Hi Everyone,

I hope your practice is busy, productive and personally rewarding—while also allowing you and your family and friends time to enjoy spring time in Louisiana. March and April are a great time of year.

On the legislative and regulatory front, your association continues to monitor issues that impact animal health and the practice of veterinary medicine in Louisiana.

Do you use compounded medications in your practice? Recent changes to the law could impact our legal access to important medications. There is a wide variety in how states regulate compounding. Be assured that the association and its partners are actively monitoring these changes and are advocating on behalf of licensed Louisiana veterinarians. Stay tuned for more information. In the meantime, the AVMA’s resource page on veterinary pharmaceutical compounding is a worthy review: https://www.avma.org/KB/Resources/Reference/Pages/Compounding.aspx.

Did you see the rule change notice from the Board of Veterinary Medicine? Many faculty and veterinarians-in-training at the LSU School of Veterinary Medicine work under a licensure exemption that is present in the practice act. Some faculty (like me) maintain unrestricted active licenses. The proposed rule would change how faculty are licensed and risks collateral damage to trainee veterinarians and faculty working at the School. The LVMA is invested in the health and future of the School and also supports the principle of limited faculty licensure. However, to avoid unintended consequences of the rule change, the LVMA is advocating for this licensure pursuant to sensible and achievable criteria. Contact me if I may answer any questions. Interested parties may write to the Louisiana Board of Veterinary Medicine. The official comment period ends March 26th.

Advancing excellence in professional training and continuing education is a core mission of the LVMA. In service to that mission, the Southwest Veterinary Symposium is slated for September 24-27, 2015, in Fort Worth, Texas. Registration opens May 1, 2015. As a partner in the creation of this regional meeting, the LVMA receives a share of meeting revenue when attendees register from Louisiana. Please make attending this event (http://www.swvs.org/) an annual tradition; doing so will keep our association financially fit and reduce the cost to members. I also ask you to keep the next LVMA Winter Meeting (January 29-31, 2016, at the Shreveport Convention Center) on your agenda. If you need CE credit for the current renewal year, the SVM Annual CE Conference (http://tinyurl.com/kqtqnd) is scheduled for April 18, 2015. I look forward to seeing you at the meeting of your choice.

Your membership is valued and important. Stay tuned for information and ways in which you can help our practice environment and the profession at large. I look forward to working with you. Regardless of the challenges we face and despite any differences we may encounter, we are stronger, smarter and more effective when we work together. Thank you for being an LVMA member.

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The LVMA would like to welcome our newest members to the Association. We are excited to have you as part of our team; we can’t wait to show you everything we have to offer and look forward to your contributions to the veterinary profession.

WELCOME TO THE LVMA!

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Spring is here and with it brings the legislative session and the budgeting season. Dr. Patrick Thistlethwaite and our vigilant governmental consulting team of Bud Courson and Jim Nickel will be watching out for veterinarians at the legislature. Two important regulatory items have already surfaced and are addressed by LVMA President Kirk Ryan, DVM, on the front page. It is worth repeating that the deadline for written comments to the Louisiana Board of Veterinary Medicine on the faculty licensure matter is Thursday, March 26, 2015 for them to be received at the Board’s office via mail, courier or facsimile (fax).

Another springtime and summer activity at the LVMA is the preparation of the budget for the upcoming fiscal year beginning on September 1, 2015 and ending on August 31, 2016. Any requests for funding by the LVMA that are anticipated during that period of time should be submitted prior to May 31, 2015 using an LVMA budget request form. The Board is scheduled to meet on July 12, 2014 to adopt the budget, as well as conduct other business. Requests for funding that are submitted after the budget is adopted face an uphill battle. Committee Chairs and others who routinely are involved in the budget process should receive budget request forms in April. If you are not on our list and need a form, please contact the office.

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Case Report from the LSU Veterinary Teaching Hospital

Signalment and History: "O'Reilly," a 2 year old male, neutered domestic short hair cat, presented for a two week history of progressive lethargy and crusty skin lesions. The owner had adopted four young kittens prior to the development of O'Reilly's clinical signs. O'Reilly had been treated with a single Depomedrol injection, a 10-day course of Clavamox, and topical chlorhexidine wipes with minimal improvement.

Physical/Dermatologic Examination: O'Reilly's vital parameters and general physical examination were normal. Our dermatologic exam revealed erythema and crusting of both the convex and concave aspects of the skin, bilaterally (Figure 1). There was thick crust present at the base of the ears in the temporal regions as well as on the chin (Figure 2). Multiple nail beds were also swollen and crusted (Figure 3).

Clinical Evaluation: Laboratory evaluation revealed moderate hyperglycemia (glucose = 241 mg/dL), elevated total protein (8.7 g/dL), and an increase in the number of band neutrophils (0.6 K/µL). A Wood's lamp examination was negative. A DTM culture was submitted. Both deep and superficial skin scrapes were negative for mites. An ear mite prep was negative, while otic cytology revealed moderate numbers of yeast. Surface cytology was taken from beneath a crusted region and revealed multiple cocci bacteria and acantholytic cells.

A skin biopsy was not performed during the initial visit due to the administration of a Depomedrol steroid injection just three days prior. However, over the course of the next month, the skin lesions proved to wax and wane despite any therapies that were implemented. Ultimately, multiple punch biopsies were taken of crusted lesions on the top of the head at an appointment 20 days after the initial presentation. Histopathology (Figure 4) revealed a crusting pustular dermatitis featuring numerous acantholytic cells, which was consistent with a diagnosis of pemphigus foliaceus. Special staining for bacterial and fungal organisms was negative.

Outcome: After the initial presentation, our differential diagnoses included dermatophytes, autoimmune disease, Demodex canis/cat, Notoedres mites, vasculitis, and bacterial infection. O'Reilly was treated with systemic antibiotics. Otic miconazole was prescribed for the yeast otitis. Terbinafine was given for empirical treatment of Dermatomycoses and pentoxifylline was used empirically for possible vasculitis. Initially O'Reilly greatly improved, making it unclear whether our therapeutic regimen was efficacious, or if we were in fact dealing with a waxing and waning disease process.

Over the course of the next three weeks, O'Reilly's clinical signs continued to change. Ultimately, our DTM culture was deemed negative, and we obtained a definitive diagnosis of pemphigus foliaceus based on histopathology. At that time, terbinafine and pentoxifylline were discontinued. Prednisolone was started at an immunosuppressive dose. Approximately every three weeks the dose of prednisolone was decreased. O'Reilly is currently receiving 1 mg/kg every other day and remains in remission (Figures 5, 6 and 7).
With spring and summer quickly approaching, this is a good time to review a few of the canine dermatologic diseases that can occur secondary to solar damage and exposure to elevated temperatures. One unifying factor of the syndromes described below is that they can be presumptively diagnosed based on physical examination and a thorough history. Biopsy with histopathology is often beneficial, but should not be relied upon to provide the full clinical picture.

**Solar Dermatitis**

The term solar dermatitis refers to chronically sun-damaged skin, typically due to an actinic reaction on lightly pigmented, white, or damaged skin that is not adequately covered by hair. Predisposed canine breeds include bull terriers, Dalmatians, American Staffordshire terriers, white Boxers, and other short-coated breeds with areas of lightly pigmented skin. Australian shepherds are at increased risk for nasal solar dermatitis. White cats are most commonly affected and lesions can be present on the nose, lips, eyelids, and ear tips. Lesions include erythema, scale, crusting, thickening of the skin, comedones, necrosis, folliculitis, and scarring. Episodic solar exposure (even through windows) can eventually lead to actinic disease and can induce squamous cell carcinoma, hemangioma, and hemangiosarcoma. The clinical aspect that most obviously indicates solar damage is that affected skin is unpigmented/lightly pigmented, while areas of skin with darker pigment are spared. Sometimes, simply feeling the affected areas and comparing them to neighboring pigmented skin is helpful. Lesions are most commonly located in areas with sun exposure, minimal pigmentation of the skin, and little hair cover. Some dogs enjoy sunbathing on one side or on their back, and can thus have lesions focused on the ventrum or opposing side of the body. Diagnosis of solar dermatitis is based on physical examination, history, and possibly biopsy. Biopsy helps to identify actinic disease, and rules out neoplastic changes.

Therapy for solar dermatitis begins with prevention via photoprotection. Animals at risk can wear T-shirts or bodysuits (k9topcoat.com). There are also commercial canine sunscreen products available, but they must be applied three to four times daily to be effective in dogs that are constantly outdoors. If using human sunscreen, sometimes titanium dioxide and zinc oxide products (which are physical sunscreens) can be irritating. In both dogs and cats, β-carotene has been used with some success. Oral and topical steroids may help to reduce clinical signs, and retinoids have been shown to be helpful (Marks et al., 1992). In focal lesions, imiquimod may be of some benefit but is cost prohibitive to use over large areas. Recent studies have demonstrated that COX-2 is overexpressed in canine actinic keratitis (Bardagi et al., 2012). Some initial work has shown that COX-2 selective inhibitors (firocoxib) can improve actinic lesions in dogs (Albanese et al., 2013).

**Dorsal Thermal Necrosis**

While we classically associate solar damage with lightly pigmented skin (see section on solar dermatitis), darker skin actually absorbs more solar radiation than white skin. Dorsal thermal necrosis relates to the development of thermal burns due to the temperature of the skin. There are reports of dogs developing thermal burns after solar exposure of black-haired, darkly pigmented skin. Several cases have been seen at dermatology centers in Louisiana. A similar case was recently reported in a Vietnamese pot-bellied pig that presented to the University of Tennessee College of Veterinary Medicine (Frank et al., 2015).

In dogs, commonly affected breeds include Rottweilers, Labradors, and other darkly pigmented dogs. The lesions are most commonly found on the dorsum, unless the dog happens to be one that enjoys sunbathing on its back. Initially, the areas may be swollen and painful, but with time full thickness burns can develop. The full extent of lesions may not be evident for at least a week after the initial insult. Recognition of this syndrome lies with identifying that the affected areas are pigmented while unpigmented areas are spared. Wound management as for other burns is recommended.

**Garden Hose Scalding Syndrome**

A more recently reported dermatologic condition is referred to as “garden hose scalding syndrome”. A paper from Texas A&M discussed three confirmed cases in which dogs developed burn lesions secondary to being sprayed with water from a garden hose (that had been laying in the sun) between the months of May and August (Quist et al., 2012). Characteristic lesions in these cases were linear second or third degree burns along the dorsum, and clinical signs included edema, erythema, dermal necrosis, eschar formation, and sloughed skin. After identifying this syndrome, the authors of the article conducted an informal experiment in which they placed garden hoses filled with water in direct sunlight (ambient temperature around 94°). The temperature of the water within those hoses (after only 2 hours) was 120°F!

These cases were managed like other burns with combinations of analgesics, antibiotics, bandaging, and surgical debridement. The severity of lesions can be dependent upon the temperature of the water and length of time since the causative incident. The most important aspect of these cases is recognition of the use of a garden hose, which may only be identified with specific questioning of the client. This syndrome is likely to be recognized in tropical and subtropical climates which includes Louisiana.

Continued on page 13
WALTER J. ERNST, JR. VETERINARY MEMORIAL FOUNDATION thanks the following contributors

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Suicide Risk in Louisiana-Area Veterinarians
By Tracy Witte, PhD, Assistant Professor, Department of Psychology, Auburn University

Veterinarians have an elevated risk for suicide compared to the general population and other health professionals (Bartram & Baldwin, 2010; Miller & Beaumont, 1995). Reasons for this elevated suicide risk are not well understood, although a number of possible explanations have been suggested (e.g., stress, stigma against seeking help; Bartram & Baldwin, 2008). In recent years, concern for this important issue has been growing, and there is a burgeoning desire within the veterinary community to understand what contributes to suicide risk among veterinarians as well as to ensure access to resources for those who need help. This movement has stemmed from discussions at recent wellness summits (Larkin, 2013), as well as the tragic suicides of several well-known veterinarians.

In an effort to better understand the prevalence of suicidal behavior, mental health symptoms, and utilization and perception of mental health services in US veterinarians, my collaborators and I recently conducted a large-scale survey. We are profoundly grateful to the veterinarians who took the time to complete the survey and were absolutely floored by the impressive response we received (i.e., over 10,000 respondents). Preliminary results for the nationwide sample can be found in this Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report (MMWR; Nett et al., 2015), and more detailed results are currently being prepared for publication. In this article, I will summarize the information we collected from the Louisiana-area veterinarians who participated (N = 176). Fifty-eight percent of them were female, and 47% were over the age of 50. Most of the sample of Louisiana-area veterinarians consisted of either practice owners (44%) or practice associates (38%), and 50% had at least 20 years of experience in the field of veterinary medicine.

Approximately 6% of male respondents and 11% of female respondents indicated they were experiencing current psychological distress, according to the Kessler-6 scale (Kessler et al., 2002). These rates are very similar to those of the nationwide veterinarian sample and are higher than rates in a representative sample of US adults (Reeves et al., 2011). Of those who reported current psychological distress, the majority of Louisiana-area veterinarians (i.e., 57%) are not receiving any type of medication or psychological treatment for their symptoms.

In this study, we also examined lifetime history of depression and suicidal behavior. Seventeen percent of Louisiana-area veterinarians endorsed experiencing depression before veterinary school, 13% during veterinary school, and 30% since graduating from veterinary school. Among those who reported experiencing depression since graduating from veterinary school, 65% had no prior history of depression. This suggests that most Louisiana-area veterinarians who experience depression develop these symptoms after entering the veterinary profession. It is unclear whether this is due in part to job-related stressors or whether this simply reflects the fact that the median age of onset for major depressive disorder is approximately 30 years of age (Jones, 2013).

Two percent of Louisiana-area veterinarians reported seriously considering suicide before veterinary school, 6% during veterinary school, and 14% since graduating from veterinary school. Of those who reported considering suicide since graduating from veterinary school, 75% had no prior history of suicidal thoughts. Regarding suicide attempts, 1% of Louisiana-area veterinarians reported attempting before veterinary school, and 2% reported attempting during veterinary school. No Louisiana-area veterinarians reported making a suicide attempt since graduating from veterinary school. It is important to keep in mind, however, that these numbers reflect non-fatal suicide attempts. Given that veterinarians have access to lethal means for suicide, it is possible that, should a veterinarian consider suicide, he or she is at high risk for dying by suicide on the first attempt and therefore would not be reflected in these statistics.

Overall, these data suggest that a significant number of Louisiana-area veterinarians are experiencing negative mental health symptoms and that only a minority are receiving treatment. This low level of treatment utilization is likely due to a number of possible explanations, including lack of knowledge about where to receive services as well as hesitancy to seek help due to concerns about stigma. Regarding the former possibility, one goal of this article is to provide information to Louisiana-area veterinarians who are interested in finding a mental health treatment provider. A good starting point is discussing your concerns with your family physician, who might be able to refer you to a mental health specialist and/or consider the appropriateness of prescribing psychotropic medication. Another helpful strategy is to request a list of mental health providers from your health insurance company. Additionally, the National Suicide Prevention Lifeline (NSPL) offers a confidential, 24/7 hotline (1-800-273-TALK) and a 24/7 online chat service for anyone in the United States who is experiencing a crisis. Even if a person is not in immediate crisis, hotline counselors can help him/her identify local mental health resources. More recommendations for finding a mental health treatment provider can be found on the National Alliance on Mental Illness website.

Continued on page 13
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Summary

This article is just a summary of a few unique presentation of solar and thermal dermal disease. This information may help you identify these issues in your practice. Please feel free to contact the Medvet dermatology service with any questions regarding diagnosis and management of these, and any other, dermatologic diseases that you encounter. The contact information is: Medvet in Mandeville (985-626-4862) or New Orleans (504-835-8508), or via email at mwoodward@medvetforpets.com.


Suicide Risk in Louisiana-Area Veterinarians (Continued)

By Tracy Witte, PhD, Assistant Professor, Department of Psychology, Auburn University

Regarding the possibility that some veterinarians are hesitant to seek treatment due to concerns about stigma, this is an issue that will take a cultural sea change within the profession. Even if you yourself have not had experience with mental illness, you can play a role in providing support to those who need it by serving as a safe confidante. If you are concerned about one of your colleagues, consider reaching out and helping him/her identify local resources using the information provided above. Additionally, the NSPL website offers information regarding how to help someone you are concerned may be suicidal. Further, NSPL phone counselors can provide advice for third party callers who are concerned on behalf of someone else.

Although the statistics presented here are sobering, there is good reason for optimism. Concern about the mental health of veterinarians is growing, and there are a number of individuals who are devoting their energy toward making the situation better. Consider becoming a part of the solution and lending a hand to your colleagues – you very well could save a life some day!

References


Bartram, D. J., & Baldwin, D. S. (2010). Veterinary surgeons and suicide: a structured review of possible influences on increased risk. The Veterinary Record, 166(13), 388.


Larkin, M. (2013). Finding calm amid the chaos. When it's not the patient who needs a wellness check, but the veterinarian. JAVMA News, 243(10), 1368-75.


**Review:** Pemphigus foliaceus is an autoimmune disease that occurs due to the production of autoantibodies against the cellular adhesion proteins of the epidermis. Pemphigus foliaceus is the most common autoimmune skin disease in felines. There are no sex or breed predilections, and it may occur at any age. Clinical signs include crusting of the bridge of the nose, muzzle, periorcular region, pinnae, footpads, and peri-nipple region. Facial crusting may be strikingly symmetrical. Unlike the dog, intact pustules are rarely seen in the feline. Systemic signs are rare, but include lethargy and lymphadenopathy. Acantholytic cells present on cytology may raise clinical suspicion, but more severe bacterial or fungal infections can also disrupt the epidermis enough to induce acantholysis. Aerobic culture may be positive or negative, depending on whether secondary infection is present. Ultimately, pemphigus foliaceus is diagnosed via biopsy and histopathology. Glucocorticoids are typically the treatment of choice and should be tapered to the lowest possible dose to maintain remission. If higher doses of steroids cannot be tolerated, steroid sparing drugs may be used concurrently with appropriate monitoring. Prognosis is good for achieving remission, but lifelong therapy is often necessary.

Figure 1: Crusting present on the pinnae.

Figure 2: Thick crusting at the base of the ears (A) and temporal regions (B).

Figure 3: Crusting present on the nailbed.

Figure 4: Histopathology revealed crusting pustular dermatitis with acantholytic cells which was consistent with a diagnosis of pemphigus foliaceus. Special stains were negative.

Figure 5: With treatment, O'Reilly's dermatologic exam and systemic health have returned to normal.

Figure 6: Resolution of crusting on the pinnae following immunosuppressive therapy.

Figure 7: Resolution of the crusting on the nailbed following immunosuppressive therapy.

*A special thank you to O'Reilly's family, Dr. George Lobrano and Comite Drive Animal Hospital for this referral and for support of our hospital.*

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Associate Veterinarian needed for a well established, multi doctor AAHA Accredited small animal hospital in Shreveport, Louisiana. We are seeking an individual with a strong interest in surgery who would like to further develop the surgical portion of the practice. Several years’ experience preferred will consider a new graduate. Our clinic is fully equipped with the latest equipment and has a strong cohesive team in place with a loyal client base. Emphasis is placed on the highest quality medicine and customer service. Highly competitive salary and benefits package for the right individual. Shreveport is a great place to live, come for a visit and see what we are all about. Contact Kathryn McFadden, DVM, ksmcfadden@comcast.net, www.townesouthah.com for a visit and see what we are all about. Contact Kathryn McFadden, DVM, ksmcfadden@comcast.net, www.townesouthah.com

Welcome! The 84th Annual Conference for Veterinarians and Veterinary Technicians will be held Saturday April 18, 2015 at the School of Veterinary Medicine. An optional 3 hours of ultrasound training is slated for Sunday, April 19th. For more information and to register on-line visit the SVM homepage (http://www1.vetmed.lsu.edu/svm/), or contact Paula Jones at 225-578-9825 or email: paulaj@lsv.edu.

Associate Veterinarian needed for a well established, multi doctor AAHA Accredited small animal hospital in Shreveport, Louisiana. We are seeking an individual with a strong interest in surgery who would like to further develop the surgical portion of the practice. Several years’ experience preferred will consider a new graduate. Our clinic is fully equipped with the latest equipment and has a strong cohesive team in place with a loyal client base. Emphasis is placed on the highest quality medicine and customer service. Highly competitive salary and benefits package for the right individual. Shreveport is a great place to live, come for a visit and see what we are all about. Contact Kathryn McFadden, DVM, ksmcfadden@comcast.net, www.townesouthah.com , 318-347-1338.

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<td>Fort Worth</td>
<td>Fort Worth, TX</td>
<td>(972) 664-9800 <a href="http://www.swvs.org">www.swvs.org</a></td>
</tr>
<tr>
<td>Louisiana Academy of Veterinary Practice</td>
<td>Seminar—Toxicology</td>
<td>September 27, 2015</td>
<td>LSU SVM</td>
<td>Baton Rouge, LA</td>
<td>(985) 687-7242 <a href="http://www.lavavp.org">www.lavavp.org</a></td>
</tr>
<tr>
<td>Animal Dermatology Clinic</td>
<td>3rd Annual Dermatology Forum for Veterinarians</td>
<td>October 1-4, 2015</td>
<td>Sandestin Golf and Beach Resort</td>
<td>Destin, FL</td>
<td>(949) 390-2990 x202 <a href="http://www.adcannualderm.com">www.adcannualderm.com</a></td>
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