

TELEMEDICINE IN PRIVATE PRACTICE



Sponsored By:

True North Veterinary Diagnostics Inc. offers services in veterinary diagnostic hematology, chemistry, urinalysis, endocrinology, cytology, histopathology, microbiology, serology, necropsy and immunohistochemistry to veterinarians throughout British Columbia, and beyond.

Visit: TNVD.ca



Shawna Garner DVM, MS, BA
Telehealth Industry Expert
Private Practice Owner: Albright Veterinary Services
(Marshall, IL)

Introduction:

- Types of Telehealth
- Definitions
- History of Veterinary Telehealth
- Legislation
- Why- Know Your Clients
- Benefits
- Getting Started
- Case Studies
- Summary

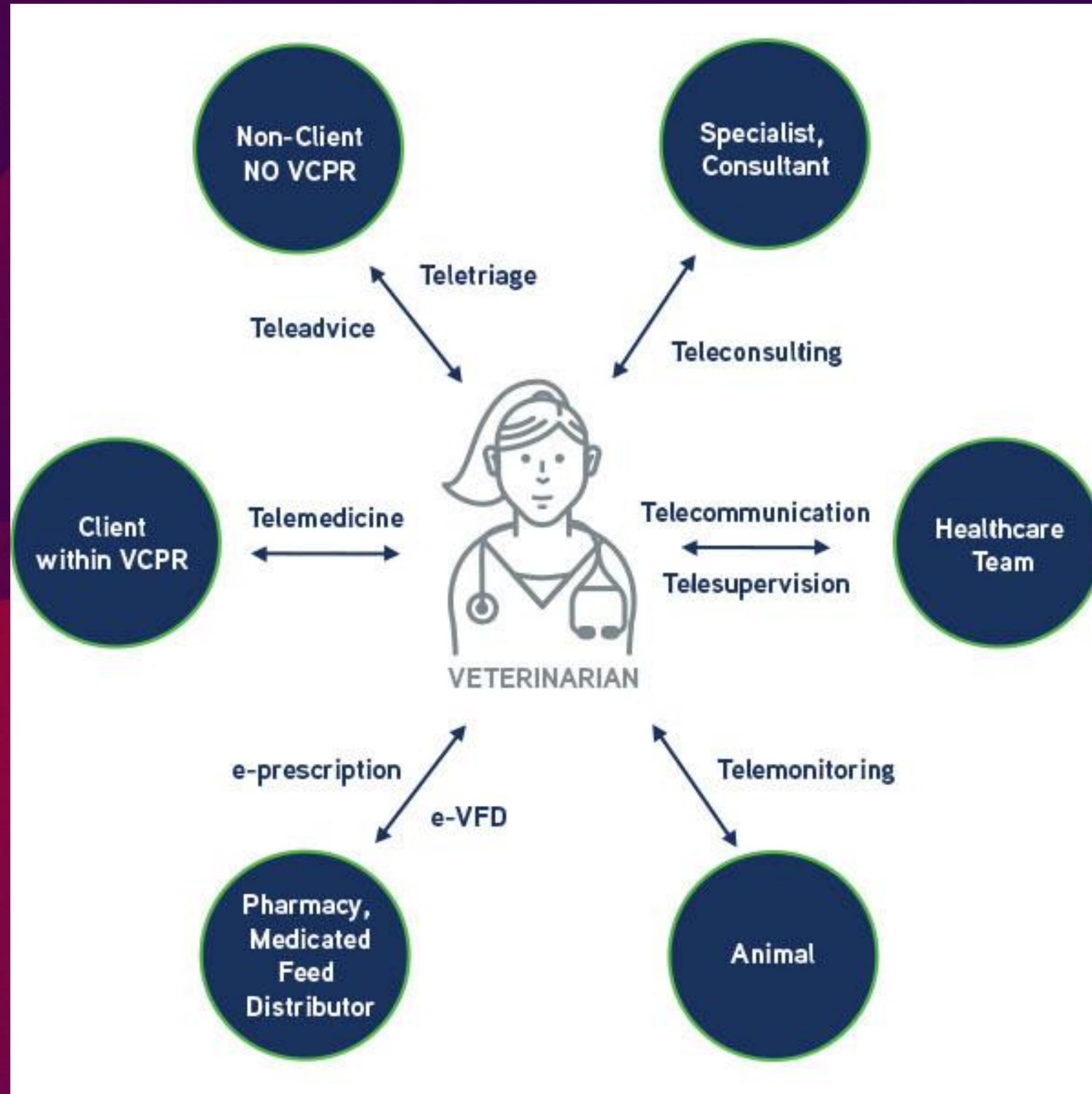


Getting Started.....

Telehealth is a general “umbrella” that encompasses a variety of specific health services.

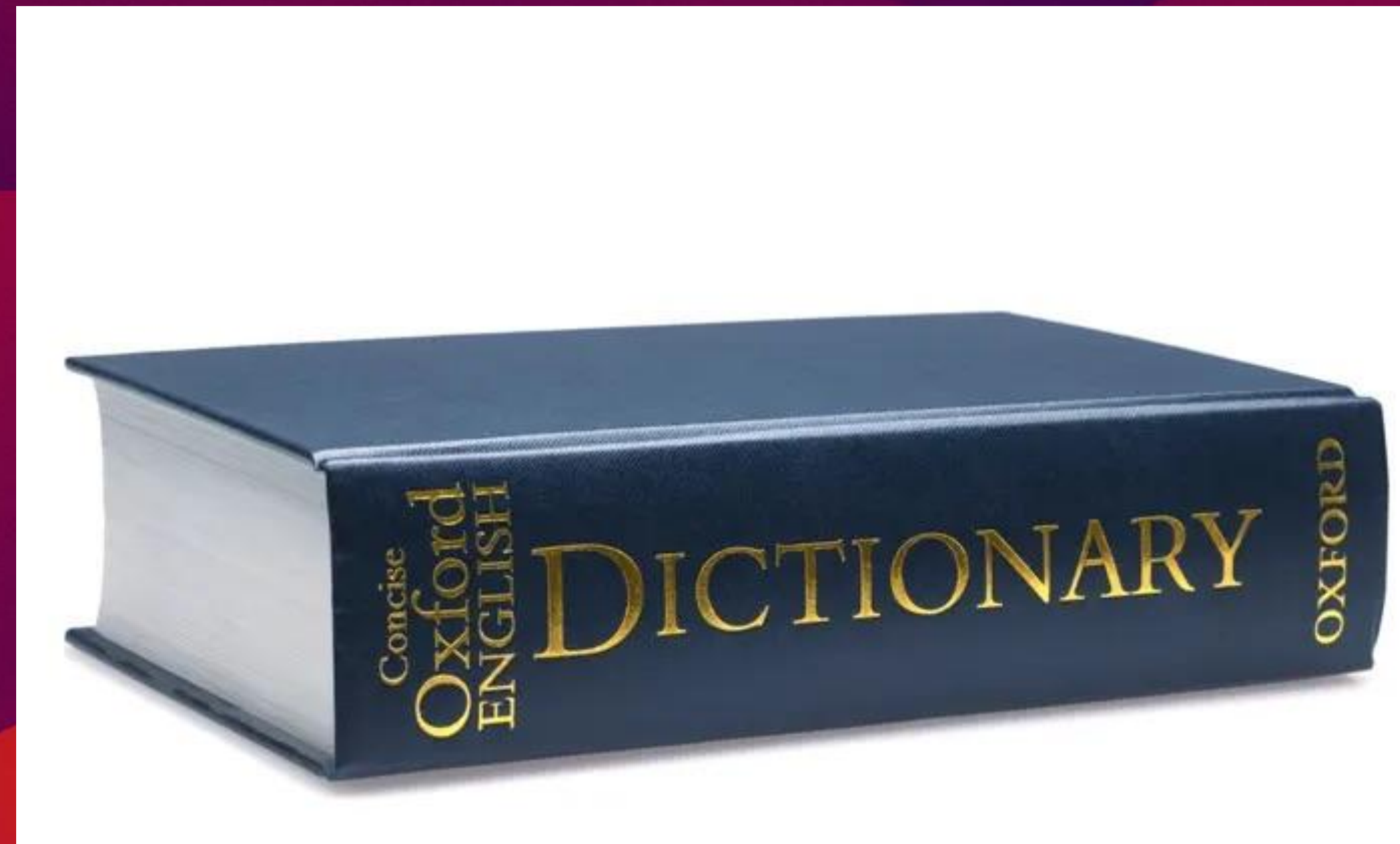
Telehealth technology can bring tremendous benefits to the pet, their owners and even veterinarians. Whether it is reducing strain on veterinarians, making regular check-ups or follow ups possible without traveling for pet owners; technology can provide ways to ease the veterinarian’s work flow and improve pet health care.

Specific Types of Telehealth



- Teletriage
- Teleadvice
(Subset: Tele-education)
- Telemedicine
- Electronic Prescriptions
- Telemonitoring
- Telesupervision
- Teleconsulting
- Teleradiology

Telehealth Defined



Teletriage:

Realtime assessment of a patient to determine if the patient is in need of urgent or emergency services. The patient is not rendered a specific diagnosis and a prognosis is not rendered. General history questions are collected, ex. Any recent major traumas, respiratory distress, bleeding, etc.

Teleadvice:

Providing general, nonspecific advice; no diagnosis, no prescribing.

Tele-education: Client resource materials often found of clinic websites.

The screenshot displays the JP Petcare website interface. At the top, the logo 'JP PETCARE' is on the left, and a navigation menu includes 'HOME', 'NEW CLIENTS', 'ABOUT US', 'SERVICES', 'PET HEALTH', 'ONLINE PHARMACY', and 'CONTACT US'. Social media icons for Facebook and Google+ are on the right. The main content area features four article cards, each with a paw print icon and a title: 'A Cleaner, Greener Home for Your Pets', 'Abnormal Weight Loss in Dogs', 'Abscesses in Dogs', and 'Ácaros del oído en gatos y perros'. Each card includes a brief introductory paragraph. On the right side, there is a 'Filter By Species' section with a 'View All' link and icons for Birds, Cats, Dogs, Horses, Minipigs, Reptiles & Amphibians, and Small Mammals. At the bottom right, there is a 'Filter By Breed' section and a 'Ask Eddie' button with a dog icon. A footer note at the bottom left states: 'Contenido en español actualizado. Translated from the original English article: Ear Mites in Cats and Dogs'.

Telemedicine:

The virtual evaluation, diagnosis and treatment plan for a specific patient. Telemedicine is viewed the same as if the patient were brought to your clinic. A virtual exam is performed, a tentative diagnosis is discussed and the veterinarian then formulates a treatment plan that includes prescriptions when indicated.



Electronic Prescribing:

The utilization of online pharmacies to deliver prescription medications to pet owners.

Contact Us 217-826-1001 | avs.vet.documents@gmail.com



HOME

ABOUT US

SERVICES

PHARMACY

CONTACT US

WELCOME TO THE

Albright Veterinary Services

Dr. Garner, owner of Albright Veterinary Services – Marshall, IL, is the leading veterinarian serving Marshall, Paris, Effingham, Robinson, Casey, Martinsville, Terre Haute, IN and other surrounding areas since 2013.

SERVICES

We offer general and preventive health care (i.e. vaccinations), spay/neuter, general surgery, diagnostics (bloodwork, fecals, urinalysis), dental cleanings and much more.

CONTACT

For all your pet health needs, contact Albright Veterinary Services in Marshall.

Telemonitoring:

Monitoring a patient (or herd) remotely with the use of medical devices that transmit information remotely.



Telesupervision:

Supervising students, veterinary staff or DVMs remotely

Purdue University- RVT

University of IL - DVM technology remote course

University of FL- Aquatic Health



DVM- Mentors

-MentorVetConnect

Teleconsulting:

Using technology to provide speciality consultations on specific cases.

This is usually DVM to DVM



TNVD (True North Veterinary Diagnostics)

IDEXX

Antech

Hills

Purina

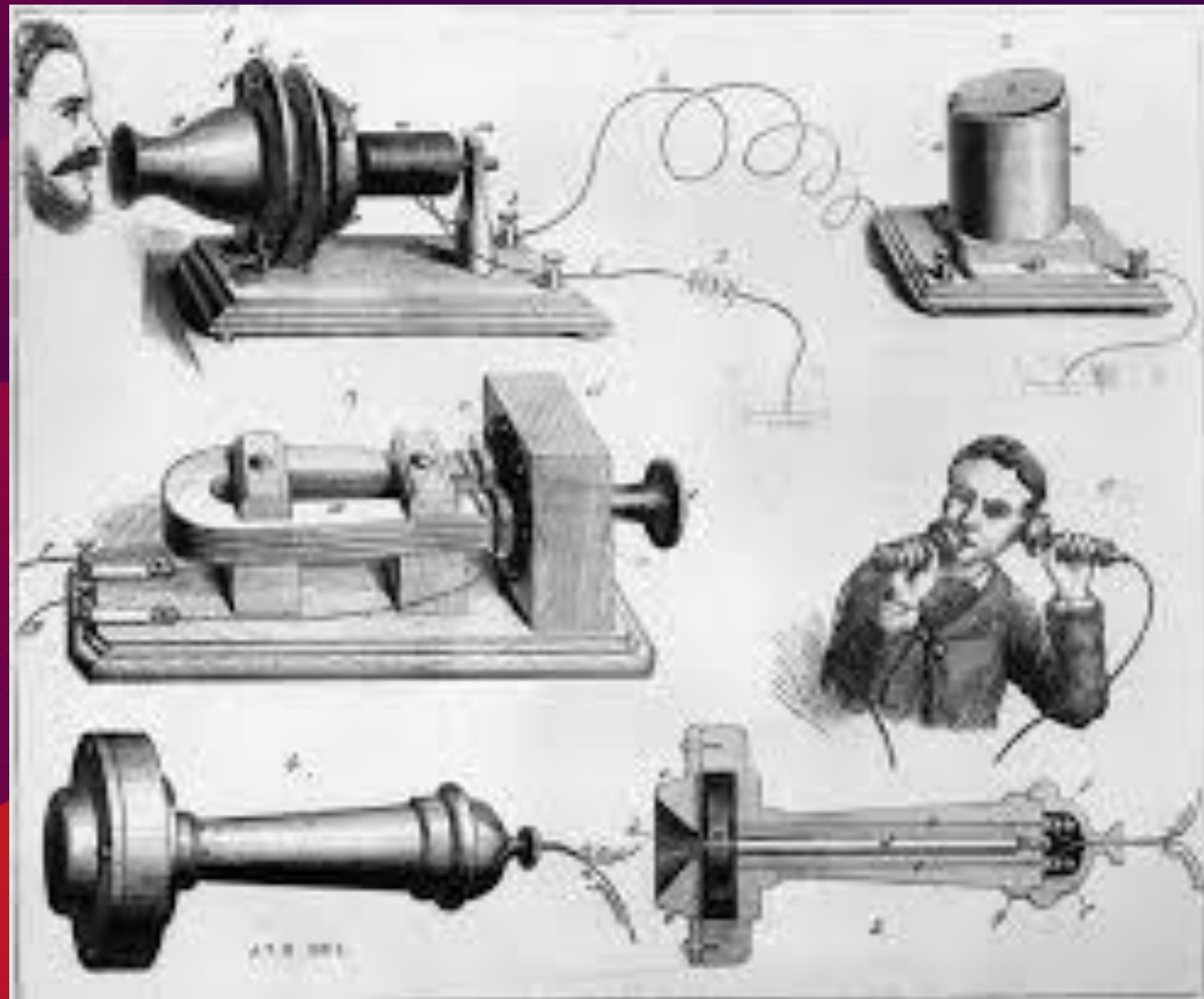
Teleradiology:

Using remote radiology services to read radiographs, CT, MRI and even ultrasounds



The History of Telehealth

1876



Three stages to Veterinary Telehealth

Stage 1: Innovation 1990-1995

- Digital image transmission
- Sonoline Prima- ultrasound
- Cardiopet, transmitting ECG via phone
- MRI/CT scanners emerged in Universities
- Email and web portals emerged

Limitations: Poor internet speeds, cost
distrust in use (it wouldn't last)

Stage 2: Vendors Emerge 1996-2001

- VetRad
- VIC (Veterinary Imaging Consultations)
- PetRays
- Sound Technologies
- VIN

Limitations: Fear, lack of knowledge/use,
DVM resistance

Stage 3: Adoption 2002-Current

The 1st Veterinary Telehealth company The Vet Connection launched in 2003

2014: PawsSquad

2016: AskVet (US)/OVTS- Ontario Veterinary Telehealth Services

2018: AirVet (US)/Healthy Pet's

2019: Smart.vet

COVID 2020!!!!!!

Legislation



National Guidelines: [CVMA Position Statement on Telemedicine](#)

Federal Regulation: [Health Canada Veterinary Drug Regulations](#)

Ontario Standard: [CVO Telemedicine Professional Practice Standard](#)

British Columbia Standard: CVBC Telemedicine Guidelines

Alberta Standard: ABVMA Telemedicine Professional Standard (2023)

Research & Data: [Virtual Veterinary Care Association \(VVCA\) Canada Map](#)

VCPR (Veterinary Client Patient Relationship)

Criteria Used to Establish and Maintain a VCPR:

- **Assumption of Responsibility:** The veterinarian agrees to take responsibility for making clinical judgments regarding the animal's health, and the client agrees to follow their instructions.
- **Sufficient Knowledge:** The veterinarian must have enough "recent and timely" knowledge of the animal to provide a diagnosis. This is typically achieved through:
 - A physical examination of the animal within the last 12 months.
 - Medically appropriate and timely visits to the premises where the animal is kept (common for herds or flocks).
- **Agreement on Scope:** Both parties must reach an agreement on the scope of services to be provided.
- **Follow-up Care:** The veterinarian must be readily available—or have arranged for emergency coverage—to provide follow-up evaluation in case of adverse reactions or treatment failure.

Core Legislation For All Provinces

- **Licensure:** A veterinarian must be licensed in the province where the animal is located at the time of the consultation.
- **Teletriage vs. Telemedicine:** Any veterinary professional (including technicians) can legally perform teletriage—determining if an emergency exists—without a VCPR, provided they do not diagnose or prescribe.
- **Informed Consent:** Veterinarians must explicitly inform clients about the limitations of a remote consultation compared to an in-person exam.
- **Continuity of Care:** Regulations often require that the telehealth provider has a plan for the animal to receive in-person follow-up care if needed.

Provincial Regulations at a Glance

<u>Province</u>	<u>VCPR Requirement</u>	<u>Prescribing via Telehealth</u>
Ontario	Virtual establishment permitted. VCPR can be established solely through electronic means	Permitted under certain circumstances once a virtual VCPR is established
British Columbia	Flexible/Virtual. Generally requires in-person, but has exceptional provisions for virtual establishment.	Permitted when appropriate and justifiable by the veterinarian's professional judgment.
Alberta	Hybrid. Typically requires in-person exam, but allows short-term virtual diagnosis in "exceptional circumstances"	Permitted primarily for existing VCPRs; virtual prescribing only allowed until an in-person visit can occur.
Saskatchewan	In-person only. VCPR cannot be established through telemedicine alone.	Prohibited based on telemedicine alone; requires relevant prior medical knowledge (physical exam)
Quebec & Atlantic Provinces	In-person only. A VCPR must be established prior to telemedicine	Generally restricted to maintaining existing relationships- refills

Why Does Telehealth Matter?



Covid 19

Huge uptick in use for both human and veterinary telehealth

Human Side

- The most dramatic shift occurred among healthcare providers, who rapidly integrated virtual care platforms to maintain continuity of care during lockdowns.
- Pre-Pandemic (2018–2019): Only 14% to 16% of office-based physicians reported using telemedicine for patient care.
- During Pandemic Peak (2020–2021): Adoption skyrocketed to 80.5% – 86.5% of physicians. In some regions, like Ontario, the proportion of physicians providing at least one virtual visit jumped from 7% to nearly 86% in just one year.
- Post-Pandemic Stability (2024): Adoption has largely persisted, with 71.4% of physicians continuing to use telehealth in their practices weekly—nearly triple the 2018 rate.

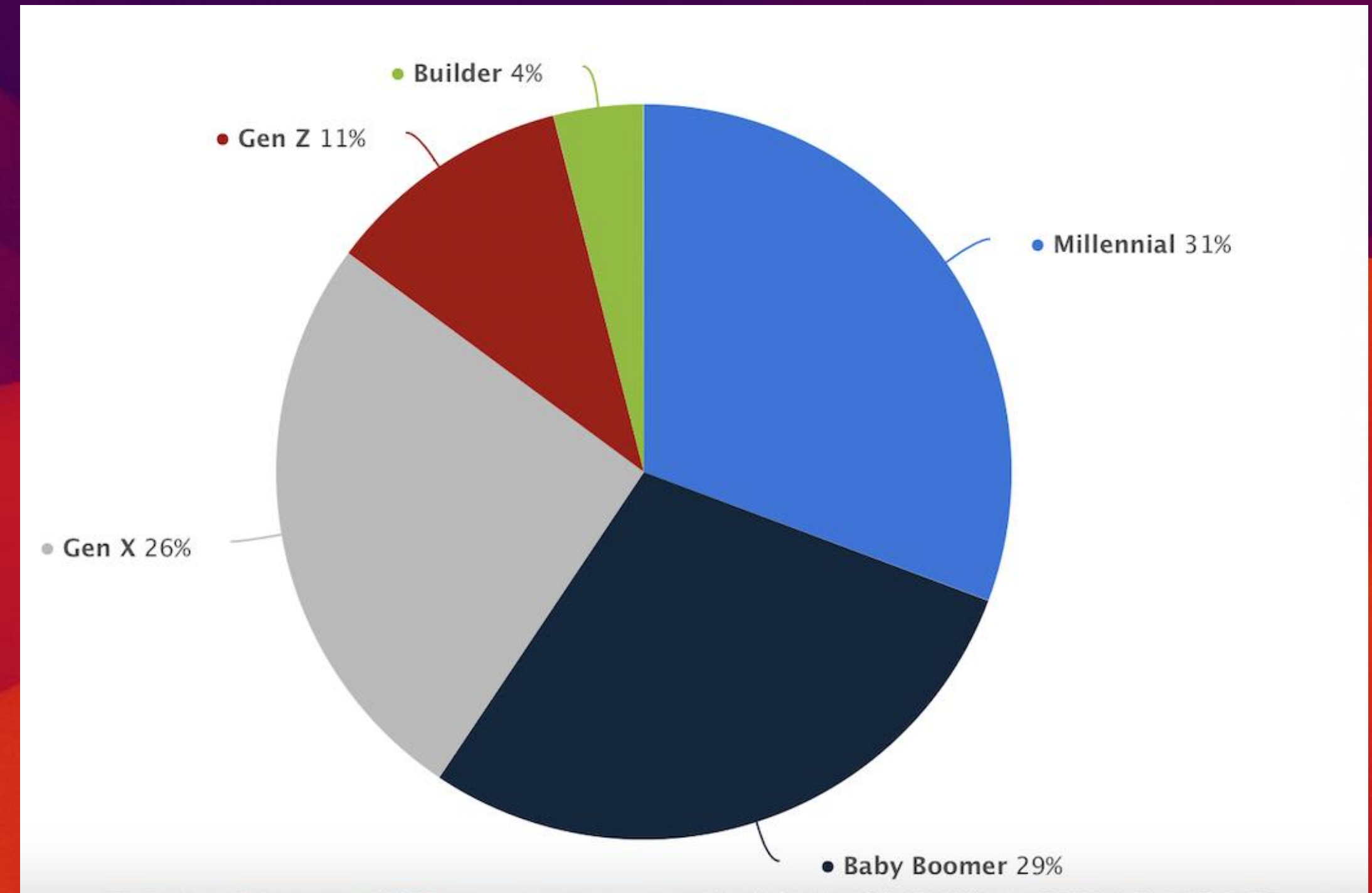
Veterinary Statistics

- **Temporary vs. Permanent Adoption:** During the height of the pandemic, nearly 90% of Ontario veterinarians used telemedicine. However, recent data suggests usage has slipped to roughly 29.2% globally in 2024 as owners and clinics revert to in-person models.
- **Preferred Modalities:** Even during the pandemic spike, the telephone remained the dominant tool. In Ontario, 83% of virtual care was conducted via phone, while only 11% used dedicated veterinary telemedicine apps.
- **Rural vs. Urban Impact:** In rural Western Canada, virtual care use for more than 60% of appointments jumped from 3% pre-pandemic to 78% during the pandemic.
- **The "Satisfaction Gap":** While 69% of pet owners report an interest in using telehealth, many veterinarians remain reluctant. In one survey, 63.1% of veterinarians were "detractors" of virtual consultations, citing difficulties in establishing rapport and confidence in remote diagnosis.

- **National Trends:** Canada Health Infoway - Digital Health Survey (2021)
- **Veterinary Study:** Canadian Veterinary Journal - Telemedicine Perceptions and Use
- **Physician Adoption:** AMA Digital Health Research Series (2022)
- **Market Analysis:** Grand View Research - Veterinary Telehealth Global & Regional Forecasts
- **Regional Virtual Care:** Ontario Medical Association - Virtual Care Report

Pet Owner Data Points For Telehealth

Millennials, Gen X and Gen Z
Account for over 60% of pet owners



Technology use among Generational Pet Owners

- 93% of Millennials own smart phones (GenX is 90% and Baby Boomers are 69%)
- 25% of Millennials use their smart phones as their PRIMARY source for content (GenX is 17% and BABY BOOMERS 7%)
- 86% of Millennials are active on social media (GenX is 76% and Baby Boomers round it out at 59%)
- 100% of Millennials use the Internet and a whopping 20% use their smart phone as their ONLY source for online usage.
- Comparatively 91% of GenX use the internet and 17% are smart phone exclusive and Baby Boomers are at 85% usage with 11% smart phone exclusive.

Source: <https://insights.digitalmediasolutions.com/articles/technology-adoption-older-generations>

- The ASPCA reported that there was a 379% increase in claims submitted for Telehealth consultations from March 2020 to Feb. 2021.
- According to GlobalData some Telemedicine apps (human) saw a more than 8000% increase in downloads in 2020.
- Pet Owners want accessible veterinary care and will search for companies that offer telehealth services for pets.

In an article showcasing veterinary health published by Verizon in November 2021, pet owner Sara Carson (a telehealth app user) said this:

“I think it’s great to give pet owners the accessibility on a phone. It’s just like human telehealth.”

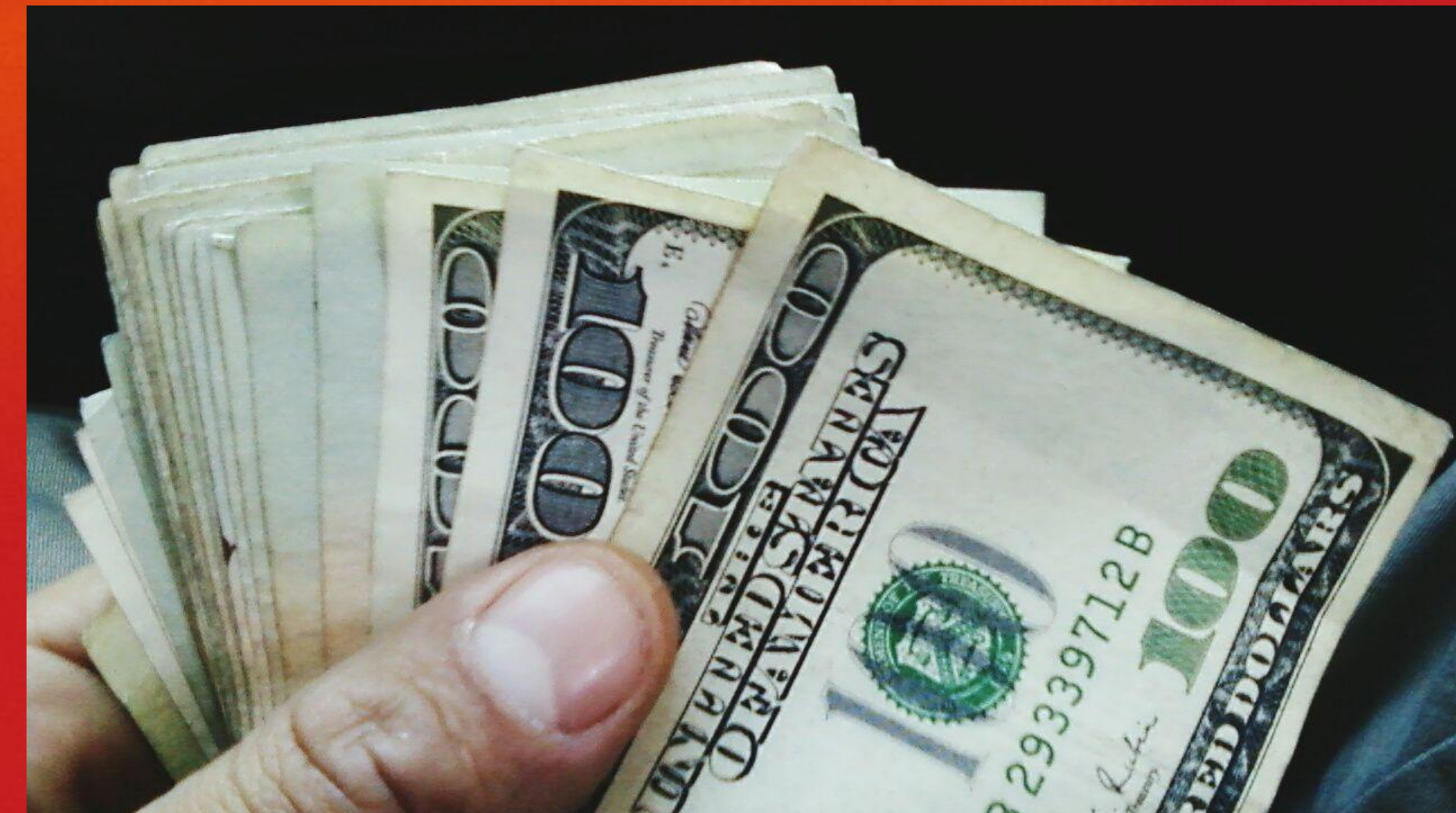
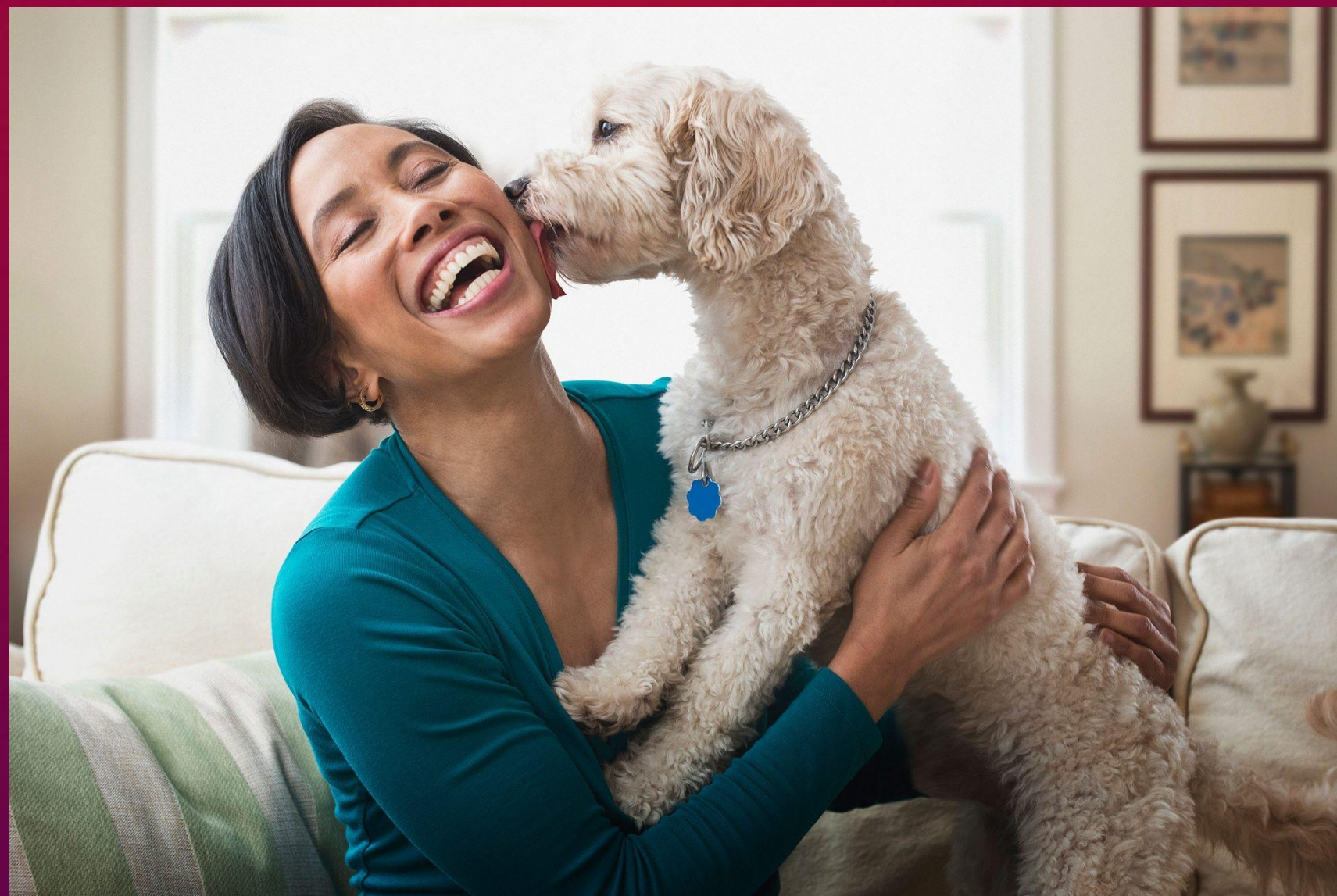
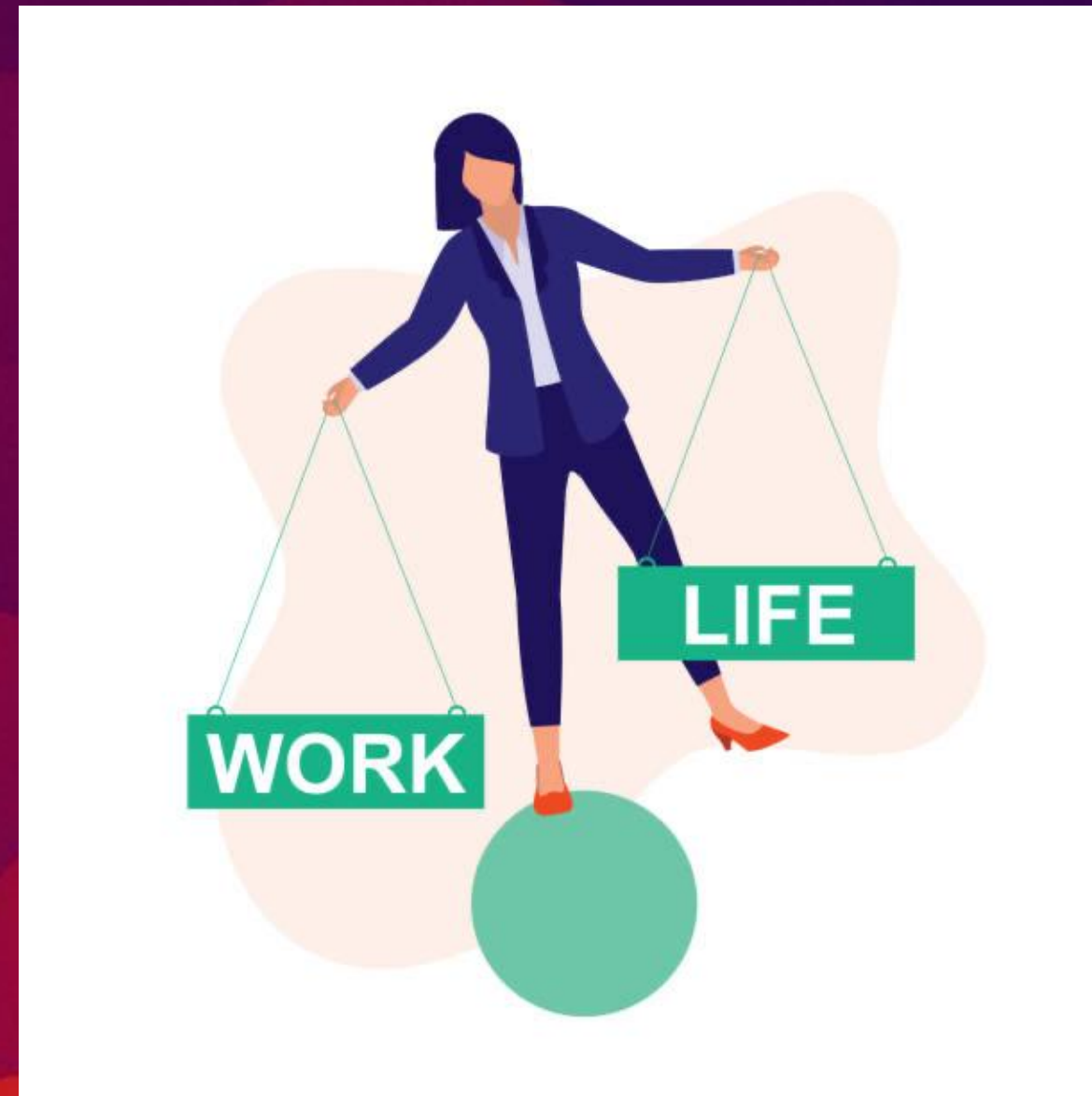
Who Offers Veterinary Telehealth

Amazon- 310 Million Active Users with 79% of those users purchasing items for pets. (2020-2022; on pause currently)

Chewy- 23.1 Million active users

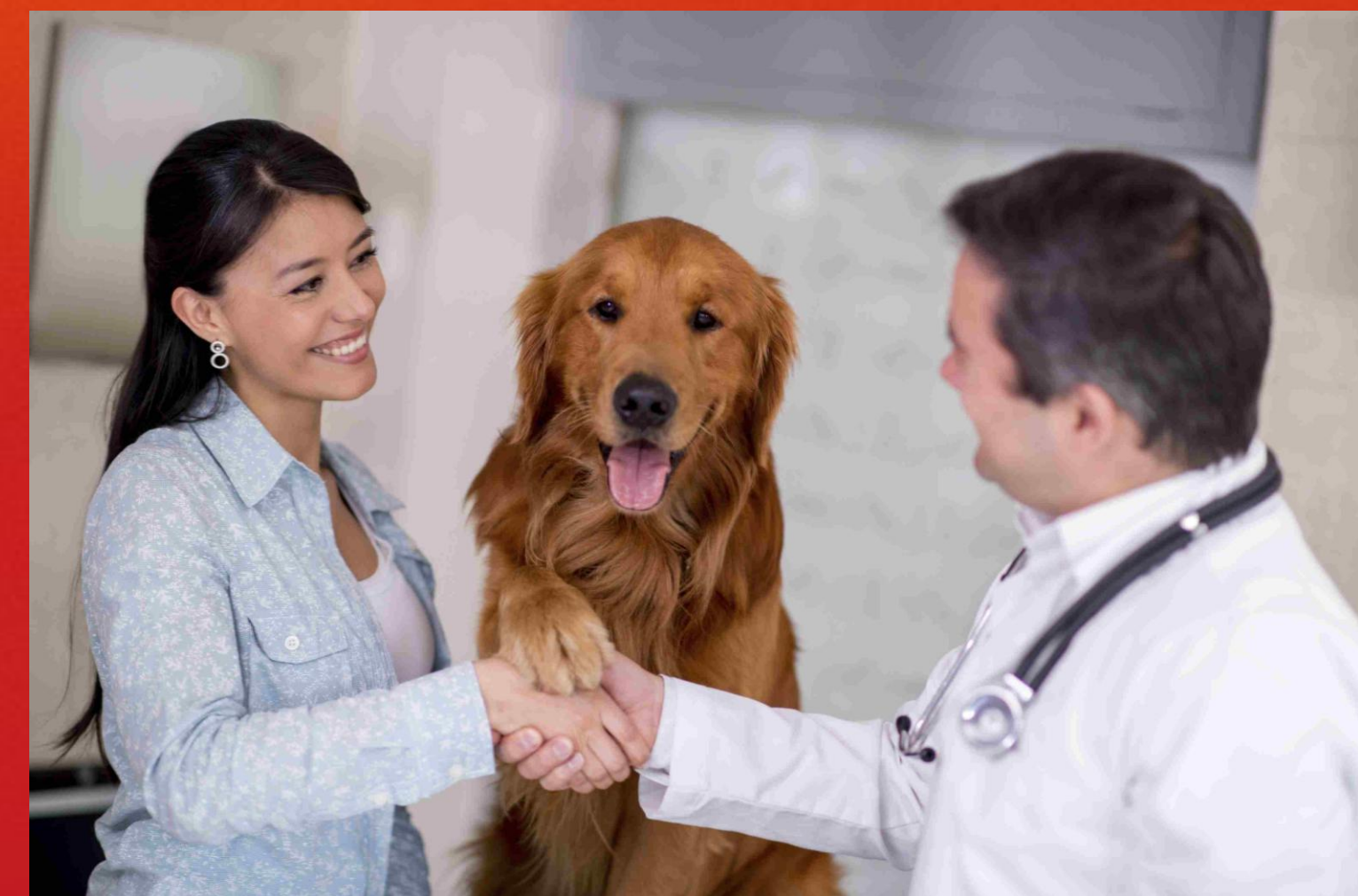
- **Amazon User Data:** [Business of Apps - Amazon Usage and Revenue Statistics \(2026\)](#)
- **Amazon Pet Category:** [Momentum Commerce - Amazon Pet Supplies Growth Forecast](#)
- **Chewy Financials:** [Chewy Investor Relations - FY2025 Earnings Report](#)
- **Pet Market Share:** Digital Commerce 360 - The State of Online Pet Retail
- **Global Pet Trends:** Global Pet Industry - Online Retailer Growth & Customer Shifts

Telemedicine Benefits



Benefits to the Practice & Pet Owner

- **Client Satisfaction:** Pet owners are grateful for assistance from the convenience of their own homes, it's less stressful for both the pet and pet owner.
- **Better Client Compliance:** Utilizing telemedicine to do quick reminders of medication refills, checking to make sure an owner is able to administer medications or checking on how the patient is responding to therapy- all of this helps with compliance.
- **Client Loyalty:** Clinics that utilize telemedicine have noticed decreased attrition rates (from an average 10% to 7%).
- **Client Acquisition:** Clients want the convenience of Telemedicine so they are choosing clinics that offer this service over those that do not.





- Revenue Streams: NEW revenue streams with potential subscription health care plans- Virtual Wellness. Most clinics offer Wellness Plans, adding in Telemedicine to these plans increases purchase rates. Even single “Telemedicine Consultation” fees.
- Increased Average Transaction: When cases that do not need an in-person visit are converted to a telemedicine appointment this allows for more urgent appointments in the clinic, cases that require diagnostics and in-hospital treatment plans. (Example a patient with a broken nail vs a clinically ill vomiting dog)
- Increased profitability by increasing clinic efficiency: Telemedicine decreases the amount of time a DVM spends on specific cases (rechecks, follow-ups, minor skin issues). It also helps to decrease the amount of time staff members spend on the phone with back and forth questions allowing more attention to in-clinic clients.

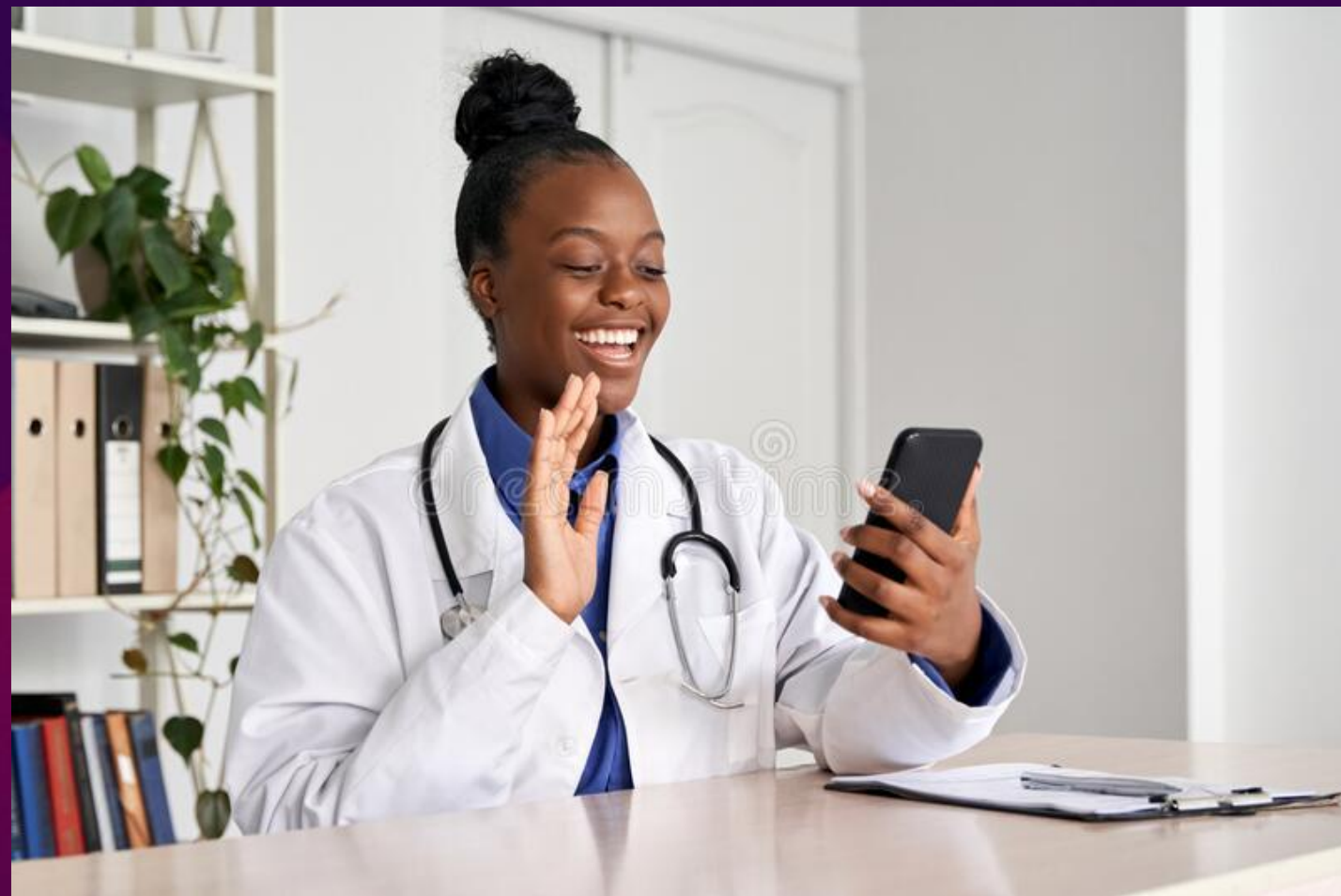
- Improving Work Life Balance: Ability for DVMs/RVTs to work remote from home. Allowing team members to move one day of in-clinic work to remote from home helps alleviate burn-out and fatigue. Increasing employee satisfaction increases staff retention
- Career opportunities: Hiring remote staff, including receptionist, techs and DVMs to work on your telemedicine team.
- Freedom to interact with clients when time allows and not feel rushed.
- Improved compliance utilizing telemedicine increases patient health and longevity



Getting Started

Pick One OR Both





Synchronous Vs Asynchronous



- **There are two types of Telemedicine**
- **Synchronous:** This is “real time” whether via video or chat, the DVM and the client are in direct communication at the same time.
- **Asynchronous (this is my favorite):** This can be carried out via chat or email. The client sends a message that is reviewed by the DVM at a later time and the information is relayed. (Historically our call-backs)

Ready.....Set.....GOOOO!

Let's Get Personal

It's ok to have some reservations about utilizing Telemedicine in private practice. However.....



Ask your self these questions:

Have you ever received a text message from a friend asking for advice about their pet?



Maggie >

Hi Shawna,
Holly has been having issues with her ears. My vet can't get me in until next week so I thought I would ask you what I can do at home?

Hey! It's been awhile! So you can clean her ears with a solution of 1:1 mixture of white vinegar and water. It's a great generalized cleaner and can help dry the ears if they are pretty cruddy. Just make sure when you mix it the water is warm so the entire solution is luke warm. Cold solution in the ears is NOT a good thing! I'll be your way in November let's get together for lunch (and drinks!)



Holly says thank you so much! 🐶 You're awesome 😊 and lunch? Hell yes 😊

Additional Scenarios...

Have you ever been tagged in a social media post when someone has asked for help with their pet?

How many times a day do you answer questions from clients via email, on the phone? Even non-clients that call asking about general things (Can my dog have grapes? How old should my pet be for a spay/neuter?)

If you answered YES to any of these, YOU have provided telemedicine/telehealth services.



Getting Started

There are TWO primary questions that need answered first to implement Telemedicine in your practice

1. Will you do this yourself?

2. Will you outsource to a telemedicine platform?

Send written expectations/limitations to clients

DIY

It's pretty easy to "Do-It-Yourself" : There are SEVEN steps to get started.

Step One: Choose a method for delivery, these are the top free media

1. Zoom*
2. Microsoft Teams*
3. Google-Meet*
4. FaceBook Messenger*
5. Discord

You can use a combination as well. Email/Text/Video - There is no set media that has to be followed.

*Be sure to do screen recording to capture the consultation!

Step Two: Decide what case types you will use for Telemedicine

1. Post Op rechecks
2. Chronic Derm cases
3. Hospice care
4. Behavior cases
5. Rechecks: Gastro-intestinal, lameness, lab results
6. Nutrition consults

Step Three: Scheduling

1. Dedicated appointments: Set specific blocks of time through the day for telemedicine. (Example the first hour of the day and the last hour of the day)
2. Intertwine the appointments with In-person appointments
3. Set the time limit per appointment (average 10-15 minutes; Hospice and behavior usually take 30 to 60 minutes)
4. Dedicated days for telemedicine appointments (DVMs/RVTs can work remote from home or in a dedicated telemedicine office at the clinic).

Step Four: Profit centers

1. Determine your charge for this service: flat fee, fee associated with case type (behavior vs. rechecks), rolled into wellness plans, etc.
2. Determine how to collect the fee: invoice the client, pay when they schedule
3. If a virtual session converts to an in-person appointment will you offer a discount on the in-person exam fee?

Step Five: Dedicated Team

1. Who will be the primary telemedicine team?

The primary team is usually made up of at least 1 DVM, 1 RVT and 1 assistant.

2. Secondary team: these are the back-up team members that can step in when a member of the primary team is unavailable.

If you are able to have a dedicated team, then this drastically changes how you can schedule telemedicine appointments.

Step Six: Training

1. Your team needs training in how to conduct a telemedicine appointment. They will need to learn how to virtually assess a patient and time management
2. Adopt an SOP for Your Telehealth Policies that outline from start to finish everyone's specific role and duties.
3. Document the telemedicine consultation in the medical record

RVT/Assistant Monitor
Incoming consults

Client has
A valid VCPR and
Existing refills in
Medical record.

Client requests a
medication refill
For a limping dog

There are no refills on file;
But valid VCPR

RVT submits invoice
for virtual consultation, sends
client to virtual waiting room for
DVM

RVT confirms rx with DVM,
sends invoice to client for
payment & sends refill to
client

DVM assesses pet and
determines if a refill is
warranted or if the pet
needs to be evaluated in
clinic

Step Seven: Public Announcements

1. You will need to announce this new service to your clients and community
2. Email blasts: these are one of the easiest ways to reach all of your clients- Outline how This will be conducted, expectations, costs and limitations of use.
3. Social Media announcements
4. Create a tab on your website
5. Tell clients in person, hand out pamphlets to all in-patient appointments
 - a. Outline specifically how these appointments can solve an issue for the pet owner- they can receive help from the convenience of their home; less stressful for the pet, etc.
 - b. For the case types you designate; schedule them as telemedicine appointments, do not give the option for in-person

Purchased Telemedicine Platforms

For some practitioners an “All-In-One” service may fit better. Some clinics choose to purchase a telemedicine platform and utilize that specific system.

Examples:

PetsApp

AirVet

Vetster

TelMyVet

Televet

(These are NOT all the companies that offer Telemedicine services)

Regardless of utilizing a platform for delivery, you will still need to implement Steps 2-7

Questions for Platform Companies

While utilizing a platform may seem easier, there are SEVERAL important questions you will need to ask them.

1. *What is the cost for the platform? (Flat fee/per use)*
2. *Can you cancel the service if you do not like it? Is there a fee?*
3. *Are there service charges for set up?*
4. *Do they offer support?*
5. *Does the platform integrate with your PMS*
6. *How is the data stored and who has access to the data?*
7. *How do they provide security for the data?*
8. *Who OWNS the data and how does the company intend to use your data?*
9. *How long has the platform been operational and how many clinics utilize them?*
10. *Can they provide clinical references that you can talk to about the platform?*
11. *Does it require the user to download an app or is it through a website or both?*
12. *How are the consultations recorded and documented?*
13. *Can the platform charge a client at the time of the consultation, do you have rights to set the price?*
14. *Can multiple DVMs in 1 practice use the service at the same time?*

Case Examples

Tigger:
3Y M/N DSH: Sneezing

- Owner contacted clinic March 19th 2020 during Covid-19 shut down
- Clinic was operating on limitations due to State regulations
- Cat had been seen last March 29th 2019 and was still under valid VCPR
- Owner recently acquired a new kitten (in the past 4 weeks)

Owner did not consent to image sharing

Medical Note:

3/18/2020: 1:30pm CST;

Owner has an indoor outdoor cat. In the video consult (see documents attachments for video) cat is BAR, owner reports normal appetite, normal drinking and voiding.

Owner reports sneezing and in the video there is serous ocular discharge, the left eye has more than the right. Discussed URTI signs, there are stray cats in the neighborhood and Tigger does come in contact with these cats. Owner also recently adopted a new kitten (one of the outdoor strays) in the past 4 weeks and moved him inside.

Video Assessment:

RR: 20, can hear purring, BCS 5/9, No nasal discharge noted, slight serous discharge OS>OD

MM pink, CRT <2, Unable to assess cardiac sounds, owner gently palpated abdomen no pain/nausea noted.

Advised Lysine OTC supplement. Will also call in rx for Amoxicillin to Medicine shoppe in case bacterial in nature.

Owner will call Friday with an update and Monday.

Discharge Note Emailed to Client after Zoom Consult:

Diagnosis: Upper Respiratory Tract Infection (mild).

I would advise over the counter Lysine as a supplement. This is an amino acid supplement and helps with keeping the immune system healthy. You can purchase this at Chewy or even on Petsmart website.

Also you can use over the counter artificial tears (ointment or gel based). One brand name is Genteal Tears, the other is from Walmart called Restore PM. You can apply a small amount twice daily. I have called in a prescription for Amoxicillin to Medicine Shoppe in Marshall, (they have a drive through so it may be safer with the current pandemic issue). You can use this to help potential bacterial infection. He will get 1ml by mouth twice daily for 10 days.

I would like for you to hold off on using the antibiotic until you have started the lysine and we recheck in 3 days. Please give me a call Friday with an update and again Monday. If you have any questions reach out.

You have a great weekend!

3/22/2020: 10:15am CST;

Owner called with an update. Tigger is doing great, she did not use the antibiotics but started the lysine.

Advised to continue to monitor Tigger as well as the other cats for symptoms as these can usually spread around the other cats in the household.

MG-RVT

Note: During the pandemic my RVT was quarantining at home due to a health risk, so she was able to work remote from home providing follow up consults while I continued with initial telemedicine visits.

Jaydah:
10y F/S Beagle Mix- acute eye issue

- Owner used PetsApp service for Telemedicine appointment September 2021
- This was an after-hours request
- Pet has a valid VCPR: Annual Wellness vaccines in March 2021



JAYDAH
ANGELA Nash

Clinic	ZIP Code	Patient ID	Phone number
AVS	62477	-	+16184215736

ANGELA Nash

I think my dog has something in her eye....is there any way I can flush it out? This happened overnight.

03:22pm



03:22pm

Sep 16, 2021

Sep 16, 2021

ANGELA Nash

It's better this morning. Must have worked itself out.

03:38am

Shawna Garner (Vet) joined the chat

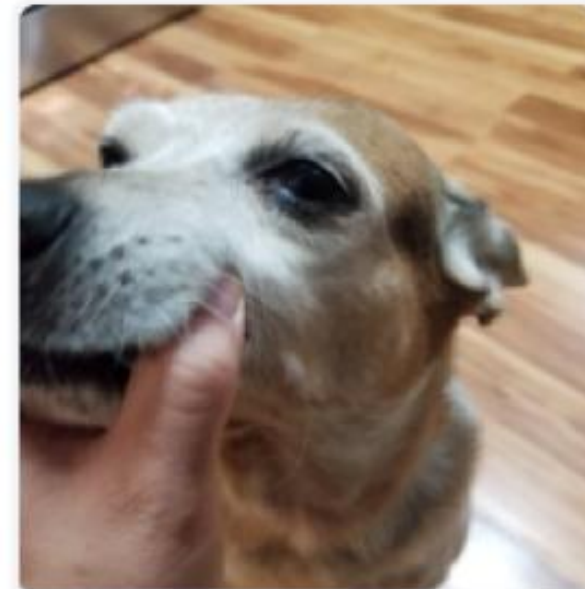
Hello Angela!
In the photo the third eyelid is protruding which can indicate something causing irritation. Can you send an updated photo just to compare and make sure she looks better? It would make me feel better to see the issue resolved.
Thank you!

09:32am

ANGELA Nash



10:03am



10:05am

Sep 17, 2021

Wonderful!!! Jaydah's eye looks great! Remember if you notice any redness, if Jaydah is rubbing the eye or there is discharge I would advise having the eye evaluated as soon as possible in person.
Have a great weekend!

11:51am ✓

Gus:
5y M/N Boxer - Post Op Recheck
2021

- Owner called 3 days post neuter concerned that the incision was red.
- Owner was unable to travel due to car issues
- Reception scheduled as a telemedicine appointment via zoom

Owner gave consent to use the case, but not the images

Medical Chart: 4/05/2021 - Zoom Video

- A: Diet: Rachel Ray Nutrish; Amount fed per day: 3cups/day (cups) -
- B: Appetite Normal yes -
- C: Coughing/Vomiting: none -
- D: Urinations: normal Defecation: normal -
- E: Current Medications: Carprofen 100mg PO q 24 -
- Heartworm Prevention: Milbeguard; Flea Prevention: Bravecto -

- Owner's Concerns: The incision looks red

On video Gus is running around, not wearing the E-collar sent home after surgery. Owner was able to have him lay down and lift the left hind leg to allow for visualization of the neuter incision site. There is no swelling, no discharge, however the skin on either side of the incision is slightly red, suspected from licking. Asked owner to gently palpate around the incision, no pain elicited.

Advised owner to do cool compresses 2x daily, place the E-collar on and keep on, continue with the carprofen and restrict exercise- all this is stated in the written discharge instructions sent home at the time of surgery discharge for written reference.

Schedule an in-person assessment in 3 days

Mojo:
3y M/I Dachshund - Limping Front legs
2024

- Owner called stating that Mojo was limping on his front leg (uncertain which one)
- Owner could not come for in-person visit due to having Covid
- Review of medical records: Mojo has not been seen for 2 years
- Triage Consult conducted via zoom

Owner did not consent to image sharing

Chart Detail

Telemedicine consultation conducted over zoom. -

A: Diet: Eukanuba, Purina, Iams; Amount fed per day: 3/4 (cups) -

B: Appetite Normal Yes -

C: Coughing/Vomiting: None -

D: Urinations: Normal Defecation: Normal -

E: Current Medications: Methocarbamol 125mg q 12, Trazadone 50mg once daily -

Heartworm Prevention: None; Flea Prevention: None -

Owner's Concerns: He was outside Friday and came in limping, he doesn't seem painful with manipulation but he keeps falling and cannot balance himself, his right front leg is the affected leg.

On video exam :

Mojo is BAR, owner was able to show mm color and allow for CRT to be assessed, RR were assessed at 20 to 40BPM. Owner was petting Mojo and he was not painful on palpation of his belly or when owner was running hands down his body/back. Owner suspects a dislocated hip. Had owner show Mojo on video walking, he is dragging his right rear leg and cannot place it properly at rest (dorsal surface of the paw not the plantar aspect). He has this on the left side but not as pronounced, discussed owner this is ataxia. Had owner support the abdomen while Mojo is in a standing position and had owner test CPs with both back legs, R not present, L present but took over 1 minute for him to correct. When owner pinches back feet withdrawal is present (sluggish) but he did not yelp or give indication that he felt pain, unclear if he was just not exhibiting for owner. Mojo does have motor function and can walk, ambulate but it is clear he has neuro deficits. Owner has been giving methocarbamol 125mg PO q 24 from other pet in the house rx 4 years ago.

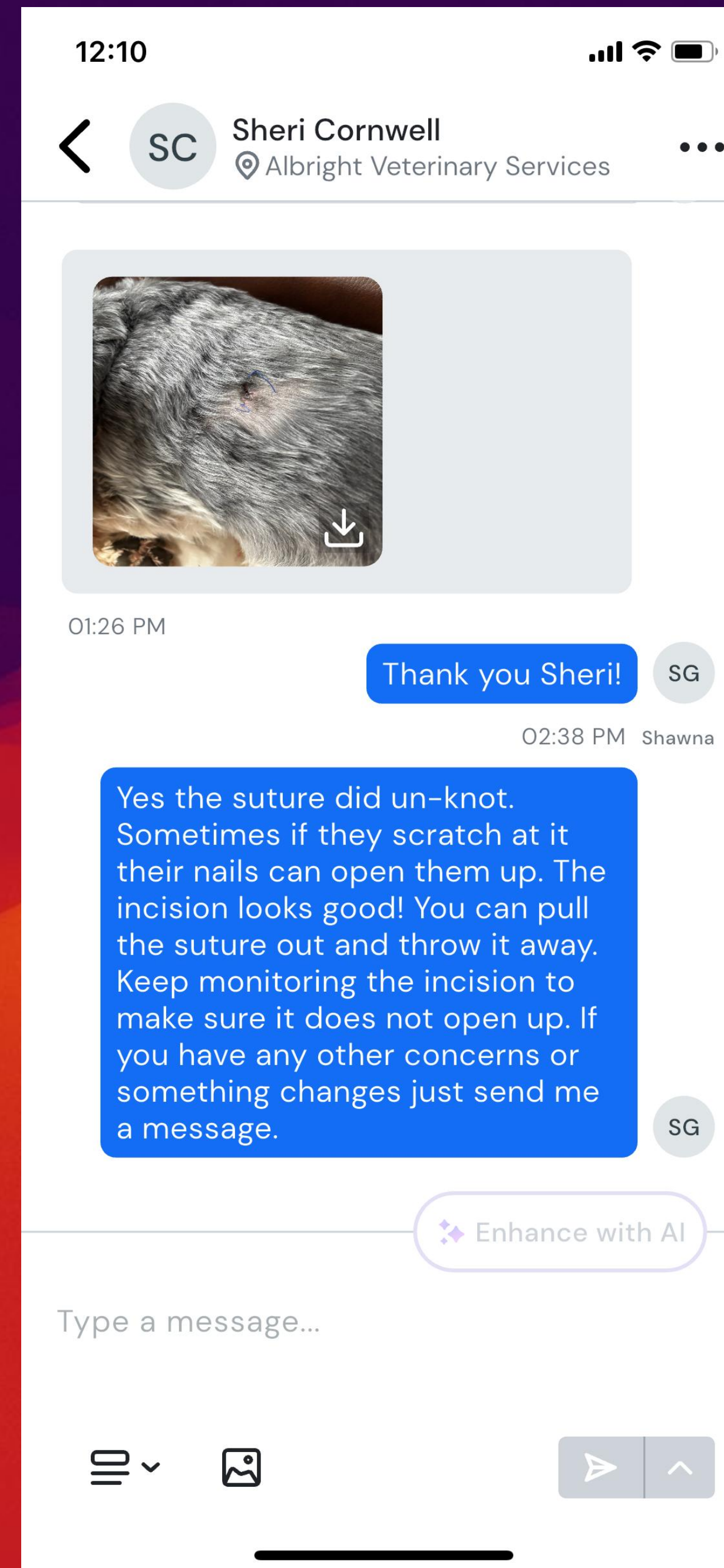
Plan/Assessment:

Because there is no valid VCPR I was unable to formally diagnose Mojo with IVDD, I discussed with the owner that IVDD is the likely cause based on the presentation/breed. However FCE, spinal tumor, trauma (fx, dislocation of hind limb) all viable ddx.

Advised strict cage rest- no running, jumping playing. Unable to rx medications due to not having a valid VCPR but owner may apply warm compresses to back to help with presumed back spasms/muscle pain. Cannot approve the use of methocarbamol from other pet in the household since this was not rx'd for Mojo.

Advised referral to ER/Speciality hospital for full evaluation. Owner was able to have a family member take Mojo to referral center where he was dx with IVDD, ruptured and underwent surgery.

Lily
6 y/o F/S Yorkie
Presented via Text on 3/30/2026 for
post op assessment of
A punch biopsy site.



Telemedicine/Telehealth services:

1. In each case virtual care assessments were easy and acceptable solutions/alternatives to in person exams.
2. Easy to conduct using all media types (email, video, app)
3. Saved time and frustration by allowing virtual care (I was able to take my time with the client, I didn't have to double book my schedule to "fit them in")
4. Rewarding to help pet owners in a "helpless" feeling situation
5. **GAINED REVENUE**

Summary



Telemedicine

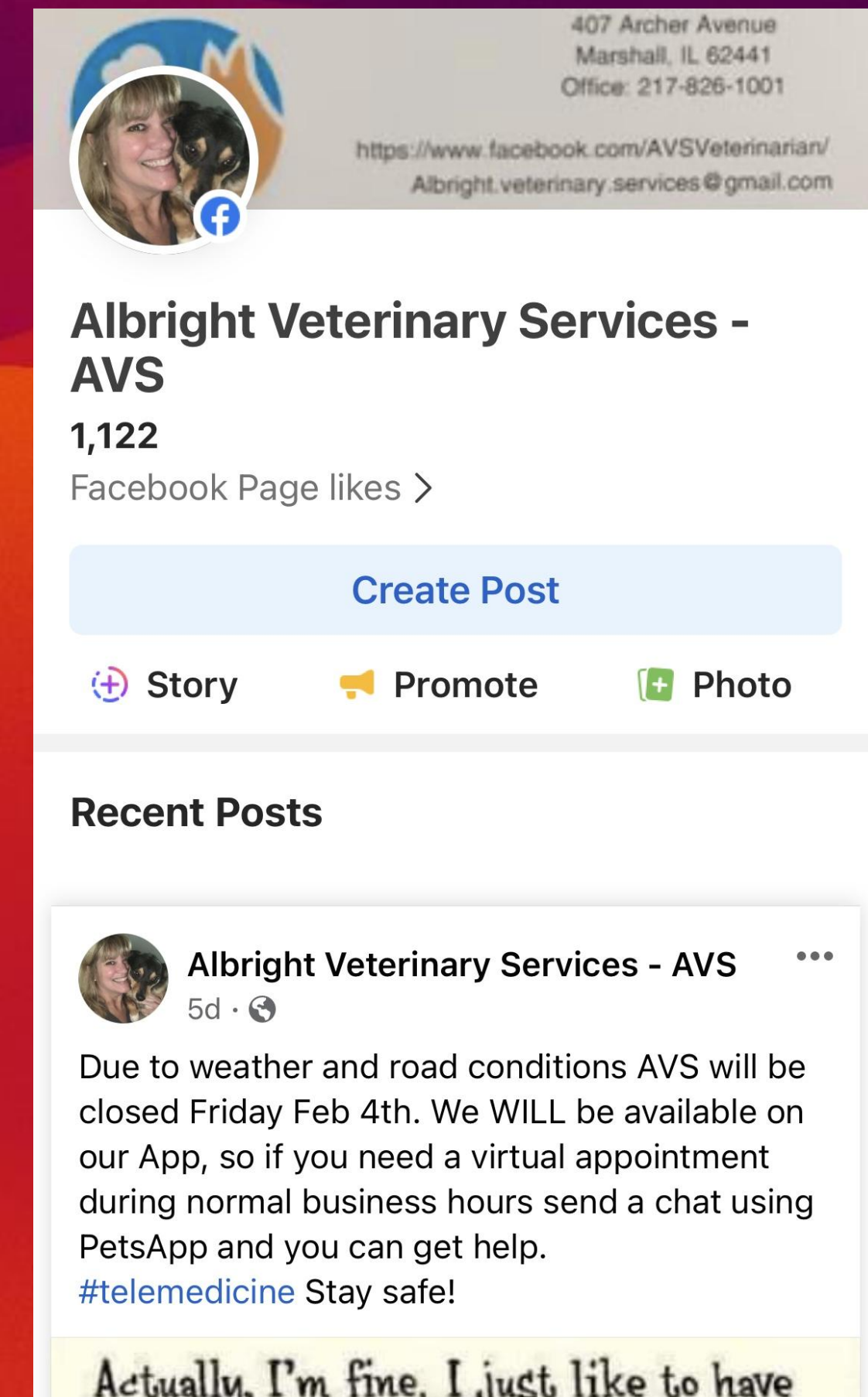
This is a great service to implement that can increase your clinic's overall health/revenue

It offers the ability for your team to work remote from home

It satisfies the demands of current pet owners (increase loyalty/retention)

If you have this service implemented you are prepared for the next pandemic OR natural disaster where you can help your clients and patients even if you cannot be at your clinic.

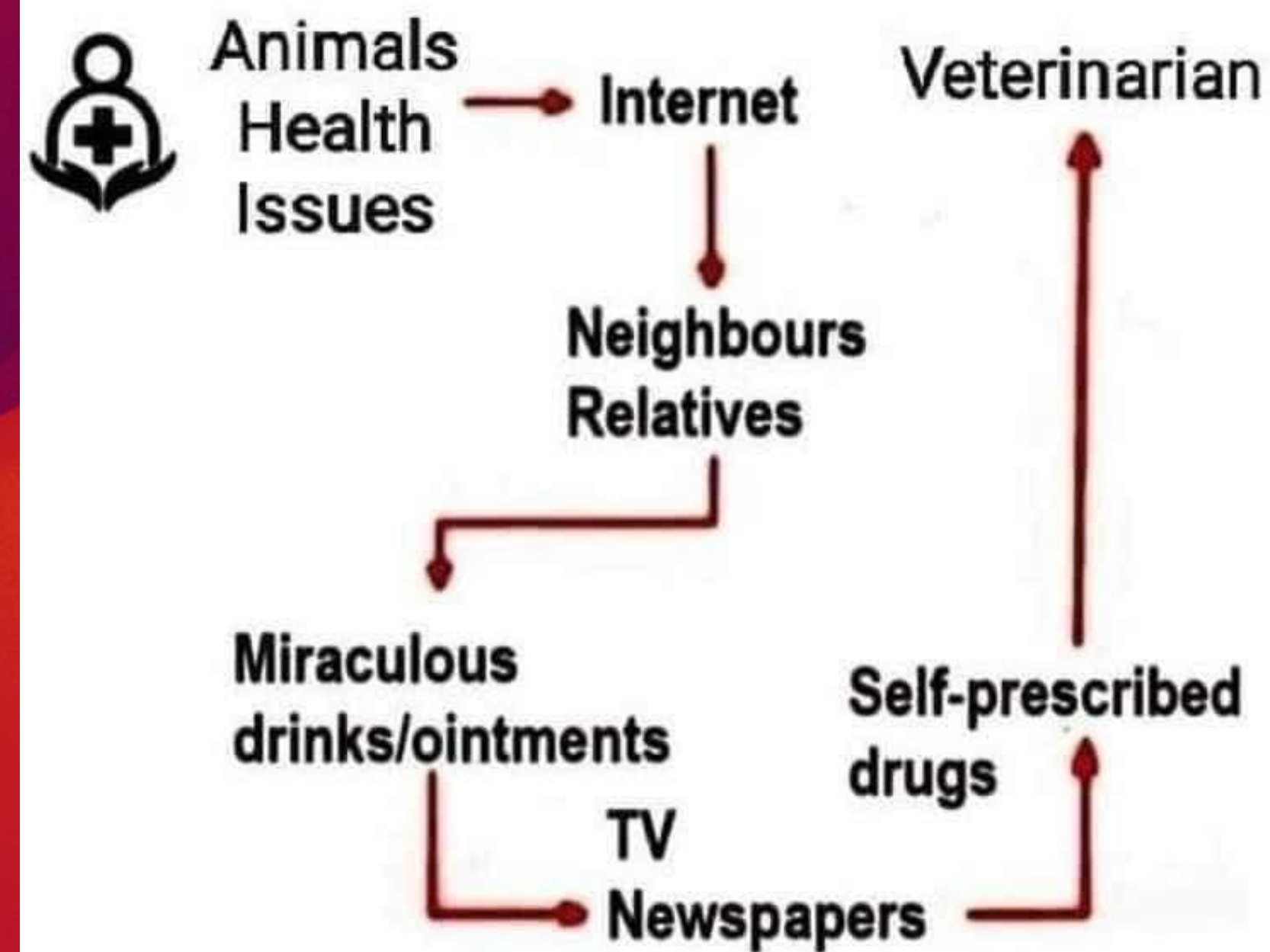
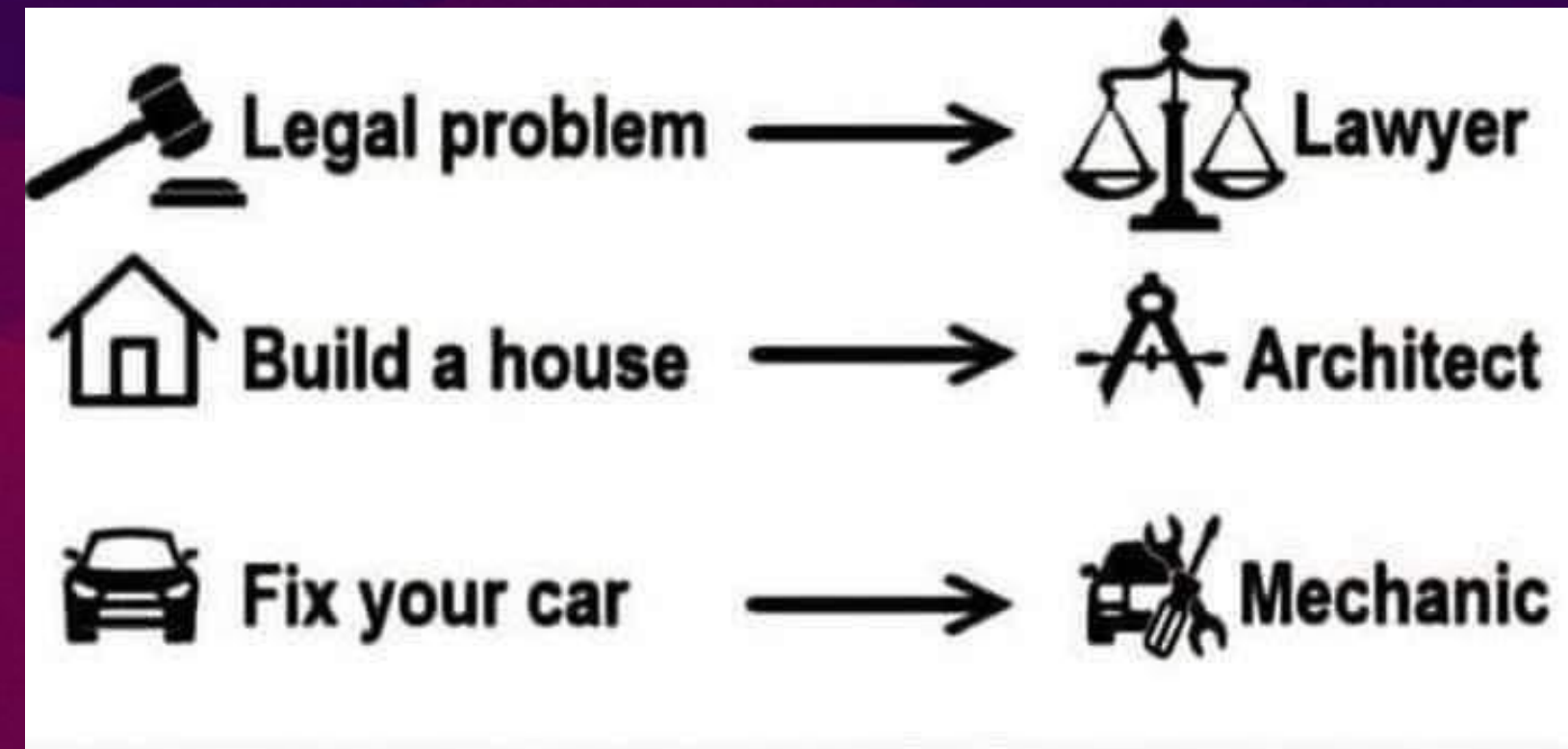
Future Scope: Providing Pet Health Care in Veterinary Deserts, AI Assisted consultations



WE have the power to shape the future of Veterinary Telemedicine
So what are YOU waiting for?



Thank you!



Thank you



Previously sponsored by TNVD:

2025: Community Veterinary Outreach Vancouver, Critteraid Animal Sanctuary and Katies Place Cat Shelter, Pacific Assistance Dogs Society, Vancouver Avian Research Centre and the Canadian Red Cross.

2024: Wildlife Rescue Association of British Columbia and Urban Safari Rescue Society.

[Visit: TNVD.ca](https://www.tnvd.ca) to learn more!!