



# November 2022 Bulletin

## Nevada Board of Veterinary Medical Examiners

### The Case for Necropsy: Why it Matters

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A little over 20 years ago, I lost a patient unexpectedly. I can still remember the owners, a young mother, and her adorable six-year-old daughter. They bought their uncharacteristically sweet five-month-old calico kitty to me for ovariohysterectomy and declaw. Anesthesia and surgery went off without a hitch, and I remember calling the owner to let her know their kitty was in recovery. Her daughter jumped on the phone to hear because she had been so worried about her kitty. After that call, I was all smiles walking back to the treatment area until my technician told me the little kitty had torn off her bandages. Unsure of why (but possibly due to inadequate pain management) I instructed my technician to "box her down" after she had matured from a sweet kitty into a fractious calico. Despite the eventful induction protocol, she did great until recovery. However, she soon declined.

She arrested during recovery and even after over 20 minutes of CPR; no one could get her back. Her owner was more understanding of what had happened than I was, and I can still remember her last words during that phone call, "Well, I have to go, I have to tell my daughter what happened." Her unexpected death plagued me all day. I called the owner to ask if I could perform a necropsy to determine why she passed. Again, she was very understanding and agreed to a necropsy. On gross examination, I didn't see much, but I sent several samples out for histopathology. The pathologist concluded the cause of death was severe occult HCM.

I will never forget that case and the lesson it taught me--always do a necropsy unless the owner objects. The results benefited me both professionally and emotionally back then, and it may help any one of us in the future if we face a complaint.

Most complaints involving an unexpected death are filed because the owner has unanswered questions. As clinicians who care, we should have the same questions. The results of a necropsy can confirm our diagnosis and tell us we did everything we could for our patient, or the results could teach us a lesson that we can take to the next patient. Necropsies make us better doctors. This is the reason why most necropsies are performed at teaching hospitals.

A necropsy done by a veterinary pathologist at a teaching hospital is the gold standard, but it is not the only option. When considering obtaining information through a necropsy, the goal should be to get answers and limit bias. The personal involvement of each doctor in the case should be considered when deciding who should perform the necropsy to ensure an unbiased interpretation of the findings.

Written notes, photographs, and video are important in all the above, but these can be particularly helpful when necropsies are done by a solo practitioner. Of course, a disgruntled client may not accept the results of a necropsy no matter who performs it and could still file a complaint. However, if a complaint is filed, results

from a necropsy could better show that a diagnosis or treatment plan were within medical standards or that demise of the patient would have occurred despite the attempted interventions.

Importantly, just as you must obtain consent from an owner prior to performing any procedure, you must also obtain consent to perform a necropsy. It can be a difficult subject to raise in the best of circumstances but some phrases that have helped me to explain the importance of a necropsy to a grieving client, include:

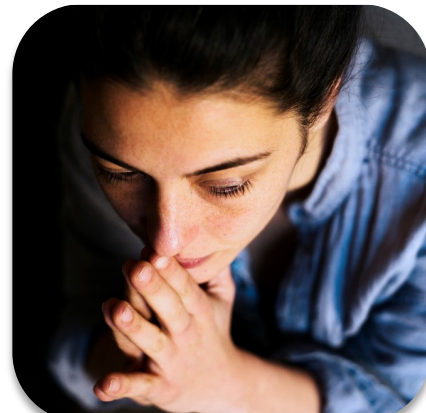
"It is our hospital policy to perform a doggy autopsy in all cases where one of our patients dies in our care unless you object."

"I will treat Oreo with the same gentle care and respect as I would for one of my kids, but of course, I will do nothing without your approval."

"I understand you believe I made a mistake, and I want to know what happened too. I am going to have my medical director speak with you about a kitty autopsy."

"If we want to make sure the diagnosis and treatments were right, I think we should send Oreo to the state/university/commercial laboratory."

Performing necropsies remains a crucial, but often neglected component of practice. Finding answers for yourself and closure for clients provides invaluable education for practitioners of all levels of experience and expertise. Unfortunately, our office often hears that an owner was never offered a necropsy. In making it a part of the normal course of practice when patients pass due to unclear causes, a necropsy can be valuable service to your clients and yourself.



What happened to my pet?  
Did the veterinarian do something wrong?  
Was everything done that should have been?  
My pet healthy, how are they now dead?

Necropsies can be performed by many different practitioner types.

- third party (teaching hospital, state lab, or reference laboratory)
- another general practice hospital (a hospital group or two hospitals could agree to perform necropsies for the other)
- another veterinarian in the same hospital with histopathology sent out to a third party
- primary doctor (histopathology sent out to a third party)
- primary doctor without histopathology

# Law and Order Corner: FDA Compounding Guidance

In April, the FDA issued its final guidance (Guidance for Industry #256) on compounding animal drugs from bulk substances. The intention of the FDA's guidance is "to protect human and animal health by limiting the use of animal drugs that are compounded from bulk drug substances to when a veterinarian (within a valid VCPR) determines that there is no medically appropriate human or animal drug that is FDA-approved, conditional approved, or indexed to treat the patient." The document also focuses on the FDA's enforcement activities when dealing with the topic of compounding from bulk drugs in veterinary practices.

Below is a brief summary of the FDA Guidance:

- Currently, compounding for non-food producing animals is permissible when compounding a finished FDA approved drug and *not a bulk substance*. Compounding of off/extra label drugs is allowable when the extra label use regulations are met.
- The FDA *does not* intend to take enforcement action against compounding of animal drugs using bulk drug substances for non-food producing animals for violations when the following is met:
  1. The drug is compounded by or under the direct supervision of a veterinarian, pharmacist, or State licensed pharmacy
  2. All ingredients meet the USP-NF standards and FD&C requirement for drug components
  3. The drug is:
    - A. dispensed by a pharmacy under order from a veterinarian for a specific patient under a valid VCPR
    - B. dispensed by a veterinarian for a specific patient under a valid VCPR
    - C. NOT a copy of an FDA Approved or indexed drug (copy has the same active ingredient and route of administration)
      - a. If it is a copy, there is a clinical difference between the compounded drug and the FDA Approved drug (e.g. accommodate patient size, changes in flavoring, dose to achieve patient compliance)
      - b. Note in the medical records the medical rationale that necessitates the compounding of a copy (e.g. allergies, an ingredient in the FDA approved copy is toxic, too many tablets would be needed of the approved product, tablet not scored to achieve the required dosing, patient cannot be pill with approved capsule, requires ophthalmic administration)
      - c. The only unacceptable reasons listed are 'preference' and 'cost'
  4. Report any adverse events associated with compounded drugs here: <http://www.fda.gov/reportanimalae>

## Resource Library

[FDA Compounding Animal Drugs Guidance #256 Document](#)  
[Checklist for Prescribing Animal Drugs \(Veterinarian\)](#)

## Necropsy Resources

*If you would like more information following the article on the importance of necropsies, you can use the information below to find out more:*

**USDA Necropsy Guide:** [https://www.aphis.usda.gov/animal\\_health/lab\\_info\\_services/downloads/NecropsyGuideline.pdf](https://www.aphis.usda.gov/animal_health/lab_info_services/downloads/NecropsyGuideline.pdf)

**Nevada Dept. of Ag:** [https://agri.nv.gov/Animals/Animal\\_Disease/Animal\\_Disease\\_Home/Necropsy\\_Guidance\\_and\\_Education](https://agri.nv.gov/Animals/Animal_Disease/Animal_Disease_Home/Necropsy_Guidance_and_Education):

<https://bmcvetres.biomedcentral.com/articles/10.1186/s12917-018-1505-1>

<https://vet.ucalgary.ca/sites/default/files/teams/1/necropsy-manual.pdf>

<https://www.acvp.org/page/Necropsy>

<https://www.acvp.org/page/education>

[https://ecommons.cornell.edu/bitstream/handle/1813/37948/King\\_John\\_Necropsy\\_Book\\_10Mar16.pdf](https://ecommons.cornell.edu/bitstream/handle/1813/37948/King_John_Necropsy_Book_10Mar16.pdf)

<https://www.veterinarypracticenews.com/myvpnpplus/in-house-necropsy-procedure-tips-for-both-vets-and-techs>

**University Necropsy Services:**

**Ohio State University:** <https://vet.osu.edu/vmc/companion/our-services/clinical-diagnostic-laboratories/applied-anatomic-pathology/what-autopsy>

**Texas A&M:** <https://tvmdl.tamu.edu/shipping/how-to-ship-a-sample-to-tvmdl/>

**UC Davis:** <https://www.vetmed.ucdavis.edu/hospital/support-services/lab-services/anatomic-pathology-service>

**Washington State University:** <https://waddl.vetmed.wsu.edu/labs-sections/histopathology>

**Colorado State University:** <http://csu-cvmb.colostate.edu/vdl/pathology/Pages/submitting-for-necropsy.aspx>



After receiving several cases over the past few years involving resuscitation attempts during cardiac arrest events, the Board endeavored to issue guidance basic elements of performing CPR and managing an event on the practice level. Using the links below, you can access documents that can be used when it comes to discussing, starting, or updating an emergency resuscitation protocol. The Board developed this information using guidance documents available from the Recover Initiative. You can find courses, reading materials, blogs and more involving pet patient CPR at [recoverinitiative.org](https://recoverinitiative.org)

## 4 Basics of Managing Cardiac Arrest Events Basics of Life Support Guidelines



**SPECIAL ANNOUNCEMENT!**  
**THE IN-PERSON REQUIREMENT**  
**FOR CE**  
**FOR 2022-2023 HAS BEEN**  
**WAIVED.**

This means you are able to obtain all CE online for your license renewal due 6/30/2023

## Upcoming Board Meetings:

January 19, 2023 Board Meeting (Reno)

April 20, 2023 Board Meeting (LV)

July 20, 2023 Board Meeting (Reno)

October 19, 2023 Board Meeting (LV)

The Board intends to hold meetings in-person and with a teleconference option for those that would like to participate remotely. Please contact staff with any questions.



## CE CORNER

Please refer to NAC 638.042 for a complete list of the types of courses approved the Board to ensure that CE you are taking is approved.

### Searchable CE Sites:

- Free AVMA seminars online: <https://axon.avma.org/page/covid19-courses>
- List of 2022's Best Conferences: <https://tinyurl.com/2022BestConferences>
- VetFolio is offering free CE here: <https://tinyurl.com/2p8r97x4>
- VetMedTeam List of Free CE: <https://www.vetmedteam.com/classes-free.aspx>
- NAVTA's List of Free CE: [navta.net/page/continuing\\_education](https://navta.net/page/continuing_education)
- Search for Board approved CE any time at <https://www.aavsb.org/RACE>
- WVC Viticus Group Academy Courses: <https://www.viticusgroup.org/wvc-academy>
- Veterinary Practice News: Webinar and In-Person CE Courses <https://www.veterinarypracticenews.com/events/>

### Upcoming CE Courses:

- Ongoing: AVMA Workplace Wellbeing Certificate Program: 5 credit hours-Register here: <https://tinyurl.com/ye26u4et>
- Free CE with Clinician's Brief: <https://www.cliniciansbrief.com/continuing-education>
- DVM360 On-Demand and Live Seminars: <https://www.dvm360.com/view/july-ce-unlock-your-veterinary-learning-potential>

