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# MONTHLY MEWS

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## HOSPITAL HAPPENINGS

### PAYROLL NEWS - TAX ID CHANGE

You may have noticed that the YTD deductions on your paystubs have "started over". If you compare your paycheck on 3/22/24 to the one on 4/5/24, you will see that the YTD deduction amounts have significantly decreased. This is because AAVEC's tax ID changed, which will result in most employees receiving two W2s for 2024. Employees hired *after* this tax ID change will receive only one W2 for 2024.

**UPDATE:** Our new payroll system, Dayforce, is projected to go live in September!



### INVENTORY - JUNE 28

Volunteers are needed to help with our next inventory! Email Lisa ASAP if you are able to help! **Lunch is included!**  
Extra hours = more dollars!

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## ORACLE

Oracle is our new accounting and expense software that will be used to process approved expenses, such as CE reimbursement and scrubs. The reimbursement process will require you to set up a profile with Oracle to access their Self-Service Expense module. All reimbursements will be processed using the direct deposit information you enter in your Oracle profile. **Keep an eye on your email inbox for more information from Joe and Sharon.**

## BATHROOM DOOR KNOB CLARIFICATION



If you are searching for an unoccupied bathroom, look for a door handle that has the slit in the horizontal position. If the door is closed and the slit is in the horizontal position, knock and then enter the bathroom. If the door is closed and the slit is in the vertical position, the bathroom is occupied.

## MANDATORY ASSISTANT MEETING

All assistants are required to attend the upcoming meeting. There are two dates available, attendance of only one is required.

Monday, June 17 at 8 PM  
Tuesday, June 18 at 4 PM

If you have any topics you would like to share at this meeting, please email Brittany Collier.

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## BIRTHDAYS

- 6/1 Benjamin Bailey
- 6/2 Rachael Owens
- 6/7 Hailey Lewis
- 6/15 Kaitlin Jacobs
- 6/18 Samantha Ritter
- 6/24 Lauren Riedel
- 6/27 Ruthie Fliflet
- 6/28 Benjamin Peterson
- 6/29 Maritza Castro

## CELEBRATING YOU!

### ANNIVERSARIES

- 6/1 Andrea Rodriguez, Brooke Yarnell, & Jenna Allen - 3 years
- 6/3 Lea Cranford - 12 years & Lori Donley - 21 years
- 6/4 Jeanne Zito - 26 years
- 6/6 Kelsey Katz - 6 years
- 6/8 Jeannine Cook - 3 years
- 6/9 Lauren Riedel - 1 year
- 6/10 Amy Delano - 10 years
- 6/13 Tina Bartlett - 21 years
- 6/14 Claire Rosenbaum - 2 years

- 6/15 Rebecca Dausen - 14 years & Maren Petersen - 1 year
- 6/15 Nicole Camelo-Lopez - 1 year
- 6/19 Stewart McNair - 10 years
- 6/23 Cheryl Nicely - 21 years
- 6/24 Julie Wentzel - 20 years
- 6/25 Tasha Fleury - 3 years
- 6/27 Jessica Tarpley - 7 years
- 6/28 Emily Mason - 14 years
- 6/29 Ali Keil - 7 years

26

21

14

20

10

12



Congratulations to  
Regan Dunn on completing her  
Bachelor's in Forensic Studies  
&  
Kelsi Gooden on completing her  
Bachelor's in Biology

happy  
GRADUATION



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## NEW ROLE

CJ Maurer has moved from the assistant position to technician! Congratulations on your new role!

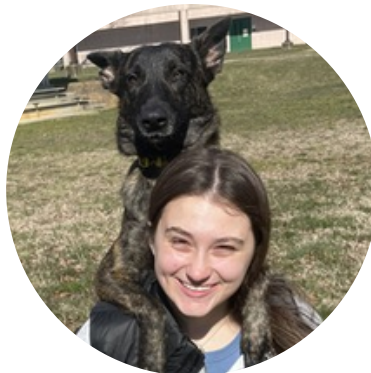


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## WELCOME TO THE TEAM



Maddie Frey  
Assistant



Ash Ireland  
Assistant



Rachel Blizzard  
Assistant



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## SOCIAL MEDIA

Send your photos to Sydney!

- 4th of July photos
  - Summertime photos
  - Team photos
  - Photos of you and your pets!
  - Patient photos and stories! (first and last name please)
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## RAVIN' REVIEWS

“We live near Ocean City, and our vet referred us here because our dog Panda, had zero platelets and was very sick. Everyone we encountered here was compassionate, caring and extremely knowledgeable and we knew our boy was in great hands. Unfortunately, he was diagnosed with an autoimmune disorder which attacks platelets and despite the best efforts of everyone there, he didn't make it. **While we are heartbroken, it is comforting knowing he received the best care and never suffered during his last days.** We received regular updates on him, visited with him as much as possible, and when things took a turn, the urgency was conveyed to us and we were able to make it back to be with him before he passed away. We will forever be grateful to your wonderful vets, techs, and front desk for their kindness, expertise and caring during such a stressful and ultimately heartbreaking time. Thanks for taking such good care of Panda while he was with you.s upfront with costs, courteous, and caring environment.”

“We had a scary moment with our dog in the middle of the night. I carried him into the hospital and a vet tech immediately noticed my distress and quickly ushered me to the emergency room. Upon setting my dog on the table, he was immediately the center of attention for 5 techs. They had hands on him immediately and triaged to determine what was happening. It was impressive to watch them work and I was instantly assured he was in the right place. Following that we were very pleased with the communication and speed at which we were informed on his condition, next steps, etc. **Dr. Mullens was kind, patient, and knowledgeable.** She met with us a couple times throughout the night. A special thanks to all who helped with our pup!

The prices were not inflated or unreasonable for the provided services.”



“Service was immediate, **great communication**, clearly explained all procedures, was upfront with costs, courteous, and caring environment.”

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“The experience couldn't have been better. The techs were so sweet helping me get my large dog out of the car.

**Lea Cranford is amazing.** It was a horrible, stressful time and she was kind and knowledgeable.”

“**Dr. Castro was very helpful** when Little Boy Blue hurt his left hind leg on a Friday evening when his regular vet was closed. AAVC saw us immediately and gave Blue something for his pain and kept him under observation for a few hours to make sure that he was stable. AAVC is a great resource and I heartily recommend them to anyone who has a pet emergency.”

“I can't say enough about the practice, we are so fortunate to have the facility in the area. My senior Yorkie was in distress, in the middle of the night and we were able to get her relief within minutes.

**The staff was great, they were very understanding and compassionate.”**

“Great experience with our recent foster kitten who had an emergency. I appreciated all the updates from the **doctor and the staff were fantastic with the little one.** We have been there before with our animals when needed and it has always been a good experience.”



**“AAVEC is truly the best of the best.**

They are compassionate, knowledgeable, clean and professional. Their kind empathy means so much when you walk through their door and through out the visit.”





# VET MED ED: FLUTD

**Feline lower urinary tract disease (FLUTD)** is a general term used to describe conditions affecting the bladder or urethra of cats;<sup>1</sup> it is not a syndrome or specific diagnosis. It has been reported that between 4.5% and 8% of cats presenting to veterinary practices or teaching hospitals have FLUTD.<sup>2,3</sup> Causes of FLUTD include physical conditions and behavioral disorders resulting in inappropriate urination (see box below). Because FLUTD encompasses a set of diseases manifesting similar clinical signs, an individualized, thorough diagnostic approach is required to determine the cause and optimize therapy (FIGURE 1).

### Etiologies of FLUTD:

- Feline idiopathic cystitis
- Urolithiasis
- Urethral plugs
- Urinary tract infection
- Neoplasia
- Congenital anatomical defects (e.g., urethral stricture, urachal remnant)
- Trauma
- Neurologic disorders (e.g., reflex dyssynergia)
- Behavioral disorders



**TABLE 1 Clinical Signs of Feline Lower Urinary Tract Disease**

NONOBSTRUCTIVE	OBSTRUCTIVE
Pollakiuria	Stranguria
Hematuria	Anuria
Stranguria	Lethargy
Periuria (urinating in inappropriate places)	Vomiting
Licking at urethral opening	Depressed mentation
	Licking at urethral opening
	Inappetence

# VET MED ED

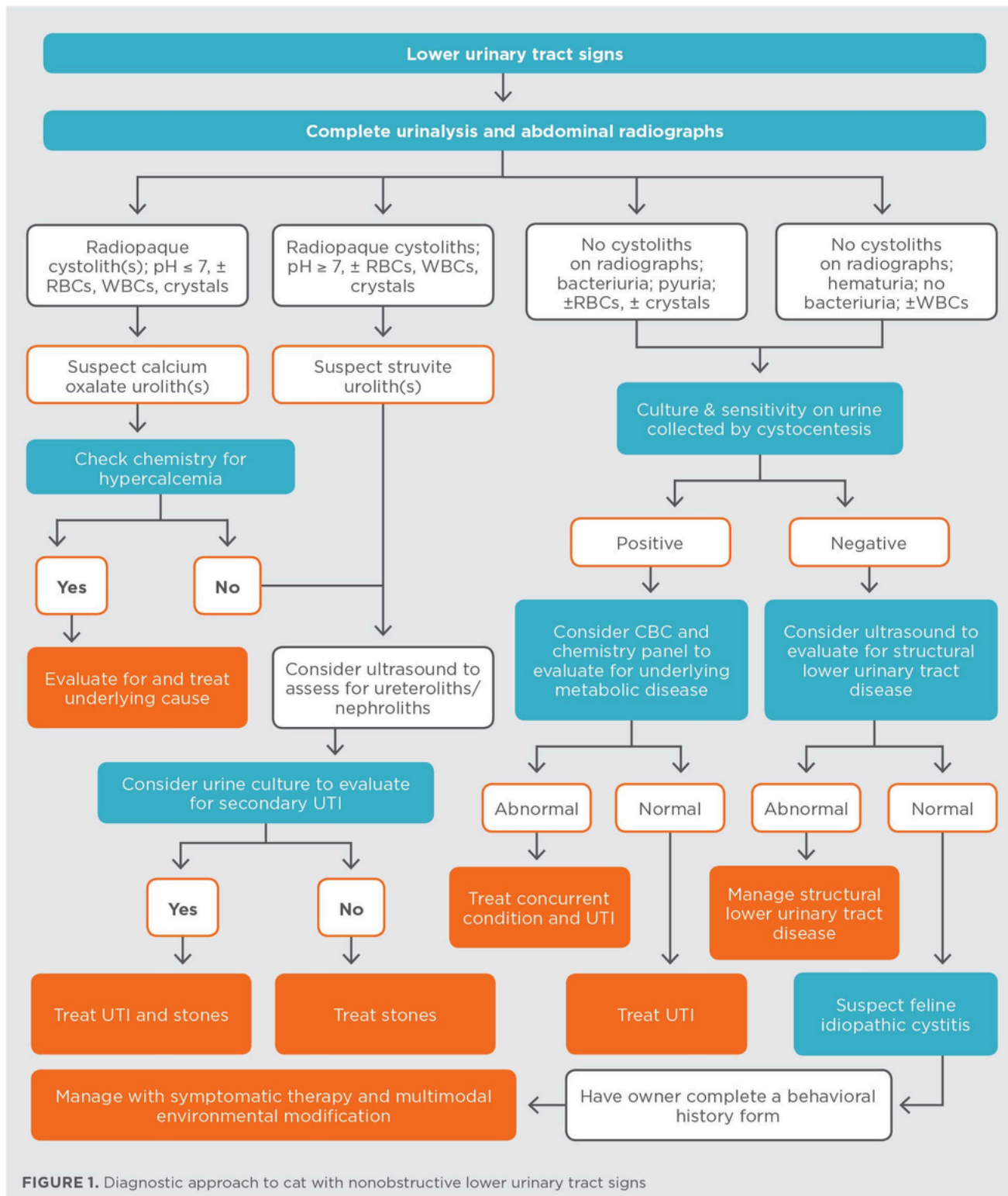


FIGURE 1. Diagnostic approach to cat with nonobstructive lower urinary tract signs



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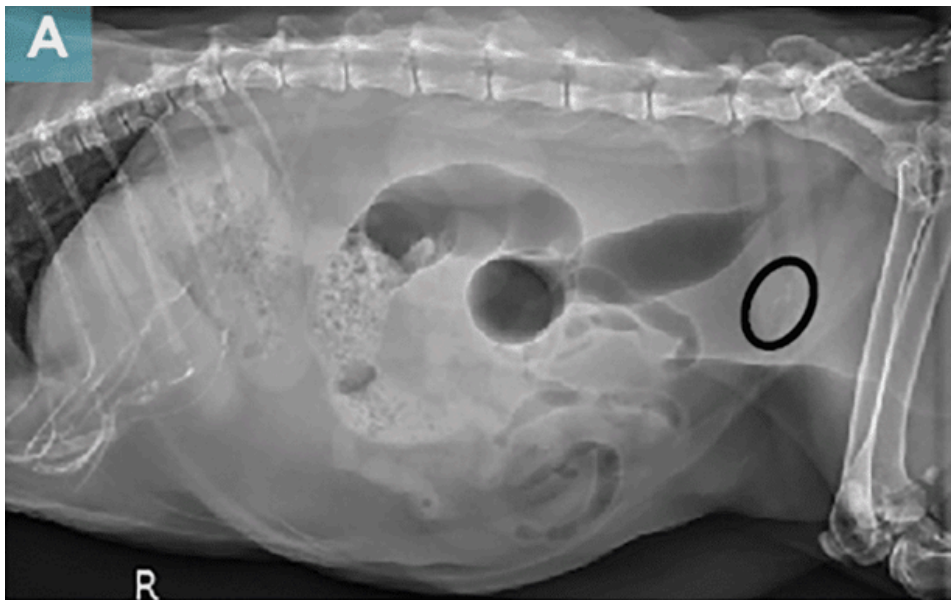
# VET MED ED

## Signalment

Most cats presenting with FLUTD are between 1 and 10 years of age.<sup>4</sup> In cats younger than 10 years, feline idiopathic cystitis (FIC) is the most common cause (55% to 63%), followed by urolithiasis (15% to 22%) and urethral plugs (10% to 21%). Neoplasia (less than 1% to 2%) and urinary tract infection (UTI; less than 1% to 8%) are uncommon.<sup>5-7</sup> In one study, cats aged 10 years or older were reported to have an increased risk for UTI.<sup>3</sup> Additionally, cats with certain metabolic disorders,<sup>8,9</sup> urolithiasis,<sup>10</sup> and prior urinary tract procedures (e.g., urethral catheterization, perineal urethrostomy)<sup>11-13</sup> have an increased incidence of UTI. Bladder neoplasia is rare in cats but is more common in cats older than 10 years.<sup>3</sup> Certain breeds may have an increased risk of specific etiologies of FLUTD; for example, in some studies, Russian Blue, Himalayan, and Persian breeds have had an increased risk of urolithiasis.<sup>3,14</sup>

## Abdominal Radiography

Uroliths are the cause of lower urinary tract signs in approximately 15% to 20% of feline patients,<sup>5-7</sup> so survey abdominal radiographs are indicated in all cats with lower urinary tract signs, regardless of patient signalment. Also, uroliths must be ruled out before FIC can be diagnosed. Struvite and calcium oxalate stones are radiopaque, and radiographs allow assessment of their presence, location, number, and size (FIGURE 3). Bladder neoplasia is not usually apparent on radiographs, but if a calcified mass is present, it may be detectable.



(A) Right lateral radiograph of a 10-year-old spayed Siamese cat presenting with a 1-day history of periuria, stranguria, and hematuria. Radiograph shows tiny opaque cystoliths within the urinary bladder (black oval).

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# VET MED ED

## Complete Urinalysis

A complete urinalysis includes evaluation of a dipstick, urine specific gravity (USG) measurement by refractometer, and a urine sediment examination. Urine should be analyzed within 60 minutes of collection for the most reliable results.<sup>16</sup> One concern is that crystals may form in vitro.<sup>16</sup> The leukocyte esterase test pad on the dipstick has a high false-positive rate in cats and, therefore, is not useful.<sup>17</sup>

Inflammatory diseases of the lower urinary tract often result in gross or microscopic hematuria, proteinuria, and possibly pyuria. Bacteriuria should prompt submission of a sample for quantitative urine culture, as debris can be easily mistaken for bacteria.<sup>17</sup> Urease-producing bacteria (e.g., *Staphylococcus* spp, *Proteus* spp) may result in an alkaline pH; however, a single pH measurement should be interpreted with caution as pH may vary throughout the day.

In general, struvite (i.e., magnesium ammonium phosphate) stones are associated with an alkaline to neutral urine pH and calcium oxalate stones are associated with an acidic to neutral pH.<sup>18</sup> Struvite crystals and calcium oxalate crystals may be present with or without urolithiasis. Struvite or calcium oxalate crystalluria does not predict which cats will form stones, can occur in apparently healthy cats, and does not require treatment if the cat has never formed stones previously.<sup>17</sup> Additionally, crystal type does not necessarily predict urolith composition. Although rare, urate crystals should prompt evaluation for a portosystemic shunt.<sup>18</sup>



# VET MED ED

## Long-Term Management

Cats that have formed a struvite or calcium oxalate stone are at an increased risk for recurrence, so long-term management and monitoring is warranted.<sup>18</sup> However, the cause of calcium oxalate urolith formation in most cats remains largely unknown, making preventive recommendations difficult.<sup>1</sup> Diets designed to prevent stone recurrence focus on decreasing concentrations of urinary solutes and crystal promoters and increasing stone inhibitors<sup>27</sup> (TABLE 2). A diet can also help achieve urine pH targets.<sup>27</sup>

Increased water intake is the cornerstone of preventing urolithiasis by promoting dilute urine (target USG <1.030) and increased frequency of urination to decrease urine retention time and thus time for crystal formation.<sup>18,27</sup> Increased water intake may be achieved by feeding a canned diet or adding water (1 cup per cup of kibble) to dry food before feeding.<sup>27</sup> Feeding 2 to 3 meals a day (versus a single meal) may also promote increased water intake.<sup>1</sup> Other strategies to increase water intake include using a water fountain, special bowls, or running faucets.<sup>1</sup> However, the benefit of these strategies is unproven.<sup>28</sup>

**TABLE 2 Approach to Prevention of Feline Struvite and Calcium Oxalate Uroliths<sup>1,18</sup>**

	STRUVITE UROLITHS	CALCIUM OXALATE UROLITHS*
General	<ul style="list-style-type: none"><li>Over 7 days, transition to a canned therapeutic diet formulated to prevent urolith recurrence</li><li>Consider implementing strategies to encourage water intake</li></ul>	
Targets	<ul style="list-style-type: none"><li>No struvite crystals</li><li>pH &lt;6.5</li><li>USG &lt;1.030</li></ul>	<ul style="list-style-type: none"><li>No or few calcium oxalate crystals</li><li>pH &gt;6.2</li><li>USG &lt;1.030</li></ul>
Monitoring	<ul style="list-style-type: none"><li>Evaluate urinalysis after 1 month and then every 3 months</li><li>Perform abdominal radiographs every 3–6 months or if cat exhibits lower urinary tract signs</li></ul>	<ul style="list-style-type: none"><li>Perform abdominal radiographs every 3–6 months or if cat exhibits lower urinary tract signs</li></ul>
Adjustments	Add oral urine acidifiers (methionine or ammonium chloride) only if average urine pH >6.5	<ul style="list-style-type: none"><li>If urine is persistently acidic, add oral potassium citrate (50–75 mg/kg PO q12h)</li><li>If repeated calcium oxalate urolith formation occurs, add oral hydrochlorothiazide (1–2 mg/kg PO q12h); do not use in cats with hypercalcemia</li></ul>

*\*In cats without systemic hypercalcemia.*

For the original source and more information on FLUTD, go to:

<https://todaysveterinarypractice.com/urology-renal-medicine/diagnosing-and-managing-feline-lower-urinary-tract-disease/>