Hello everyone! I am excited to introduce myself as your new LVMA President for 2017. I was inducted at our annual Winter Meeting in Baton Rouge. For those of you that missed our Winter Meeting, I am Dr. Marion Sewell. I am originally from upstate New York and I served in the United States Marine Corps for 4 years as an Aviation Ordnanceman where I was primarily stationed at MCAS Beaufort, SC with the VMFA 115 Silver Eagles. I graduated from Louisiana Tech University and then Louisiana State University School of Veterinary Medicine in 2007 (best class ever!). I am the owner of Ruston Animal Clinic and very recently Jonesboro Animal Clinic where I practice companion animal medicine with the help of a very dedicated support staff and several amazing associate veterinarians.

I would like to especially thank Dr. Trisha Marullo for her leadership and commitment to our great association this past year. Also, many thanks to our Executive Director, Bland O’Connor and Association Coordinator, Stephanie Karaty, for another successful Winter Meeting. I hope you were able to join us in Baton Rouge for the 2017 Winter Meeting. This meeting continues to be a great place to reconnect with colleagues and earn quality continuing education. Looking ahead, please mark your calendars for the 2018 Winter Meeting on January 26-28, 2018 at the Astor Crowne Plaza, New Orleans, LA. Our CE committee is already arranging excellent presenters.

We are excited for our first Power of 10 Leadership and Development Program to begin. We introduced the participants at the Veterinarian Luncheon. This program is for veterinarians who have graduated during or after 2010. The purpose of the program is to engage and develop recent graduates with foundation skills in leadership, communication, and business. The group will focus on these topics:

- FRANK training by ZOETIS, a communication workshop offering veterinarians expert guidance on enriching the veterinarian-client patient interaction.
- A day devoted to practice ethics, medical malpractice, and the components and resources of organized veterinary medicine.
- Media training, including how to promote yourself and your practice.
- Advocacy and legislative issues.
- A potpourri of professional issues such as Burnout, Financial Planning, Worklife Management and practice ownership/business management.

As the incoming LVMA president, I pledge to honor and advance the LVMA’s mission. On behalf of our members, we will continue to monitor legislative and regulatory issues that impact animal health and the practice of veterinary medicine in Louisiana. Through the Power of 10 program we hope to add strength and energy to our association by reaching out to and recruiting active members. Please provide information and feedback to your LVMA Board Members about issues facing your practice and the profession at large. 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.

Marion Sewell, DVM
LVMA President
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- Prolapsed gland of the third eyelid repair (Cherry Eye)
- Intra-ocular prosthesis surgery
- Enucleation (eye removal) with intra-orbital implant
- Medical therapy for inflammatory and infectious eye diseases
- Emergency eye care 24 hours a day and 7 days a week
- Breed eye certifications
- Full Ophthalmic Examinations (Slit Lamp Bio-Microscopy, Retinal Exam) with diagnostic testing (Intraocular Pressure Measurement, Tear Testing, Fluorescein Staining)
- Gonioscopy (Diagnosing the Potential for Glaucoma Susceptibility)
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In memory of Dr. Robert Henderson

Live Oak Animal Hospital
In memory of Dr. Kathryn Wilkinson

**Donations in memory of pets:**

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In memory of “Molly”, “Trouble”, “Mia” and “Lacey”

Jefferson Animal Hospital
In memory of “Timmie”

All donations received will be recognized. Family members will receive a card notifying them of the donation and the individual or clinic that made the donation.

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**2017 Membership Renewals**

A 2nd notice of 2017 Membership Renewals were mailed recently. Please be on the lookout for your renewal forms. Throughout the year we send valuable information and updates to our members including CE opportunities, legislative changes and alerts, and other information that may be significant to your practice or career. Please make sure that all of your contact information is up to date on your renewal form! You may also renew online at www.lvma.org. If you have any questions, please contact the LVMA office.

Thank you and we look forward to another great year!
The 2017 Winter Meeting in Baton Rouge was a success! The meeting featured 22 hours of continuing education for veterinarians and 11 hours for technicians. Sessions included Companion Animal, Practice Management, Large Animal and Veterinary Technician.

The exhibit hall featured 54 booths and provided entertainment and networking for attendees during breaks. Among the exhibitors were our meeting sponsors. Thanks to all of those that helped to make this year’s meeting a success.

During the Business Meeting and Veterinarian Luncheon new officers were installed and the 2016 LVMA awards were presented. Dr. Marion Sewell assumed the role of President, replacing Dr. Trisha Marullo. The newly elected LVMA Board of Directors is as follows: Dr. Marion Sewell, President; Dr. Christie McHughes, President-Elect; Dr. John Mauterer, Vice President; Dr. Trisha Marullo, Immediate Past President; Dr. Dale Peyroux, Treasurer; Dr. Glen Ritter, District 1; Dr. Julie Roane, District 2; Dr. Frank Fitzgerald, District 3; Dr. Jason Poynter, District 4; Dr. Paul Ritch, District 7; Dr. Amanda Perkins, District 8; Dr. Kirk Ryan, District 9. Also elected was Dr. Kathleen Mullins as the new Board of Trustees Member for the Dr. Walter J. Ernst, Jr. Veterinary Memorial Foundation.

The 2016 LVMA Awards were also presented during the meeting. The recipients of those awards were: Dr. James Rundell, Everett D. Besch Distinguished Service Award; Dr. David Baker, Veterinarian of the Year; Tracy Arrison, Support Person of the Year; “Charlie” owned by Lisa Labararraque, Pet of the Year; and Jeff Reid, Salesperson of the Year. Thanks to everyone who participated in the 2017 Winter Meeting. It would not have been as successful without all of your commitment to veterinary medicine. We look forward to seeing you all again next year!

Special Thanks to the 2017 LVMA Winter Meeting Sponsors

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Dentistry Lecture and Wet-lab
Presented by Curt Ritchie DVM

Technicians – Saturday May 13th, 2017 (8am-5pm)

Presentation and interactive discussion
- Learn how to perform dental probing and charting, scaling and polishing
- Learn how to identify common dental/oral abnormalities
- Dentistry home care for your clients
- Boosting dentistry compliance in your practice
- Dental radiology and radiology positioning

Wet-lab
- Hands on scaling and polishing, probing and charting
- Dental radiology station

Veterinarians – Sunday May 14th, 2017 (8am – 5pm)

Presentation and interactive discussion
- Learn how to diagnose and treat common dental and oral pathology
- Indications for extractions
- Instrumentation and materials for extractions
- Procedures for simple and surgical extractions
- Technique for muco-gingival pedicle flaps
- How to increase dentistry revenue in your practice
- Dental radiology

Wet-lab
- Hands on simple and surgical extractions
- Closed and open root planning
- Dental radiology station

COST: $400.00 per technician, $450.00 per veterinarian

Lunch and snacks provided
For more information and to receive a registration form, please call (225) 766-0550 or email toovets1@cox.net.
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.

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Metairie

Dr. Brooke Kaufman
St. Martinville

Dr. Amanda Perkins
Metairie

Dr. Abbey Raaphorst
Metairie

Dr. Katie Simon
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Dr. Walter Welch
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Pictured:

LVMA’s Power of 10 Facilitators, Drs. Dale Peyroux and Marc Bordelon with instructor Dr. Heidi Hulon.

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Sepsis
Erin Daniels, DVM, DACVECC
MedVet New Orleans

Sepsis is defined as the clinical syndrome of systemic inflammation triggered by an infection. Response to infection is highly influenced by the individual host’s genomic factors. The hallmarks of sepsis include loss of vasomotor tone, increased vascular permeability, microcirculatory derangement, and coagulation abnormalities. Multiple organ dysfunction syndrome (MODS) and disseminated intravascular coagulation are potential sequelae. It is widely accepted that these syndromes occur from immune dysregulation in the individual host, namely disruption of the balance of pro-inflammatory and anti-inflammatory responses.

Advanced forms of sepsis include severe sepsis and septic shock. Patients with severe sepsis demonstrate dysfunction of at least one major organ system (e.g., cardiopulmonary, CNS, renal, hepatic, gastrointestinal, coagulation). Patients that have been adequately volume resuscitated but experience persistent arterial hypotension are considered to have septic shock. These patients require the use of vasopressor agents. A certain subset of patients that remains hypotensive despite vasopressor therapy may be characterized as having critical illness-related corticosteroid insufficiency (CIRCI).

Modulation of inflammation and vascular tone are influenced by cortisol. The relationship between plasma cortisol levels and tissue cortisol activity is poorly understood, and positive identification of CIRCI remains controversial as definitive diagnostic criteria do not yet exist. Although ACTH stimulation testing is still widely implemented, the use of low-dose hydrocortisone for people with poorly vasopressor-responsive hypotension is considered standard of care. Regardless of the results of an ACTH stimulation test, a positive clinical response is suggestive of CIRCI.

An approximately 6.5 year old spayed female mixed breed dog (5.4kg) presented to the MedVet ER service for an acute onset of severe hematemesis and hematochezia. Inciting cause was unknown. On presentation hemoconcentration (PCV 63%/TS 5.0g/dL), neutropenia (2.16 K/μl), hypoglycemia (37 mg/dL), hyponatremia (132mmol/L), and hypoalbuminemia (2.1 g/dL) were documented. A systolic blood pressure could not be obtained. Abdominal imaging was consistent with enteritis, functional ileus, and peritoneal effusion. Cytologic evaluation of abdominal fluid revealed a suppurative nonseptic effusion. Prothrombin and activated partial thromboplastin times were severely prolonged. Treatment included intravenous crystalloids, dextrose, fresh frozen plasma, broad-spectrum antibiotics, antiemetics, and gastroprotectants. Systolic hypotension was only transiently responsive to IV fluid resuscitation, so norepinephrine was administered as a constant rate infusion via a peripheral catheter. Placement of a central venous catheter was contraindicated in the face of profound coagulation derangements. A baseline cortisol was obtained (3.2 μg/dL). Complete ACTH stimulation testing was not performed.

Despite aggressive care, the patient’s condition continued to deteriorate and progressed to include mental obtundation, diminished left-sided systolic dysfunction (ejection fraction of 15% on limited echocardiogram), pulmonary infiltrates, and hyperbilirubinemia (8.4mg/dL). Coagulation derangements resolved with plasma administration. Within 24 hours edema and erythema developed on the left antebrachium proximal to the cephalic intravenous catheter through which norepinephrine was being administered. This catheter was removed, and a central venous catheter was placed. Norepinephrine administration was briefly discontinued, and a dobutamine constant rate infusion was instituted. Systolic hypotension persisted. Norepinephrine was re instituted along with a hydrocortisone constant rate infusion at 2.6mg/kg/d. Hypotension and mental status improved within hours. The hydrocortisone CRI was weaned over a 72-hour period, and the patient was able to be discharged from the hospital 24 hours later. Oral prednisone was administered for 1 week at a physiologic dose. The patient made a complete systemic recovery over the next several weeks.

An eschar comprising approximately 40% of the proximal left antebrachial surface developed prior to discharge and was attributed to extravasation of norepinephrine. Despite aggressive management by the MedVet surgery service including serial debridements and frequent bandage changes (owner declined primary closure via skin graft), it took nearly four months for the wound to heal via second intention.

Norepinephrine is a potent α-adrenergic agonist with weak β1 agonist activity. Administration results primarily in arterial and venous vasoconstriction. Positive inotropy and chronotropy may occur but is variable. Norepinephrine is the vasopressor of choice for humans with septic shock. A consensus regarding first-line vasopressor use in septic veterinary patients is lacking. Adverse side effects include peripheral and visceral vasoconstriction resulting in decreased perfusion and ischemia, arrhythmias, seizures, and extravasation injury. Local administration of an adrenergic antagonist (phenolamine) within 12 hours may restore blood flow to the region and mitigate tissue necrosis.

(Continued on page 13)
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This report highlights the successful outcome of a critically ill canine patient meeting the criteria for septic shock, MODS, and CIRCI. It also serves to document a potential complication of peripheral norepinephrine administration. The author advises that lack of central venous access should not delay administration of potentially life-saving vasopressor drugs in septic patients; however, extreme caution must be used to avoid extravasation injury.

References:


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<table>
<thead>
<tr>
<th>Event Hosts</th>
<th>Event</th>
<th>Date</th>
<th>Venue</th>
<th>City, State</th>
<th>Contact Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>WVC</td>
<td>Western Veterinary Conference</td>
<td>March 5-9, 2017</td>
<td>Mandalay Bay Convention Center</td>
<td>Las Vegas, NV</td>
<td>WVC.org</td>
</tr>
<tr>
<td>AAV A</td>
<td>2017 Annual Meeting</td>
<td>March 24-26, 2017</td>
<td>Hyatt Regency Savannah Hotel</td>
<td>Savannah, GA</td>
<td>AAVA.org</td>
</tr>
<tr>
<td>AVMA</td>
<td>AVMA Convention</td>
<td>July 21-25, 2017</td>
<td>Indiana Convention Center</td>
<td>Indianapolis, Indiana</td>
<td>AVMA.org</td>
</tr>
<tr>
<td>San Diego County VMA</td>
<td>San Diego County VMA Veterinary Conference</td>
<td>September 9-10, 2017</td>
<td>Handlery Hotel San Diego</td>
<td>San Diego, CA</td>
<td>SDCVMA.org</td>
</tr>
<tr>
<td>Southwest Veterinary Symposium</td>
<td>SWVS</td>
<td>September 21-24, 2017</td>
<td>Henry B. Gonzalez Convention Center</td>
<td>San Antonio, TX</td>
<td>SWVS.org</td>
</tr>
</tbody>
</table>