MULTIPLE CHOICE QUESTIONS

1. Your patient is a fat Labrador Retriever, weighing approximately 45 kg. If you have the choice of one ultrasound transducer, which of the following would you select for an abdominal ultrasound examination of this dog?
 - (A) 8–12 MHz linear transducer
 - (B) 3.5 MHz sector transducer
 - (C) 8.5–12 MHz microconvex transducer
 - (D) 5–8.5 MHz microconvex transducer
2. These images are from two different patients with bladder calculi. Why does the calculus in Figure 2 cast an acoustic shadow, while the calculi in Figure 1 do not?

Figure 1

Figure 2

- (A) The calculi in Figure 1 are urate calculi (i.e. radiolucent)
 - (B) The calculi in Figure 1 are much smaller than the calculus in Figure 2
 - (C) The calculus in Figure 2 is in the centre of the figure
 - (D) The calculus in Figure 2 is calcium oxalate (i.e. radio-opaque)
3. Which of the following should be avoided when performing ultrasound-guided fine-needle aspiration?
 - (A) The spleen
 - (B) Ultrasound gel
 - (C) Surgical spirit
 - (D) The liver

PTS: the elephant in the room: where do you start with discussing euthanasia?

Andy Green

Of all the scenarios facing any new graduate moving into general practice for the first time, euthanasia is likely to be high on the anxiety spectrum for most. This particularly relates to when the discussion of euthanasia as an option should begin and how to broach such a sensitive and emotionally charged subject. It is arguably the most important decision any pet owner ever has to make. It is worth remembering that it is a valid treatment option for many scenarios, some obvious and some less so. Sometimes it is down to simple economics — the owner cannot afford to treat and there is no viable alternative that avoids unnecessary suffering, or the creation of an unpaid and unpayable debt.

One of the most important elements is the quality of your communication skills. Being able to ask the right

high-quality questions is crucial in uncovering any unspoken fears or concerns they might have about their pet, and whether euthanasia needs to be broached or considered. Planning ahead and laying out the process of euthanasia well ahead of time can be very helpful in reducing the amount of uncertainty owners feel when approaching such a key decision. This conversation may happen weeks, months or even years before the decision is made.

A golden rule of euthanasia conversations is this — if the client themselves has broached euthanasia as a possible option, it is either time to make the decision now, or very soon, with very few exceptions. This gives an ideal opportunity for you to validate their concerns and the importance of getting the decision timing right, as well as giving everyone permission to move forwards with whatever decision is right in the circumstances.

The entire conversation needs to take place under the umbrella of rapport, with empathy and compassion for the quality of life not just of the pet, but also of the owner and their family. It can be all too easy to overlook the impact of having a seriously or chronically ill pet on their owners, as they juggle work and family commitments with caring for their pet, administering daily medications, arranging regular consultations or procedures and paying for all of this care. The importance and impact of bringing these elements into any conversation around quality of life and

euthanasia should not be underestimated — it demonstrates to the owner that you genuinely understand and appreciate the emotional, physical and financial toll these situations can take on them, and can help to reassure them that a decision to euthanase is not a selfish one. In truth it is quite the reverse — the decision not to open a discussion of euthanasia or make that final decision may be the easy choice, but often not the right choice.

KEY LEARNING OBJECTIVES

- Understand the importance of end-of-life care discussions
- Learn the key communication skills needed in these discussions
- Develop more confidence in broaching a euthanasia discussion effectively

MULTIPLE CHOICE QUESTIONS

1. For which of these case presentations should euthanasia be considered a valid treatment option?
 - (A) Road traffic accident
 - (B) Chronic kidney disease

- (C) Faecal incontinence
 - (D) All of the above
2. What should you do when deciding how to open a discussion of euthanasia with an owner?
 - (A) Approach it in purely clinical terms
 - (B) Establish their thinking about their pet's condition first
 - (C) Give multiple differentials and options rapidly
 - (D) Give your opinion before you have asked them what they think
3. What should you do if an owner asks you for guidance on whether it is time to decide to euthanase?
 - (A) Make an assertive recommendation and explain why
 - (B) Put the onus straight back on the owner and tell them it is their decision to make
 - (C) Avoid the question as you do not feel confident to say
 - (D) Make them feel guilty for not deciding sooner

Where do you start with preventative healthcare?

Paul A. Eynon

Veterinary school provides an environment for knowledge transfer to take place — from our lecturers to PowerPoint to our grey matter and finally on to our laptops (pen and paper in 'my day'), whilst we hope and expect extramural studies (EMS) to allow us to practise and hone our skills in transferring this knowledge to our clients. Many of us will be fortunate in being given the opportunity to do this, in practices we have considered as 'home' during our university careers. The skill in delivering what might be considered the 'bread and butter' of first-opinion practice is one that requires trial and error, practice and being prepared to tackle some of the misconceptions around preventative healthcare. Making the most of preventative healthcare appointments and discussions can be and should be, a rewarding part of our job — interacting with a patient and client in, for the most part, a non-emotionally heightened state — that is, keeping the 'healthy' patient on the highway of health.

We will consider:

- Vaccinations — in cats, dogs and rabbits:
 - What can we vaccinate against?
 - When do we start and when are booster vaccines?

- How can we improve the patient and client experience during a vaccine consultation?
- How can we approach answering some of the client questions surrounding vaccination?
- Worms — in cats, dogs and rabbits:
 - What worms are we faced with in the UK?
 - How can we de-worm and at what frequency should we do so?
 - How might changes in pet travel and transport pose a risk to human health?
 - What are some of the common questions we face from clients regarding worms?
- Fleas, ticks and mites — in cats, dogs and rabbits:
 - How do we get clients on board with prevention?
 - What are some of the barriers to effective flea and tick prevention?
 - What are some of the disease conditions associated with these ectoparasites?
 - Approaching the over-the-counter versus veterinary products conversation with clients
- Neutering — in cats, dogs and rabbits:
 - The why, why not and when to neuter?
 - Complicated neuters, e.g. cryptorchid/monorchid and ethical considerations
 - The discussion about what to expect in the pet after neutering and how to respond to client's concerns surrounding going ahead with neutering in the first place
 - Discussion around the how-to methods of neutering — e.g. ovariectomy

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Guest question

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Often, we may only have time to discuss the basics of the above during first puppy and kitten consultations,