



Animal Cardiovascular Medical Society (ACVMS)

Journal of Veterinary Cardiovascular Medicine Author guidelines

(Revised on February 16, 2023)

The Journal of Veterinary Cardiovascular Medicine (JVCVM) publishes high quality peer-reviewed articles of research and clinical topics that enhance our understanding of cardiovascular disease, kidney disease, and respiratory disease in veterinary animals in order to improve their well-being and animal welfare.

1. Scope of the journal

JVCVM features original reports of all aspects of veterinary cardiology, nephrology, and pulmonology, including retrospective and prospective studies, clinical trials, observational studies, reports of intervention imaging, and reports of cardiovascular technique. In addition to scientific papers, we will also consider short essays describing novel cardiovascular techniques, accounts of unique clinical and research efforts, and examples of practical usage of foundational knowledge in clinical practice. We will also accept videos and sound files to supplement the manuscript about clinical procedures, diagnostics, and techniques.

2. Copyright considerations

JVCVM accepts only original manuscripts that are not currently being considered for publication or those that have not been previously published elsewhere except as conference abstract presentations.

3. Ethical considerations

- 1) A study protocol involving the use of animals must have been approved by an Institutional Animal Care and Use Committee (IACUC) prior to animal experimentation. The study protocol number should be stated in the manuscript.
- 2) If national or institutional guidelines are not available to investigators, applicable guidelines (e.g., Guide for the Care and Use of Laboratory Animals, <https://www.nap.edu/catalog/12910/guide-for-the-care-and-use-of-laboratory-animals-eighth>) should be followed for humane animal care and must be included in a manuscript.
- 3) For studies that use client-owned animals, high standard veterinary care should be provided by veterinary staff. Informed owner consent forms should be obtained prior to animal experimentation.

4. Conflicts of interest

- 1) Any financial or other conflicting interests from any authors must be declared at the end of a manuscript. If there is no conflicts of interest, please use the following text:

The authors declared no potential conflicts of interest with regard to the publication of this article.



- 2) For more details, please refer to guidelines provided by American Heart Association (AHA; <http://www.heart.org/HEARTORG/>) and/or International Committee of Medical Journal Editors (ICMJE; <http://www.icmje.org/conflicts-of-interest/>).
 - 3) Any information associated with conflicts of interest will be shared within editorial committees.
5. Authorship
- 1) JVCVM follows the ICMJE guideline with regard to authorship.
 - 2) All authors should have contributed remarkably to study idea, study design, data acquisition, data analyses, and/or data interpretation.
 - 3) All authors should be involved in the process of manuscript submission as well as the revision process. The final version of a manuscript must be approved by all authors.
 - 4) A corresponding author is responsible for ethical considerations and conflicts of interest that other co-authors might have.
6. Peer review process
- 1) Editorial committees evaluate scientific content, authenticity, and applicability of a manuscript before the peer review process.
 - 2) Only those manuscripts approved by the committee go on to the peer review process.
 - 3) Reviewers must disclose any conflicts of interest to the editorial committee.
 - 4) The peer review process will be followed by instructions to reviewers created by the Animal Cardiovascular Medical Society.
7. Manuscript preparation
- 1) Manuscript formatting
 - 12-point font size, Times New Roman
 - 2.5 cm (1 inch) margin on all sides
 - Double-spaced
 - Text should be prepared in a single column.
 - To add equations, use the built-in function of Microsoft Word. Do not embed equations as graphics.
 - Consecutive page numbers are placed on the center of the bottom of each page, starting from the first page of the manuscript.
 - Save your documents using the default file name extension.
 - 2) Title page

The first page must include the full title of manuscript (no abbreviations should be included), an abstract, keywords, and a running head. Please do not include authors' names or names of institutions in the title page. Please refer to "8. Manuscript sections



and structure” in this manual for abstract guidelines. List 3 to 5 keywords that do not appear in the title of the manuscript. Do not use abbreviations.

3) Authors’ names and institutions

- Authors’ names and their institutions should be provided in the Manuscript Submission Form. Additionally, in a separate Word document, please include a list of authors’ names, names of their institutions, and their addresses at the time the study took place. Use a consecutive superscript number after each author’s name corresponding to the list of the institutions. The addresses should start with country followed by state/province/prefecture.
- Corresponding author: A corresponding author is the responsible contact person with regard to the peer review process and any communications before and after publication. A corresponding author must provide his/her name, address, phone number, fax number, and email address.

4) Abbreviation table

Authors are encouraged to limit their use of abbreviations. Do not start a sentence with an abbreviation. An abbreviation should only be used if the word is used more than 3 times. An abbreviation table should be included in the manuscript. In the table, list abbreviations alphabetically on the left side of a page followed by a tab then the corresponding definition. For parameters of echocardiography, please use abbreviations standardized by JVCVM.

5) Acknowledgements

- Provide any funding resources involved in any part of the study or submission of a manuscript.
- List the name(s) of anyone who contributed to the manuscript but did not meet the criteria for authorship.

6) Footnotes

Any products and equipment mentioned in the manuscript should be cited as footnotes. Use general/generic names to describe the items, and use superscript lowercase letters alphabetically in the text. List the product name and manufacture’s name and location using corresponding identification letters alphabetically on a separate page. Conference proceedings and personal communications should also be cited as footnotes.

7) References

Indicate reference numbers in square brackets within the text in a numerical order. All references should be verified by authors and only relevant references should be included. All references mentioned within text should appear in reference section and vice versa. Unpublished data and materials, conference proceedings, and manuscripts under



revision should be cited as footnotes. Reference listings should follow the Vancouver style.

For examples:

Journal article

[1] Ogihara Y, Yamada N, Dohi K, Matsuda A, Tsuji A, Ota S, Ken Ishikura, Mashio Nakamura, Masaaki Ito. Utility of right ventricular Tei-index for assessing disease severity and determining response to treatment in patients with pulmonary arterial hypertension. *J Cardiol* 2014;63:149-53.

Book chapter

[2] Hill RC. Dietary and Medical Considerations in Hyperlipidemia. In: Ettinger S, Feldman E, editors. *Textbook of veterinary internal medicine* 1. 8th ed. St. Louis, Missouri: Saunders Elsevier; 2017, p.758-64.

Data references

The authors are encouraged to cite underlying and relevant datasets. Data references should include author name(s), title, repository, version, year, and global persistent identifier. Please indicate [dataset] at the beginning of the reference.

For example:

[dataset] Wild J. Effect sizes and confidence intervals for resilience, control, and treatment-as-usual interventions for high risk populations, Mendeley Data, v1; 2018. <http://dx.doi.org/10.17632/rt92rjrdgf.1>

8) Tables

- Table content should supplement context within the text. Do not summarize the text into a table, and do not repeat what appears in a table within the text.
- Tables should be in a separate page after references.
- Use Microsoft Word to generate tables. We do not accept tables generated in Excel.
- Use Times New Roman font with at least 8-point font size inside the table.
- Do not include a blank row in the table
- Center all text in columns within a table.
- Abbreviations used in a table should be defined in the legend of the table.
- Number tables consecutively as they appear in the text, and use corresponding number to identify the table.

9) Figures

Figures should be high quality to meet publication standards. Each figure needs to be submitted as a separate file. Number figures consecutively as they appear in the text. Acceptable formatting of figures is as follows.



- TIFF: photographs (color or grayscale), at least 300 dpi
- TIFF: line drawings, at least 1000 dpi
- TIFF: combination (line and halftone) artwork, at least 500 dpi
- Save text and graphics in separate layers.
- Use Times New Roman font with at least 8-point font size.
- A caption for each figure should be provided at the end of the manuscript as a separate page. The captions should include a brief title and description of the figures. All symbols and abbreviations should be spelled out under a figure in a legend.
- Do not include any patient information in the figures. Please note that simply redacting sensitive information by overlaying graphical objects is unacceptable as the underlying text can be recovered easily.

10) Supplementary material

- Electronic supplementary materials (e.g., background datasets, high-resolution images, videos, animation sequences, and sound clips) can be submitted. Supplementary materials will be published online along with the electronic version of your article on the JVCVM website.
- Tables that are not necessary to be included in printed form but add scientific values can be submitted as supplemental tables. The tables should be mentioned in the text and identified in order with upper case letters (e.g. A, B, C).
- Supplemental figures can also be submitted. The figures should be mentioned in the text and identified with uppercase Roman numerals (e.g. I, II, III) in order. Within the text of the manuscript, state in parentheses that the figures are available as supplementary materials online.

11) Videos and sound files

- Videos should be high quality and submitted as .mov or .avi.
- Sound file should be submitted as .wav or .mp3.
- Provide the titles of videos and sound files.
- Number video and sound files numerically as they appear in the text.

12) Manuscripts with incorrect formatting and major grammatical or structural errors will be returned to authors before the peer review process. An editing service is sometimes offered for manuscripts written in English.

13) Low quality graphics and illustrations will not be accepted. If these materials are essential for the manuscript content, this may lead to rejection of the manuscript.

8. Manuscript sections and structure



- 1) Original research and clinical studies of cardiovascular disease, vascular function, kidney disease, or respiratory disease:

Do not exceed more than 5000 words for English manuscripts. Word count limitation does not include references, table/figure captions or legends. Do not cite more than 50 references. Full scientific reports and case reports should be submitted in the following order: title page, abstract, abbreviation list, introduction, materials and methods, results, discussion, conclusion, acknowledgement, footnotes, references, tables, figures and figure legends (if any). Each section should be prepared according to the following guidelines:

- (1) Abstract: Summarize study objective(s), animals, methods, and discussion. Each section should start with a subheading. Do not exceed 250 words.
 - (2) Introduction: Provide a brief description of the background and a relevant literature review. The introduction also must include a study hypothesis and study objectives.
 - (3) Materials and methods: Concisely describe the study population, exclusion and inclusion criteria (demographic data should be reported in the Results section), clinical procedures, experimental methods, and statistical analysis.
 - (4) Results: State the results succinctly. Do not duplicate the results in the body of the text or within graphs, tables, or figures. Large tables or multiple tables or figures that are not critical for the printed version can be included as supplemental data online.
 - (5) Discussion: Discuss the results of study, especially new and important findings of the study as well as relevance to other studies. The limitation(s) of the study also need to be included. Excessively long discussion must be avoided.
 - (6) Conclusion: Briefly summarize the major conclusion of the study.
 - (7) The guidelines for clinical trials, observational studies, and association studies are as listed below and the authors are encouraged to review: STREGA (genetic association studies), STROBE (observational studies), STARD (studies evaluating diagnostic tests, history and physical examination), CONSORT (randomized trials) and PRISMA (systematic reviews).
 - (8) At least 6 animals are required for original research and clinical studies. Studies that establish normal echocardiographic, electrocardiographic, radiographic, and biochemical data for a particular breed or species are also accepted.
- 2) Review articles:

Review articles should be a constructive review of recent literature relevant to specific field or theme. The aim of a review article is to provide an overview, research trends, and outlooks of the field. Limit abstract to 250 words, and do not exceed 5000 words in total. The



word limits do not include tables, figures, and references. Authors are encouraged to limit references to less than 50.

3) Cardiovascular methods:

The performance or analysis of cardiovascular procedures can be submitted as this category. Manuscripts should include images or videos of the procedures. Manuscripts must not exceed 2500 words (excluding figures, tables, and references) and must include an abstract less than 250 words. Citation should be limited to 25 references. Large tables or multiple tables or figures that are not critical for the printed version can be included as supplemental data online.

4) Cardiovascular images:

Cardiovascular images or video that provide clinical usefulness will be considered for publication. The image should be high quality. Images may be of electrocardiograms (ECG), echocardiograms, electrophysiological studies, magnetic resonance imaging (MRI), computed tomography (CT), radiographs, pathology, or others. The manuscript should begin with a brief description of the case followed by interpretation of the image and discussion. Manuscripts must not exceed 1500 words (excluding figures, tables, and references) and must include an abstract less than 250 words. Do not exceed 10 references. Any additional tables and figures can be submitted as supplementary materials for online viewing.

5) Case reports:

Case reports should provide information that has not been previously published, direction for future studies, and a better understanding of disease and more effective therapies. The manuscript should begin with a brief description of the case(s) followed by a discussion that contains a literature review and clinical importance of the case. Please report institutional or laboratory reference ranges when first presented. Manuscripts must not exceed 2500 words (excluding figures, tables, and references) and must include an abstract less than 250 words. Do not exceed 25 references. Large tables or multiple tables or figures that are not critical for the printed version can be included as supplemental data online.

6) Clinical note:

Knowledge and techniques that provide clinicians better understanding of routine cases can be discussed as a clinical note. The manuscript should include the title, abstract, description of the case, a brief literature review, and discussion. Please include an abstract of less than 250 words, and do not exceed 2500 words in total.

9. Please submit your manuscript as well as any other files to JVCVM via email submit@acvms.org. Authors may send inquiries regarding the submission process to the following email address: submit@acvms.org. Authors can also check the status of the revision process. Upon acceptance of the



manuscript, authors transfer copyright to the publisher.

10. Articles in this journal are published exclusively as open access. Open access articles are publicly accessible without any charge. This means that the articles can be distributed and used as long as the author(s) are credited and the articles are not modified.
11. After acceptance: Corresponding authors and the Editor-in-Chief will receive a PDF file of the final version of your manuscript through email. You will have an opportunity to annotate any amendments. All instructions regarding editing and proofreading will be communicated through email. Our goal is to publish your manuscript as quickly and accurately as possible. Thus, only minor corrections can be made at this point. Major changes that affect the results or interpretation of the results will be made only with the editor's permission. All corrections should be emailed to us at one time and any additional corrections may not be accepted. Proofreading is solely your responsibility. We will send a final version as a PDF file via email; we will not provide a printed version.
12. Administration: The academic secretariat at ACVMS is responsible for this author guideline.
13. Termination or amendment: Editorial committees are authorized to terminate or revise the author guideline.

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