ORIGINAL RESEARCH ARTICLE

Red text is for informational purposes only and should be removed before submission. Text highlighted in turquoise should be replaced with your text. Text that is not highlighted should not be altered. Note that what the manuscript looks like is flexible at the review stage, and so efforts should be focused on the content rather than layout.

We strongly encourage authors to refer to a reporting guidelines checklist appropriate for the research study design and provide the checklist during submission. These checklists can be a helpful guide for writing your manuscript and are referred to by our reviewers during the peer review process. Completed checklists may expedite the review process.

Checklists for common study designs include:

* Randomized controlled trials
  + Clinical trials in dogs and cats ([PetSORT](https://vetmed.vt.edu/news/clinical-trials-reporting-guidelines/petsort-checklist.html))
  + General randomized controlled trials ([CONSORT](http://www.consort-statement.org/consort-2010)) - includes [extensions](http://www.consort-statement.org/extensions) for variations to standard methodology such as [pragmatic](http://www.consort-statement.org/extensions/overview/pragmatic-trials), [non-inferiority and equivalence](http://www.consort-statement.org/extensions/overview/non-inferiority-and-equivalence-trials), and [multi-arm parallel-group randomized](https://jamanetwork.com/journals/jama/fullarticle/2731183) trials
* Observational studies ([STROBE](https://www.strobe-statement.org/checklists/) or [STROBE-VET](https://strobevet-statement.org/)), including cohort, case-control, and cross-sectional studies

Additional reporting guidelines and extensions for specific study designs can be found via the [EQUATOR](https://www.equator-network.org/) network or National Institutes of Medicine [Research Reporting Guidelines](https://www.nlm.nih.gov/services/research_report_guide.html) site.

To support our double-blind peer review process, be sure to remove identifying information from all documents, both metadata and text. Substitute "masked for review" for identifying text (such as the institution granting institutional approval) during the review process. [Learn how to remove identifying metadata from Microsoft Word](https://support.microsoft.com/en-us/topic/remove-hidden-data-and-personal-information-by-inspecting-documents-presentations-or-workbooks-356b7b5d-77af-44fe-a07f-9aa4d085966f).

**Please see the A**[**uthor Guidelines,**](https://jsmcah.org/index.php/jasv/instructions) **which provide more information about the content and the S**[**tyle Guide**](https://jsmcah.org/index.php/jasv/styleguide)**, which provides more information about the formatting (abbreviations, etc). JSMCAH follows the AMA manual style, which has been used to inform the sections below.**

Sources:

1) AMA Manual of Style 11th edition

2) Writing for Publication in Veterinary Medicine. A Practical Guide for Researchers and Clinicians. Christopher & Young 2011 https://media.wiley.com/assets/7415/85/VETWritingforPubPDF.pdf

**Title**

Titles should be concise, specific, and informative and should contain the key points of the work. Population type should be specified in the title, when possible (eg, Cats with Saddle Thrombus).

**Abstract**

Many readers will only read the abstract, so it should be a precise summary. Although the abstract appears first in the manuscript, it is often helpful to write it last, particularly as information in the abstract can become out of sync with the main body of the paper as it is revised. Word limit is 300 words.

***Introduction:*** This section, typically 2-3 sentences, should provide context for the study by briefly describing the problem, why it is important, and what gap this study addresses. Typically the last sentence contains the study’s objective that specifies the study question or hypothesis.

***Methods*:** Provide the study design and briefly describe the methods.

***Results*:** Briefly describe the study population or presented data. Use absolute numbers and a measure of effect size. Point estimates for main outcomes should include confidence intervals.

***Conclusion*:** Provide the takeaway from the study – should follow from the results without overinterpretation. Describe how the research findings fit in the context of the overall problem outlined in the introduction, and how the research findings might be applied.

Keywords: keyword, keyword

Provide 5-10 keywords. Avoid using the same words as in the title. Medical keywords should be drawn from the Medical Subject Headings (MeSH), as appropriate. You can automatically identify MeSH keywords by pasting your abstract at [MeSH on Demand](https://meshb.nlm.nih.gov/MeSHonDemand).

# **Introduction**

Briefly (about 150 to 350 words, 3-4 paragraphs) review the existing peer-reviewed literature that documents the problem the study addresses, why it is important, and the gap that this study will fill. Begin with a broad view, but information that is generally known should not be included. The introduction should funnel down from this broad view to focus on the specific question. The last part of the introduction should be the study hypothesis or research question, and ideally contain the words “hypothesis” or “question”. Grey literature, used when peer-reviewed literature is not available, should be cited as a footnote rather than a reference in the References section. See the [style guide](https://jsmcah.org/index.php/jasv/styleguide) for more information on citing formal and informal references.

# **Methods**

The methods should be detailed enough so that the study could be replicated. The methods should include the study design, dates when the study was conducted, patient population, inclusion and exclusion criteria, **information about ethical review (such as IACUC or IRB approval, if relevant)**, intervention or exposure, primary outcome variable, sample size analysis based on primary outcome variable, and any additional outcomes measured. Measures to increase reliability should be described, such as randomization and blinding. The last section should include statistical methods used for each analysis and the statistical software used. Some specific statistical reporting suggestions include whether tests of significance were adjusted for multiple comparisons, the method to develop and validate multivariable regression models, assumptions underlying statistical tests and how these assumptions were met, and procedures for identifying and managing outliers.

# **Results**

Begin the results with a brief description of the participants, including basic demographic data. Typically, a descriptive statistics table is also provided, particularly if there are subgroups. Confidence intervals should be provided for primary outcome point estimates. P values should not be provided without the data that are being compared. Avoid the nontechnical use of common words that have statistical meaning (e.g. random, significant, trend). Include the number of participants, the number of participants initially evaluated for study inclusion, the number excluded, and the number lost to follow-up, as appropriate. For complex flows, a figure may be helpful to illustrate the number of participants at different stages of the study. Subheadings may be used to help organize this section.

The primary outcome measure follows the description of participants, followed by secondary outcome measures. If multiple statistical tests are performed, they should be identified with the results. If presenting relative results (such as relative risk), absolute differences should also be reported with the measure of central tendency. Results should not be solely displayed in a figure – numerical results should be provided in a table, and the most important findings highlighted in the text.

# **Discussion**

Address whether the hypothesis was supported or refuted by the study results or how the study question was answered. Place the study results in the context of published literature – how is it congruent or not congruent? The AMA manual of Style recommends the following approach for discussion:

1. Brief summary of the results within the context of the research question stated in the introduction
2. Interpret the results and suggest an explanation for them, particularly if there is anything surprising
3. Describe how the results compare with what else is known about the problem – put the results in the context of the existing literature
4. Suggest how the results might be generalized
5. Discuss the implication of the results
6. Under a separate subheading, describe the strengths and limitations of the study, possible impact on the results and any steps taken to mitigate the limitations

# **Conclusion**

Provide implications for clinical practice and specific directions for future research (avoiding generic phrases such as “more research is needed).” Conclusions should not go beyond the data.

# **References**

JSMCAH uses the American Medical Association (AMA) Reference Style for citations and references. We strongly suggest using reference management software such as [Mendeley](https://www.mendeley.com/?interaction_required=true), [Zotero](https://www.zotero.org/), EndNote, etc, to format references in AMA style. Grey literature should be referenced using a footnote rather than included as a reference. See the S[tyle Guide](https://jsmcah.org/index.php/jasv/styleguide) for more details.

# **Author contributions**

The JSMCAH requires authors to use the [CRediT Contributor Roles Taxonomy](https://credit.niso.org/) to categorize author and non-author contributions. Author identity should be masked during the review process.

**Acknowledgments**

All contributors who do not meet the [criteria for authorship](https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html) should be listed in an acknowledgments section of the title page, i.e. not listed in the main manuscript. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chairperson who provided only general support. Financial and material support should also be acknowledged. We strongly encourage acknowledgment of people and organizations who generated data used in the manuscript, as without the hard work on the front lines, there would be no data for authors to analyze and write about.

**Conflict of interest and funding**

Authors are responsible for disclosing financial support from the industry or other conflicts of interest that might bias study design, conduct, or the interpretation of results. All submitted manuscripts must include a 'Conflict of interests and funding' section listing all competing interests (financial and non-financial). If no competing interests exist, please state in this section, "The authors declare no potential conflicts of interest".

**Author notes**

# The author notes section should be included when material contained in this manuscript has been covered in a public forum, such as a poster, abstract, [preprint](https://jsmcah.org/index.php/jasv/editorial_policies#preprints), or thesis.

**Figures and tables**

Try to ensure that the most important results are encapsulated in figures and/or tables, because, after the abstract, readers are most likely to view the figures and tables. In addition to uploading the tables and figures to JSMCAH, for ease of review they should be included at the end of the manuscript along with their legends. Legends should be self-contained and not require reference to the text. Small amounts of data with a few simple comparisons should usually be presented in words, whereas large amounts of data with several comparisons should usually be presented in tables, graphs, or illustrations. For quantitative information, a table should be used when the display of exact values is important, whereas a figure should be used to show patterns or trends.

**Supplementary material**

In addition to uploading supplementary material to JSMCAH, it should be included at the end of the manuscript for ease of review.