory Disease), Dr. Ross Palmer (Orthopedics), and Dr. Patty Lathan (Endocrinology). There is something for everyone, but I am of course thrilled with all the Internal Medicine we have this year!

As for the LVT series, we have had excellent attendance both in person and remotely! We even expanded our remote audience to a group of techs and doctors in New Zealand. Remember that this 2-hour CE credit is FREE of charge if there are DVM members in the practice and the DVM does NOT need to attend the day session.

Our new administrative secretary, Emilie, has done an amazing job with her new role and has made the transition seamless. We are also working on increasing our social media presence which she has done a great job with so far. Follow us on [Facebook](#) for updates! We are organizing a group to run in the Frozen Paw 5K to support Leader Dogs for the Blind on January 18th - check out the Facebook page for the

[link to join](#) in. Not a runner/hate the cold like me? We are also planning on attending the pancake breakfast post-run at the Rochester Fire House.

Our Membership Celebration will be held on January 7th at the Birmingham Community House. Our guest speaker is Dr. Michelle Meyer's husband, Steve, who will be enlightening us to the DVM spouse's perspective of "My Wife Can Neuter Me: Living with a Veterinarian." It should be a hilarious time!

In closing, I'd like to thank my amazing comrades on the SEMVMA council for a great year. Being SEMVMA president with a toddler and a newborn was a bit of a challenge to say the least, but I always look forward to our meet-

ings. We had a few curveballs this year- with Barb's retirement, our move to be "paperless" and various organizational glitches that can occur with even the most well-run group. Through it all, the council has worked amazingly well as a team and you are all so committed to continuing the success of SEMVMA and organized veterinary medicine. Our advocacy for veterinary technicians has also been used as a model for the Michigan Veterinary Medical Association and having Sara Nunimaker as our first LVT liaison was a huge milestone for us.

Thank you all for your continued membership and support. Have a happy and safe holiday.

—*Kailllin Lone*



*Kailllin Lone*

**Southeastern Michigan  
Veterinary Medical  
Association**

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## 2025/2026 CONTINUING EDUCATION

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### VETERINARY PROGRAM

02/04/2026 – Dr. Ross Palmer – Orthopedics

*Sponsored by: Zoetis*

03/25/2026 – Dr. Patty Lathan – Internal Medicine

*Sponsored by: Dechra*

Sign-in for the conference begins at 8:30 am, with the seminar beginning at 9:00 am. Continental breakfast and full lunch are included. The seminars will conclude at 5:00 pm. Printed notes are available upon request for an additional \$10.

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### TECHNICIAN PROGRAM

02/04/2026 – Kristen Klebba, LVT, KPA CTP, VTS – Behavior

03/25/2026 – Heidi Reuss-Lamky, LVT, VTS (Anesthesia and Analgesia),  
(Surgery), CFVP Elite FFCP (Veterinary) – Implementing Fear  
Free Anesthesia Practice

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 \$40. You must RSVP to ensure a meal and proceedings. Seminars will be held at the Management Education Center – 811 West Square Lake Road, Troy, MI, (248) 879-2456

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You can attend our meetings in person or virtual, your choice! Please contact the SEMVMA Office to register (248) 651-6332 [adminsemvma@semvma.com](mailto:adminsemvma@semvma.com)

## TECHNICIAN SPOTLIGHT



**Annette Engler, LVT, CVPM, CCRP, Hospital Administrator** has worked in veterinary practices in multiple capacities since she was 14 years old as a volunteer in a local zoo in upstate New York, then as a volunteer in a small animal practice in south Florida. Her career path has been an interesting journey, including the Caribbean, Florida, and Michigan. She has worked in specialty practices as a critical care nurse, internal medicine, and surgical nurse as well as in general medicine and as a practice manager and hospital administrator.

She joined Union Lake Veterinary Hospital in 1995 as a veterinary technician. In 2000, she achieved the title of Certified Veterinary Practice Manager. In 2001, she co-founded Michigan's first canine rehabilitation center and became Michigan's first Certified Canine Rehabilitation Practitioner. She also enjoys being a consultant and mentor to fellow veterinary technicians, owners, and managers. As a certified DiSC trainer, she gets great satisfaction coaching and mentoring on team building, conflict resolution, and development of veterinary teams.

Her most recent passion lies with Project Samana (PS), and a local Detroit based organization KG Foundation.

Project Samana is a veterinary outreach organization that provides medical and surgical care to animals while educating and empowering local communities and animal health teams in Samaná, Dominican Republic. By promoting animal welfare, zoonotic disease prevention, and the care of working animals, the organization supports the overall health, mental well-being, and economic stability of the communities it serves. Animal welfare is not only a moral responsibility, but also a foundational pillar for healthier, more resilient communities. Project Samana works at this intersection, creating lasting impact for animals and the people who care for them.

As a member of the board of PS, Annette is always looking for volunteers to join their teams. They have three main operations a year and are building additional outreach. If you are interested in more information, please feel free to reach out to [ulvh@msn.com](mailto:ulvh@msn.com).



*We continually see the vital role our veterinary technicians play in our hospitals every day. From education to patient care, surgical assisting to laboratory testing, they are truly our life line! Do you have a special technician doing extraordinary things in your hospital? We'd LOVE to hear all about them and celebrate them in our local veterinary community! Submit a photo and a short summary about the great things this person does for you and your patients! Submissions must be received before November 15th to be included in the next newsletter. Email the newsletter editor, Emily Socks, at [harri812@gmail.com](mailto:harri812@gmail.com) with subject "Newsletter - Technician Spotlight."*





## SAVE THESE DATES! UPCOMING ACTIVITIES

*Look for additional details on our website*



### Membership Celebration

Birmingham Community House, Birmingham, MI

My Wife Can Neuter Me: A Spouse's Perspective

Dr. Steve Meyer, Ph.D., or as his friends and family call him, "Not The Real Dr. Meyer," has 22 years experience as a professional DVM spouse. He and "The Real Dr. Meyer" were married 3 weeks before she entered vet school, so he's been "in the trenches" from the very beginning. Join us as Steve provides a lighthearted retrospective of what he's experienced as a spouse and parent partner to a DVM. It's sure to be a conversation that will make you laugh and feel "seen."



### 2026 Frozen Paw 5K

Birmingham Community House, Birmingham, MI

To register as part of the SEMVMA team follow [this link](#) or scan the QR code. You can run or walk the event. We are planning on attending the Pancake Breakfast at the Rochester Fire House following the event.



## SEMVMA NEWS

### SEMVMA attends MAVT Conference

Our LVT representative, Sara Nunimaker, was able to attend the MAVT conference held in Owosso in October. This was the 50th anniversary of the Michigan Association of Veterinary Technicians! A variety of educational topics were presented to over 150 attendees. We were able to promote SEMVMA and our CE offerings while there. We look forward to participating in this event in the future!

### Help the veterinary profession by becoming a mentor for students becoming veterinary assistants

SEMVMA has developed a program to guide students in achieving certification as a NAVTA Approved Veterinary Assistant. For more information and tools for mentoring students in your area on how to start a fulfilling career in Veterinary Medicine, please contact SEMVMA council member, Pierre DePorre at [pdeporre@deporrevet.com](mailto:pdeporre@deporrevet.com)

# MEMBER Spotlight



**Dr. Norman Bayne** (MSU '81) of Bayne Mobile Veterinary Services is writing a book—stories from his house call practice. The book will be titled “**Trails of Tails, Mobile Veterinary Tales**” with publication expected by Easter 2026. *Congratulations, Norm!*

**Dr. Jordan Roux** of Veterinary Emergency Service West and her husband welcomed their baby boy, **James**, on October 29th. They are currently enjoying all of the best snuggles with their sweet little guy. *Congratulations!*

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 [adminsevmma@sevmma.com](mailto:adminsevmma@sevmma.com).

## MEMBERSHIP COMMITTEE REPORT

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

**Dr. Micah Bohanon**, MSU, 2024 - Greenfield Animal Hospital, Southfield, MI

**Dr. Emily Brook**, MSU, 2025 - Animal Clinic of Sterling Heights, Sterling Heights, MI

**Dr. Katherine Cummings**, MSU, 2011 - Oakland Veterinary Referral Services, Bloomfield Twp, MI

**Dr. Taylor Gibson**, Melbourne, 2024 - Greenfield Animal Hospital, Southfield, MI

**Dr. Chase Hill**, Ross, 2023 - Animal Health Clinic of Fenton, Fenton, MI

**Dr. Keely Meakin**, Ross, 2023 - Greenfield Animal Hospital, Southfield, MI

**Dr. Cody Stankiewicz**, MSU 2023 - Lisner Animal Hospital, Commerce Twp, MI

**Dr. Jennifer Weng**, MSU, 2021 - Oakland Veterinary Referral Services, Bloomfield Twp, MI

The 2025 membership committee is composed of 3 members: Jordan Roux, DVM [jordanmrroux@gmail.com](mailto:jordanmrroux@gmail.com), Barb Easton, DVM [Easton@vet-vision.com](mailto:Easton@vet-vision.com), and Becky Dietlin, DVM [bbarrdvm@gmail.com](mailto:bbarrdvm@gmail.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 or the SEMVMA office and we will be happy to send them information.

# STUDENT LOAN DEBT REDUCTION AWARDS

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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 \$2500 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 (2023, 2024, 2025)
- 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 2025 RECIPIENTS:

- **Dr. Katlyn Hillman** of Kimball Animal Hospital
- **Dr. Arianna Troia** of Briarwood Veterinary Hospital

Please join us in congratulating them and welcoming them to our fine association at the Membership Celebration on January 7, 2026. 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!

# SEMVMA ACADEMY

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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. Visit our website at [www.semvma.com/academy](http://www.semvma.com/academy) to download your application. Applications must be submitted by February 13, 2026.

## -2024 Academy Members-

Kathy Christy, DVM – Oakland Hills Veterinary Hospital

Gurpreet Kaur, DVM – North Hills Veterinary Hospital

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 Parker, DVM – Briarpointe Veterinary Hospital

Julie Sherman, DVM – Serenity Animal Hospital

Dave Smith, DVM – Leader Dogs for The Blind

Emily Socks, DVM – Oakland Hills Veterinary Hospital

Stephanie Tallis, DVM – Animal Medical Center of Troy

Laura Van de Grift, DVM – Oakland Hills Veterinary Hospital

Kelly Wilson, DVM – Leader Dogs for The Blind

# CATARACT MANAGEMENT FOR THE GENERAL PRACTITIONER

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## **Alex Schenk, DVM, DACVO Oakland Veterinary Referral Services**

It is 4 pm on a Friday and Mrs. Smith arrives with Snowball, her 14-year-old Poodle. Snowball isn't seeing well and her eyes turned white overnight! She wants to know if Snowball has cataracts and overwhelms you with questions.

"How do we fix this? Can you do cataract surgery? Will my poor Snowball ever see again? Oh goodness, what a tragedy!". You wake up in a cold sweat and find it was all just a horrible nightmare. Hopefully this isn't your natural reaction to managing cataracts, but if so, there is no need to fret!

## **EPIDEMIOLOGY, ETIOLOGY, AND SEQUELAE**

Cataracts are an unfortunate but common occurrence in veterinary medicine and may affect up to 10% of the canine population (Donzel 2017, Park 2009). Specific breeds such as Toy and Miniature Poodles, Golden Retrievers, Huskies, and Labrador Retrievers are more likely to be affected but realistically any individual has a chance of developing cataracts. A variety of factors may be involved in cataract formation including genetics, aging, and diabetes as the most common causes. While the etiology of a particular cataract may be elusive, identifying underlying diabetes, chronic uveitis, or nutritional deficiencies are important for the sake of the pet's overall health. Any rapidly progressing cataract or cataract accompanied by redness, uveitis, and pain warrant investigation. A complete blood count paired with a serum chemistry is a good starting point, but infectious screening to rule out underlying tick-borne pathogens or fungal disease offers a more complete clinical picture.

## **EXAMINATION PEARLS**

When examining a patient with an ophthalmic disorder, magnification and a low-light environment is critical. Aberrations from overhead lighting can obscure subtle cataract formation or create illusions that look like cataract when the lens is truly clear. Using a strong light pointed directly at the eye lights up the intraocular structures better than diffuse ambient lighting. Tapering the light to a small but bright focal point can identify aqueous flare and signs of lens induced uveitis. Orienting the light tangential to the globe helps to illuminate the intraocular structures without being

obscured by concurrent corneal opacities. Standing at arms-length or further with a direct light source creates a retro illumination effect that can help differentiate cataract formation from nuclear sclerosis. Dilation of the pupil using tropicamide also helps visualize the full extent of the lens and may allow a view of the retina that would otherwise be obscured by lens opacity.

When evaluating a patient with cataracts, search carefully for subtle clues that tell you the full story of the eye. Conjunctival hyperemia and/or scleral injection may be a hint that lens-induced uveitis or glaucoma is present. A space between the edge of the lens and the iris (aphakic crescent) is a sign of lens instability and may complicate surgical management. Bubbles or vacuoles present in the equatorial region of the lens may be a sign of a rapidly progressive cataract. Small, focal cataracts at the posterior pole of the lens are typically associated with genetic cataracts and are often stable, while thin, wispy cataract forming within the cortical region in the lenses of older dogs may indicate senile cataracts. Splitting of the Y-suture, rapid cataract formation, and a shallow anterior chamber are highly suggestive of diabetic cataract formation and warrant a blood glucose check. Severe uveitis with a displaced Y-suture and a relatively deep anterior chamber can be associated with a tear of the lens capsule. Cataracts in the face of a fixed or sluggish, dilated pupil or incomplete cataracts with an inappropriately bright tapetal reflection may be secondary to genetic retinal degeneration.

Augmenting your exam with a minimum ophthalmic database consisting of a Schirmer Tear Test, Tonometry (intraocular pressure measurement), and corneal staining completes the clinical picture and identifies concurrent disease that may manifest as ocular clouding and vision impairment, or may require additional medical management.

## **MEDICAL MANAGEMENT**

Contrary to public belief, no medical therapy to reverse cataract formation has been proven to be safe and effective in veterinary patients. Medications such as N-Acetyl Carnosine are purported to reduce cataracts in elderly humans, however similar studies in veterinary medicine demonstrate marginal improvements in lens nucleus clarity (Dubois 2017). However, oral ocular supplements such as Ocu-Glo have been shown to have a protective benefit when administered prophylactically in dogs with immature cataracts and early diabetes



(Williams 2006; Park 2022). Although not currently commercially available, Kinostat, a topically administered aldose reductase inhibitor, has been reported to prevent the formation of cataracts in diabetic dogs when used appropriately (unpublished data).

As cataracts progress, lens proteins become soluble and dissipate into the anterior chamber. The resultant exposure of the intraocular structures to “foreign material” triggers a humoral, cell-mediated inflammatory reaction (phacolytic uveitis). Alternatively, rapid release of lens material through a rupture of the lens capsule manifests as an intense, granulomatous inflammatory reaction (phacoclastic uveitis) warranting urgent surgical removal of the lens material. Ultimately, if left untreated, the chronic inflammation causes progressively deleterious effects to the intraocular structures including exacerbation of lens instability, occlusion of the iridocorneal angle with subsequent glaucoma, or thinning and detachment of the retina. Thus, medical management in most cataracts should include topical anti-inflammatory with diclofenac, ketorolac, or prednisolone acetate to mitigate the long-term damaging effects of cataracts. A thorough study of outcomes in cataract patients undergoing simple monitoring, medical management with topical anti-inflammatories, and surgical intervention demonstrated a significant reduction in complications when medical management was utilized (Lim 2011).

## SURGICAL EXPECTATIONS

Ultimately, the only way to restore vision lost due to cataracts is with cataract surgery (phacoemulsification) but not every patient is a suitable candidate for surgery. Patients with severe and/or uncontrolled ocular disease may carry a higher risk of post-operative complications and failure that make medical management the preferred option. This includes patients with severe lens instability, unstable intraocular pressure, unrelenting uveitis, or retinal damage. Additionally, active or previous corneal disease may obscure visualization of the intraocular structures making surgical intervention challenging. Ongoing systemic disease including unstable heart conditions, uncontrolled diabetes, renal disease, and even dermatopathies can prevent patients from safely undergoing anesthesia or may complicate post-operative management. The role of the owner and patient temperament should not be underestimated, as noncompliant pets and owners often have the highest rate of devastating complications! Finally, cataract surgery is an expensive endeavor with bilateral surgery, presurgical retinal screening, and initial consultation summing close to \$8,000 - 10,000 depending on the facility.

In many ways, cataract surgery in veterinary medicine is similar to what is done in human medicine, however there are a few critical details that make our version of surgery more complex. For starters, the canine lens is larger and has an elliptical shape while the human lens is small and is discoid. The intraocular structures are less resilient and the cataracts encountered are often more advanced than those managed by our human counterparts. Due to inherent language barriers, our patients refuse to sit patiently under an operating microscope and require general anesthesia to perform the procedure. Additionally, the use of a protective collar or visor is necessary to prevent self-trauma and disruption of the corneal incisions throughout the healing process. This translates to an overall higher rate of complications such as corneal ulcerations, glaucoma, uveitis, and retinal detachments.

Prior to surgery, screening of the retina and posterior segment for anatomic abnormalities via ocular ultrasonography and physiologic function via electroretinography is required. After surgery, close monitoring for proper healing of the corneal incisions, effective control of uveitis and intraocular pressure, and proper positioning of a lens implant is necessary for a minimum of two months, however regular rechecks to identify late manifestations of complications is highly recommended. Most patients require a variety of topical and oral therapy to maintain a low intraocular pressure, prevent infection, and control inflammation over the first month. Depending on the healing of the eye, long-term use of glaucoma therapy and anti-inflammatories may be necessary. Overall success rates vary depending on the surgeon and specifics of the patient, but approximately 85 – 95% of patients remain visual and comfortable a year after surgery.

## CONCLUSIONS

At the end of the day, cataracts are nothing to be afraid of. With thorough examination, a complete picture of the extent of the cataract, potential cause, and additional complicating features can be determined and an effective treatment plan can be established. Regardless of the underlying cause and desire to pursue surgery, medical management to address concurrent disease, subclinical inflammation, and limit further progression is always a good plan. If the degree of vision loss is negatively impairing the pet's quality of life and the eyes, patient, and clients are good candidates, cataract surgery can have life changing effects!





## FIGURES AND FIGURE LEGEND

Figure 1 – Examples of various cataract etiologies. A – Nuclear sclerosis presenting with a refractile nuclear-cortical junction. B – Senile cataract with radial, cuneiform cataract in the peripheral cortex. C – Inherited cataract at the posterior pole of the lens.

Figure 2 – Examples of various cataract stages. A – Incipient cataract with <10% of the lens volume affected by cataract. B – Immature cataract with subtle tapetal reflection visible in the peripheral lens. C – Mature cataract without visible tapetal reflection. D – Hypermaturation cataract with punctate, refractile deposits in the anterior cortex and slight resorption in the 8 o'clock position. E – Morgagnian cataract with marked cortical resorption and brunescent nucleus.

Figure 3 – Examples of subtle exam findings. A – Aphakic crescent in the 12 to 3 o'clock position indicating lens instability. B – Intumescent cataract with a split along the anterior Y-suture suggestive of a diabetes mellitus. C – Lens vacuoles in the equatorial lens cortex signaling rapid cataract formation. D – Conjunctival hyperemia and subtle corneal edema associated with significant lens-induced uveitis.

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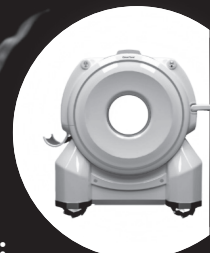
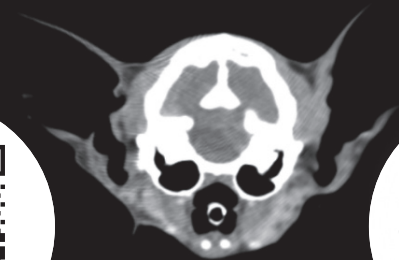
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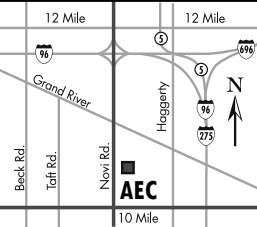
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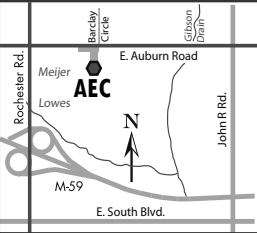
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