The Architecture of Reach: Food, Veterinary Care, Diagnostics, Education, Standards and Welfare

How one corporation can occupy the entrance, middle and aftermath of the companion-animal health system

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The charge

Mars does not merely sell pet food. Its publicly described Petcare system spans everyday and therapeutic foods, preventive and specialist veterinary care, diagnostics, imaging, software, data, research, professional education, health guidance, innovation investment and animal-welfare programmes. No single link proves wrongdoing. Together, however, they create an architecture in which industrial feeding can remain the unquestioned condition at the entrance while disease, diagnosis, treatment, data, professional authority and repeat commercial activity accumulate downstream. The greater the reach, the less plausible the defence that nobody could see the whole, connect the consequences or accept responsibility.

Executive assessment

Mars says that about 100,000 Petcare associates in more than 130 countries serve half the world's pets. Its Veterinary Health business says that 70,000 associates care for more than 35 million pets each year through approximately 3,000 clinics. Its portfolio combines food brands, veterinary hospitals, specialist centres, diagnostics, imaging, telemedicine, software, DNA testing, wearable monitoring, scientific research and welfare initiatives. [1-6]

This breadth is not proof that every business unit acts improperly, that every industrial diet triggers every disease, or that Mars caused each injury described in this series. It is proof of an exceptional capacity to influence what animals eat, what owners believe, what veterinarians learn, what conditions are diagnosed, what treatments are offered, what data are collected and which questions acquire professional legitimacy.

The governing editorial principle

Construct a record so exact, human and difficult to answer that unsupported authority becomes unstable of its own accord.

The method is graphic evidence and a restrained verdict: show the animal, the recommendation, the procedure, the bill, the ownership, the research question and the missing comparison - then state precisely what is established, inferred, alleged and unresolved.

1. Scale should aggravate accountability, not dissolve it

An injured animal in a single cruelty case has a body, a date, a witness and an identifiable alleged offender. Industrially distributed harm separates the product from the lesion, the decision from the consequence and the beneficiary from the victim. Suffering that would be intolerable in one room can become accepted as background disease when dispersed across millions of homes and clinics.

Scale should aggravate accountability, not dissolve it into scenery. Some animals decline slowly through periodontal disease, repeated anaesthesia, extraction, chronic inflammation, obesity, diabetes or organ failure. Others arrive in crisis with urethral obstruction, gastric dilatation-volvulus, arterial thromboembolism, collapse or sudden death. These conditions are multifactorial and this paper does

not assign them wholesale to Mars or to a single product. They show why the dominant lifetime feeding system requires direct, independent comparison rather than permanent exemption from it. [7-9]

The moral inversion of distributed harm

A prevalence percentage has no face. An invoice has no cry. A corporate portfolio chart has no smell of a diseased mouth. The first task of an accountability record is to reconnect the system with the animals and households that bear its costs.

2. Evidential status: what this paper does and does not say

Established or directly documented	Not established by this paper
Mars owns and operates businesses across food, veterinary care, diagnostics, science, data, education and welfare. Mars itself describes the scale and integration. The 2026 UK competition investigation found market-wide failures of ownership, price and treatment transparency and recognised the risk that commercial pressure can compromise independent veterinary advice. [1-6,17-19]	That every Mars product is harmful; that Mars caused every disease, emergency or death; that all staff or partners acted dishonestly; that all business units coordinated unlawfully; or that fraud, cruelty, conspiracy or any other offence has been proved by a court or regulator.

Supported inference

Occupying multiple positions in one health system creates conflicts, information advantages and duties of independent review that do not arise to the same degree in a stand-alone manufacturer.

Author's allegation

The industrial feeding system has imposed vast avoidable suffering and financial loss.

Unresolved legal question

Whether particular claims, omissions, recommendations or continuing conduct amount to consumer, professional, animal-welfare, civil or criminal wrongdoing.

3. Mars describes the reach in its own words

Position in the chain	Publicly documented Mars reach	Accountability question
Food	PEDIGREE, WHISKAS, SHEBA, CESAR, IAMS, ROYAL CANIN, EUKANUBA, GREENIES and other everyday, specialised and therapeutic products.	What lifetime evidence validates the complete feeding system against the natural functional standard?
Veterinary care	Mars Veterinary Health: about 70,000 associates, more than 35 million pets a year and approximately 3,000 clinics, including Banfield, VCA, BluePearl, AniCura and Linnaeus.	How are clinical independence, product choice, referral, pricing and prevention protected from group interests?
Diagnostics	Antech, Heska and related businesses span reference laboratories, in-house instruments, imaging, digital cytology, telemedicine and specialist support.	Can a group that diagnoses the downstream burden also remain independent in defining upstream causes and research priorities?
Data and technology	Practice software, cloud data, DNA testing, wearable monitoring, health platforms, biobank research and risk prediction.	Who controls access, linkage, interpretation and publication, and which hypotheses are built into the data model?
Education	Royal Canin Academy, Veterinary Focus, clinical handbooks, training, scholarships, student-debt programmes and professional development.	Where does education end and product-aligned authority begin?
Science and standards	Waltham is Mars Petcare's science centre and is publicly described as able to analyse health, behaviour and genetics through the group's nutrition, health and service businesses.	Who chooses the comparator, endpoints and questions that become professionally normal?

Position in the chain	Publicly documented Mars reach	Accountability question
Welfare and policy	Pet-homelessness research, foundations, shelter support, policy influence and public-facing welfare partnerships.	Can genuine welfare work also confer a halo that discourages scrutiny of the feeding system?

The table is not a list of offences. It is a map of concentrated capacity. Mars can manufacture the product, communicate the health claim, train or employ the professional, deliver the clinical service, run the diagnostic test, analyse the data, publish the research and appear as a welfare authority. The public-interest concern lies in the interaction among these positions. [1-6,10-16]

4. Follow the animal through the architecture

Checkpoint	Corporate capacity
1. Food and therapeutic products	Everyday diets, prescription diets, treats and dental products
2. Professional education and recommendation	Academies, publications, training, clinic protocols and owner guidance
3. Daily exposure and disease presentation	The animal lives inside the feeding system before entering the clinic
4. Veterinary care	Preventive, general, emergency, referral and specialist services
5. Diagnostics, software and data	Laboratories, imaging, point-of-care tests, telemedicine and health records
6. Research, standards and public authority	Science, risk models, professional norms, welfare partnerships and policy influence

Not every animal passes through every branch. The map shows corporate capacity, not automatic causation.

The accountability question

When one corporate group can occupy nearly every checkpoint, who is responsible for testing whether the condition at the entrance - industrial feeding - is helping to generate the burden observed in the middle and monetised in the aftermath?

5. Food and therapeutic products: the entrance to the system

The animal's exposure begins before the first consultation, blood test or specialist referral. Mars sells high-volume everyday foods, breed and life-stage formulas, dental products, treats and therapeutic diets. Royal Canin describes its mission as delivering health benefits through precise nutrition and services in partnership with pet professionals. Mars describes its products as science-backed and designed to meet individual needs. [1,3,10]

The unresolved question is not whether a formula contains required nutrients or whether a therapeutic product can alter a selected clinical measure. It is whether the complete feeding regime is biologically and functionally suitable over a lifetime. Foundation Documents 1 and 2 show that the decisive comparison with foundational raw meaty bones feeding has not been located. Chemical formulation, digestibility and short-term endpoints cannot answer the missing whole-system comparison. [20-21]

The entrance remains outside the decisive experiment

The product is treated as food, the population as normal and the later disease as multifactorial. The architecture becomes difficult to challenge because every downstream component begins from the same untested baseline.

6. Veterinary care: the animal returns as a patient

Mars Veterinary Health spans preventive, general, emergency, referral and specialist care. VCA alone is described as operating more than 1,000 hospitals; AniCura nearly 500 clinics in 15 countries; Linnaeus 16 referral and 46 primary-care practices in the United Kingdom. Mars says its veterinary businesses care for more than 35 million pets a year. [2-3]

Necessary veterinary treatment is not the target of this criticism. Relief of pain, emergency stabilisation, diagnostics, surgery and specialist skill are indispensable. The concern is an upstream omission: a group that sees disease at enormous scale possesses an unusual capacity to detect patterns, compare feeding histories and test whether its own products or the industrial model contribute to the burden. Failure to organise that inquiry cannot be excused by the fragmented view of a single clinic.

From one product relationship to repeated clinical relationships

The same household may buy food for years, receive a professional recommendation, enter preventive care, undergo laboratory testing, purchase a therapeutic diet, obtain referral or emergency care and continue inside the same corporate family without recognising the common ownership.

7. What the prevalence figure hides

The public record assembled in Multi-Billion-Dollar Pet Food Fraud includes a Maltese terrier whose owner permitted filming of the extraction of all 42 teeth after a lifetime described as industrial feeding; the book identifies a Mars-made product in the dog's feeding history. It also records a six-month-old kitten examined by several specialists without an effective preventive strategy and with a reported bill of $5,600. These accounts are testimony and authorial records, not judicial causation findings. [22-23]

Their relevance is nevertheless profound. They translate abstract prevalence into anaesthesia, radiographs, bleeding sockets, lost oral function, fear, expense and grief. A corporation need not be proved to have caused each case before the pattern justifies independent comparison, disclosure and investigation.

8. Diagnostics, software and data: the aftermath becomes information

Mars Science & Diagnostics describes a portfolio spanning point-of-care instruments and consumables, rapid assays, digital cytology, reference laboratories, veterinary imaging, practice-information software, cloud data, education, telemedicine and board-certified specialist support. Its at-home services include genetic testing and health-monitoring technologies. [4-6]

Mars also describes Waltham as uniquely positioned to analyse pet behaviour, health and genetics through the group's nutrition, health and pet-service businesses. Recent Mars research has combined the Petcare Biobank, Wisdom Panel, Banfield, Linnaeus, Waltham and Antech. This is a formidable scientific resource. It is also an accountability resource. [5-6,11]

Data do not choose their own question

A vast dataset can reveal patterns that a small researcher could never see. It can also reproduce the assumptions used to define the population, exposure, disease and comparator. The question is not only who owns the data, but who is permitted to ask whether the corporation's feeding system is the upstream trigger.

9. Research integration can serve discovery - or close the loop

Integrated clinical and diagnostic data can improve prevention, identify genetic risks and accelerate treatment. Nothing in this paper denies those benefits. The structural danger appears when the same

organisation helps define normal feeding, controls major data streams and then interprets disease within a framework that excludes the natural comparator.

The missing comparison matters more, not less, as the data architecture expands. Without it, risk models may become highly sophisticated descriptions of disease inside an industrially fed population while leaving the principal environmental intervention untested.

10. Education: authority reproduced before the consultation

Royal Canin Academy provides a free-access library of nutritional and pet-health-management tools for veterinary teams. Royal Canin says that its editorial committee of veterinarians and board-certified veterinary nutritionists commissions internal and external experts. Mars also funds professional development, student-debt relief and educational pathways. These programmes may provide genuine value to students and clinicians. [12-14]

The concern is not that corporate education must be false. It is that repeated, polished and professionally authored material can make one commercial frame appear to be the whole of science. When students and clinicians are seldom given the uncomplicated functional truth - that carnivores must do oral work on suitable raw meaty bones - the absence itself shapes what feels thinkable, respectable and safe.

Anticipatory obedience at scale

Explicit censorship is often unnecessary. Professionals learn which questions attract resources, which recommendations fit the system and which comparisons threaten funding, collegial acceptance or career progression. Education, professional conditioning and self-censorship can therefore reinforce one another without a written order.

11. Standards and professional authority

Research centres, specialist publications, continuing education, clinical protocols, product seals, scientific communications and corporate employment all contribute to professional standards. Foundation Document 3 examined how Waltham and Royal Canin can help manufacture scientific authority; Foundation Document 4 examined the veterinary dental system. This paper adds the wider architecture in which those forms of authority circulate through clinics, diagnostics, data and welfare programmes. [24-25]

Authority is not independence. A credential, editorial committee, guideline, research paper or clinic protocol may be technically competent yet still begin from a commercially protected assumption. The decisive legal and scientific question is whether the underlying feeding system was fairly tested, whether conflicts were disclosed and whether contrary evidence was given a genuine route into teaching and practice.

12. A current regulatory warning from the United Kingdom

In March 2026 the UK Competition and Markets Authority concluded the most extensive review of veterinary services in a generation. It found that pet owners were too often left in the dark about ownership, treatment options and prices. Less than half of people using a large veterinary group knew that their practice was part of a chain. The CMA also said that vets' duty to provide independent and impartial advice had the potential to be compromised by commercial pressure. [17-19]

The CMA's findings were market-wide and were not findings that Linnaeus or Mars caused diet-related disease. Linnaeus was, however, one of the six large groups examined and is owned by Mars Veterinary Health. The official findings matter because they confirm that ownership opacity, commercial pressure and business-level accountability are contemporary regulatory concerns, not campaign rhetoric. [2-3,17-19]

The regulatory gap

The CMA said the old legal regime applied to individual veterinary professionals but not adequately to businesses or practices, leaving key parts of the system unregulated. Its remedies include ownership disclosure, price transparency and written policies designed to protect independent advice. The diet and health questions in this series require the same willingness to examine the business architecture, not only the individual vet.

13. Welfare: genuine work and the halo of legitimacy

Mars works with shelters, foundations and animal-welfare organisations and has supported a large international State of Pet Homelessness project. The project has estimated hundreds of millions of homeless cats and dogs across the countries studied. Shelter food, transport, preventive care and research can deliver real benefits. [15-16]

Public-interest analysis must therefore avoid the childish proposition that a corporation capable of harm can do no good. The more difficult question is whether valuable welfare activity also supplies moral legitimacy, access and trusted partners while upstream feeding harms remain outside serious scrutiny.

A welfare halo cannot answer the missing comparator

14. The architecture tested against the Five-Part Public Interest Test

Test	Question for Mars and the connected system	Possible public-interest failure
1. Biological suitability	Has the complete feeding system been shown suitable across life stages and individual variation, rather than inferred from nutrient formulation and short trials?	Disease and treatment may be normalised inside an unvalidated baseline.
2. Functional form	Does the food require ripping, tearing, shearing and gnawing and preserve oral feedback, or does the system sell separate products to compensate for lost function?	Lost biological function may be converted into repeat-purchase products and procedures.
3. Causal and evidential integrity	Are withdrawal effects, natural-food structure, product additions, confounders and the missing comparator separated? Who selected the endpoints and controlled publication?	Sophisticated evidence may accumulate around a protected control while the decisive question remains excluded.
4. Public-interest orientation	Does the architecture teach owners root conditions and independent judgement, or increase dependence on products, professional authority, plans, diagnostics and repeat care?	Education and care may strengthen dependency rather than restore informed choice.
5. Whole-system consequences	What are the combined effects on animals, owners, science, professional incentives, public institutions, resources, waste, human periodontal understanding and the environment?	Fragmentation may conceal cumulative harms and distribute responsibility until it disappears.

The Five-Part Test is an analytical framework, not a legal verdict. Its value here is that it prevents the architecture from being fragmented into apparently innocent components. A food may be nutritionally complete on paper, a diagnostic test accurate, a clinic compassionate, an educational article technically correct and a welfare programme beneficial - while their interaction still protects an untested and harmful system. [26]

15. Architecture is not conspiracy - but it creates duties

Common ownership, parallel messaging, commercial benefit and institutional silence do not by themselves establish unlawful conspiracy. Many participants may act sincerely inside a received

framework. A distributed system can perpetuate error through incentives, professional conditioning, anticipatory obedience, compartmentalisation and failure to inquire without a central written command.

That distinction does not exonerate decision-makers. Corporations act through individuals. Executives approve acquisitions and strategy; scientists choose questions; editors approve content; clinical leaders set protocols; educators select curricula; lawyers assess risk; welfare partners lend legitimacy. Responsibility depends on position, expertise, notice, power to inquire and choices made after warning.

> **No institutional alibi**
> The architecture may explain how responsibility was dispersed. It cannot be allowed to make responsibility disappear.

16. Records an independent investigation should obtain

Ownership and control: Complete maps of subsidiaries, clinics, laboratories, data platforms, educational entities, foundations and material partnerships.

Food-to-clinic policies: Protocols, incentives, formularies, preferred products, therapeutic-diet recommendations, cross-selling rules and conflict safeguards.

Research selection: Proposals, funding decisions, comparator discussions, adverse results, abandoned studies and publication controls concerning natural feeding and lifetime outcomes.

Clinical and diagnostic data: Periodontal, urinary, metabolic, gastrointestinal, cardiovascular and mortality outcomes linked, where lawful and possible, to feeding histories and product exposure.

Education and standards: Authorship, editorial approval, sponsorship, curriculum access, continuing-education support and relationships with professional bodies and universities.

Welfare and policy: Funding, governance, messaging, data access and conditions attached to partnerships with shelters, charities, research coalitions and policymakers.

Notice and response: When senior management, owners, insurers, auditors and legal advisers received the central allegations and what investigation, preservation, correction or continuation decisions followed.

The last category belongs principally to Foundation Document 6. Its inclusion here marks the bridge from visible corporate reach to knowledge, notice, family governance and personal responsibility.

17. Questions the architecture must answer

• What evidence establishes that Mars's complete industrial feeding regimes are superior or equivalent to the natural functional standard over a lifetime?

• How many animals in Mars veterinary systems have feeding history recorded in a form capable of testing diet-related outcomes?

• What periodontal, urinary, metabolic, gastrointestinal, cardiovascular and mortality signals are visible across the combined clinic and diagnostic data?

• Which research proposals compared industrial diets directly with foundational raw meaty bones feeding, and what happened to them?

• How are veterinarians and specialists protected from commercial pressure when advising on products manufactured by the wider corporate group?

• How are owners told that a clinic, laboratory, educational source or recommended product belongs to, is funded by or is materially connected with Mars?

• Do welfare partners and professional bodies receive the complete criticism and missing-comparator record before lending their names and authority?

• Who inside Mars is responsible for seeing the whole?

Follow the evidence

Follow the animal. Follow the recommendation. Follow the sample. Follow the data. Follow the money. Then ask who was responsible for seeing the whole.

18. Conclusion: reach becomes responsibility

Mars presents its integrated reach as a capacity to improve pet health. That claim creates a corresponding duty. A corporation serving half the world's pets, operating thousands of clinics, caring for tens of millions of patients, controlling major diagnostic and data systems, educating professionals and partnering with welfare organisations cannot plausibly shelter behind the fragmented knowledge of individual business units.

The issue is not whether every employee could see the entire architecture. It is whether Mars governance ensured that someone did - and whether that person or body asked the obvious upstream question. The greater the capacity to detect harm, the less defensible cultivated ignorance becomes. The greater the power to organise the decisive comparison, the less defensible its continued absence becomes.

The final principle

The more extensive the reach, the less plausible the defence that nobody knew, nobody could see the whole and nobody was responsible.

Bridge to Foundation Document 6

Foundation Document 5 maps the visible architecture. Foundation Document 6 asks when Mars, its owners, directors, senior executives, scientists, clinicians and advisers were placed on notice; what each was equipped and obliged to discover; and what choices followed. Before notice, ignorance may be asserted. After documented notice, continuation becomes a decision requiring explanation.

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Evidential status: This paper maps publicly documented corporate capacity and asks what duties follow from that capacity. It does not treat ownership, association, scale or commercial benefit as proof of causation, dishonesty, conspiracy or legal liability. Current corporate and regulatory webpages are dated because roles, figures and institutional arrangements may change.

Corrections and responses: Mars, its businesses, professional partners and materially named organisations are invited to identify factual errors, provide omitted evidence and answer the questions raised. Substantiated corrections and material responses should be incorporated into the public record. Silence is not treated as admission.