PETS Referral Center to You

2026: May Issue

Why Veterinary Medicine:

One RVT's journey to PETS

First, I am Michael French. I graduated from Carrington College Vet Tech program in Fall 2010. I've been an RVT since 2012 working in general practice and emergency.

Now let's rewind and ask the question, "Why did Michael French become an RVT?" Well, I'd like to say it's because I've always had a fondness for animals and their well being. This is true. But I can't say that.

What I can share is after high school I had many different jobs. In my early twenties, my grandmother, who had been a nurse for the majority of her working life, said I should get into the medical field; become a nurse like her! She said it was the best decision she ever made. She also pointed out that our lives were similar— we both of us didn't want to always stay in one place. She counseled no matter where my life led, whatever town I ended up in, with a medical background, there would be a job— in a hospital or doctors' office. I looked her dead in the face and told her that was great— except I don't like people that much.

Fast forward a couple years, through a few questionable decisions, with my girlfriend at the time encouraging, I interviewed for Western Career College (Carrington College, new name). My decision after that interview and after a lot of prayer— I was going to do their 18 month program in 18 months. If I failed a course, then it wasn't meant for me.

So even though I was taking my normal undergraduate courses online at the time, I was going to class 4 hours a day, 4 days a week, and doing clinicals at various hospitals 1 day a week... I graduated!

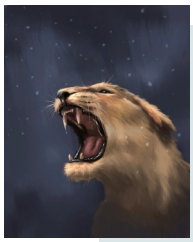
Again, I gave myself one chance at passing the RVT test...or it wasn't meant to be.

Fast forward 15 years and six years into my successful tenure at PETS Referral Center.

Upon reflection, I could say that this is what I should have done directly out of high school. It's just not true. Every job and every experience that led me here has made me who I am.

If I had taken the more direct route, I probably would not be where I am today. I might not be able to make these efficient, significant decisions in an emergency. I might not have the emotional intelligence to work in the emergency department. I might not know a retreat to my cry-corner from time to time is ok after a pet crisis. **I like who I have become in this career.**

—Michael French, RVT



I sat with my anger long enough until she told me her real name was grief.

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Special points of interest:

- *Your Doctor Voice!*
- *Buns and Pigs in pain*

Inside this issue:

Veterinary Communications:
How to find the Doctor (Nurse) Voice

The Doctor Voice is a real thing. *Funny story*—Setting: Family member injured; farm accident; lying on the ground with luxated (total) hip; 12 emergency vehicles responding (it was in the country...I think they were bored.) I tried to reduce...of course!...but to no avail (I didn't sedate him! :)) Upon arrival, I stood back; but I trust no one in the medical field with my loved ones. Four 1st responders were just about to load him into a stretcher to get him off the hillside, and his leg was gonna go flipity-flop all over, ripping capsule/ligaments needed to maintain total hip integrity longterm. From 20ft away I "advised" the crew to stabilize the leg before moving; they did. Well, apparently, according to nearby family members I used my **Doctor Voice**. And apparently, the 1st responders "snapped to" in abiding my directions. *Now, I didn't realize I did this or had this impact, but apparently*…

So, it IS a real thing. When used appropriately, it is useful in successful and efficient doctor/client communication. (And I insert **Nurse Voice here too**; same benefit.)

Yes, but how does one do this if it is not fluid language and presentation for YOU?

Literally (don't laugh) stand in front of the mirror and say these 3 quotes below. Then find other quotes (ask AI for help?!) and say those...conversationally, confidently, with eye-contact. Next time you hear a colleague or a human professional working on you say something in the doctor/nurse voice, jot it down verbatim with focus on the way it worked for you. Steal it!! (And vice versa...strike from your lexicon things that have made you cringe!)

Sometimes, you just have to be an actor… memorize and say your lines. **It will come**. Finding your "doctor voice" or "nurse voice" means you need to **try on a lot of things**. Don't expect that voice to be the same one you use with your pals, your mom or the checker at the store. Own your expertise and let it **shine** in your professional persona.

—Lara Rasmussen, DVM, MS, DACVS

Takeaways from the *AVMA Language of Veterinary Care* Initiative

CUSTOMIZED CARE

Clients understand a strong and trusting relationship with their veterinarian enables the team to provide better care and more customized recommendations.

Say this: "Regular check-ups allows us to build a strong relationship with you and your pet."

EMOTIONS MATTER

An emotional appeal is an effective way to talk with pet owners about care. This is true no matter the specific topic: Why go to the veterinarian; when to go; what you get; and how to pay for services.

Say this: "Veterinary care is one of the best ways to keep your pet healthy and happy for years to come."

UPFRONT ABOUT COST

Owners appreciate their veterinarian demonstrating understanding about cost of care.

Say this: "Veterinary care can be expensive. We can work with you to explore a full range of flexible care and treatment options to fit your budget."

Join the Zoom fun with the PETS team Journal Club

You are cordially invited to actively or passively (!) participate in our monthly **Journal Club/Topical Rounds**. This is hosted on *Zoom* one evening per month. We rotate between journal article discussions, specialty topic rounds, and Morbidity & Mortality rounds. The format is quite informal, and we always welcome new participants. If you are interested, please zap the QR code, and we will add you to the monthly email invite. We look forward to seeing some new faces!

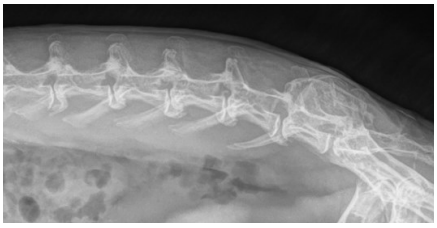
MicroCE from Team Exotics: Small Bodies, Big Aches

Recognizing and Managing Osteoarthritis in Rabbits and Guinea pigs

MOLLY GLEESON, DVM DIPLOMATE, BOARD CERTIFIED SPECIALIST IN ZOOLOGICAL MEDICINE

As husbandry and medical care improves, our small mammal patients are **living longer**. We need to be alert to signs of degenerative conditions developing with age. Osteoarthritis is a degenerative, inflammatory disease that is prevalent in our exotic pets, just like in dogs and cats. As a prey species, signs of pain may not be detected until disease is advanced. Proactive osteoarthritis surveillance is important on preventative health exams, but patients may present urgent or emergent for conditions developing secondary to pain or reduced mobility. ***(See Pg 4)*** **Quality of life** can be optimally maintained with strong analgesia plans & management strategies.

When **examining** middle aged and older patients, pay special attention to palpation of the joints and spine. ***(See Pg 4)*** Palpate for limb symmetry and thickening around joint. Evaluate joints through range of motion, testing full extension and flexion. You may notice resistance to manipulation, inability to fully extend/flex, or overt pain response. It is also helpful to watch patients ambulate on a mat or towel; note posture, gait, and ability to groom.



Lateral radiograph—rabbit, lumbar spondylosis

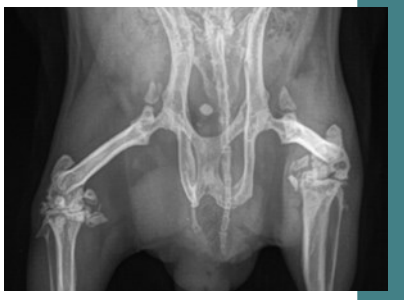
The **goals of osteoarthritis management** are to improve patient mobility and reduce pain.

- Analgesics: show significant improvement, may need long term to maintain comfort, taper to the lowest effective dose. Meloxicam most effective; combine with gabapentin or tramadol PRN. Senior patients more sensitive to sedative effects of gabapentin; use lower dosing. NSAIDs long term—monitor renal values q3-4 months.
- Environmental modifications: Increase padding, use low-profile litter boxes, eliminate stairs/ramps, and lower hay racks in support of normal behaviors. Use rugs or mats to provide traction and padding. Hock socks for rabbits padding the hindfeet and reducing pododermatitis lesions.
- Supplements to support joint health: Omega 3 fatty acids and glucosamine may be beneficial; Multiple companies (Oxbow, Sherwood Pet Health) have joint support supplement treats that are palatable.
- Integrative therapies: Acupuncture and laser therapy may improve both comfort and mobility.
- General patient hygiene: Assist perineal hygiene (clip and/or clean) to prevent fecal impaction or scald. Frequent cleaning of cage/litterbox is also needed for the sedentary patients.

Additional reading:
Keeble E. Osteoarthritis in pet guinea pigs: an update on diagnosis, treatment, and management. Companion Animal 26(6), 2021.

Radiographs are the best diagnostic to assess osteoarthritis location and severity. Use of sedation and analgesics is recommended to facilitate appropriate positioning and reduce chance of injury. Always take both limbs for comparison. With advanced osteoarthritis, a reduced range of motion will limit optimal positioning. Imaging of the temporomandibular joint is better obtained by computed tomography; this modality also provides full evaluation of dental structures. I recommend routine screening radiographs in rabbits > 6 years old and guinea pigs > 4 years old, as well as for patients presenting with signs compatible with arthritis. A chemistry panel to assess renal values is also important, as NSAIDs can be beneficial.

If you have any questions about a case or need to refer a patient, please do not hesitate to **contact me** (mgleeson@petsreferralcenter.com) or **clinic** directly (510-548-6684). You can also submit a referral request via **website**.



VD radiograph—guinea pig, severe bilateral stifle OA

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To serve pets and people.

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	Rabbits	Guinea Pigs
Most common locations	Spine (spondylosis) Shoulders Stifles Temporomandibular joint	Stifles
Clinical signs	GI stasis Weight loss Falling over when grooming Eliminating outside litterbox Not jumping up or using stairs/ramps Abnormal pelvic limb gait ("walking" or stretching) Cecotrophs matted to fur Inability to clean ears Not eating hay Pain from TMJ Pain when reaching up for hay rack	Lethargy/inactivity Reduced use of ramps Splaying of pelvic limbs Hyporexia, weight loss Decreased use of water bottles or higher hay racks that require standing on hindlegs Reduced "popcorning" Stiff when walking
Secondary conditions	Pododermatitis Bladder sludge/cystitis Urine/fecal scald	Pododermatitis Nail overgrowth Anal pouch impaction Bacterial cystitis Urolithiasis

Referral Logistics Like a Pro— ALWAYS AND NEVER

ALWAYS

- Confirm **medical records** are in our hot little hands! Concise and pertinent as possible.
- Send actual **radiograph** images; not just reports
- **Stabilize** 1st: CV shock, active seizure, pain, obstructed bladder
- Initiate **poison** control comms and process (emesis?)
- Set owner **expectations** re: ER and consult processes
- Advise owners to bring all **meds** (or a specific list)
- Provide Rx **pre-appointment sedatives/euphorics**
  Gaba 20-30mg/kg + Traz 5-7mg/kg 2hrs (dog)
  Buprenorphine 0.04mg/kg 2hrs (cat)
  Gaba 20-30mg 2hr (cat)
  (Ok, not for lameness exams.)

NEVER

- Just send an owner/patient without a **DVM-DVM quick call** with details
- Be afraid to call for **advice**.
- Send an owner for a "**drop off**"; DVMs involved for ALL.
- **Promise** a timeline
- Promise a **cost**
- Send patient without an **authorized responsible adult** (or immediate access to one).
- Use up all the **veins** (...and always start low!)