Submission Checklist for Authors

A. Cover Letter
☐ Please confirm all authors have read submitted version

B. General Style
☐ Times New Roman 12pt
☐ Double-spaced with a 1” or 30 mm margin on each side
☐ Continuous line numbering of the main document, beginning with the abstract
☐ Please refer to the author guidelines and the journal for examples of units, numbering, citations and references
☐ Please see “Abbreviations” at the end of this checklist for common abbreviations to copy and paste
☐ VAA conducts anonymous review, please ensure that identifying information such as the name of your university or author initials are removed and replaced by **** for the review process. **Note: it is not necessary to remove country name in the manufacturer details.

C. Title Page
☐ All authors and affiliations are listed and identified by letters (a,b,c,d)
☐ One author has been designated as the corresponding author for communication regarding ScholarOne business (this may be a different person from the corresponding author listed at publication) with contact details:
  ○ E-mail address
  ○ Full postal address
☐ Indicate any co-first and last authors with numbered superscripts (1,2)
☐ Provide corresponding author name, address and email
☐ Provide forty character running head
☐ Please provide a statement defining the role of each author. For example:

Authors’ contributions

MD: data interpretation, statistical analysis and preparation of manuscript;
RG: study design, data management, and preparation of manuscript.

☐ Include the Acknowledgements section stating any funding
☐ Include a Conflict of interest statement. If none, please write “The authors declare no conflict of interest”.
☐ Upload the title page separately from main document into ScholarOne for anonymous review
D. Main Document

The main document should be structured with the following main headings and additional sub-headings, as required

Abstract

☐ Provide a Word Count at the top of the page (introduction through discussion)
☐ Maximum of 300 words
☐ Structured with subheadings
  o Research articles and Short Communications: Objective, Study design, Animals or Animal population, Methods, Results, Conclusions and clinical relevance
  o Reviews and “What is the Evidence?”: Objectives, Databases used, Conclusions
☐ Provide up to six keywords listed after the abstract (ideally MeSH headings)
☐ Additionally, the abstract will need to be copied and pasted into ScholarOne

Introduction

☐ This section should be concise and provide the motivation for performing the study (~500 words)
☐ Include scientific background and explanation of rationale
☐ End with the specific objectives of the study and/or the hypothesis being tested

Material and methods

☐ Describe inclusion and exclusion criteria
☐ Describe how initial sample size was determined and the number of animals recruited to the study (this may be different from the animals included; number of animals excluded and the reasons should be described in results).
☐ Ethical committee approval procedure
☐ Describe what happened to the animals at termination of experiment (i.e. analgesic treatments, method of euthanasia)
☐ Provide statement of informed owner consent (for clinical studies)
☐ Describe key elements of study design
☐ Describe method of randomization
☐ Describe how investigators were “blinded” to treatment allocation
☐ Describe any efforts to address potential sources of bias
☐ Identify manufacturers of drugs and equipment relevant to the methods in parenthesis immediately after the first use of that item in the text in this format: (trade name; distributor, state abbreviation, country)
Statistics

- Describe all statistical methods including methods used to examine subgroups and interactions
- Describe methods used to assess whether the data met the assumptions of the statistical approach
- Explain how missing data was addressed
- Report the statistical software used

Results

- Report the number of individuals at each stage of the study
- Give reasons for non-participation at each stage of the study
- Values should be reported to the same level of accuracy at which they were measured
- Report the actual p values calculated
- Give details of all important adverse events
- Describe any modifications to the experimental protocols made to reduce adverse events

Discussion

- Very shortly summarize key results
- Provide comments on study limitations and potential sources of bias
- Provide a cautious interpretation of the results taking into account the study objectives and hypothesis, current theory and relevant studies in the literature
- The generalizability (external validity, applicability, translation to other species) should be discussed
- Keep this section concise, this should not be a literature review

References

- Modified Harvard style
- See author instructions and journal for example
- An EndNote style download is available (http://endnote.com/downloads/style/anesthesia-and-analgesia)

Tables

- Provide tables as a separate file
- Additionally, table legends will need to be copied and pasted into ScholarOne
- Ensure table legends can be understood without referencing the main document
- Table examples are provided at the end of this document
Figures

- Figure legends should be uploaded together in a separate word file
- Additionally, figure legends will need to be copied and pasted into ScholarOne
- Figures should be uploaded separately without the legend
- Consult author guidelines for specific details on quality and style
- Figures should be numbered continuously in the order of appearance in the main text
- Ensure all figure and table citations in the text match the files provided
- Indicate clearly if color should be used for any figures in print (this will require a fee)

Further considerations

- Manuscript has been 'spell checked' and 'grammar checked'
- All references mentioned in the Reference List are cited in the text, and vice versa
- Permission has been obtained for use of copyrighted material from other sources (including the Internet)
- Relevant declarations of interest have been made
- Journal policies detailed in this guide have been reviewed

For further information, visit our Support Center
VAA Abbreviations/Acronyms

CBC  complete blood count

CI    cardiac index, CI can be either kg$^{-1}$ or m$^2$

CO    cardiac output – can also use $\dot{Q}$ or $\dot{Q}_t$

$C_{dyn}$ dynamic compliance

$C_{st}$ static compliance

$C_{RS}$ compliance respiratory system, RS caps and subscript

$DO_2$ oxygen delivery, D no dot

HR    heart rate units are beats minute$^{-1}$

PR    pulse rate – if measured off the pressure trace, counted from pulse oximeter or peripheral pulse

ECG   electrocardiogram

EEG   electroencephalogram

$Fe^E$Iso End-tidal isoflurane in % (the E is a small cap not a subscript)

$Fe^E$Sevo End-tidal sevoflurane in % (E is a small cap)

$FI_{Iso}$  Inspired isoflurane %

$FI_{Sevo}$  Inspired sevoflurane %

$FI{O_2}$  Inspired oxygen fraction or %

$f_R$ respiratory rate/frequency, f italic and R subscript, units are breaths minute$^{-1}$

Fr    French size of catheter or endotracheal tube

$sAP$ systemic arterial pressures

$pAP$ pulmonary arterial pressures

$sAP$ systolic arterial pressure

spAP systolic pulmonary arterial pressure

$DAP$ diastolic arterial pressure

$DPAP$ diastolic pulmonary arterial pressure

$MAP$ mean arterial pressure

$MPAP$ mean pulmonary arterial pressure

$SVR$ systemic vascular resistance (add an I for index)
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PVR</td>
<td>pulmonary vascular resistance</td>
</tr>
<tr>
<td>PAOP</td>
<td>pulmonary artery occlusion pressure (not PCWP)</td>
</tr>
<tr>
<td>PCOP</td>
<td>pulmonary capillary occlusion pressure</td>
</tr>
<tr>
<td>PaCO\textsubscript{2}</td>
<td>arterial partial pressure of carbon dioxide</td>
</tr>
<tr>
<td>PvCO\textsubscript{2}</td>
<td>venous partial pressure of carbon dioxide</td>
</tr>
<tr>
<td>P\textsubscript{E}'CO\textsubscript{2}</td>
<td>end-tidal carbon dioxide (E is small cap, not subscript)</td>
</tr>
<tr>
<td>PaO\textsubscript{2}</td>
<td>arterial partial pressure of oxygen</td>
</tr>
<tr>
<td>PvO\textsubscript{2}</td>
<td>venous partial pressure of oxygen</td>
</tr>
<tr>
<td>P\text{\bar{V}}CO\textsubscript{2}</td>
<td>mixed venous partial pressure of carbon dioxide</td>
</tr>
<tr>
<td>P\text{\bar{V}}O\textsubscript{2}</td>
<td>mixed venous partial pressure of oxygen. The v in both these instances should have a bar over it</td>
</tr>
<tr>
<td>P\textsubscript{E}'CO\textsubscript{2}</td>
<td>end-tidal carbon dioxide. The E here should be a small cap and have a prime symbol after it. A prime is a smaller superscripted solidus [on my MAC is shift-option-E]. Preceded by F (fractional concentration) or P (tensions or partial pressures).</td>
</tr>
<tr>
<td>P\text{\textit{plat}}</td>
<td>plateau pressure, P italic, plat subscript</td>
</tr>
<tr>
<td>R\textsubscript{AW}</td>
<td>Airway resistance, R italic, AW subscript</td>
</tr>
<tr>
<td>Qt</td>
<td>cardiac output. The Q should have a dot over the centre, italic, t subscript</td>
</tr>
<tr>
<td>SB</td>
<td>Spontaneous breathing</td>
</tr>
<tr>
<td>SV</td>
<td>stroke volume</td>
</tr>
<tr>
<td>SVI</td>
<td>stroke volume must be indexed to body weight kg, not to BSA</td>
</tr>
<tr>
<td>T</td>
<td>temperature</td>
</tr>
<tr>
<td>V\text{\textit{D}}/V\text{\textit{T}}</td>
<td>no dots</td>
</tr>
<tr>
<td>V\text{\textit{T}}</td>
<td>tidal volume, no dot</td>
</tr>
<tr>
<td>V\text{\textit{E}}</td>
<td>Minute ventilation – The V should have a dot over the center</td>
</tr>
<tr>
<td>V\text{\textit{Talv}}</td>
<td>alveolar tidal volume, V no dot, Talv subscript</td>
</tr>
<tr>
<td>VO\textsubscript{2}</td>
<td>Oxygen consumption (Dot over the V)</td>
</tr>
<tr>
<td>V/Q</td>
<td>dots over both V and Q</td>
</tr>
</tbody>
</table>
Table 3  Mean ± standard deviation arterial pH (pH), arterial partial pressure of carbon
dioxide (PaCO₂), arterial partial pressure of oxygen (PaO₂), bicarbonate (HCO₃⁻) and base
excess (BE) in horses sedated with xylazine (X), xylazine and methadone (XM), xylazine and
morphine (XMO) or xylazine and tramadol (XT)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Treatment</th>
<th>Time points (minutes)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>pH</td>
<td>X</td>
<td>7.46 ± 0.02</td>
<td>T0</td>
<td>7.50 ± 0.02*</td>
<td>T15</td>
</tr>
<tr>
<td></td>
<td>XM</td>
<td>7.45 ± 0.06</td>
<td></td>
<td>7.48 ± 0.03*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>XMO</td>
<td>7.41 ± 0.08</td>
<td></td>
<td>7.44 ± 0.06</td>
<td></td>
</tr>
<tr>
<td></td>
<td>XT</td>
<td>7.47 ± 0.07</td>
<td></td>
<td>7.48 ± 0.06</td>
<td></td>
</tr>
<tr>
<td>PaCO₂ (mmHg)</td>
<td>X</td>
<td>32 ± 3</td>
<td>T0</td>
<td>33 ± 3</td>
<td>T15</td>
</tr>
<tr>
<td></td>
<td>XM</td>
<td>29 ± 3</td>
<td></td>
<td>35 ± 1*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>XMO</td>
<td>28 ± 3</td>
<td></td>
<td>32 ± 2*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>XT</td>
<td>31 ± 3</td>
<td></td>
<td>34 ± 4</td>
<td></td>
</tr>
<tr>
<td>PaCO₂ (kPa)</td>
<td>X</td>
<td>4.2 ± 0.4</td>
<td>T0</td>
<td>4.3 ± 0.4</td>
<td>T15</td>
</tr>
<tr>
<td></td>
<td>XM</td>
<td>3.8 ± 0.4</td>
<td></td>
<td>4.6 ± 0.1*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>XMO</td>
<td>3.7 ± 0.4</td>
<td></td>
<td>4.2 ± 0.3*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>XT</td>
<td>4.1 ± 0.4</td>
<td></td>
<td>4.5 ± 0.5</td>
<td></td>
</tr>
</tbody>
</table>

*Statistically different from T0 within the same treatment (p < 0.05). †Statistically different from all other treatments at the same time point (p < 0.05).
Table 1  Numbers of dogs undergoing epidural anaesthesia with the running-drip (RDi) or hanging-drop (HDo) method in sternal (S) or lateral (L) recumbency in which one or more attempts were required to identify the epidural space, and in which cerebrospinal fluid (CSF), a ‘pop’ sensation when piercing the ligamentum flavum (POP), clear aspiration of the fluid drop into the needle (drop aspiration) and dripping of the fluid in the giving set chamber (drip) were observed

<table>
<thead>
<tr>
<th>Group</th>
<th>Dogs, n</th>
<th>Attempts</th>
<th>CSF</th>
<th>POP</th>
<th>Drop aspiration</th>
<th>Drip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>&gt; 1</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>SHDo</td>
<td>9</td>
<td>2</td>
<td>10</td>
<td>1</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>LHDo</td>
<td>5</td>
<td>6*</td>
<td>11</td>
<td>0</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>SRDi</td>
<td>11</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>LRDi</td>
<td>8</td>
<td>3</td>
<td>10</td>
<td>1</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

*Statistically different from SRDi (p < 0.05). †Statistically different from SHDo (p < 0.05).

N/A, not applicable.