FALL 2022 NEWSLETTER AMERICAN ASSOCIATION OF

American Association of Veterinary Technicians & Assistants



Message From Our President

I can hardly believe that the Annual AAEVT / AAEP convention in San Antonio has come and gone! This year has just flown by!

Between our anesthesia, imaging and regional meetings,

the Purina conference, anesthesia zoom calls, weekend zoom sessions and social media I hope we've been able to support all of you through 2022. We understand that each and every one of you has a different practice setting, diverse patient group and unique challenges; we strive to provide resources and mentorship that are relevant throughout the entire year! And, we're always open to feedback on how to improve and better suit you.

I came into this year with a goal to offer more frequent opportunities for the board to engage with members and to encourage networking and peerto-peer support within our organization. Between in-person meetings, chats on social media and zoom meetings I couldn't be happier! I've had the privilege of meeting so many of you in 2022.

I'm proud of the program that we lined up for you in San Antonio. As well as offering the virtual option, we presented an entire day of leadership and career enhancement talks to support you with those difficult conversations, working in customer service roles and looking to the future. When we started planning the scientific, anesthesia and leadership tracks I was overwhelmed by the emphatic "Yes" responses I received from every speaker I reached out to. The support we receive from veterinarians, technicians, clinics and sponsors makes me proud to be part of the equine veterinary team.

This is the time of year when we start looking towards meeting the challenges of 2023 with our incoming board members. Your incoming president, Karen Chapman, has so much experience and energy to share! We are also welcoming Travis Otremba and Lexie Conrow onto the board. There will be a change within the Executive Team for 2023 as Deb Reeder, our fearless Executive Director, will be transitioning to the role of Emeritus, AAEVT Consultant. It is impossible to put into words how much Deb has done for the advancement and recognition of equine technicians and assistants during her career. She has tirelessly educated and advocated for us all throughout her career which in turn sets our future co-workers up for success. We are proud to move forward with Wiss Constanza at the helm as we continue to grow!

Thank you for being part of this amazing organization!

Andrea Whittle, LVT



UPCOMING 2023 EVENTS

Anesthesia CE Event - Ocala Equine, February World Equestrian Center - Summer Regional CE Event at Cornell University in April Montana CE Event in July - Anesthesia and Imaging TEVA, NAEP, Purina, FAEP AAEVT AAEP - San Diego, CA, December 2-5, 2023

For the latest details on AAEVT Regional and Anesthesia Society CE Events, visit: www.AAEVT.org/ce-events

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Passing the baton of leadership-from Deb Reeder



I know there is an over and under out there as to whether or not I will actually retire from the position of Executive Director for the AAEVT – and I guess some people are going to lose some money!

All kidding aside—yes, I AM retiring from the Executive Director position, but certainly not from being a support, an advocate, a voice, a resource, and a friend/an ear/ consultant for each and every member of this amazing Association. I am honored to be passing the baton on to Wiss Costanza, who is more than qualified to take this Association to it's next level and along with our Executive Team, the sky is the limit.

I can't believe it has been 20 years since several of us in Texas discussed an idea, a vision was born, and we made it happen. It has truly taken a village, a community, a network and a vison to build it, sustain it and watch it grow beyond any of my wildest dreams – but that vision was so strong, so clear, so dearly needed, and so heartfelt that nothing could steer it off course.

There are so many people who have influenced me, have mentored me, have supported me and have challenged me – and I cannot thank you enough. I have a network of friends and colleagues I never would have known or met or been in a discussion with, or worked beside had it not been for the AAEVT – and of course the horse.

From growing up on a cattle ranch in the San Joaquin Valley in California to becoming a flight attendant, to finding this career as a veterinary technician, to finding myself in a leadership role in the Texas Association (TARVT) and now for the past 20 years with the AAEVT, it is a path I had no idea I would take, but one I would not trade for anything.

I have been blessed with being able to see the equine practice evolve from all corners of North America and abroad, met the teams, watched them work their magic, and seen what lights them up and fuels their fire... and it is making a difference in the life of a horse and it's owner, and being a part of a community dedicated to that mission.

Being an influencer is a responsibility, and one I do not take lightly, and the rewards of having made a difference in an industry and for an individual is so worth this ride, and one that simply humbles me.

To each and every one of you, and to every horse that was my patient, Thank You for creating all of these incredible memories and moments I will always carry with me and for making this one hell of a ride!

Deb Reeder, *Executive Director until December 31!* Emeritus/ AAEVT Consultant



From San Antonio:

The AAEVT AAEP Annual Conference is a wrap! And what a great success it was!

Thank you to Andrea Whittle and Karen Chapman for all their work in putting together a fantastic program! Thank you to our fabulous speakers and to our sponsors! A special thank you to Merck Animal Health for sponsoring our Scientific Sessions and for MWI/ Amerisource for their generous support of our wet labs! The AAEVT had over 250 attendees - one of our largest meetings ever! - and it was so energizing to see everyone re connect, meet new colleagues, share ideas, and network.



Our wet labs at **Retama Equine** filled up quickly with 40 attendees, who were able to hone their skills on bandaging, shockwave, pulling shoes, and catheter placement. There was even an eyeball dissection class! Our lectures were kicked off by an amazing and thought pro-

voking session on Communication and Leadership by Dr. Karen Cornell - it was a packed room and she had everyone engaged! Our Anesthesia track and our Career Enhancement track were very popular and gave everyone some viable options... these will be back!



We also want to thank our sponsors: **BIAH**, **MERCK** and **CareCredit** for their Breakfast and Lunch n Learns - important information!



Our Membership meeting gave an overview of the highlights of this year and recognized several members with awards: Sheri Miller - *Member of the Year*

Lindsey Schoelen - Instructor of the Year Arie Wolf - Regional Contact of the Year Special Recognition to Dr. Kelly Zeytoonian for being an advocate for the AAEVT. We also awarded our Scholarships (see next page.)

The AAEVT and AAEP collaborated to honor Deb this year at the annual convention with a new and special award—The Deb Reeder Innovation Award. David Foley,



CAE, AAEP Executive Director and Jlynn Meyer, LVT, AAEVT Regional Director presented her with this award as the first recipient.

This award recognizes an individual or organization within the industry that has proven to improve our industry and veterinary profession as a whole. The winner of this award should be an individual or organization that has demonstrated immense creativity, dedication, diligence and resilience. This trophy will be awarded annually at the AAEVT/AAEP conference. The winner will receive an inscribed plaque, have their name and year awarded placed on a brass plate affixed to the trophy and have a picture taken with the trophy at the AAEVT Membership Luncheon during the annual AAEVT/AAEP Convention. The trophy will reside on display with the AAEP at their offices in Lexington Kentucky.





Deb is transitioning to Emeritus/ AAEVT Consultant and Wiss Costanza is taking over the reins as Executive Director.

Our Welcome Social and our Scholarship Raffle was a great hit again! So many awesome raffle items and we raised \$1300.00 for our Scholarship fund! Thank you to Elyse Rowley for organizing !

Our AAEVT Booth was very busy and the set up and location was great! Thank you to Jlynn and everyone who assisted in the booth! Great job!



Kudos and Congrats!

Congratulations to our newest AAEVT Online Certificate Academy Graduates:

Rayanna Bartlett from TN and Kendra Peruski, LVT from IN

The AAEVT Anesthesia Society Certification has been awarded to Amanda Nielsen.



Congratulations to our 2022 scholarship recipients:





Melody Canote Milissa Finnegan Scholarship Winner

Billy Glenn Midge Leitch Scholarship Winner



Anne Bailey Scholarship: Colleen Meggers '20 & Miranda Johnson '22



And this year's one-time special scholarship— Jane Ebben Scholarship: Kiley Williams



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From Our New Executive Director:

To our valued AAEVT Membership,

I have been Deb's Assistant for the past three years and have enjoyed working closely with her on all things AAEVT. I have been emersed in learning the In's & Out's of running the organization, organizing CE opportunities, working closely with our Anesthesia Society Group and hosting interactive Zoom calls on varying topics, handling the Saturday Tid Bits publications to dealing with a Pandemic and more. All of this with the intention of stepping into the Executive Director's role in 2023 as Deb takes a step back out of this role.

I have enjoyed meeting many of you at these CE Events and working with our Anesthesia Society Committee and our engaged AAEVT Board as well as our wonderful sponsors. I am humbled and excited for this opportunity to continue growing the AAEVT and reaching beyond the horizon for all that we, the AAEVT Community, can and will accomplish.

From Our Incoming President:

Howdy Friends!

My name is Karen Chapman and I will be serving as your 2023 President. I work at Texas A&M University, currently in research, and have worked in the equine field for 15 years.

I want to welcome you if you are new to AAEVT and encourage all of our members to actively become a part of YOUR equine technician group this year.

We need help in spreading the word that AAEVT is not just for licensed technicians, but serves all of those who work in the veterinary technician field. This includes non-licensed technicians, assistants, practice managers and front desk staff. I know I have BIG shoes to fill as The AAEVT has flourished with Deb's attention to detail, foresight and guidance over the past 20 years. We are fortunate that she has agreed to be available to us in a Consultant role going forward. Our Executive Team will continue with myself as the Executive Director, Kristi Ely as our Assistant Executive Director and Katie Soobrian as our CFO, starting in January of this coming year.

I look forward to working with each of you in the coming months and please as always feel free to reach out with any questions or concerns going forward.

Thank you all for your support and thank you to Deb, for your support and confidence in our executive team. We will make you proud!

Sincerely,

Wiss Costanza

AAEVT is your equine community group. The board is here to support you, to help you learn and gain skills, to give you leadership and teaching opportunities and to connect you with lifelong friends who love horses just like you do. I encourage you to join us this year. We want to hear your ideas so we can help you achieve your goals in equine medicine. Invite your friends to join us too!

We had a fabulous program and wet lab at our annual conference in San Antonio. I enjoyed seeing and meeting many of you. Please don't hesitate to reach out, say hello and let us know how we can help you make a difference in your career this year.

Here's to galloping hooves, Karen

Welcome our two new Executive Board members for 2023:



President - Elect: Travis Otremba, LVT Ocala, FLA



Vice President: Lexie Conrow, LVT Lexington, KY

WE CELEBRATED OCTOBER VET TECH WEEK ALL MONTH!

What is an Equine Vet Tech?



In Charge of Nursing Care Handles the general care of patients and ICU patients and oversees prescribed treatments

Surgical Assistant

Preps patients for surgery, assists in the OR

Anesthetist

Prepares for anesthesia protocols, monitors patient under anesthesia, runs fluids and manges pain medications, and oversees or performs recovery

Diagnostic Technician

Takes X Rays of patients, performs ultrasound, performs scintigraphy, CT, etc.

Lab Technician

Oversees the laboratory and performs bloodwork, fecal tests, urine tests, Coggins, and prepares specimens for submission to outside labs, as well as the paperwork

Phlebotomist

Draws blood, and places catheters

Receptionist

Triages phone calls and makes appointments, collects payment information

Driver

Drives the DVM to appointments, works the maps

Cleaner, Feeder, Organizer

Helps to keep the clinic/ hospital clean and sanitized, feeds the hospitalized patients, organizes and stocks exam rooms, inventory, trucks

Medical Records and Collections

Your first auditor for medical records, correct invoicing, and collections officer–they want that pay raise and new equipment!

Educator

Help clients understand procedures, preventative maintenance and answer questions related to the care of their horses

Emotional support They are a shoulder to cry on, or to vent, or to help with communications

They also monitor hospitalized/ sick patients, take vitals, communicate and triage, lead the team, supervise the work flow, and are there to help share the load.

The Horse needs all of us.

National Veterinary Technician Week. Oct 16-22, 2022 AAEVT.ORG

The AAEVT salutes Equine Technicians, Assistants and Support Staff. PASSION | DEDICATION | LEADERSHIP | TEAMWORK | CARING

We appreciate all of you!

Equitarian Initiative Pine Ridge Reservation, South Dakota

For 14 years, the Equitarian Initiative (EI) has lead a group of volunteer veterinarians, veterinary technicians, students, and farriers to Pine Ridge, South Dakota to provide care for approximately 500 horses belonging to members of the Lakota-Sioux Tribe.

As the poorest reservation in the US, the human population of Pine Ridge suffers from poor health conditions and high mortality rates associated with factors such as diabetes, malnutrition, and substance abuse. With approximately 85% of the Pine Ridge population being unemployed, their access both human and animal healthcare is incredibly limited without external aid. Further exhausted by the pandemic, the Lakota people and their animals continue to lack stability in terms of food security and basic necessities including running water, electricity, and/or functioning sewage systems. Despite these hurdles associated with extreme poverty, the horses on Pine Ridge are intrinsic to the human-animal bond as sacred animals within the Lakota culture. The primary objective for the Pine Ridge program is to deliver education to the Lakota horse owners while facilitating student training, engagement, and leadership opportunities. During EI's 5-day working trip, the team provides vital veterinary services including physical examinations, farriery, dentistry, surgery, wound-care, vaccinations, and parasite control. By improving equine health through education and the administration of preventive medicine, EI is working toward improved welfare and sustainability.

In 2022, AAEVT formally joined EI's efforts by contributing two scholarships for qualifying veterinary technicians and assistants. Techs and assistants are invaluable to EI's service programs as both participants and instructors.

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Equitarian Initiative Scholarship Recipient:



Lizz Epp | South Central Wisconsin

Lizz Epp (They/Them) graduated as a dual degree Veterinary Technician and Laboratory Animal Technician in 2006 from Madison Collage. Lizz has spent time working in a private mixed animal practice, a large animal teaching hospital, and currently works in research. Lizz has been volunteering with the Equitarian Initiative since 2018 on the Pine Ridge, SD project helping provide veterinary nursing care, support to the veterinarians and veterinary students on the trips and education to the veterinary students and horse owners. Additionally Lizz has volunteered with the United States Pony Clubs as a regional Horse Management Organizer and instructor for horse care and safe management and with the UW Hoofer Mountaineering Club, Managing the club gear, teaching its use and safely leading climbing trips. Outside of their day job Lizz manages the family's horse boarding farm in South Central Wisconsin and raises chickens with the help of their partner Adam and his son. In addition to the Chickens they have 1 dog, 4 cats and 4 axolottles. When not on the farm Lizz and their family enjoy swimming, gardening, kayaking, hiking, rock climbing and camping.

Dear AAEVT & Members,

Thank you so much for providing scholarships this year for the Equitarian Initiative Pine Ridge and Cheyenne River projects. Through this scholarship I was able to travel to both the Pine Ridge and Cheyenne River Reservations to assist veterinarians and veterinary students in providing basic services such as: Vaccination, Dental Care, Farriery, Deworming and Castrations to improve overall herd health. During these trips, the EI team worked with horse owners, Lakota agricultural educators and their class of students teaching them how to take a rectal temperature, listen to the heart for a heart rate, find a pulse, give an IM injection (Vaccine) and give oral medication (dewormer). While the veterinarians and students were focused on procedures, myself and other EI instructors were able to work one-on-one with the owners to provide additional education in equine health and welfare and answer any questions they might have.

Unfortunately, due to cost and availability of travel, many horse owners and youth on Pine Ridge and Cheyenne River cannot get their animals to veterinary clinics outside of the reservation for standard preventative care. At present there are no large animal vet clinics on the reservations and "local" veterinarians typically will not travel to these remote and impoverished regions. The families, teachers, youth, and Elders we work with are incredibly grateful for all we do to bring education and preventative medicine that would otherwise not be available.

In addition to the services we provide to the Lakota nation, the veterinary students that come along also gain valuable experiences they would otherwise not get in school. Under the careful guidance of EI instructors, the students are taught, and get to perform multiple dentals and castrations. Without this program, it is unlikely that these students would receive hands-on experience in castrating horses, and the general anesthesia outside of a hospital. Not to mention how AWESOME it is to have an experienced Veterinary Technician to help monitor and keep the horses under general anesthesia, keep tools and equipment organized, check in with the record keepers (or be the record keeper) to make sure all medications given are recorded.

The impact this trip has on me are challenging to put to words as it's a blur of feelings and emotions. Being surrounded by a culture that values gratitude, reciprocity, and the natural world is such a dramatic change from living in a culture of dollars, values, and assigned expectations for services offered and rendered. The relationships out here feel different, deeper, easier, and lighter. We all work together to help everyone thrive. I take home the lessons of strength and perseverance, as Percy Whiteplume, a tribal elder, speaks to us about the history of the Lakota, the lost stories of the Wounded Knee massacre, and cultural and language cleansings that we never learned about in our US history classes. Despite the massive struggles the Lakota people are still enduring, they demonstrate incredible resilience and move forward with positivity. I try to apply some of these lessons to my day-to-day challenges, including the weight of the looming mental health crisis our veterinary profession is facing.

I am truly grateful for the opportunity to work alongside not only the other amazing veterinary professionals and volunteers on the trip but the Lakota and Horse nations. Thank you so much for this opportunity.

Sincerely,

Lizz Epp CVT

Equitarian Initiative Scholarship Recipient:



Grace Hendrickson | Tacoma, Washington

My name is Grace Hendrickson and I am so excited to join Dr. Valerie Pflughoeft & the Equitarian Initiative in South Dakota! I work as a Vet Assistant at Tacoma Equine Hospital and I absolutely love it. I graduated from Washington State University (Go Cougs!!) in 2019 with degrees in Political Science and History, & after some time I determined that ponies are much more exciting than politics! What I love about Vet med is getting to be outside with great people, helping horses, & always staying busy in a fast-paced work environment. When I'm not at Tacoma Equine you can find me riding my spicy old mare, road cycling, skiing, teaching hot yoga, or spending time with my dangerously cute cocker spaniel. I can't wait to spend time in South Dakota and working with all the amazing doctors and techs for a great cause!

Dear American Association of Veterinary Technicians:

Thank you so much for the financial assistance to support my trip to South Dakota. Without your financial support, this trip would not have been possible for me. I traveled nearly 20 hours by car from Seattle to the Pine Ridge Reservation and I would not change one second of it. I am eternally grateful for the opportunity to experience the community of Pine Ridge and their unwavering support for the equids that roam the spectacular landscape of the Badlands.

The Pine Ridge program led by the Equitarian Initiative is a one-of-a-kind experience. The longstanding relationships with community members in the area is the product of decades of generosity, friendship, and advocacy. The close-knit relationship of the doctors and community members is second to none and provides a beautiful example of acting with gratitude and patience in a high-stress industry. The Lakota horsemen and horsewomen teach resourcefulness, compassion, bravery, and share their finely developed skills. Recognizing the limited access to veterinary care in Pine Ridge, it is a privilege to be able to provide necessary services free of charge. The owners are always extremely grateful, treat the volunteers like family, and seek to build their knowledge of equine medicine.

Throughout the time on Pine Ridge, we performed multiple castrations, dental floats, vaccines, lameness assessments, hoof repairs, and even splinted a filly buckled over on her fetlocks. My experience as a technician was centered around preparing the doctor and veterinary students for the appointments, supporting them with equipment and restraining horses, as well as assisting with anesthesia. I focused on improving efficiency in a fast-paced environment with limited access to tools and equipment. Furthermore, I greatly improved my handling skills learning from the Lakota horseman. Time in the car moving from site to site also proved to be a great time for learning, as Dr. Valerie Pflughoeft presented thoughtful questions to the crew as we moved between appointments.

This experience has impacted me significantly both personally and professionally. I am deeply moved by the beautiful relationship between the Lakota community and their horses, and I strive to foster a similar sacred respect for my horses and the land they live on. Professionally, it was a great experience to learn from other doctors from other practices, as well as the vet students. The practice I work at is largely focused on sports medicine and performance horses, so it was a great learning experience to understand more about treating horses that live on reservations with less frequent medical intervention. I also had the opportunity to have several meaningful conversations with veteri-

nary students about thoughts on equipment preparation, handling preferences, and client engagement.

My time in South Dakota on the Pine Ridge Reservation was truly an incredible experience and I cannot wait to go back again next year. I am so grateful for this amazing learning experience, and I look forward to re-connecting with the community and their beautiful equids in the future. Thank you again to The American Association of Equine Veterinary Technician's for making this possible.



Sincerely,

Grace M. Hendrickson

No Pain, LOTS Of Gain!!! Animal Imaging and the team of staff and horses received rave reviews from attendees!

Animal Imaging graciously hosted 25 attendees as well as sponsors to their facilities in Irving Texas for a lecture and hands on based anesthesia event! Technicians, assistants, and veterinarians flew in from across the country to partake. Washington State, Nevada, and Minnesota just to name a few! Dr. Carrie Davis exuded great enthusiasm while sharing her in depth knowledge on topics such as pain pathways, pain control, CRI's, and inhalant anesthesia. The sessions even got interactive, and Lindsey shared her expertise and experiences. Thanks to Angela and the rest of the staff at Animal Imaging we will never look opioids and their receptors the same way again!

The excellent reviews from members included a greater knowledge of how to use inhalants with CRI's synergistically, arterial line placement, applicable pain control for post-op patients, and even confidence building!

Stay tuned for an exciting 2023!!!

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Thank You To Our Sponsors!

Dechra, Stable Lab, Merck, and Care Credit all had representatives on hand to share with attendees information on what they do and how those in the veterinary community can utilize their products in practice. Fluid therapy, informative and quick lab tests, and how to cover costs are all things we face every day and these sponsors certainly gave us more tools for the tool box! We couldn't do this without you!

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Kevin Hankins, DVM, MBA, Senior Managing Equine Technical Services Veterinarian, Zoetis



Horses and their caretakers depend on you to do everything possible to minimize the impact of respiratory illness outbreaks. When one horse shows signs of sickness, not only are they affected, but there is a risk to every other horse in the barn.

You can help your clients take both preventative and proactive measures to identify sick horses quickly and contain the spread of disease to others in the barn with biosecurity and quarantine measures.

As you know, influenza and herpes virus are common respiratory viruses in horses. The incidence can be increased in horses that travel, due to the stress of transportation and showing, and can potentially be spread to horses back on the farm with horses coming and going off the property.

Preventative actions

Ultimately, everyone's goal is to keep their horse happy and healthy.

This can start by vaccinating horses with Core EQ Innovator® vaccine for the five core diseases (WNV, EEE, WEE, tetanus and rabies) that every horse, everywhere may be exposed to regardless of their location, age, breed or discipline.

Spring and fall, ask clients about travel plans for their horse and encourage vaccination against the most common respiratory viruses in horses-influenza (flu) and herpes virus (rhino). Administering Fluvac Innovator® EHV-4/1 at least two to three weeks before a horse leaves the property gives horse owners confidence knowing their horses are protected.

Routine vaccines are only the first step. Prevention also includes taking precautions to limit the spread of disease before leaving home, on-site and upon the client's return. Talking to clients about a biosecurity plan can help reduce the risks of infectious diseases.

Here's a sample checklist that can serve as an outline.

Before the trip

- Ensure the horse's vaccinations are up to date based on AAEP guidelines.
- Confirm any upcoming travel/show health requirements (vaccination records, Coggins test, health certificate, passport).
- Discuss with the client the value of running a Stablelab® SAA stall-side test to ensure there are no early indicators of infection prior to leaving.
- Packing list for individual water/feed buckets, tack and equipment for travel.
- Digital rectal thermometer and emergency kit. •

At the show

- Clean and disinfect stalls before unloading.
- Limit nose-to-nose and any close contact with other horses.
- Ensure each horse has their own individual tack, equipment and gear.

- Avoid shared water sources or buckets on-site.
- Watch the horse's behavior, eating/drinking and manure production daily.
- Take the horse's rectal temperature at least once daily (or as per venue requirements).
- Discuss running a Stablelab SAA stall-side test to give peace of mind that there are no signs of infection prior to competition and leaving for home.
- Watch for any signs of coughing, sneezing or nasal discharge of any color and, if present, ensure the on-site veterinarian is contacted right away.

Back home

- Avoid comingling/turning the horse out with others who stayed home for 14 days.
- Continue to take daily rectal temperature for 14 days.
- Watch for signs of illness, behavior change, fever, runny nose, coughing or sneezing and separate from others immediately if symptoms appear.
- Consider a Stablelab SAA within that 14-day time frame of returning home to help detect any underlying infection.
- Clean and disinfect the trailer and any tack, equipment or other items that went to the show.
- Identifying which horses are sick, which have been exposed and which may potentially get sick is critical for herd management and potential isolation.

Proactive measures

Knowing a horse is sick before registering a fever provides critical time to implement a plan of action for monitoring, isolating and ultimately treating infected horses faster.

Did you know that serum amyloid A (SAA) has been shown to be more accurate and a better indicator of infection when compared to traditional blood markers (CBC, fibrinogen, A/G, IgG) in several equine studies?1-3

You can detect and measure infection in 10 minutes using Stablelab, a hand-held diagnostic blood test that measures and quantifies SAA. SAA is a major, acute-phase protein produced by the liver that is a reliable biomarker for inflammation due to infection.4 The SAA levels quickly and significantly increase in response to an infection.

SAA has been shown to be 30 times more sensitive than a thermometer in identifying subclinical infection before a horse even starts showing signs5, giving you a head start on diagnosis and treatment.

Managing for success

Don't let respiratory diseases derail the season for your traveling and competing horses or be a nidus of infection for those at home. Talk with your Zoetis equine specialist today about preventive and proactive steps you and your clients can take to protect horses and detect a problem before it gets out of hand with preventative vaccines like Fluvac Innovator EHV-4/1 and stall-side diagnostic tools like Stablelab. Learn more by visiting zoetisus.com/horses.

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Equine Respiratory Survey



٥v	ner's Name Date		
Hc	rse's Name Veterinarian		
Re	ason for Visit		
FO	r the following questions, circle any below that are true.		
H	DRSE RESPIRATORY SIGNS		
1.	Has your horse ever been diagnosed with IAD, RAO, COPD or Heaves?	Yes	No
2.	Does your horse have excessive nostril flare when breathing or noticeable heave line?	Yes	No
3.	Do you ever think your horse has "seasonal allergies" (nasal discharge, coughing, sneezing, trouble breathing during the spring and summer months)	Yes	No
4.	How would you describe your horse's respiratory health?		
	a. Excellent/No problems		
	b. Overall Good/Occasional issues		
	c. Poor/Needs help		
5.	Does your horse cough (circle all that apply)		
	a. At rest?		
	b. When eating?		
	c. At the start of exercise (a "warm up" cough or "clearing lungs")		
	d. Throughout exercise?		
	e. If you lightly squeeze the trachea?		
FI	TNESS + PERFORMANCE		
1.	Is your horse experiencing exercise intolerance or struggling to maintain fitness?	Yes	No
2.	Does your horse have trouble recovering after exercise or cooling down?	Yes	No
3.	Does it seem like your horse doesn't get enough air?	Yes	No

HORSE HEALTH HISTORY

1.	Has your horse had a respiratory infection in the past? (Pneumonia, Influenza, Herpes virus)	Yes	No
2.	Has your horse had throat surgery?	Yes	No
3.	Has your horse ever had an upper airway endoscopy?	Yes	No
4.	Has your horse ever had a dynamic scope performed?	Yes	No
5.	Has your horse ever had a BAL (bronchoalveolar lavage)?	Yes	No
6.	Do you use any kind of heart rate monitor for your horse?	Yes	No
7.	Have you managed respiratory issues with a bronchodilator like clenbuterol or albuterol?	Yes	No
8.	Have you managed respiratory issues with a glucocorticoid or corticosteroid like dexamethasone or fluticasone?	Yes	No
9.	Have you tried antihistamines in your horse?	Yes	No
10	Do you or have you used a Nebulizer or Inhaler (with spacer) for your horse?	Yes	No

ENVIRONMENTAL MANAGEMENT

1.	Do you steam or soak your hay?	Yes	No
2.	2. Do you feed round bale hay?		
3. What percentage of the day does your horse live:			
	a. Outdoors (pasture, field)		
	b. In a stall		
	i. What type of bedding is used?		

ADDITIONAL QUESTIONS/COMMENTS

Are you satisfied with your current treatment/management of the cough or other respiratory issues?

Scan the QR code to download and print additional copies of the Equine Respiratory Survey.

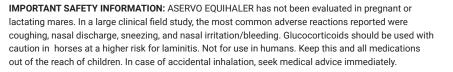


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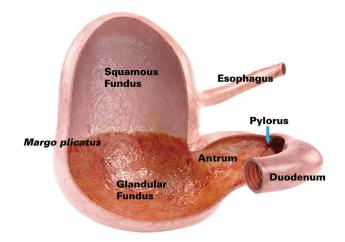
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Clinical signs such as poor performance, behavior change, girthiness, low-grade recurrent colic and/or inappetence might all lead a horse owner or veterinarian to suspect gastric ulcers. Equine gastric ulcer syndrome (EGUS) is the term commonly used to describe ulcers or erosive lesions in the stomach of the horse. New information, however, continues to highlight that not all ulcers are created equal, and EGUS is actually made up of two different diseases.

The equine stomach has two different linings, and over recent years we have learned to distinguish two distinct diseases, depending on where within the stomach the lesions occur. This has resulted in the current nomenclature of equine squamous gastric disease (ESGD) and equine glandular gastric disease (EGGD). The two conditions are distinct yet sometimes overlapping entities, as evidenced by differences in pathophysiology, prevalence, risk factors and response to treatment.¹

The squamous mucosa lining the dorsalproximal one-third of the stomach has little means of its own protection, and is reliant upon the presence of saliva and forage to buffer acid. Gastric acid is produced by the glandular epithelium lining the distal two-thirds of the stomach. Unlike in humans and dogs, acid production occurs continuously in horses, regardless of feeding patterns. Therefore, the glandular mucosa has several inherent mechanisms to protect itself from the acid it is producing. These include mucus production, bicarbonate secretion, growth factors and blood supply to allow rapid healing as damage occurs.



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THE ART OF HORSE

Note: Image represents an empty, air-filled stomach as observed during gastroscopy.

PATHOPHYSIOLOGY AND RISK FACTORS

A low stomach pH is the primary cause of ESGD, occurring when the unprotected squamous mucosa has increased duration of contact with acid (hydrochloric acid, volatile fatty acids and bile). Therefore, risk factors for ESGD are most commonly associated with feeding practices and increased levels of stress. Pasture turnout and feeding of alfalfa hay are considered practices that may help to reduce the risk of ESGD,² while increased time between forage meals (> 6 hours between meals), intermittent access to water, and intake of large quantities of concentrates (especially those high in starch) increases, the likelihood of ESGD.³ Stall confinement also has been implicated as a risk factor for ESGD. In addition, intense exercise increases abdominal pressure, decreases stomach volume, and allows acid from the glandular region to splash up to the squamous region.⁴

The pathophysiology of EGGD is less well understood, but seems to result from disruption of the normal defense mechanisms, leaving the glandular tissue now susceptible to acid damage. The factors that contribute to the breakdown of the barrier are under continued investigation in the horse, but stress and inflammation likely play a role. Risk factors for EGGD are also still under investigation but may include Warmblood breeds,⁵ frequency of exercise \geq 6 days per week,⁶ and sensitivity to stress (as evidenced by increased cortisol responses to exogenous ACTH).⁷ Interestingly, in both polo ponies⁸ and show jumpers,⁹ EGGD has been inversely correlated to the experience level of the horse. This suggests that lack of consistency may contribute to stress and thereby EGGD. *Helicobacter pylori* is a common cause of gastritis in people and dogs, but research in horses has not found clear causal evidence of its role in EGGD or ESGD.¹ Ongoing microbiome work may elucidate the role of bacteria in EGGD. Likewise, the role of NSAIDs in EGGD remains unclear.¹

PREVALENCE

The prevalence of gastric ulceration varies with breed, use, level of training, as well as between ESGD and EGGD. The highest reported prevalence of ESGD occurs in thoroughbred racehorses, with over 80% of horses affected within two to three months of race training.² Standardbred racehorses have a similar overall ESGD prevalence, with up to 87% of horses in training affected, while up to 58% of show/sport horses are affected.⁵ Endurance horses have an ESGD prevalence of 48% during the out-of-competition period, with rises to 93% during the competitive period, with lesions most prevalent in elite horses.⁷ Horses that rarely compete and are predominantly used in their home environment have the lowest ESGD prevalence of 11%.²

Until the past decade, prevalence data for EGGD was hard to come by. Whether it is truly increased incidence or just increased awareness, numbers are on the rise. EGGD has been reported in up to 64% of sport horses and 54% of leisure horses.¹⁰ EGGD was more prevalent

than ESGD in a group of competitive polo ponies, with 69% having glandular lesions and 54% having squamous lesions.⁸ With better availability of endoscopes capable of reaching the pylorus, reports of EGGD will likely continue to increase.

DIAGNOSIS

Gastroscopy is the only definitive diagnosis for EGUS.² When performing gastroscopy, it is essential to examine the entire stomach, including the pylorus and proximal duodenum, as lesions in these areas will alter treatment recommendations and expected outcome. There is not a strict relationship between the presence of ESGD and EGGD; as such, the presence or absence of one cannot be used as predictor for the presence or absence of the other.^{1,2} Fecal occult blood testing has low diagnostic accuracy, and is not recommended for use in the diagnosis of EGUS.²

Gastric lesions should be recorded according to description and/or location of the lesions. In the case of ESGD, a well-accepted, 0-4 grading system has been established, based on repeatability and consistency. This Equine Gastric Ulcer Council 0-4 scoring system is outlined in Table 1.

Grade	Squamous Mucosa Description
0	Epithelium is intact, no appearance of hyperkeratosis
I.	Mucosa is intact, but there are areas of hyperkeratosis or gastritis
П	Small, single or multi-focal lesions
III	Large single or extensive superficial lesions
IV	Extensive lesions with areas of apparent deep ulceration

Table 1. Grading system for equine squamous gastric disease (adapted from 1999 EGUS Council¹¹)



Currently, there is no agreed-upon scoring system for glandular lesions, as their relative severity and clinical importance are unknown. If EGGD lesions are identified, they should be described according to the anatomical location, distribution and appearance, as per the following recommendations:^{1,2}

- Anatomic location: cardia, fundus, antrum or pylorus
- Distribution: Focal, multi-focal or diffuse
- Mild, moderate or severe
- Nodular, raised, flat or depressed
- Erythematous, hemorrhagic or fibrinosuppurative



Multifocal Moderate Raised Erythematous Lesions Of The Pyloric Antrum



Examples of identifying equine glandular gastric disease lesions.

Multifocal Moderate Flat Hemorrhagic Lesions Of The Pylorus



Multifocal Moderate Raised Fibrinosuppurative Pyloric Lesions



Polyps or polypoid lesions in the antrum and pylorus are of particular note. These lesions may be due to hyperplasia of gastric or mucus glands, rather than true gastric ulcers, as evidenced by histopathologic examination of a polyp removed via transendoscopic electrocautery.¹² Adenomatous polyps can be precancerous in people, but the cause and outcome of these lesions in horses has yet to be determined. Glandular mucosal biopsies should be considered in cases of EGGD that are resistant to treatment, as they may reveal other pathologies such as neoplasia or parasitic infection. *Draschia* or *Habronema spp.* spend part of their life cycle in the stomach, and may play a role in inflammation and EGGD.¹³

EGUS remains a significant concern in horses and their caretakers. Further research is necessary to improve our understanding of the different pathophysiology of ESGD and EGGD, and how that likely contributes to different treatment responses and management recommendations.

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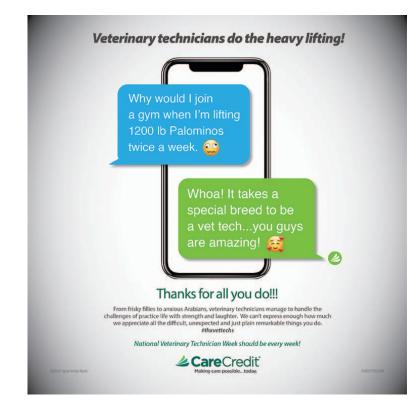
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