

## JOURNAL OF VETERINARY INTERNAL MEDICINE GUIDELINES FOR AUTHORS

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### INTRODUCTION

The *Journal of Veterinary Internal Medicine* is an online open access, peer-reviewed journal published every other month that features scientific articles relevant to the practice of veterinary internal medicine. The Journal is the official publication of the [American College of Veterinary Internal Medicine](#) (ACVIM), [European College of Equine Internal Medicine](#) (ECEIM), [European College of Veterinary Internal Medicine–Companion Animal](#) (ECVIM-CA) and [European College of Veterinary Neurology](#) (ECVN). It represents an international forum for communication and dissemination of the latest developments in large and small animal internal medicine. The mission of the *Journal of Veterinary Internal Medicine* is to advance veterinary medical knowledge and improve the lives of animals by publication of authoritative scientific articles about animal diseases. The editors of the Journal welcome clear, concise manuscripts describing well-designed studies that are timely and relevant to its readers. Beyond general quality and scientific rigor, important criteria for acceptance are originality and interest to readers of the Journal. Thus, articles that are otherwise scientifically sound may be rejected because they are felt to lack breadth of appeal or are outside the interest area of the Journal.

### EDITORIAL POLICIES

#### Authorship

The Journal follows the recommendations of the [International Committee of Medical Journal Editors](#) (ICMJE) with respect to authorship. Credit for authorship is based upon:

- Substantial contributions to conception and design; or acquisition, analysis, or interpretation of data
- Drafting of the article or critical revision for important intellectual content
- Final approval of the version to be published
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the article are appropriately investigated and resolved

Additional information can be found at: [ICMJE: Defining the Role of Authors and Contributors](#)

At the time of submission of a manuscript to the Journal, authors are required to upload a completed Authorship Declaration form, which is available from “Instructions & Forms” (upper right corner) at the [JVIM submission website](#).

The editors will not attempt to resolve disputes among authors or potential authors of a manuscript. Such disputes must be resolved among the authors and investigators themselves.

All authors must agree to the version of the manuscript that is submitted, and any subsequent agreement. The corresponding author is required to confirm this agreement during submission of the manuscript.

### **Prior publication and fragmented publication**

A manuscript considered for publication by the *Journal of Veterinary Internal Medicine* must not have been published previously (an abstract  $\leq$  250 words presented at scientific meeting is an exception) and must not be under consideration for publication by another journal while under consideration by the Journal.

The Journal strongly discourages fragmented reporting of aspects of a single investigation or clinical study. Authors submitting a manuscript that is one of a number of existing or planned manuscripts related to a single study must include a statement in the cover letter that so states, and justifies use of a fragmented approach. Related manuscripts, published or unpublished, also must be included with the submitted manuscript. The submitted manuscript itself must clearly explain and justify the fragmented approach and clarify the full extent of the investigation.

The Journal uses a plagiarism detection system. By submitting a manuscript to the Journal, authors acknowledge and accept that their manuscript may be screened for plagiarism against previously published works.

### **Open access agreement**

If a manuscript is accepted by the Journal, the article will be made publicly available under the terms of the Creative Commons Attribution Non-Commercial License (CC BY-NC). All articles published by the Journal are open access and online only. To preview the terms and conditions of this license, please visit [Creative Commons: Licenses](#). Research Councils United Kingdom or Wellcome Trust funded authors will be directed to sign the Open Access agreement under the terms of the Creative Commons Attribution license (CC-BY) in order to be funder compliant. For more information on the terms and conditions of these licenses please visit [Wiley: Open Access Agreements](#).

### **Editorial Independence**

The [ACVIM](#), [ECVIM-CA](#), [ECEIM](#) and [ECVN](#) recognize and accept the need for editorial independence of the Journal.

The Colleges grant the Editors-in-Chief full authority over the type and selection of editorial content of the Journal within the stated mission of the Journal. For these purposes, editorial content is understood to include research articles, other types of scientific reports, special reports and consensus statements, editorials, letters to the editor, and other content. The Board of Regents of the [ACVIM](#) (or equivalent management for each of the other Colleges) does not interfere in the evaluation, selection, or editing of content published in the Journal, either directly or by establishing an environment that has an impact on decisions of the Editors-in-Chief.

Responsibility for selection of advertising is granted to the Journal's publisher.

Format and timing of publication of content is determined by agreements between the [ACVIM](#) and the Publishers.

Opinions and statements expressed in the Journal are those of the contributors and, unless so stated, do not represent the official policy of the [ACVIM](#), [ECVIM-CA](#), [ECEIM](#) or [ECVN](#).

Additional information can be found at [Council of Science Editors: Relations between editors and publishers, sponsoring societies, or journal owners.](#)

### **Funding and support**

All funding and material (e.g. equipment, supplies) support received by the authors or their institution from any third party (e.g. government, foundation, private corporation) for the study described in the submitted manuscript must be clearly and completely described in the Acknowledgments section of the article. If no funding or support was received, a statement to that effect should be included in the Acknowledgments section. If any supporting agency had a role in the design or conduct of the study, assessment of the data, or writing of the manuscript, such role also must be acknowledged.

### **Conflict of interest and financial disclosure**

Authors must disclose at the time of submission any financial arrangement or business, professional or personal relationship they have that could be perceived as a conflict of interest. All authors must disclose such information at the time the manuscript is submitted and must update this disclosure during the review process, as new information comes becomes available. Information on conflicts of interest will be held in confidence while the paper is under review and will not influence the editorial decision, but if the article is accepted for publication, the editor may discuss with the author the manner in which such information should be disclosed to the reader. By submission of the manuscript, all authors confirm that the manuscript is an honest, accurate, and transparent account of the study being reported, that no important aspects of the study have been omitted, and that any divergence from the study as planned (and, if relevant, registered) has been explained.

### **Scientific misconduct**

The Journal considers the scientific integrity of articles it publishes of paramount importance. In general, the Journal follows the definitions and guidelines provided by the [World Association of Medical Editors](#) (WAME). Scientific misconduct includes, but is not limited to, falsification of data, plagiarism, misuse of authorship, misappropriation of the ideas of others, violation of generally accepted research practices, failure to comply with legislative and regulatory requirements affecting research, and inappropriate behavior in relation to investigations of alleged misconduct.

If the Journal editors become aware of concerns of scientific misconduct in submitted or published manuscripts, the authors will be contacted and an investigation of the matter will be initiated. Authors should be aware that authorship of an article includes agreement that all authors be accountable for all aspects of the work, including questions related to the accuracy or integrity of any part of the work. Concerns will be appropriately investigated and resolved, using the Committee on Publication Ethics (COPE) guidelines and practices. Initially, every effort will be made resolve the matter with the authors. If the editors believe there is *prima facie* evidence of scientific misconduct, they will refer the matter to the corresponding author's institution or appropriate authorities for investigation.

The editors reserve the right to retract an article, publish a correction, or take other action necessary to preserve the scientific integrity of the Journal. Additionally, the Journal reserves the right to decline to consider manuscripts for publication authored by individuals found to have committed scientific misconduct in the Journal or other scientific publications.

The Journal is a member of the [Committee on Publication Ethics](#) (COPE) through its publisher (Wiley).

### **Animal use, human subjects, archived tissues and medical records information**

The Journal is committed to the ethical use of animals and ethical involvement of people in all studies that it publishes. The Journal acknowledges that requirements for ethical approval differ among countries and among states or provinces within countries. Therefore, authors and their institutions are responsible for the ethical conduct of studies. Studies of animals including, but not restricted to, those describing induction of disease, administration of drugs or other substances, surgical interventions or clinical trials must be conducted in accordance with regulations governing the use of animals at the authors' institution. It is the responsibility of the authors to obtain approval by the appropriate regulatory group (e.g., Institutional Laboratory Animal Care and Use Committee, Animal Ethics Committee) and report this approval. The design of studies involving client-owned animals with spontaneous disease (e.g., clinical trials, prospective or retrospective studies, case reports) should be approved by the appropriate regulatory group (e.g., hospital board) and should include a statement of informed consent by the owners of the animals involved or the owner's representative. It is incumbent upon the authors to ensure that care of animals meets the standards required by the authors' institution.

Research involving human participants should meet appropriate professional and cultural standards and legal requirements, which may vary among countries and jurisdictions. Studies in which people were surveyed or contacted in other ways (e.g., to determine long term outcomes of animals) should have ethical approval. The Journal requires that authors declare whether formal review of the ethics of human involvement in the research was required by the author's institution and the outcome of that review (approved or not approved).

Studies using archived tissues or information in medical records should include an indication that the use of such tissues or medical information about the animal was approved by the relevant hospital or institution and that clients consented to use of such information. The Journal recognizes that this consent might not be available for retrospective studies and in such instances requires that approval for use of the data be granted by the appropriate local authority (e.g., hospital board, ethics committee).

The Journal may request additional information about care and use of animals, or involvement of people, including evidence of regulatory approval or compliance with local regulations.

The Journal reserves the right to decline to publish manuscripts in which approval by the appropriate regulatory group is not reported, when the Journal has concerns about the welfare or treatment of animals used in the study or when the Journal has concerns about involvement of people in the study. The Journal is not obliged to reveal the basis for such a decision.

### **Off-label antimicrobial use**

Authors of research articles must disclose at the time of submission off-label antimicrobial use in the country in which the study was conducted. Such information will be held in confidence while the paper is under review and will not influence the editorial decision, but if the article is accepted for publication, the editor may discuss with the author the manner in which such information is to be communicated to the reader. By submission of the manuscript, all authors confirm that the manuscript accurately discloses off-label antimicrobial use.

### **Article publication charges**

There is no fee to submit an article to the Journal. An article publication charge (APC) will be collected when a manuscript is accepted for publication. The author, institution, or funding agency will be required to pay the APC on acceptance of the manuscript.

The APC is discounted for any article on which a member of the [ACVIM](#), [ECEIM](#), [ECVN](#) or [ECVIM-CA](#) is an author. Other discounts to the full APC and more details on charges are available by at [Article and Publication Charges](#). Automatic APC waivers and discounts will be given to authors from countries on the [Waivers and Discounts List](#). Authors should submit a waiver or discount request at the time they submit their article.

## Reporting guidelines

To ensure thoroughness of reporting, authors of original reports are encouraged to use the following guidelines, as applicable, when preparing their manuscripts:

- **AGREE** (Appraisal of Guidelines for Research and Evaluation) for clinical practice guidelines
- **ARRIVE** (Animal Research: Reporting of In Vivo Experiments) for studies involving laboratory animals
- **CARE** (Case Report)—for clinical reports
- **CONSORT** (Consolidated Standards of Reporting Trials) for clinical trials
- **PRISMA** (Preferred Reporting Items of Systematic Reviews and Meta-analyses) for systematic reviews and meta-analyses
- **REFLECT** (Reporting Guidelines for Randomized Controlled Trials for Livestock and Food Safety) for clinical trials in livestock and food safety
- **SRQR** (Standards for Reporting Qualitative Research) for all studies involving qualitative research
- **STARD** (Standards for the Reporting of Diagnostic Accuracy Studies) for diagnostic test evaluation
- **STROBE** (Strengthening the Reporting of Observational Studies in Epidemiology) for cross-sectional, case-control, and cohort studies

These and other guidelines are available at the [EQUATOR \(Enhancing the Quality and Transparency of Health Research\) Network](#).

The *JVIM* does not mandate that manuscripts satisfy all aspects of the applicable reporting guidelines, but these guidelines may be used to assess the suitability of manuscripts for publication in the Journal.

## MANUSCRIPT CATEGORIES

The Journal's editorial policy of continuous improvement is based on identification and publication of articles with the highest possible level of evidence according to the following hierarchy:

- Meta-analyses and systematic
- Critically-appraised, evidence-based clinical guidelines
- Randomized clinical trials
- Cohort studies
- Case control studies
- Cross-sectional studies
- Case series
- Case report
- In vitro studies

Within this hierarchy of evidence, priority is given for population-based studies with robust statistical power, randomized clinical trials, and hypothesis-driven observational studies.

Simple descriptive observational studies (e.g. case series, case reports) are considered low priority unless they describe a new disease, provide new insight into a previously recognized disease, or present a novel diagnostic or therapeutic approach to a previously recognized disease. Pharmacokinetic studies, experimental animal studies, in

vitro studies, and studies evaluating diagnostic tests are only considered when the results of such studies have clinical impact in a target population of animals with naturally-occurring disease. The Journal generally does not publish studies of non-mammalian or exotic (non-domestic) species or studies describing experimentally-induced animal models of human disease, but naturally-occurring animal models of human disease will be considered.

The Journal also publishes consensus statements originating from and approved by the Board of Regents of the [ACVIM](#). If available, the Journal also publishes consensus statements from the [ECVIM-CA](#), [ECVN](#), and [ECEIM](#). The Journal does not publish consensus statements from other groups.

The Journal publishes the following types of manuscripts:

- Standard paper
- Pilot studies
- Letters
- Brief communications
- Case reports
- Narrative reviews
- Systematic reviews
- Guidelines and recommendations
- Perspectives in veterinary medicine

**PLEASE NOTE** that, for all types of manuscripts, **word count** includes text starting at the beginning of the introduction and ending at the end of the discussion; it does not include title page, abstract, references, tables or figure legends.

### **Standard Paper**

*Maximum length: 5,000 words*

**Abstract (structured):** The abstract should stand alone (i.e. accurately convey the essential features of the study without the necessity of having read the entire article). It must be included in the manuscript document and be uploaded to the submission website. The abstract must be < 250 words and formatted using the following subheadings:

Background – Brief explanation of why the study was performed.

Hypothesis/Objectives – A brief statement of the principal hypothesis tested in the study, the major objectives of the study, or both.

Animals – A concise description of the number of animals used in the study including the population from which they were drawn (e.g., research colony, hospital population) and any special characteristics of the animals (e.g., disease status).

Methods – A statement of overall study design (e.g., randomized, blinded, placebo-controlled clinical trial; cohort study; case-control study; case series; ) and principal interventions or methods.

Results – All important results of the study, along with summary statistics (a measure of central tendency and variation such as mean and standard deviation or median and range), confidence intervals (where appropriate) and P values for all important numerical results. For studies comparing  $\geq 2$  interventions, the effect size and 95% (or similar) confidence intervals for the effect size should be reported.

Conclusions and clinical importance – A summary of the study's conclusions and a statement of the clinical importance of these conclusions. Do not restate the results.

### **Introduction (titled as such)**

*Length maximum: 500 words*

The introduction should provide a clear statement of the rationale and objectives of the study, and include only pertinent references. A brief overview of the topic is appropriate to set the context for the study. Do not review basic physiology, pathophysiology, medical principles, or other aspects of the disease that were not studied. An extensive review of the subject is not acceptable.

### ***Materials and Methods***

The materials and methods section should include sufficient detail that another investigator could replicate the study.

- Study design should be clearly described using accepted terminology (e.g., randomized double-blind placebo controlled study, retrospective review of medical records).
- Common methods or procedures need not be described in detail, and wherever possible techniques used in the study that have been reported elsewhere should be cited rather than described. A statement of animal care must be made (e.g., "animals were cared for according to the principles outlined in the NIH Guide for the Care and Use of Laboratory Animals").
- A concise description of the statistical methods should be provided including analytical software used and citation of uncommon statistical methods. Detailed information can be found in the [Statistical Guidelines](#) for the Journal.
- All laboratory or clinical chemistry analytical methods should be fully validated. Previous validation of methods should be supported by appropriate citation. Validation information for new or previously unvalidated analytical methods can be included as supplemental information.

### ***Results***

The results of the study should be presented concisely and in a logical sequence.

- Subheadings should be used for relevant sections (e.g., clinical findings, radiographic findings).
- Tables are a concise means of presenting large amounts of numerical data in a logical format. Do not duplicate data presented in the text of the manuscript in tables and do not reproduce the same data in both tables and figures.
- The Journal does not publish tables that contain individual animal data. Such data can be included in the text or tables of the manuscript in summary form using descriptive statistics or, if preferable, as supplemental information.
- Tables should not contain only 2 rows with  $\geq 2$  columns or 2 columns with  $\geq 2$  rows (e.g., a table providing hematologic data for 1 group of animals). Such data should be reported in the text.
- Do not editorialize or discuss the implication or importance of results in the "Results" section.

### ***Discussion***

The discussion should explain the relevance and importance of the study. Excessive detail can obscure important findings and should be avoided.

- The first paragraph of the discussion should provide an overview of the results and a brief description of the importance of these results. It should introduce the major points to be expanded in the remainder of the discussion section.
- The discussion should be concise and should focus on novel and innovative aspects of the study and explain the results in light of earlier studies. Do not discuss aspects of the topic that you did not study (e.g., treatment options if you did not study treatment, pathophysiological mechanisms).

- Address any limitations of your study so that the reader is aware of constraints to interpretation of your results.

### **Letters**

*Maximum length: 1,200 words*

*No more than 8 references*

*No abstract or title page*

The letters to the editor section provides a forum for issues in veterinary internal medicine. Letters can relate to any aspect of internal medicine, but primarily provide an opportunity for readers to respond to articles published in the Journal. The editors reserve the right to decline to publish letters that do not contribute to the discussion, make personal allegations against individuals, or are libelous. Letters should be sent to [JVIM@ACVIM.org](mailto:JVIM@ACVIM.org).

### **Brief Communications**

*Maximum length: 2,500 words*

*Formatting: Same as for standard paper (see above)*

Brief communications are reports of small completed investigations or descriptions of new techniques. They are not specifically labelled as such in the Journal and are not be allocated to a separate section in the Journal. Brief communications usually have the same priority for publication as do standard papers.

### **Pilot Studies**

*Maximum length: 2,500 words*

*Formatting: Same as for standard paper*

The Journal publishes only pilot studies, or feasibility studies, that conform to the CONSORT guidelines for reporting on such studies. The CONSORT guidelines on pilot studies are available at: CONSORT 2010 statement: extension to randomised pilot and feasibility trials: BMJ 2016; 355 doi: (Published 24 October 2016) Cite as: Sandra M Eldridge, Claire L Chan, Michael J Campbell, et al BMJ 2016;355:i5239 <https://doi.org/10.1136/bmj.i5239>

The term "pilot study" should only be used for studies that conform to these guidelines. Reporting of small scale, often underpowered studies, with the intention of demonstrating effect of an intervention is discouraged and, if done, must comply with reporting of effect sizes and confidence intervals. See statistical guidelines for further advice.

The aims and objectives of pilot studies differ from those of larger trials. Pilot studies are small scale studies designed to test the feasibility of future large-scale studies and not to report on the effectiveness of an intervention, for which they are often underpowered. Research by others has identified weaknesses in the reporting and conduct of pilot studies, including inappropriate reporting on outcomes of interventions and not reporting on the feasibility of a larger study.

A tutorial on pilot studies is available. ["A tutorial on pilot studies: the what, why and how." BMC Medical Research Methodology](#)

### **Case Reports**

*Maximum length: 2,500 words*

*Formatting: Same as for standard paper (see above) except as noted below*

The Journal publishes cases of newly recognized clinical entities, cases in which the clinical findings or outcome are unique or unexpected, cases that expand the knowledge base about an existing disease process, or cases in which new diagnostic methods or treatments have been used. To be considered for publication, case reports must clearly indicate the novel feature of the disease or condition being reported, how reporting the case will alter conventional



diagnosis or treatment of the condition, or how reporting the case will advance fundamental understanding of the disease.

Case reports include a detailed description of each animal in the report. Avoid detailed chronological descriptions of routine patient care and treatment. The number of animals in a case report is usually  $\leq 3$  and **never**  $> 5$ . For case series that include  $> 5$  animals, the manuscript should be formatted as a standard paper using the IMRAD format of Introduction, Materials and Methods, Results, and Discussion (see above). The Journal does not publish tables with results from individual animals.

The abstract should be  $\leq 150$  words and should provide: the rationale for reporting the case, information about the clinical presentation, pertinent diagnostic test results and treatments, outcomes, and clinical relevance.

The acceptance rate for case reports submitted to the Journal is low and submissions may be rejected after editorial review.

### **Narrative Reviews**

*Maximum length: 7,500 words*

*Formatting: Same as for standard paper (see above) except as noted below*

Narrative reviews, which may be solicited by the editorial board or submitted unsolicited by the authors, are meant to provide the reader with a state-of-the-art overview in a specialized area of veterinary internal medicine. They should be submitted by individuals who are actively working in the area, and not by those who merely have reviewed the literature as a prelude to beginning a project in the area. One of the authors should be a recognized expert in the field based on documented research activity and previous scientific publications. The review should be informative and of value to generalists as well as specialists. The use of color illustrations, line drawings and figures is encouraged in narrative reviews. The abstract should be narrative (not structured) and  $\leq 250$  words.

### **Systematic Reviews**

*Maximum length: 8,000 words*

*Formatting: Same as for standard paper (see above) except as noted below*

Systematic reviews must address a well-defined question and should be composed according to PRISMA guidelines (see [www.equator-network.org](http://www.equator-network.org)) which will be strictly enforced by means of editorial and peer review. If an individual PRISMA heading is not felt to be relevant, it should be included with an explanation of why it was not relevant to the conduct of the review. A time-stamped protocol (or similar documentation) indicating an *a priori* plan for the review should be included in the supplementary information. A structured abstract  $\leq 250$  words should be included.

### **Guidelines and Recommendations**

*Maximum length: 8,000 words*

*Formatting: Same as for standard paper (see above) except as noted below*

Guidelines and Recommendations articles must address a series of focused questions using rigorous, evidence-based assessment of the scientific literature. They should be composed according to a structured and transparent process such as the [GRADE guidelines](#) which will be strictly enforced by means of editorial and peer review. A narrative abstract  $\leq 250$  words should be included.

### **Perspectives in Veterinary Internal Medicine**

*Maximum length: 5,000 words*

*Formatting: Same as for standard paper (see above) except as noted below*

Perspectives in Veterinary Internal Medicine are peer-reviewed opinion pieces that are not systematic reviews and do not provide formal guidelines or recommendations. Authors interested in contributing to this manuscript category should contact the Co-Editors-in-Chief for guidance on the suitability of the proposed topic for publication in the Journal. Examples of potential manuscripts for Perspectives in Veterinary Internal Medicine could include: a summary update of a series of presentations at a scientific meeting, a discussion of controversial issues in veterinary internal medicine, clinical perspectives on the diagnosis or treatment of a particular disease, or other similar topics. A narrative abstract ≤ 250 words should be included.

## MANUSCRIPT PREPARATION

### Format

Manuscripts should be formatted as described below. Manuscripts that do not follow the specified format will be returned for correction before being sent out for review.

- Manuscripts must be double-spaced, using US (8 ½" × 11") page settings (A4 page settings are not accepted), with 1-inch (2.5 cm) margins.
- Font type, size, and color: Times New Roman, Arial or Calibri; 11 or 12 point; black.
- Page numbers must be included in the upper right-hand corner of each page.
- Manuscripts must be formatted with sequential line numbers on the left-hand margin.
- Figures and graphs must conform to the Journal guidelines (see below).
- Manuscripts must be submitted in English using American spelling and must be clearly written and grammatically correct. Authors whose native language is not English are advised to seek assistance in manuscript preparation from someone fluent in written English or to use an English language editing service such as that provided by [Wiley Editing Services](#). Such services can assist with grammar, language and style and increase the likelihood that the manuscript will be understood by reviewers and editors. If a manuscript is returned for revision to improve written English, and the language problem is not satisfactorily addressed, the manuscript may be rejected without opportunity for further revision.
- The word count includes all text beginning with the introduction and ending with the discussion.
- The word count does not include the title page, abstract, references, tables or figure legends.
- The introduction should be titled as such and should not exceed 500 words in length.
- No footnotes should be used in the manuscript. The brand name and manufacturer for drugs, equipment and other items should be listed within parentheses following mention of the item in the text.
- There is no limit on the number of references cited in the manuscript.
- The Journal conducts double blind review (i.e., neither the authors nor the reviewers know each other's identity). To ensure the integrity of this process, authors must redact all identifying information from the title page and body of the submitted manuscript. It is the sole responsibility of the authors to redact identifying information, and the effectiveness of double blind review depends upon how thoroughly this process is carried out. See the "Peer Review Process" section below for suggestions on how to effectively blind the manuscript. The redacted information must be restored to the conditionally-accepted manuscript by the authors before editing.

For further details concerning manuscript preparation consult the [American Medical Association Manual of Style: A Guide for Authors & Editors](#).

### Title page

The title page must be submitted *as a separate file* in addition to the main document (letters to the editor are exceptions to this requirement). In addition to information entered at the Journal manuscript submission website, the title page must include the following information:

- Title of the manuscript. Manuscript titles should be indicative (i.e., stating the subject of the manuscript) rather than declarative (i.e., stating the manuscript's main conclusion) and should be ≤ 165 characters in length (including spaces). The editors reserve the right to modify titles as necessary to conform to Journal style guidelines.
- Names of the authors with their institutions and affiliations. For each author, list first (given) name, middle initial or initials (if appropriate), and last name (surname) without professional degrees.
- Keywords (minimum of 4 words) not already used in the manuscript title.
- Complete alphabetized list of abbreviations used in the manuscript. Terms abbreviated should be kept to a minimum, and should be limited to those used repeatedly throughout the manuscript.
- Name, address, and email address of the corresponding author.
- Separate paragraphs for the following:
  - Acknowledgments. See [ICMJE: Defining the Role of Authors and Contributors](#) for information on types of contributions that should be acknowledged.
  - Conflicts of interest, if any.
  - Off-label antimicrobial use, if any.
  - Institutional Animal Care and Use Committee (IACUC) or other regulatory body approval, if required.
  - Human ethics approval, if required.
- Complete list of all information that has been removed from the main document and reference list during the redaction process. Such information should be listed as “masked for review” in the main document and reference list along with the appropriate line number indicating its position in the original document. Authors should restore all redacted information (labelled “masked for review”) in the main document and reference list when they make the final changes required in the final edited copy.

## Body of manuscript

The content of each section of the manuscript (Introduction, Materials and Methods, Results, Discussion) are described under “standard paper” in the “manuscript categories” section above. To ensure consistency in the Journal, authors also must adhere to the following guidelines:

- When referring to drugs, use the generic name approved by the United States Food and Drug Administration (USFDA) or recognized as the United States-adopted name. The trade name (if applicable), manufacturer’s name, city and state abbreviation should be in parentheses after the generic name. For products not approved by the USFDA, the final concentration of the active ingredient or ingredients, identity of excipients, and name and address of the compounder or manufacturer must be provided in parentheses after the name of the product.
- When describing products or equipment, the generic name should be used in the text and product details (e.g., brand name, manufacturer, city, state) should follow in parentheses.
- References to abstracts also must be provided in parentheses after being mentioned in the text rather than as footnotes or in the reference list.
- Laboratory (analyte) results should be expressed using conventional (US) units (e.g. mg/dL, g/L) but authors also may include Système Internationale (SI) units (e.g. mmol/L, μmol/L) within parentheses after the conventional units.
- All measurements, other than laboratory (analyte) results, should be expressed in metric units.
- The Journal adheres to principles specified in Nomina Anatomica, Nomina Histologica, Nomina Embryologica, Nomina Anatomica Veterinaria and Nomina Anatomica Avium where appropriate.
- The Journal follows the [American Medical Association Manual of Style: A Guide for Authors & Editors](#).

## References

References are cited in the text and details are provided in a numbered list at the end of the manuscript. References should be numbered consecutively in the order in which they are first cited in the text (or tables and figure legends), using Arabic numerals. References must be verified by the author against the original documents. Unpublished observations, personal communications, submitted papers not yet accepted, and abstracts should not appear in the reference list. References to abstracts should be made within parentheses following citation in the text. References with > 3 authors should include the names of the first 3 authors followed by "et al." Some examples are provided below:

Article: DiBartola SP, Benson MD, Dwulet FE, et al. Isolation and characterization of amyloid protein AA in the Abyssinian cat. *Lab Invest* 1985;52:485-489.

Book: DiBartola SP. *Fluid, Electrolyte, and Acid Base Disorders in Small Animal Practice*. 4<sup>th</sup> edition, St. Louis, MO: Elsevier; 2012.

Book chapter: DiBartola SP, Green RA, de Morais HAS, et al. Electrolyte and Acid Base Disorders. In: Willard MD, Tvedten H: *Small Animal Clinical Diagnosis by Laboratory Methods*. 5<sup>th</sup> ed. St. Louis, MO: Elsevier, 2011:112-125.

Please see a recent issue of the Journal for additional examples of reference format.

Please see [Samples of Formatted References for Authors of Journal Articles](#) for a complete listing of reference formatting guidelines for references (including articles, books, monographs, and electronic material).

### Formatting of tables and figures

Figures and tables must conform to the Journal's [Table and Figure Preparation Guidelines](#). Purpose-designed software usually will be needed. Graphs created in spreadsheet software such as Microsoft Excel rarely meet the necessary requirements.

Place each table on a separate page, double-spaced. Number tables consecutively, as cited in text, and supply a brief title for each. Give each column a short or abbreviated heading. Supply a table legend with explanatory material that will be displayed with the table (e.g., ELISA, enzyme-linked immunosorbent assay; HR, heart rate). The Journal does not publish tables containing results of individual animals. Tables can be included at the end of the article file, after the reference list, or they may be submitted as a separate file.

Figure legends should be double-spaced, with Arabic numerals corresponding to the illustrations in the figures. Explain clearly in the legends any symbols (e.g., arrows, numbers, or letters) used to identify parts of the illustrations. For photomicrographs, identify method of staining and magnification. Figure legends should be included at the end of the manuscript file, after the reference list.

### Illustrations

For electronic submission of manuscripts, illustrations must be submitted as separate files. The system will merge the manuscript and figures together and create a PDF.

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## SUGGESTED READING

Day RA and Sakaduski N: Scientific English, 3<sup>rd</sup> edition, Greenwood Press, Santa Barbara CA, 2011.

Gastel B and Day RA: How to write and publish a scientific paper, 8<sup>th</sup> Edition, Cambridge University Press, Cambridge UK, 2017.

Style Manual Committee: Scientific Style and Format: The CBE Manual for Authors, Editors, and Publishers, 6<sup>th</sup> edition, Cambridge University Press, Cambridge UK, 1994.

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