



# AVHTM Newsletter

A 501(c)(3) nonprofit professional association

Volume 10, Issue 1

## Upcoming Events:

**ACVIM Forum 2026**  
Seattle, Washington  
June 11 - 13, 2026

**ACVIM Forum with AVHTM**  
**Special Interest Group (SIG)**  
**dinner on June 12 (see p. 2)**  
6:30 - 9:30 pm

## Welcome to the Spring 2026 AVHTM Newsletter

Welcome to the latest AVHTM newsletter. We are looking forward to our ACVIM lectures and the SIG in Seattle in June, with more detail provided below. We have our usual veterinary transfusion and haematology literature round up. We also have a more in depth look at a few studies: one examining the co-administration of drugs with blood products and another looking at erythrocyte sedimentation rate as a monitoring marker.

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## AVHTM at the ACVIM Forum, Seattle, Washington

The ACVIM Forum is coming up very soon and we hope you will join us for our AVHTM happenings at the Forum!

We will have an in-person dinner meeting for our Special Interest Group at the ACVIM Forum. We can't wait to connect with our colleagues and friends again. Please RSVP to us to attend (limited to 40 guests) or contact us at this email address if you have any questions. Thank you and we hope to see you there!

- **Where:** Wild Ginger, 1401 3rd Ave, Seattle WA
- **When:** Friday June 12th, 6:30 - 9:30 pm Pacific
- **What:** Management of Antithrombotics at Times of Procedures: The Human Medicine Perspective
- **Who:** Dr. Stephan Moll MD

**Register here:** <https://avhtm.org/acvim-sig/>

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## AVHTM at the ACVIM Forum — See you there!

We have the following lectures in our AVHTM stream:

- ACVIM Forum 2026, Seattle, Washington, June 11-13

AVHTM Lectures will be held on Thursday afternoon, June 11

- **Hemostasis in Canine Hepatobiliary and Gastrointestinal Disease: Principles and Case Examples.** Sara Jablonski and Sarah Shropshire, in person, 1.5 hours, 4:30—6:00 pm
  - **The Evolving Landscape of Platelet Transfusions: From Indications to Innovation.** Jillian Haines, in person, 1 hour, 1:45—2:45 pm
  - **Bone marrow examination: when, how, and what you can get from it?** Cynthia Lucidi, in person, 1 hour, 3:00—4:00 pm
  - **Transfusion medicine for non-blood bankers.** Marie-Claude Blais, virtual, 1 hour
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## AVHTM at ACVIM 2026

As always, AVHTM has an exciting lineup of lectures at ACVIM in Seattle:

Have you ever been unsure whether a liver case is hyper or hypocoagulable and how best to manage it? I know I have ... Sara Jablonski and Sarah Shropshire, experts in GI and liver disease, will provide clarity with a 1.5 hour session exploring hemostasis in canine hepatobiliary and gastrointestinal disease through representative case examples (Thursday, 6/11/26, 4:30 to 6 pm).

If anyone attended and loved the PIMA diagnosis lecture at ACVIM 2 years ago, Cynthia Lucidi, clinical pathologist extraordinaire, is back by popular demand to discuss bone marrows: when how and what you can get from it (Thursday, 6/11/26, 3 to 4 pm). If you are overwhelmed by the current options for platelet transfusions, and unsure when to consider a platelet transfusion, Jillian Haines will provide an overview of the evolving landscape of platelet transfusions in small animal medicine (Thursday, 6/11/26, 1:45 to 2:45 pm).

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**AVHTM at ACVIM 2026**

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Based on questions that have arisen during previous AVHTM sessions and ones that appear frequently on the listserv, Marie-Claude Blais is also offering an on-demand session on transfusion medicine for non-blood bankers. Hoping to reduce the intimidation of blood banking for non-blood bankers, she will provide a practical, evidence-based overview of everything from donor selection, safe blood collection and optimal blood processing to transfusion practices and responding to transfusion reactions.

We hope you will also join us for an exciting SIG session on Friday night (6/12/26; 6:30 to 9:30). Dr. Stephan Moll, an MD hematologist-coagulationist and Professor of Medicine at University of North Carolina Chapel Hill, will discuss peri-procedural management of human patients on anticoagulants and / or anti-platelet drugs. While there is no evidence to support how to manage veterinary patients on antithrombotic therapy needing interventions, Dr. Moll will share his expertise and the human evidence to help us better manage our own patients. He extraordinary experience balancing antithrombotics and bleeding risk in high level athletes who want to return to competition after experiencing a clot via the "Athletes and Blood Clot Program." Dr. Moll even recently took a call from the International Space Station to guide an astronaut on managing a clot while in outer space. He is an incredibly charismatic speaker who has provided several previous lectures for AVTHM. Come enjoy a delightful dinner at Wild Ginger while having a great discussion with Dr. Moll. We only have spots for 40 attendees, so please pre-register ASAP.

**Register here:** <https://avhtm.org/acvim-sig/>

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## **In Vitro Evaluation of the Co-Administration of Canine Blood Products and Drugs Used in Critical Illness**

**Gabriela L Rivas, Thomas H Edwards, Grantham C Peltier, Mai X Nguyen , Christine Rutter, Kelly A Mann, Daniel N Darlington JVECC 2025 35(6) 665-71**

Veterinary transfusion products are frequently used to treat critically ill animals, particularly those with hemorrhage or deficiencies in blood components. These patients often require multiple simultaneous, lifesaving interventions, including transfusions and drug therapy. However, obtaining and maintaining adequate vascular access can be challenging, leaving clinicians with limited IV lines to administer several treatments at once. Because the compatibility of many medications with canine blood products is unknown, co-administration through the same line is generally avoided due to concerns that drugs may alter blood constituents or that blood products may affect drug composition; as a result, treatment may be delayed. This study evaluated the in vitro co-administration of drugs commonly used in critical illness with canine whole blood (WB), fresh frozen plasma (FFP), and freeze-dried plasma (FDP) to determine whether clinically significant alterations occur when these medications and blood products are mixed.

In this in vitro experimental study, seven units of commercially acquired canine FFP, seven units of canine FDP, and eight units of canine WB were simultaneously co-administered through an IV line with selected drugs (fentanyl, midazolam, ketamine, hydromorphone, tranexamic acid, ampicillin/sulbactam, enrofloxacin, ceftriaxone, and ertapenem) at clinically relevant doses using intravenous infusion pumps. Samples were analyzed for coagulation factor activity, fibrinogen concentration, and drug concentration, and whole blood samples were additionally evaluated for cell-free hemoglobin concentration and platelet function.

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## In Vitro Evaluation of the Co-Administration of Canine Blood Products and Drugs

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This study found that platelet function decreased with every drug co-administered with WB in vitro. Cell-free hemoglobin increased when ketamine, fentanyl, and midazolam were co-administered with WB, indicating hemolysis. Drug loss was observed with several combinations, including enrofloxacin with FDP; hydromorphone with FFP; sulbactam and ertapenem with FDP and FFP; and ceftriaxone, fentanyl, and midazolam with all blood products. Coagulation factor activity showed variable changes, with clinically relevant decreases (<50% activity) identified only for factors V and VIII when ceftriaxone and enrofloxacin, respectively, were combined with FDP.

Overall, these in vitro findings suggest that co-administration of the evaluated drugs with WB may impair platelet function and, for certain sedatives and analgesics, cause hemolysis, whereas co-administration of ampicillin, tranexamic acid, and ketamine with FDP or FFP may be a reasonable option.

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## Erythrocyte Sedimentation Rate as a Monitoring Marker in the Canine Intensive Care Unit

Eleonora Gori, Anna Pasquini, Angela Briganti, Daniela Diamanti, Veronica Marchetti

JVECC 2026 36(1) 33-8

Paper overview by Dr Gori

In the ICU, we are constantly looking for inflammatory—and potentially prognostic—markers that are easy to measure, maybe revisiting some traditional inflammatory markers—especially when new technologies make them easier to use in clinical practice. This is the case of the erythrocyte sedimentation rate (ESR), a test widely used in human medicine but historically underutilized in veterinary practice.

In our prospective study, conducted at the Veterinary Teaching Hospital of the University of Pisa, my colleagues and I explored whether ESR could be useful as a monitoring and prognostic marker in dogs hospitalized in the intensive care unit (ICU). Our results suggest that this simple and inexpensive parameter may provide valuable clinical information in critically ill canine patients.

### Why focus on ESR?

The ESR measures how quickly red blood cells settle in a vertical tube over time. Under normal conditions, erythrocytes repel each other because of their negative surface charge. During inflammatory processes, however, plasma proteins—especially fibrinogen and other acute phase proteins—reduce this repulsion and promote the formation of rouleaux. As a result, red blood cells sediment more rapidly and the ESR increases. Because of this mechanism, ESR is considered a nonspecific marker of systemic inflammation. While it does not point to a specific disease, it reflects the presence and intensity of inflammatory processes occurring in the body.

One of the reasons ESR has not been widely used in veterinary medicine is practical. The traditional Westergren method requires dedicated samples and relatively long processing times (1h). However, the availability of semiautomatic point-of-care ESR analyser has made the test much easier to perform (<https://www.diesse.it/it/prodotti/mini-pet/>). This device can measure ESR directly from the EDTA tube -no additional blood required- used for routine hematology and provide results in 14 minutes, making them suitable even for emergency and intensive care settings.

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## Erythrocyte Sedimentation Rate as a Monitoring Marker in the Canine Intensive Care Unit

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### What we investigated and the value of monitoring ESR

We included 124 dogs hospitalized in the ICU between 2021 and 2024. Our objectives to determine if ESR either at admission or its trend during hospitalization were associated with mortality or sepsis. One of the key findings was that ESR at admission was significantly higher in non-survivors than in survivors. Median values were 28 mm/h in dogs that died compared with 11 mm/h in those that survived. This suggests that patients presenting with a higher inflammatory burden at admission may have a poorer prognosis; findings consistent with observations in human intensive care medicine, where elevated ESR values have also been associated with increased mortality risk.

Beyond the value of a single measurement, we were particularly interested in understanding whether changes in ESR over time could provide additional clinical insight. In a subset of dogs with serial blood samples available, we evaluated ESR at admission, approximately 24 hours later, and again at 48–72 hours. The trends we observed were quite clear. In dogs that eventually died, ESR values increased during hospitalization, rising from a median of 22 mm/h at admission to 42 mm/h after 48–72 hours. In contrast, dogs that survived showed a progressive decrease in ESR, dropping from 12 mm/h at admission to around 5 mm/h at the final measurement. It is also important to consider the kinetics of ESR compared with other inflammatory markers. Acute phase proteins such as C-reactive protein can increase within a few hours after the onset of inflammation, whereas ESR generally rises more slowly—often within 24–48 hours—and decreases gradually as inflammation resolves. Because of this slower dynamic, ESR may be especially useful for monitoring the course of inflammatory diseases over time.

### ESR and sepsis

Another aspect we investigated was the relationship between ESR and sepsis. Among the dogs included in the analysis, 28 were diagnosed with sepsis based on systemic inflammatory response criteria and documented infection. These dogs had significantly higher ESR values compared with non-septic patients (median 35 mm/h vs. 10 mm/h). Based on our analysis, we identified a cutoff value of 22 mm/h, which differentiated septic from non-septic dogs with a sensitivity of 76% and a specificity of 81%. Although ESR cannot diagnose sepsis on its own, it may represent a useful adjunct marker when interpreted alongside other clinical and laboratory findings.

Nevertheless, our findings suggest that ESR deserves renewed attention in veterinary critical care. With the availability of rapid point-of-care analyzer, this simple and inexpensive test may help clinicians assess inflammatory burden, monitor disease progression, and potentially identify high-risk patients earlier during hospitalization.

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## Recently Published Articles

### **Cohort profile of the first 2,000 canine enrollees in the Mars Petcare Biobank: demographic, hematologic and serum biochemistry results from March 2022 to December 2024**

Alexander JE, Appleton C, Beatty SSK, Brown DC, Carvell-Miller L, McKee TS, Morrison J, Patterson-Kane JC, Reynolds R, Wadulack S; Mars Petcare Biobank Project Team.

*BMC Vet Res*

<https://doi.org/10.1186/s12917-026-05419-6>

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## Recently Published Articles - continued

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### **Assessment of Platelet Storage Lesions, Viability, and Function in Canine Platelet Concentrate Units Stored at 4°C for 14 Days**

Farrell KS, Epstein SE, Nguyen N, Li RHL.

*J Vet Emerg Crit Care (San Antonio)*<https://doi.org/10.1111/vec.13470>

### **Association of Haematological Parameters With TLR Genes in Healthy and Distemper-Infected Dogs Haematology and TLRs in Distemper**

Karaca Bekdik İ, Daldaban F, Arslan K, Akyüz B, Aslan Ö.

*Vet Med Sci*<https://doi.org/10.1002/vms3.70867>

### **Evaluation of platelet surface-associated immunoglobulin positivity and its association with hematologic findings and vector-borne pathogens in thrombocytopenic dogs**

Boontuboon W, Sakcamduang W, Osathanon R, Nedumpun T, Srimontri P.

*J Vet Intern Med*<https://doi.org/10.1093/jvimsj/aalag033>

### **Molecular Detection of Bartonella henselae in Healthy Cats from Portugal (2015-2025): One Health Context and Implications for Transfusion Medicine**

Lopes R, Carvalho HL, Sampaio F, Fernandes C, Santos CC, Sousa C, Silva AR, Sousa R, Silva H, Lopes AP, Duarte EL, Cardoso L, Coelho AC.

*Pathogens*<https://doi.org/10.3390/pathogens15020131>

### **Treatment outcomes and prognostic indicators of primary immune thrombocytopenia in 31 cats: a multicenter retrospective study (2000-2023)**

Zhong M, Hall E, Glanemann B, Jih SHS, Korman RM, Langhorn R, Leshinsky J, Lingard AE, Roels E, van Boeijen M, Bolland LA.

*J Vet Intern Med*<https://doi.org/10.1093/jvimsj/aalaf038>

### **First Case Report of Precursor-Targeted Immune-Mediated Anaemia in a Dog From Italy Lacking Rubriphagocytosis and With Severe Hyperferraemia: Diagnosis, Treatment, and Clinical Outcome**

Nasar S, Uva A, Girardi G, Tanas G, Ciccarelli S, Zatelli A, Cavalera MA, Gernone F.

*Vet Med Sci*<https://doi.org/10.1002/vms3.70852>

### **Band Neutrophils Are Observed in Dogs Undergoing Multiagent Chemotherapy Including Vincristine**

Eliason CN, Pierce SJ, Masyr A.

*Animals (Basel)*<https://doi.org/10.3390/ani16030434>

### **Stress-Related Immunomodulation of Canine Lymphocyte Responses and Hematologic Profiles**

Kulka M, Szopa IM, Mizera-Szpilka K, Klockiewicz M.

*Int J Mol Sci*<https://doi.org/10.3390/ijms27031506>

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## Recently Published Articles - continued

Continued from page 6

### Standardization of canine platelet-rich plasma preparation and its functional characterization

Kim S, Chaudhary PK, Kim S.

*J Vet Sci*<https://doi.org/10.4142/jvs.25258>

### Amegakaryocytic thrombocytopenia in a dog: Diagnostic challenges and therapeutic considerations

McDonnell R, Cuq B.

*Can Vet J*

No DOI available

### Multicenter Retrospective Evaluation of the Use of Lyophilized Platelets in Dogs

Nugen S, Walton RAL, Smith R, Cai J, Mochel JP, Mays EL.

*J Vet Emerg Crit Care (San Antonio)*<https://doi.org/10.1111/vec.70080>

### Retrospective Evaluation of Treatment of Coagulopathy Secondary to Suspected Vitamin K Antagonist Rodenticide Intoxication With Cryosupernatant Transfusion in Seven Dogs (2000-2017)

Tracy AL, Culler CA, Cooper E, Guillaumin J.

*J Vet Emerg Crit Care (San Antonio)*<https://doi.org/10.1111/vec.70095>

### Functional toll-like receptor 4 links endotoxin sensing to platelet priming in feline platelets

Li RHL, Shaverdian M, Chen C, Stuhlmann C, Stern JA, Nguyen N.

*Front Vet Sci*<https://doi.org/10.3389/fvets.2025.1731802>

### Left atrial strain response to acute preload reduction in healthy dogs using a translational blood donation model

Cepinho RB, de Souza AAL, Reyes CJL, Francisco R, Tsunemi MH, Lima MCF, de Araújo Machado LH, Lourenço MLG.

*Sci Rep*<https://doi.org/10.1038/s41598-026-35086-4>

### Occurrence and Haematology of Canine Tick-Borne Protozoa in Dhaka City, Bangladesh

Khatun MA, Abdullah SM, Hassan MK, Islam M.

*Vet Med Sci*<https://doi.org/10.1002/vms3.70797>

### Assessment of feline peripheral blood lymphocyte subpopulations and CD18 expression pattern by flow cytometry

Lindiman P, Sánchez Solé R, Pessina P, Mosquillo MF.

*Braz J Vet Med*<https://doi.org/10.29374/2527-2179.bjvm006125>

### Molecular characterization and phylogenetic analysis of hemotropic Mycoplasma in cats in fars province, Iran, and its association with blood groups and hematological alterations

Rafiee M, Sharifiyazdi H, Omidvar B, Derakhshandeh N, Nazifi S.

*BMC Vet Res*

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## Recently Published Articles - continued

Continued from page 7

### **Successful therapy of a dog with trapped neutrophil syndrome using a combination of cyclosporine and prednisolone: a case report**

Miyamoto R, Kiyota R, Ito T, Igarashi H, Neo S, Kimoto S, Ohsato Y, Kamiie J, Hisasue M.

*J Vet Med Sci*

<https://doi.org/10.1292/jvms.25-0227>

### **The AB Blood Group System Phenotype Does Not Play a Role in *Toxoplasma gondii* Infection in Cats**

Spada E, Tattarletti G, Proverbio D, Perego R, Baggiani L, Donato G, D'Agostino R, Arcuri F, Galluzzo P, Chiarenza G, Blanda V, Grippi F.

*Pathogens*

<https://doi.org/10.3390/pathogens14121227>

### **Platelet-Rich Plasma in Veterinary Orthopedic Surgery: A Systematic Review and Quality Evaluation on Liquid- and Gel-Based Therapies in Dogs**

Vidal-Negreira F, García-González M, Valiño-Cultelli V, González-Cantalapiedra A.

*Gels*

<https://doi.org/10.3390/gels11120994>

### **Coagulation profile in bitches with pyometra: Standard tests and thromboelastography**

Ramesova A, Machackova K, Vanova I, Lacinova M, Bartoskova A, Novotny R, Vitasek R, Rehakova K, Doubek J.

*Vet Med (Praha)*

<https://doi.org/10.17221/16/2025-VETMED>

### **Retrospective Evaluation of the Prognostic Value of Neutrophil-to-lymphocyte Ratio, Platelet-to-lymphocyte Ratio, and Mean Platelet Volume in Dogs Entering the ICU (2020-2022): 190 Cases**

De Membiela F, Clifton R, Dye C.

*J Vet Emerg Crit Care (San Antonio)*

<https://doi.org/10.1111/vec.70060>

### **Hypofolataemia in five cats with immune-mediated haemolytic anaemia**

Zoia A.

*Vet Rec*

<https://doi.org/10.1002/vetr.70058>

### **In Vitro Evaluation of the Co-Administration of Canine Blood Products and Drugs Used in Critical Illness**

Rivas GL, Edwards TH, Peltier GC, Nguyen MX, Rutter C, Mann KA, Darlington DN.

*J Vet Emerg Crit Care (San Antonio)*

<https://doi.org/10.1111/vec.70057>

### **Neutrophil-to-Lymphocyte Ratio as a Promising Non-Invasive Biomarker for Diagnosis of Feline Idiopathic Cystitis in Cats**

Yang J, Zhang X, Zhang W, Zhang Y, Shi L, Zeng L, Qiao M, Shi H.

*Animals (Basel)*

<https://doi.org/10.3390/ani15223307>

### **Novel Neutrophilic Parameters of the Sysmex XN-1000V for the Prediction of Inflammation in Dogs**

Schöb LC, Ginder M, Stirn M, Hofmann-Lehmann R, Hipp HM, Riond B.

*Animals (Basel)*

<https://doi.org/10.3390/ani15223275>

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## Recently Published Articles - continued

Continued from page 8

### **Molecular Survey of Hemopathogens in Dogs, Including Blood Donors, from Central-Western Brazil**

da Silva JVDSA, das Neves LF, Bolzan ME, Batista LMDR, Araujo FAA, Machado RZ, André MR.

*Pathogens*<https://doi.org/10.3390/pathogens14111180>

### **Relationship between dog erythrocyte antigen (DEA) and susceptibility of dogs to babesiosis**

Adebayo OO, Takeet MI, Oyewusi IK, Adebayo AO, Lobetti RG, Otesile EB.

*BMC Vet Res*<https://doi.org/10.1186/s12917-025-05117-9>

### **The effect on canine erythrocyte osmotic fragility under different temperature variations and storage times**

Tsai YL, Webbe-Allen D, Lee WS.

*BMC Vet Res*<https://doi.org/10.1186/s12917-025-05162-4>

### **In vitro evaluation of stability and hemostatic efficacy of single-donor lyophilized canine plasma**

Cha S, Shin C, Kang C, Jung DI, Cho KW, Bae H, Yu D.

*Front Vet Sci*<https://doi.org/10.3389/fvets.2025.1663953>

### **The effects of leukocyte('s) RNA-binding proteins on the immune responses of dogs infected with canine parvovirus**

Mohammad K, Maedeh B, Bahman M.

*BMC Vet Res*<https://doi.org/10.1186/s12917-025-05105-z>

### **Evaluation of the difference between mean corpuscular haemoglobin concentration and mean cellular haemoglobin concentration in canine complete blood count assessed with an automated haematology analyser**

Ferrari MG, Fasoli S, Vasylyeva K, Brini E, Dondi F, Agnoli C.

*J Small Anim Pract*<https://doi.org/10.1111/jsap.70036>

### **Eltrombopag is well tolerated but provides no additional benefit in the treatment of canine primary immune-mediated thrombocytopenia**

Lee J, Lee S, Han J, Park SY, Kim YJ, Song KH, Park MK.

*J Am Vet Med Assoc*<https://doi.org/10.2460/javma.25.07.0483>

### **Association between patient signalment and platelet function parameters in cats**

Kornya MR, Larkin SM.

*Can Vet J**No DOI available*

### **Feline panleukopenia-associated clinicopathological abnormalities: first evaluation of diagnostic and prognostic roles of endothelial glycocalyx degradation biomarkers**

Naseri A, Ider M, Erol BB, Iygun SS, Durgut MK, Ok M, Sahin HB, Donmez NK, Icigen A, Yavuz T.

*Vet Q*<https://doi.org/10.1080/01652176.2025.2573815>

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## Recently Published Articles - continued

Continued from page 9

### **Nucleated red blood cells in critically ill cats**

Dörfelt R, Pabst K, Hartmann K.

*J Feline Med Surg*

<https://doi.org/10.1177/1098612X251387446>

### **Observer reliability and components of variance in counting spherocytes in canine blood samples**

Jensen AL, Fink-Jensen HH, Krogh AKH.

*Vet J*

<https://doi.org/10.1016/j.tvjl.2025.106444>

### **A handheld rapid infuser device effectively delivers blood products in the management of life-threatening anemia in 6 dogs**

Lawnichak T, Odunayo A, Arjoonsingh A, Moore V.

*J Am Vet Med Assoc*

<https://doi.org/10.2460/javma.25.04.0241>

### **Centrifugation force and time influence on platelet, leukocyte, and growth factor concentrations in canine platelet-rich plasma**

Fernandez M, Kieves NR.

*J Am Vet Med Assoc*

<https://doi.org/10.2460/javma.25.05.0300>

### **Comparison of intravenous mixed micelle phytomenadione (vitamin K1) and traditional therapies for the treatment of anticoagulant rodenticide toxicosis in dogs and cats: a retrospective study**

Agostini G, Mooney ET, Wilkie E, White JD.

*Aust Vet J*

<https://doi.org/10.1111/avj.70004>

### **Does vaccination increase dogs' risk of developing immune-mediated haemolytic anaemia?**

March J, Brennan M.

*Vet Rec*

<https://doi.org/10.1002/vetr.70420>



Dr. Stephan Moll MD



**We're on the web!**

**[www.avhtm.org](http://www.avhtm.org)**

Business Name

**AVHTM** is an IRS approved 501(c)(3) nonprofit professional association composed of veterinarians, hematologists, academics, veterinary technicians, blood bankers, and interested public who desire to further scientific advances in transfusion medicine and veterinary hematology.

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We engage in veterinary research, promote industry standards, develop guidelines for canine and feline blood collection and processing, and publish scientific research in peer-reviewed publications.

Visit us online to learn more about AVHTM!

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Participating in the AVHTM Google Group is a benefit of membership. Members whose memberships have lapsed have a 30-day grace period to renew their membership before they are removed from the group. Be sure to keep your membership active to continue participating in our interactive online discussions!

Click here to



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## MEMBERSHIP BENEFITS

As an AVHTM member, you are eligible for the following:

- Reduced IVECCS registration fee (veterinarians save \$100 and technicians save \$25!)
- Access the a "Members Only" section of the AVHTM website, which includes access to:
  - o Other AVHTM profiles
  - o PubMed articles
  - o Forum for posting questions, cases, and research
- Ability to ask and answer questions posted to the AVHTM members-only Google group.

*Please feel welcome to share this newsletter with interested colleagues and encourage them to become an AVHTM member!*