

JULIE / JULY 2015

The Monthly Magazine of the SOUTH AFRICAN VETERINARY ASSOCIATION
Die Maandblad van die SUID-AFRIKAANSE VETERINÊRE VERENIGING

vet *nuus*·*news*

CPD

Micronutrients in Bovine /
Small Ruminant Abortions,
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Sheep



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VetNuus is 'n vertroulike publikasie van die SAVV en mag nie sonder spesifieke geskrewe toestemming vooraf in die openbaar aangehaal word nie. Die tydskrif word aan lede verskaf met die verstandhouding dat nóg die redaksie, nóg die SAVV of sy ampsdraers enige regs aanspreeklikheid aanvaar ten opsigte van enige stelling, feit, advertensie of aanbeveling in hierdie tydskrif vervat.

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VetNews is published by the South African Veterinary Association

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PRINTED BY

Seriti Printing: 012 333 9757

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Henk Basson

Toweroomblikke

Almal het dit al beleef – daardie wonderlike oomblik wanneer dit waarmee jy besig is, skielik in plek val en jy net weet dat dit werk. Soos wanneer jy die laaste stukkie van ’n legkaart inpas of, wanneer jy Sudoku speel, jy skielik die een nommer kry wat die res net laat werk. My gunsteling is wanneer jy regtig lank sukkel met iets, soos wanneer jy as veearts probeer om jou DSTV op te koppel na lang beurtkrag of ’n donderstorm... en jy dit skielik net regkry.

Dit is ook deel van my persoonlike verhaal, met my skuif na die Wes-Kaap. Ek het skielik net geweet dat, vir hierdie tyd en seisoen in my lewe, ek die regte besluit geneem het. Dit is inderdaad soos die Prediker sê – elke ding het sy tyd. Dit is soveel meer belonend wanneer jy hard daarvoor moes werk.

’n Aspek van veeartsenykunde wat omtrent net so ’n gespook afgegee het soos wanneer my vrou ’n skroewedraaier in my hand stop (want dit verg ingenieursvernuf), was die verhouding tussen die staat en privaatdienste. In baie gevalle (ek besef dit was nie so in alle gevalle nie) het privaatveeartse beweer dat die staatsveeartse net tyd in hul kantore deurbring, terwyl die staatsveeartse dalk kon beweer het dat die veeartse in privaatpraktyk net geld najaag.

In die OIE se PVS-verslag word samewerking tussen privaat- en staatsinstansies as ’n kritieke suksesfaktor genoem.

“Dit is inderdaad soos die Prediker sê – elke ding het sy tyd. Dit is soveel meer belonend wanneer jy hard daarvoor moes werk.”

Soos met baie ander dinge in ons land en in die wêreld, kon dit net by die woorde in die verslag gebly het. Maar drs Dietmar Holm en Faffa Malan het die bul by die horings gepak om dit ’n realiteit te maak en het ’n fantastiese kongres aangebied waar privaat- sowel as staatsveeartse verteenwoordig en in provinsiale groepe verdeel was. Dit was een van daardie toweroomblike waar mens net weet dat hierdie nou gaan werk. Wonderlike idees is gedeel, planne is saamgestel en optrede is geneem. Met sulke samewerking as voorbeeld is daar ’n blink toekoms vir veeartseny in Suid-Afrika. *(Meer oor die RuVASA Kongres in ons volgende uitgawe – Red).*

Ek moedig u aan om verhoudings met kollegas, veral oor die grens tussen staat- en privaatdienste heen, in u omgewing te verbeter en te versorg. Samewerking tussen veeartse van alle ouderdomme, rasse, geslagte en instansies sal ons meer effektief en sommer baie gelukkiger maak. Die geleentheid hiervoor word al hoe meer. Die stigting van die SAVV se “Young Members’ Group” is ’n goeie voorbeeld en geleentheid.

Namens al die lede van die SAVV ons hartlike gelukwense aan dr Mike Modisane met sy verkiesing tot president van die OIE. Mag sy termyn een wees wat deur voorspoed, sukses en natuurlik samewerking gekenmerk word!

Dis weer tyd vir die SAVV Kongres! ’n Interessante en veelsydige program is saamgestel, met werklik iets vir ieder en elk! Ek sien daarna uit om u daar te sien en om te hoor hoe u eie legkaarte, Sudoku of DSTV-koppelings in plek geval het! **V**

Henk Basson

CREDO

We, the members of the Association, resolve at all times:

- To honour our profession and its Code of Ethics
- To maintain and uphold high professional and scientific standards
- To use our professional knowledge, skills and resources to protect and promote the health and welfare of animals and humans
- To further the status and image of the veterinarian and to foster and enrich veterinary science
- To promote the interests of our Association and fellowship amongst its members.

Ons, die lede van die Vereniging, onderneem om te alle tye:

- Ons profesie in ere te hou en sy Etiese Gedragskode na te kom
- ’n Hoë professionele en wetenskaplike peil te handhaaf en te onderhou
- Ons professionele kennis, vaardigheid en hulpbronne aan te wend ter beskerming en bevordering van die gesondheid en welsyn van dier en mens
- Die status en beeld van die veearts te bevorder en die veeartsenykunde te verryk
- Die belange van ons Vereniging en die genootskap tussen sy lede te bevorder.



Magic moments

We all have them – those magic moments when, while trying to make something work, you just know that you have made it, that you have achieved success. Like placing the last piece of a puzzle, or, when playing Sudoku, you get that one number that makes it all work out. My favourite one is when you struggle with something for a long time, like when you as veterinarian try to reconnect your DSTV after load shedding or a thunderstorm... and suddenly it just works!



It is part of my personal story, with the move to the Western Cape. I just knew that, for this time and season in my life, I made the right decision. It is indeed as it is written in Ecclesiastes - there is a time for everything. It is even more rewarding if you had to work hard for it.

An aspect of veterinary services that was as much of a struggle as when my wife hands me a screwdriver (which requires engineering skills), is the relationship between the state and private veterinary services. In many cases (I do realise not all cases), private vets accused state vets of only spending time in their offices, whilst state veterinarians could have felt that private practitioners were only there for the money.

A good relationship between private and state veterinarians is one of the

critical success factors mentioned in the OIE's PVS report. As with so many other things in our country and the world, it could have remained as another line in the report. Drs Dietmar Holm and Faffa Malan decided to take the bull by the horns and make this a reality by organising a fantastic congress, attended by both private and state veterinarians, where delegates were divided into provincial working groups. It was one of those magic moments where we just knew that this will now work. Wonderful ideas were shared, plans were made and action was taken. It is this kind of co-operation that will ensure the future of veterinary science in South Africa. *(More on the RuVASA Congress in our next issue – Ed).*

I encourage you to also improve and nurture the relationships you have with colleagues, crossing the boundaries

between private and state services. Co-operation between veterinarians of all ages, races, gender and organisations will make us much more effective and happier! There are more and more opportunities to achieve this. The launch of the SAVA Young Members' Group is a great example and opportunity.

Congratulations, on behalf of all members of the SAVA, to Dr Mike Modisane on his election as president of the OIE. May your term be remembered as one of prosperity, success and co-operation between all. The SAVA Congress is upon us! A great and varied programme was compiled, with something for everyone. I look forward to seeing you all there and to hear how you made your puzzles, Sudoku or DSTV work out! **U**

Henk Basson

SOUTH AFRICAN VETERINARY ASSOCIATION NOTICE TO MEMBERS ANNUAL GENERAL MEETING AND AWARDS/GALA DINNER

Notice is hereby given that the 110th Annual General Meeting of members of the South African Veterinary Association will be held at 16:30-17:30 on Tuesday 28 July 2015 at the Champagne Sports Resort, Drakensberg, Natal.

The Awards/Gala Dinner will be held on Wednesday 29 July 2015 at 19:30. Dress Code: Formal

For further enquiries regarding the Gala Dinner, contact Petrie Vogel petrie@savetcon.co.za /

Tel: 012-346 0687 or 012-346 1674

By order of the Board

Registered office: 47 Gemsbok Avenue,
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April 2015

SUID-AFRIKAANSE VETERINÊRE VERENIGING KENNISGEWING AAN LEDE ALGEMENE JAARVERGADERING EN GALA-TOEKENNINGSDINEE

Kennisgewing word hiermee gegee dat die 110de Algemene Jaarvergadering van lede van die Suid-Afrikaanse Veterinêre Vereniging om 16:30-17:30 op Dinsdag 28 Julie 2015 gehou word te Champagne Sports Resort, Drakensberg, Natal.

Die Gala-Toekenningsdinee word gehou op Woensdag 29 Julie 2015 om 19:30. Dragkode: Formeel

Vir verdere navrae aangaande die Gala-dinee, kontak Petrie Vogel petrie@savetcon.co.za /

Tel: 012-346 0687 of 012-346 1674

In opdrag van die Direksie

Geregistreeerde kantoor: Gemsboklaan 47,
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April 2015



Paul van Dam

You are a veterinarian, involved in private practice. Or perhaps committed to disease control, really keen to make a difference. Or looking for new solutions, doing research on those issues that have caused many animal deaths or have a major influence on animal production. Passionate about veterinary science/animal health/food production. You laugh when people ask you about hours of work - eight to five is not for you! Some days you leave home early and get back late, and only see your children already in bed, sound asleep. You make a note that you should spend some quality time with them - perhaps during the weekend. An hour or two playing some ball games, or perhaps a visit to the zoo. You know it will be difficult to concentrate on the game and to not think about your project, or the herd health visit scheduled for Monday, but surely they will not realise this?

Op die Damwal

In a study performed by the National Centre on Addiction and Substance Abuse at the University of Columbia*, it was found that teenagers who are part of family dinners 5 to 7 times per week are more likely to report having excellent relationships with their parents. On the flip side, teenagers who have infrequent family dinners (fewer than 3 per week) are:

- almost 3 times more likely to say: "It's OK for teens my age to use dagga"
- 3½ times more likely to say: "It's OK for teens my age to get drunk"
- Twice as likely to say that they expect to try drugs (including dagga and prescription drugs without a script) to get high in the future.

Similarly, teenagers who have a "less than very good" relationship with their parents are:

- between three and four times more likely to **have used** dagga;
- between 2 and 2½ times more likely to **have used** alcohol;
- 2½ times more likely to **have used** tobacco.

Time to make a change! Plan your day so that you can have at least one meal per day with your family, especially if there are teenagers involved. On a nice summer day, set the table on the "stoep" and enjoy

the sunset whilst having supper.

On weekends, a family "braai" will be perfect – and enjoy/discuss the birdlife in the garden. Point out the sunbird that is taking a sip from the aloe. Come to think of it, get the teenagers to build a fire on a weekday afternoon, so that you can braai the minute you get home.

On a winter's day, sit around the table in the dining room – soup and rolls. Make sure that there is no television anywhere near, no smart-phone, no tablet! During the conversation, concentrate on the nice things in life, but do not shy away from the difficult topics. Allow the kids to voice their opinions and discuss these.

Teenagers who have frequent family dinners are more likely to say that their parents know a lot about what's really going on in their lives. Such parental knowledge is associated with a decreased incidence of teenager substance abuse.

Is your work more important than your family?



"On weekends, a family "braai" will be perfect – and enjoy/discuss the birdlife in the garden. Point out the sunbird that is taking a sip from the aloe."

Overheard in the Western Cape:

"So hoe spel dji "LOVE", my bra?"

"L - O - V - E"

"Nei, man, dissie so nie!

Dis "T - I - M - E"

Until next month. **V**

Paul van Dam

* Source: *The National Survey of American Attitudes on Substance Abuse XVIII: Teens*, released on August 22, 2012. QEV Analytics conducted the survey from April 18 to May 17, 2012. The firm interviewed at home by telephone a national random sample of 1,003 12- to 17-year olds (493 boys, 510 girls).



Practical breeding for resistance and resilience to *Haemonchus contortus* in sheep

DR ALAN FISHER

State Veterinarian, Queenstown Veterinary Laboratory

DR GRETHA SNYMAN

Animal scientist, Grootfontein Agricultural Development institute, Middelburg

MR ROBBIE BLAINE

Dohne breeder, Wauldby, Stutterheim

This article is based on a trial performed in Stutterheim, Eastern Cape. Ideal *Haemonchus contortus* country, but tough sheep country, well-grassed semi-sour veld with high summer rainfall (>750mm pa), a hot climate, high humidity index and virtually frost-free.

The regular 4-weekly summer dosing program followed for many years inadvertently selected the so-called "Stutterheim strain" of anthelmintic resistant wireworm, totally resistant against all anthelmintics, except the recently released Derquantel and Monopantel. The strain is used as a reference strain for testing new drenches for anthelmintic resistance – the ultimate test for a new product!

Anthelmintics were virtually a placebo on the farm by 2002 and as a result, sheep had been unwittingly selected for resistance and resilience to *Haemonchus*, producing animals that were thriving despite the challenge.

A practical and cost effective system has been developed that can be adapted for other South African stud and commercial sheep farmers. We need to produce "super sheep" and not "super worms".

There are many successful projects around the world breeding sheep for nematode resistance, notably the "Nemesis Program", run by the CSIRO in Australia since 1994, that have proved beyond doubt that breeding worm resistant sheep is an effective and sustainable means to control internal parasites.

Our trial incorporates a number of protocols developed in SA, including FAMACHA®, targeted selected treatment (TST) and body condition scoring (BCS).

Expected Breeding Values (EBV) for worm resistance have been calculated. In March 2015 rams with EBV values for faecal egg counts (FEC) were offered for sale and a considerable premium was paid for rams with negative EBVs (low FEC). Buyers are willing to pay to introduce parasite-resistant rams into their flocks!

Worldwide trials to identify the genetic markers associated with nematode resistance and resilience are advanced and in the near future DNA testing for the traits will become a routine and affordable selection tool. EDTA blood samples have been collected for DNA genomic sequencing to identify



Wauldby - Pretty, but not ideal sheep country. Long sour grass, high rainfall and humidity, virtually frost free

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genetic markers associated with resistance.

In our trial, the sheep veld camps (and Kikuyu lambing paddocks), have virtually no rotational grazing (either species rotation or significant rest periods). As a result sheep are intentionally exposed to huge natural field challenges of *Haemonchus*, virtually from birth (up to 54,000 eggs per gram of faeces), and weaned lambs are not treated, even at these levels, unless they show severe anaemia.

The trial aims to select sheep that thrive despite the adverse conditions.

It is emphasised that this trial is conducted under summer rainfall conditions with *Haemonchus contortus* as the only significant nematode. The protocol will need to be adapted (in consultation with the attending veterinarian) for winter rainfall areas or other areas where parasites such as *Teladorsagia* (Brown stomach worm), *Trichostrongylus* (bankrupt worm) or other blood-sucking parasites such as *Fasciola* (liver fluke) are a significant factor.

A. PROTOCOL FOR BREEDING RESISTANT SHEEP (STUD FLOCKS)

The aim is to select the most resistant lambs from the stud lamb crop each year. Lambs are born in August. The entire lamb flock is dosed for worms when indicated by FAMACHA and FEC and at weaning in November. Weaned spring lambs are deliberately exposed to continuous high field challenge of *Haemonchus* – they are left in the same camp as long as possible to maintain the high challenge with minimal nutritional supplementation.

Weaned lambs are monitored from January to the onset of winter dormancy/hypobiosis of *Haemonchus* (June).

- FAMACHA scores (by trained shepherd or farmer) and BCS are measured and recorded every 7-14 days.



- Individual (FEC) are collected once at the beginning of the season (January on this farm) from all lambs and twice more at peak season (March and April on this farm) from untreated lambs only (dosed sheep have eliminated themselves) to produce an average summer FEC.
- The decision to dose a sheep is based on a FAMACHA score of 2.5 or more (evaluated in conjunction with low BCS (<1.5) and with high FEC). Any lamb that requires dosing after weaning remains with the flock, but is not considered for selection.

Lambs that require dosing in the trial receive a combination of drugs (85-90% efficacy for 5 years despite being ineffective individually). This is ascribed to TST being used routinely on all flocks, where only a very small percentage of sheep are treated, based on FAMACHA scores, only dosed in summer when the vast majority of the *Haemonchus* population on the farm are in refugia (on the pasture, not in the sheep). Sheep are never dosed in winter. Sires are evaluated on the performance data of their lambs.

RESULTS:

- 43% of lambs in 2012;
- 56% of lambs in 2013;
- 46% of lambs in 2014; and

- 78% (ewe lambs) and 45% (rams) in 2015 did not require dosing the entire summer.

Selection index

Only lambs not dosed are included in the data analysis.

The selection index used is (ave FAM + ave BCS + ave FEC on a natural log transformation)

Rams and ewes are ranked on this selection index, as well as on average FEC over the summer. There is a good correlation between rankings on average FEC and on the selection index.

BCS is regarded as a better indicator than body weight – larger framed sheep in poor condition usually weigh more than smaller framed lambs in a better condition.

By including average FEC in the selection index, the resilient sheep with high FEC are ranked lower than resistant sheep with a low average FEC. This generally eliminates resilient sheep from selection as potential sires in the stud. Without monitoring individual FEC it is not possible to distinguish between resistant sheep (low FEC) and resilient sheep (higher FEC, but able to tolerate the presence of fairly high worm burdens). Resilient sheep are likely to produce lambs with higher worm burdens that shed more eggs onto the pastures and are more likely to succumb in droughts

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or under nutritional stress than sheep with low parasite burdens.

B. PROTOCOL FOR SELECTING COMMERCIAL SHEEP FLOCKS FOR RESILIENCE /RESISTANCE

The laboratory costs associated with FEC remain the biggest limiting factor in selection for resistance and this protocol has been developed to reduce costly individual FEC where sheep are selected for resistance and/or resilience.

The protocol for commercial flocks is similar to that of resistance selection:

- Normal parasite management pre-weaning
- Only ewe lambs are assessed after weaning.
- Lambs are monitored after weaning until parasite levels start to increase – grouped dung samples (from the same 10 sheep) help to anticipate increases in parasite burdens, and FAMACHA scores are monitored every 1 – 2 weeks (depending on level of parasite challenge at the time) from January to June.
- Individual sheep are only treated (TST) if they show a FAMACHA score of >2.5 with an active ingredient proven to be effective on the farm. Sheep requiring treatment are marked with an ear tag or notch. Add a second or third mark with each treatment.
- Cull out all ewes at the end of the summer that required dosing (or more than once, if too many) – before breeding age.
- Do not dose sires for as long as possible and then perform individual FEC on all rams and weed out those with high FEC before the breeding season
- If possible, buy rams selected for parasite resistance.
- Practice TST on all adult ewe flocks. If a low percentage of flock show anaemia (FAMACHA 3 or more), dose and tag only the sheep requiring treatment and cull them at the end of the season.

The end result of this protocol is similar to selecting for resistance only, but takes longer to achieve due to the resilient sheep not being identified.

Worm resistant / resilient sheep in this trial consistently had superior performance on all parameters, compared to sheep that required dosing.

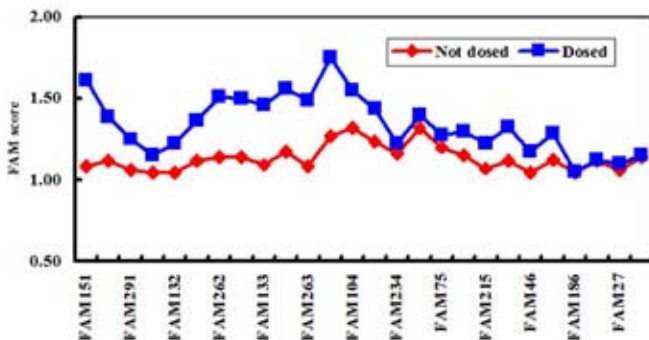


Figure 1: FAMACHA scores of ewe lambs born in 2012

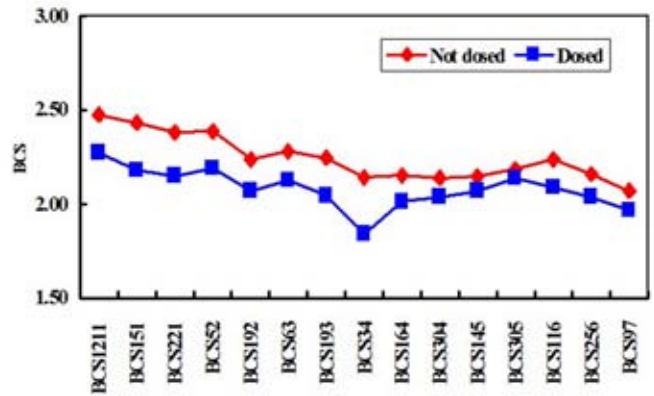


Figure 2: BCS of ewe lambs born in 2012

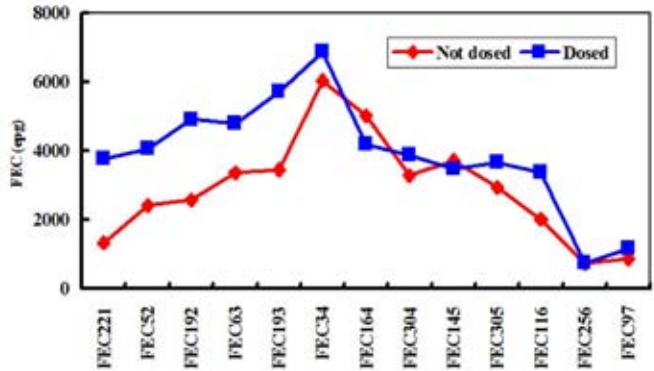


Figure 3: FEC on non-dosed and dosed ewe lambs over the trial period summer 2013

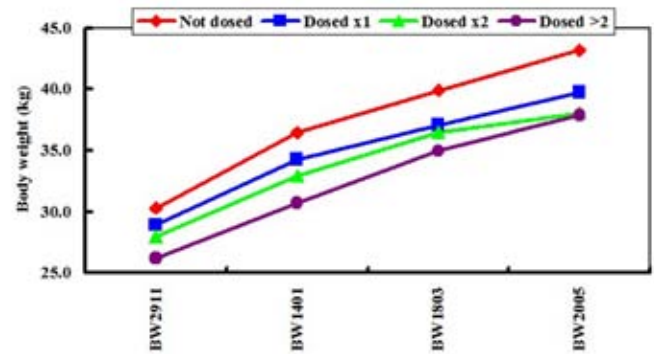


Figure 4: Growth curve of ram lambs born over the trial period in 2013

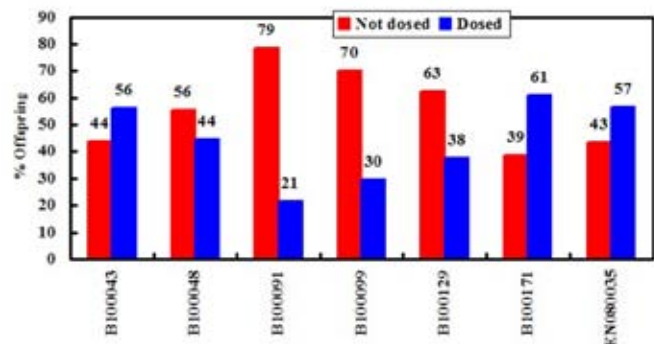


Figure 5: Lambs born of 7 sires used: 2012 lambs



Successfully integrating a Flexible Workforce into your Veterinary Practice

DR NATASHA WILKS
BVSc, DipCoaching
www.HighPerformanceVets.com

The demographics of the profession are changing and with that comes the demand for flexible working hours.

Considering how mentally and emotionally challenging the veterinary profession can be, flexible working hours will benefit every veterinarian in practice. Allowing veterinarians to have more time for personal pursuits, sporting endeavours, attend school commitments, spending time with their friends and family and engaging in rest and rejuvenating activities will lead to an improvement in their mental well-being. A fulfilled veterinarian is a more engaged and productive team member.

Clients are expecting veterinary practices to be opened longer hours including weekends. Considering the benefits to your veterinary team for flexible working hours, how do you manage to fill the roster to ensure the practice is fully staffed?

What Do You Need

First, determine how many team members you need for each day, identifying the busier days and time periods. Will each team member work full days or with extended opening hours, do you have staggered start and finish times?

Who Do You Have

Next look at your current staff to see when they are available, and when they aren't, due to

external commitments. Ask which commitments are flexible and which are not. Be considerate of your full-time team members. They should have the opportunity to have flexibility in their roster to encourage activities outside of practice.

Identify The Gap

Identify the gaps and the times which may cause potential staff shortages e.g. school holidays, festive holidays, long-weekends and sick leave. Determine if this can be filled with current team members or if you need another veterinarian. This veterinarian could be a new, recent or experienced graduate employed full-time, part-time, casual or as a locum. Look at your practice figures to see what the business can support financially. To avoid dissatisfaction, make your team aware of your practice's policy for taking holiday leave in peak periods such as Christmas, Easter and school holidays. Ensure leave approval for peak periods is rotated amongst your team to avoid potential conflict. Once you are aware of what shifts you need to fill on a consistent basis and for holidays, you

can consider employing an additional veterinary team member.

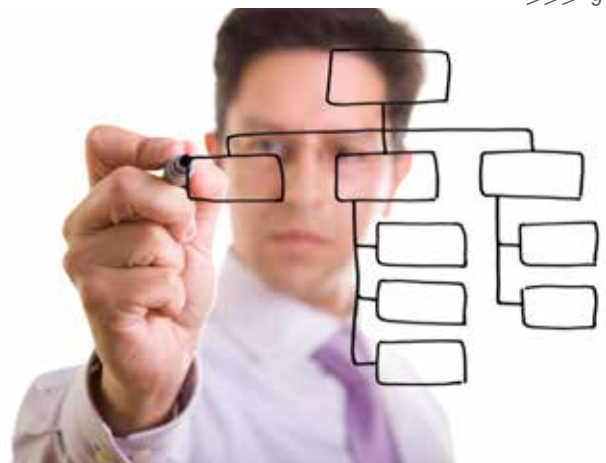
Fill the Gap

The number of experienced veterinarians available to work casually or part time is growing. Due to child care, school or other commitments, they may have a fixed availability. They may be only available during school hours or have to finish early due to child care commitments or only be able to work one to two days per week.

Clearly Communicate Your Expectations

It is important to have a clear outline from both the employer and employee on what is expected from both parties. Make the veterinarian aware of what their role involves and

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what to do for unexpected illnesses and time off and in quiet periods. Effective two-way communication is vital to ensure this becomes a successful working relationship and to promote harmony within the team. The days of veterinarians working five full days every week and sharing an on-call roster are diminishing.

Veterinarians want work-life balance. For the profession to succeed we need to promote mentally healthy workplaces. Being able to provide a flexible working environment for your veterinary team will contribute to their well-being and increase their engagement and loyalty to your veterinary practice.

Dr Natasha Wilks is a Veterinary Coach working with veterinarians to accelerate their career, reduce stress, build resilience and improve their well-being.

First published in the Australian Veterinary Journal, April 2015. Reprinted with permission from the author. 

BREEDING FOR RESISTANCE <<< 7

DISCUSSION

It is estimated that even in flocks previously unselected for resistance and/or resilience, one will see a difference within three years and a marked improvement within 5 years. Nutrition plays a major role in the ability of sheep to cope with heavy worm challenge. If nutrition is improved (particularly protein and oral minerals) the FEC drop dramatically (by up to 50%).

Coccidiosis has a negative effect on the ability of the animal to contain worm burdens.

It was interesting that sheep selected on our selection index are also the best performing sheep on the Dohne Merino Society selection indices. The ram lamb with our highest ranking of the 2011 crop had a selection index of 140% on the breed society indices, a relative breeding value of R40.37 per lamb and a body EBV of +8.6kg better than his peers. This ram was used as a sire and his lambs have performed well.

Individual FEC are of little value in the decision to dose an individual sheep – resilient sheep may have high burdens (>50,000 epg on occasion), but not be anaemic and consequently not require treatment, but some



Dr Alan Fisher

sheep show severe anaemia at low FEC (as low as 2500 epg) in the same flock and require treatment. Individual FEC values are valuable in selecting resistant sheep. Grouped faecal samples from flocks are a valuable indicator of changes in parasite levels and an early warning of impending outbreaks of *Haemonchus contortus*.


It is emphasised that lambs are very susceptible to internal parasites and many unweaned lambs have very high FEC before developing an “acquired” or “adaptive” immune response (cell and antibody) and ridding themselves of parasites after exposure.

It is advisable that selection should only be commenced after weaning,

once immunity has developed, to prevent potential losses from parasites. There are a few lambs born with an innate resistance that show very low FEC even at a young age.

The study of the mechanisms that govern resistance to nematodes is a rapidly developing field and studies on the role of CD4+ T helper (Th2) cells in the immune response to internal parasites as well as major differences in genes (41 known genes in one NZ study – mostly stress response related functions) between sheep susceptible and resistant to gastrointestinal parasites. Genotyping using the ovine SNP50 BeadChip is showing very positive results.

Selection of sheep for either resistance or resilience/resistance should not be seen in isolation, but is an important advance in the fight against anthelmintic resistance (particularly *Haemonchus* under South African conditions), and must be used in conjunction with other good management practices to reduce the worm challenge and boost the animal’s ability to compensate for the deleterious effects of the parasites.

The question really should be: Can we afford not to select for resistance? 



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Vets for Change successfully completes sterilisation campaign in Eastern Cape

Vets for Change, an international group of dedicated volunteers whose sole aim is the improvement of the relationships between animals and their human neighbours, has completed a successful project that saw over 350 animals being sterilised over a five day period at the Seymour and Balfour Community Centres in the Eastern Cape.




The project, which was requested and funded by the National Council of SPCAs (NSPCA), was coordinated and carried out by the Vets for Change surgical team that consisted of two veterinarians and their support crew, with logistical support from local SPCA and NSPCA staff.

During the surgery days, the Vets for Change team were also able to mentor newly qualified vets and provide them with experience and guidance, as well as inspiring those young school children in the area who aspire to follow a career in veterinary medicine. Dr Renee van Rheede Van Oudtshoorn, Principal of Optima Community

Veterinary Clinic and Director of Vets for Change says, "The Balfour and Seymour communities were very receptive of our team and the work accomplished. We look forward to coming back and expanding our educational contribution with local state veterinarians, to encourage humane education in the rural schools." In order to continue with the sterilisation and educational projects in rural areas, it is critical that the Vets for Change team have the right vehicles to reach and operate at these remote locations. "We are looking to complete quite a few more sterilisation campaigns before the end of the year, some that will take us into our neighbouring countries as well.




At the moment though, we do not have the right vehicles and we are very focused on finding partners who are able to join this worthwhile cause and assist us in reaching more communities that we are just not able to get to at the moment," concludes Dr van Rheede Van Oudtshoorn. Vets for Change have set a goal to reach 100 communities and complete 1,500 sterilisations by the end of 2015. For further information on Vets for Change, please visit their website: www.vetsforchange.org.za or Facebook page: <https://www.facebook.com/pages/Vets-For-Change-South-Africa/478709932214778> 

Die 1965 graduandi het op 7–10 Mei in Hermanus saamgetrek om 50 jaar as veeartse te herdenk. Een-en-twintig van die ou klasmaats het omhels en uiteindelik Saterdag 'n lekker middagete geniet.

Awie Schutte, vergesel deur Kinnie, het as verteenwoordiger van die dosente ook die geselligheid bygewoon. Die makietie het reeds Donderdagaand begin toe die eerste geselligheid in 'n restaurant afgeskop het. Daar was toe reeds 21 teenwoordig, gades ingesluit. Vrydag is drie kelders in die Hemelen-Aardevallei besoek en het 'n paar manne gewys dat hulle benewens veertaarsenykundige vaardighede ook oor redelike goeie fynproefvernuf beskik. Vrydagaand se groep het tot 30 aangegroei en steeds was daar geen keer aan die talle stories nie.

Statistiek

Gekwalifiseer in 1965: 35
Afgestorwe: 4
Teenwoordig by reünie: 21. 




Op die foto verskyn Nick Kriek (Pta), Brian Wessels (VSA), Benoni van Graan (Kaap St Francis), Graham Dobbie (Engeland), Bill Venning (Kaapstad), Tubby Schneider (Namibië), Nico Schutte (Robertson), Ockie van Niekerk (Carolina), Bruce Irvine-Smith (Jnb), Peter Carey (Durban-Noord), Sakkie van Rensburg (Kaapstad), Gunther Faber (Engeland), Jan Malan (Pietersburg), Dempsey de Lange (Groot-Brak), Mike James (Mtunzini), Piet le Roux (Villiersdorp), Piet Fourie (Pta), Pieter Kieviet (Nelspruit) en Noel Descroizilles (Kaapstad). Rob Hazell (Swellendam) was ook by die reünie.




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Nutrition-related stress impacts broodmare performance

Kentucky Equine Research Staff

Stress can do glorious things, like activate the flight or fight response, enabling you to outrun a cheetah or lift a car with your bare hands. On the flip side, stress can negatively affect homeostasis,



the body's natural "happy place," and have deleterious effects on various body functions, including reproduction.

Common stresses for horses include:

- Transport;
- Medication administration;
- Cold and heat stresses;
- Individual housing; and
- Phase of reproductive cycle.

Relative to nutrition, horses can also be stressed by inappropriate types of feed or timing of meals. More specifically, if either their meal times or amount of forage is limited, some horses become stressed. Proof of nutrition-related stress is manifested in horses as the emergence of oral stereotypies, abnormal behaviour, and gastric ulceration.

It is well known that horses are 'trickle feeders' that would naturally consume a semi-continuous supply of forage for 40–70% of each 24-hour period. It is also known that horses can experience gastrointestinal discomfort if deprived food for a mere 1–2 hours. Modern equine management often dictates the need to stray from a horse's natural dining preference, however. This is especially true in breeding facilities where mares are often housed individually with extra exposure to light to advance the breeding season.

In such circumstances, mares might only be fed one or two meals daily – in sufficient quantities to meet their daily dietary requirements – rather than having access to forage most of the day as they would while on pasture. Research demonstrated that such temporal feeding patterns may be deleterious to reproductive efficiency in mares.

Specifically, this study found that broodmares fed roughage day and night had significantly fewer oestrus cycle abnormalities and significantly higher conception rates compared to broodmares offered roughage only at night. It is important to note that both groups of mares were offered the same amount of roughage in a 24-hour period.

These results strongly support the role of nutrition in designing a successful breeding program, not only in terms of the dietary components and the amount fed but also when mares are fed. U

What does dog rabies cost the world today?

A new report published recently reveals the staggering cost of dog rabies to the world economy. Rabies costs \$8.6bn and kills 160 people every single day. It is the world's most deadly infectious disease. Once symptoms show, it is close to 100% fatal – and yet it is entirely preventable.

A brand new study, just published by Dr Katie Hampson and a host of international rabies experts with the Global Alliance for Rabies Control's Partners for Rabies Prevention, reveals that the continual circulation of rabies in dogs in resource-poor countries is taking its toll on local economies. This comprehensive study takes a new look at what rabies really costs.

It is estimated that rabies costs US\$8.6 billion, the majority of which comes from the loss of human lives, the cost of having to be vaccinated after being bitten by a potentially rabid dog and because patients often need to travel long distances to find a clinic where rabies vaccines are available. If they do not get treated before the symptoms show, they will die. The report also demonstrates that expenditure on dog vaccination represents a meagre 1.5% of the overall cost burden of rabies. Dog vaccination is the single most effective way of controlling rabies. We know that vaccinating 70% of dogs in endemic areas will ensure that rabies will eventually be eliminated. Investment in dog vaccinations will see returns from huge reductions in the cost burden of rabies.

But the impact and costs of dog rabies vary across the world. Most of the costs are for premature deaths in Asia and Africa, as expected, because of the larger number of resource-poor countries in these regions. However, Africa's costs are much lower than Asia's for vaccinating humans who are bitten. This sadly reflects the lack of access to vaccines in African countries, and fewer sustainable rabies control programmes in the region. Many countries in Asia and the Americas have taken major steps to provide vaccines for humans who are exposed to rabies, and this accounts for the higher costs.



IMPORTANT INFORMATION: RABIES VACCINATION

All veterinarians are reminded that, in terms of the Occupational Health and Safety Act, all staff (veterinarians, veterinary nurses, administrative staff, receptionists, animal handlers, kennel hands – everyone!) employed at a veterinary practice are regarded as being in the "high risk" group, as they could come in contact with a rabid animal at any stage. **They should therefore ALL be vaccinated against rabies!**

The Americas have managed to reduce the number of human deaths from dog rabies down to almost zero by focusing on mass dog vaccination programmes, which is reflected in the larger proportion of their costs for vaccinating dogs. It makes good sense to eliminate rabies at the source of infection by implementing dog vaccination programmes in countries and regions where it still exists. Certainly, this strategy has proven to be successful in many countries in the past including the USA, Western Europe and other regions.

Rabies is the most deadly infectious disease known to mankind and is almost always fatal if an exposed patient does not receive post-exposure vaccination. It is simply a horrific way for someone to die. And yet no-one needs to die from rabies. Rabies vaccines approved by the World Health Organisation are among the most effective vaccines in the world.

This is the most authoritative study to date of the global effects of rabies in both human and economic terms. It spells out in black and white the scale of the problem but its findings on what the solution should be are also quite striking. Rabies is not a disease of the past – it is very much still with us – but it can be made history if we invest in vaccinations. A small investment for a big return. **U**



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In Memoriam

A list of veterinarians, both SAVA members and non-members, who passed away recently. Non-veterinarians who made a positive impact on the profession are also included. Please provide us with information you might have in this regard.

The following colleague passed away recently:

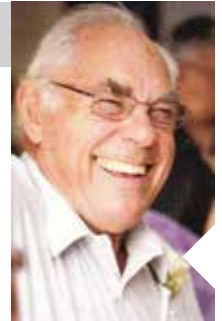
Dr Paul du Preez (during February 2015)

Dr Girley Moree-Rulashe (30/05/2015)

We honour their contribution to our profession and society in general. Our sincerest condolences to the families and loved ones! 

Ter herinnering aan Rudolf Visser

26 April 1936 – 15 April 2015



Rudolf Visser is op 15 April 2015 oorlede na 'n lang stryd teen weerstandige infeksie. Sy knieervangings wat hy na sy aftrede in 2000 ondergaan het, wou nooit heeltemal herstel nie en hy was herhaaldelik gehospitaliseer om die infeksie te probeer hokslaan. Die prosteses is telkemale verwyder en weer geheg, met uiteindelijke amputasie van sy een been. Ons eer die nagedagtes van 'n ware vriend en kollega. Die flitse uit Rudolf se lewe hieronder is deur sy dogter Christa Coetzee voorsien en neem ek die vrymoedigheid om dit met enkele redigering, net so met julle te deel as huldeblyk aan haar pa en ons vriend en kollega – Rudolf Visser:

“Vir jare het ek gedink tee word uit 'n piering gedrink, want dit is hoe ek dit leer drink het, saam met my pa op al sy plaasbesoeke. Die rede vir die tee in die piering was sodat dit vinnig kon afkoel, want ons moes voort na die volgende plaas; die omvang van die area in die Swartland wat Rudolf bedien het was baie wyd. Die kere wat ek pa op plaasbesoeke kon vergesel was my lewe en het my 'n liefde vir diere en die natuur geleer; wat is dan lekkerder as 'n kalf jou hele hand suig of om klein varkies te probeer vang? Rudolf was 'n positiewe mens, lief vir die lewe en het alles met mening aangepak. So ook die moeilike pad wat hy vir hoeveel jare met die infeksie baklei en geworstel het, van die een antibiotika na die ander en dit alles met 'n positiewe ingesteldheid en glimlag deur die pyn, wat my as sy kind ontredderd gelaat het, want

hoe bly mens positief deur al die terugslae? Maar dit was pa, ons rots en steunpilaar. Rudolf is op 26 April 1936 in Voortrekkerhoogte, Pretoria, gebore, een van tweelingbroers en die tweede jongste van 7 kinders. Hy het elke dag vanaf Voortrekkerhoogte met die fiets na die Afrikaanse Hoër Seunskool toe gery. Na matriek het hy sy veeartsenystudies aan Tukkies begin. Vir sy eerste jaar het hy steeds met die fiets klas toe gery totdat hy plek in die koshuis gekry het. Rudolf se pa is in sy eerste jaar van studie oorlede en hy het met 'n beurs van die kerk verder studeer. Op Onderstepoort het Rudolf hom uitgelewe en was hy vir 2 jaar lid van die huiskomitee waarvan een jaar as voorsitter. Tydens sy studiejare het hy sosiale erekleure van die Universiteit ontvang vir die stigting van 'n lekker-lees-biblioteek, asook 'n naslaanbiblioteek, op Onderstepoort. Hy het ook vir 2 jaar 'n beurs van die Witwatersrandse Landougenootskap ontvang. Hy trou na voltooiing van sy studies met Isabeau (Beau) Hamman; vier kinders is uit die huwelik gebore: Helene, Johan, Christa en Eduard. Rudolf sluit eers by dr Hansmeyer se praktyk op Delmas aan, maar na 18 maande verhuis hy en Beau na Piketberg waar hy vir 20 jaar die enigste veearts in die Swartland en omgewing was. In Piketberg rig hy 'n dierehospitaal op wat vandag nog in gebruik is. Op Piketberg het hy diep spore in die gemeenskap getrap. Hy sal onthou word vir sy insak in die skrums, soms direk met nog al die reuke na

'n kalwingsgeval sonder 'n stort vooraf, want daar was nie tyd nie; deelname en organisering van konserte en basaars vir geldinsameling, betrokkenheid by die gemeenskap, tuinkompetisies en nog vele meer. So het hy 'n paar manne selfs leer brei om 'n kombes vir liefdadigheid te skep, net jammer dat die “motte” vinniger gate geëet het as wat die mans kon brei! Dan was daar die konserte en Rudolf was Elvis Visser, Kasimir en selfs Rooikappie in verskeie opvoerings. Hy was altyd vol nuwe inisiatiewe en het almal om hom aangesteek met sy lewenslustigheid; niemand op Piketberg kon nee sê as “dok” Visser mooi gevra het nie. Na 20 jaar op Piketberg, aanvaar Rudolf in Julie 1981 die pos as staatsveearts op Stellenbosch – 'n heel nuwe era vir hom en Beau. Hy word in 1990 bevorder tot Direkteur Veeartsenydiens in die Wes Kaap – 'n pos wat hy tot sy aftrede in 2000 beklee het. Rudolf was 'n gebore leier en kon altyd goed met mense oor die weg kom, selfs in die moeilikste omstandighede. Die frustrasie in die staatsdiens as dinge nie altyd vlot wou verloop nie – in sy eie woorde: “organise, re-organise, disorganise; ek gooi sommer my dagboek by die deur uit”, maar tog het sy deur altyd oopgestaan vir enigeen en het hy altyd met geduld geluister, vrae beantwoord en raad gegee. Na sy aftrede vestig hy en Beau hulle op Kleinmond waar hy

Why 1 June to 31 October for African Horse Sickness vaccinations?

As per the notification from the Department of Agriculture, Forestry and Fisheries (DAFF) in March 2015, the following applies to the dates for administration of African horse sickness vaccinations:

- AHS Free Zone
 - Permission for vaccination will only be given from 1 June to 31 October each year.
- AHS Surveillance Zone
 - Permission for vaccination will only be given from 1 June to 31 October each year.
- AHS Protection Zone
 - All equines in this area must be vaccinated within the period 1 June to 31 October each year.
- AHS Infected Zone
 - Strong recommendation is made to vaccinate during the period 1 June to 31 October each year




In the past most horse owners have tried to time AHS vaccinations to fit in with competition commitments, with many vaccinations done in November/December. Why should we change now?

There is a very valid reason for DAFF's strong recommendation that all horses in the infected zone be vaccinated between 1 June and 31 October. Research on the Porterville outbreak of AHS in 2014 revealed that AHS vaccine virus transmission may have been implicated in the outbreak and that the vaccine virus seems to have been transmitted by midges between horses, some of which had never been vaccinated. This is a recognised occurrence when modified live virus vaccines are used and it means that modified live virus vaccines should be used responsibly. It does not make sense to risk vaccinating at a time when the vector is most active, i.e. during the high vector season of November to May.

It is important that equestrian sport and racing organizers consider the impact of the new vaccination schedule on the calendar when planning sports events. A period of low or no competition in the winter months of July and August will help support the competitors and trainers to complete the vaccination schedules. The traditional vaccination time in December/January forms part of the high transmission risk period and is not suitable for safe vaccination. It is conceivable that a change in vaccination timing, and an improvement in vaccine coverage will reduce the incidence of AHS disease significantly.

Benefits of vaccinating during the recommended period

- Horses vaccinated between 1 June and 31 October will have had sufficient time to respond to the vaccine ahead of the high risk period.
- By vaccinating between 1 June – 31 October, i.e. during the time when vectors are much less active, there will be a significantly reduced risk of infection resulting from the involvement of AHS vaccine virus and therefore transmission of the virus to other, possibly more vulnerable horses.
- Horses vaccinated during the period 1 June to 31 October, will be able to move into the AHS Controlled Area following a 40-day post-vaccination movement restriction.

(Source: *Equine Health Fund*). 

RUDOLF VISSER <<< 14


dadelik met entoesiasme by die gemeenskapslewe inskakel. Sy liefde vir kultuur, Afrikaans, buitelewe, en die jeug het hy in die Voortrekkers uitgeleef en menige penkop en drawwertjie sal sy "Uit op 'n leeujaag" kampvuropvoerings nooit vergeet nie. Niemand kon hom dit nadoen nie. Menige offisier sal sy grappies tydens opleiding onthou en dan praat ons nie eers van die muisvang-kaskenades terwyl hy Kommandant van Stellenbosch se kommando was – elke muisvalletjie het 'n naam gehad. Hy was 'n staatsmaker tenoor

in die ConSpirito sanggroep asook NG kerkkoor op Kleinmond.

Rudolf het sterk gestaan in sy geloof en waardes. Sy Bybel was altyd langs sy bed, selfs voor sy afsterwe in die hoërsorg-eenheid waar niks mag in nie, tensy dit in 'n geel jassie of blou kappie was nie!

Hy het 'n heerlike, aansteeklike en positiewe entoesiasme vir die lewe gehad; was lief vir mense – sy deernis, omgee en warmte het almal gemaklik en veilig laat voel, of dit by die werk, vriende of familie

was. Rudolf het 'n fyn en skerp humorsin gehad, selfs onder moeilike omstandighede, maar was ook 'n nederige persoon wat met enigeen van die skoonmaker in die gebou tot besoekende ministers 'n verbintenis kon maak en hulle laat ontspan".

Rudolf, jy sal baie gemis word deur Beau, 4 kinders, 7 kleinkinders en al jou kollegas en baie vriende. Jy het waarlik die goeie stryd met 'n glimlag gestry en die wedloop voltooi. Ons eer jou nagedagtenis. 

Gideon Brückner

During the 83rd General Session of the World Assembly of OIE Delegates, held from 24 to 29 May 2015 in Paris, Dr Botlhe Michael Modisane was elected as President of the World Assembly of Delegates and the Council of the OIE until 2018. A great honour and huge responsibility!



Dr Karin Schwalbenbauer, outgoing President of the OIE, with Dr Roy Bengis

OIE World Assembly May 2015



Dr Botlhe Michael Modisane

Dr Roy Bengis was awarded the OIE Gold Medal (an award made in international recognition for outstanding technical, scientific and administrative contributions to the field of veterinary science and/or animal disease control) for his achievements as a wildlife specialist and notably as a member of the OIE Working Group on Wildlife for a number

of years. In the OIE Photo competition, with the theme: "Animal Health – beyond the cliché", Dr Gideon Brückner was the regional winner for Africa with his entry "Ensuring safe exports".

Our heartiest congratulations to our colleagues! 



Dr Karin Schwalbenbauer with Dr Gideon Brückner



(Submitted by a colleague, who met Tiana and her mother, Alta, when they brought in Tiana's animals for routine procedures).

Tiana Leigh was born on the 20th July 2006 in Harare, Zimbabwe. At birth she already had a breathing problem. We flew to Sunninghill hospital at age 3 weeks, where an emergency open lung biopsy was performed. A diagnosis of pulmonary alveolar proteinosis – an extremely rare lung disease – was made and the prognosis was 8 weeks! From 1958 to 2006 less than 800 people had been diagnosed with this condition worldwide. Tiana was also diagnosed with severe epilepsy and would have up to 5 seizures a day.

The story of a special kid, told by her mother

Tiana remained in ICU in Sunninghill Hospital for the first 4 months of her life and we flew home with Tiana on

full life support at 4 months of age, thanks to many sponsors helping with medical equipment and financial support. Tiana was permanently on continuous positive airway pressure

(cpap). She was slowly weaned off the cpap and onto nasal cannulas, only to be used at night time. She remained on permanent oxygen 24/7. At age 18 months Tiana was

>>> 17



Cimmeron bikers Santa for Wollies diagnosed with cancer – Wilms tumour. We returned to South Africa via the generous help of MacSteel, who chartered a plane to fly us out. Her left kidney was removed, followed by months of chemotherapy. We also became citizens of South Africa in 2007. Every year since, Tiana has been hospitalised with infections and viruses in her lungs and given anything from a few hours to a few days to live.

In 2012, at age 6, the first ever double lung lavage via heart bypass (using extracorporeal membrane oxygenation – ecmo) was performed on Tiana. A huge success! Thus she came off the cpap for two years.

In March 2014 Tiana was diagnosed with pulmonary hypertension. Four weeks later another double lung lavage was performed via ecmo, but this time Tiana has taken much longer to recover and spent 2 weeks in CTICU on the ventilator and fully sedated. On coming home, she required a very high oxygen flow rate and had to go back on cpap at night.

On the 20th July 2014 Tiana turned 8 years old and had a fantastic princess birthday. On the 21st July she went for her routine check up at Sunninghill only to have the heart-breaking news that she has been put on the list for a

double lung transplant, and doctors have given her between 18 and 24 months to live. Tiana is really battling each day, but makes the most of her days.

Tiana remains oxygen dependant and can only survive as little as 45 seconds without it. Although she has not had an easy life, Tiana remains so happy and her faith is so very strong. She has a huge passion for animals and has taken on Wollies Animal Shelter in Pretoria North as her personal project. She makes and sells cupcakes and challenged bikers to do a Santa Run for the animals over Christmas.



This challenge was taken on by Cimmerons on the 16th Dec 2014 in the rain – members biked out to Wollies with Tiana to support a child’s dream of giving to the animals for Christmas.

Tiana’s number one wish was to go “to the beach” – which was made possible in January with the support of a number of wonderful sponsors.

Tiana is also the proud owner of Snowy her cat and Kayla the jack Russell. Snowy, the most amazing of cats, has been a guardian over Tiana and actually wakes me up at night should Tiana’s breathing become irregular or if she has kicked the blankets off and lies in a bundle. He will jump off her bed and come wake me with continuous loud meowing in my face and then run to her room – cats are guardians too!



Both Snowy and Kayla have brought tremendous love and calmness to Tiana and our household.

Tiana Leigh Lung Foundation (NPO and PBO registered) was launched to assist with Tiana’s extremely high medical costs. Any help with the foundation would be greatly appreciated. **V**

<https://www.facebook.com/tianaleigh.lungfoundation>

Daily exercise makes horses easier to handle



Just one hour of exercise a day, regardless of the type, takes the edge off of stabled horses, researchers have found. Their study also examined whether four different forms of exercise were equally effective in reducing unwanted behavior from horses housed in stalls.

Two dozen horses, including thoroughbreds and part-thoroughbreds, received an hour of exercise daily with one of the four methods. Some horses used a walker, others a treadmill, while another group had free turnout, and a fourth group of horses was ridden. Every few days, each horse's behavior was evaluated while being handled for weighing and then while loading in and out of a trailer.

Each horse was also released on its own into an arena for 15 minutes while its activity was documented to assess rebound behavior. The researchers considered rebound activity as an indicator of the horse's previous behavioral deprivation, resulting from being confined to a stall four metres (13 feet) square. For comparison, during another period when the same horses went without daily exercise,

The researchers observed that horses given daily exercise did less walking, trotting and cantering when let loose in the arena, even when the exercise only consisted of walking.

they received the same behavior assessment routine.

The researchers observed that horses given daily exercise did less walking, trotting and cantering when let loose in the arena, even when the exercise only consisted of walking. Those horses that had turnout did the least amount of cantering, and seldom bucked or rolled during their freedom in the arena. Horses exercised by walking or riding usually bucked two or three times while in the arena. This difference suggests that turnout was

the most effective exercise regime. Meanwhile, horses without any daily exercise let out six or seven bucks and also rolled once or twice during their 15 minutes at liberty.

All types of exercise left horses in a more cooperative and less reactive mood. This was reflected in less vocalizing while being handled and in taking less time to load onto weight scales. Whether they got exercise made no difference, however, in how horses behaved during trailer loading. While this study doesn't indicate whether one hour of exercise is ideal or even enough for a stabled horse, it does show that an hour of activity makes a significant difference in a horse's behavior. The greatest benefits come from allowing horses free turnout, rather than providing exercise with just a walker, a treadmill or by riding. **U**

(HorseScienceNews.com)

Genetic find might lead to **cattle that are more resistant to TB**

Scientists have identified genetic traits in cattle that might allow farmers to breed livestock with increased resistance to bovine tuberculosis (TB). The research, led by the University of Edinburgh's Roslin Institute, compared the genetic code of TB-infected animals with that of disease-free cattle and has identified a number of genetic signatures associated with TB resistance in the cows that remained unaffected.



The study builds on previous research by The Roslin Institute, which showed that some cattle might be more resistant to bovine TB as a result of their

genetic make-up. Researchers at The Roslin Institute say the latest finding is significant as it sheds further light on whether it might be possible to improve TB control through selective breeding. Refining genomic predic-

tors of resistance will be the focus of a new study to be carried out by researchers at Roslin, the AFBI and Scotland's Rural College, the SRUC. **V** (*Heredity*, 2014; DOI: 10.1038/hdy.2013.137)



The following SAVA members are available on the SAVA stress management hotline. If required, they will refer you to professionals.

Prof Ken Pettey	Cell: 082 882 7356	Email: ken.pettey@up.ac.za
Dr Sunelle Strydom	Cell: 083 287 2196	Email: drsunelle@vodamail.co.za
Dr Aileen Pypers	Cell: 072 599 8737	Email: aileen.vet@gmail.com
Dr Willem Schultheiss	Cell: 082 323 7019	Email: willem.schultheiss@ceva.com
Dr Henk Basson	Cell: 082 820 4810	Email: hjbasson1@gmail.com
Dr Joseph van Heerden	Cell: 083 305 6474	Email: doretha@global.co.za
Dr Stuart Varrie	Cell: 083 650 3651	Email: stuartvarrie@gmail.com

The SAVA Stress Management Hotline

is there to assist members who are experiencing personal problems by offering access to professional counselling/advice.

The hotline can assist with referrals or simply offer much needed emotional support when anxiety, depression, anger, grief, loneliness and fear are at their highest.



Nutritional Insights



What are the real food-associated risk factors for feline hyperthyroidism?

By Dr Louis Boag

Over the past two decades, several epidemiological studies have investigated possible dietary risk factors for feline hyperthyroidism (HT). The purpose of this review was to provide an objective evaluation of the information available on the aetiology of feline HT.

Two types of studies can be performed to assess risk factors: retrospective case-control studies (with data collection generally performed through questionnaires) and prospective cohort studies, which are the only studies allowing an evaluation of the cause and effect relationship between risk factors and the development of disease. Scientific literature comprises of 9 publications investigating food-associated factors in HT, but to date, no prospective study have been performed in cats. Therefore, no true causative factor has been identified. Various epidemiologic studies have suggested a multifactorial aetiology of feline HT: non-dietary factors identified include increasing age, indoor housing, the use of fertilisers, herbicides, flea powder and sprays, as well as the presence of cat litter. Dietary factors have also been suggested, including canned food consumption, dietary flavonoids, selenium and iodine.

Canned food and associated constituents

Quantitatively, feeding canned food was not found to be a significant



risk factor for feline HT in one study, while it was found to be a risk factor in five retrospective studies. All of the studies suggesting this association have strong limitations in their materials and methods, however, such as insufficient recording for dietary history, poor age-matching between cases and controls, or lack of information about the health status of the control cats. From the available publications there is insufficient evidence to conclude that a canned diet is a food-associated factor in the aetiology of HT. Nonetheless, this has led to several hypotheses to explain a potential role of constituents such as BPA and PBDEs. BPA is a monomere that is used to make polycarbonates in plastics. BADGE is the diglycidyl ether of BPA. BADGE epoxy resins are used in epoxy lacquer-coated food cans. BPA has structural similarities to thyroid hormones and can act as a

thyroid hormone receptor antagonist. To date, no study has been carried out to show BPA in the blood or tissue of HT cats. BPA has been detected in canned cat food in Japan and in the USA at a concentration ranging from below the detection limit to well below the current EU maximum. PBDEs are flame retardants and known endocrine disruptors due to the structural similarities of various PBDE isomers with thyroid hormone. No case-control studies have been carried out to show an association between PBDE exposure and HT. It is suggested that ingestion of household dust is the primary source for cats. Dust PBDE, and not serum PBDE, was significantly correlated to serum T4.

Flavonoids

In vitro studies demonstrated that soy isoflavones can act as an alternative

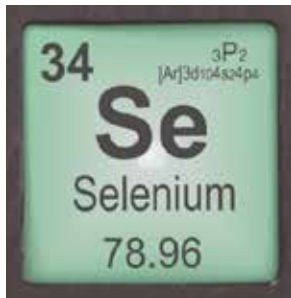


NUTRITIONAL INSIGHTS <<< 20

substrate for iodination. To date, there is only one short-term study in healthy cats evaluating the effect of dietary soy on the thyroid function. A diet containing soybean meal caused increased total T4 and free T4 concentrations, but in this diet isoflavone concentration was much higher than levels reported in commercial feline diets and the iodine content was higher than the legal maximum concentration. When purified sources of soy, such as soy isolates and soy hydrolysates, are used, they contain naturally limited levels of isoflavones.

Selenium

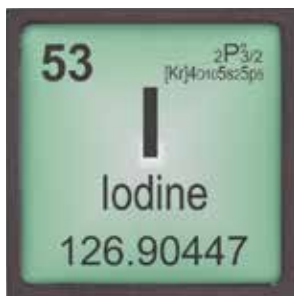
Selenium is known to be implicated in the functioning of the thyroid gland, acting as a co-factor for the thyroid hormone de-iodinase.



To date, only two studies have investigated the effects of selenium intake on the thyroid function in cats. One study showed that in kittens a low selenium diet led to an increase in serum total T4 and a decrease in serum total T3. The second study compared plasma selenium concentrations in 43 euthyroid and 7 HT cats from different regions, with a different incidence in HT, and found no significant difference between cats from different regions or between euthyroid and HT cats. Thus, as for flavonoids, the role of selenium in the etiopathology of feline HT remains unclear.

Iodine intake

Dietary iodine has been proposed as a causal factor of HT in a variety of ways: fluctuant iodine intake, but also insufficient or excessive iodine intake have been hypothesised to contribute to the development of thyroid disorders. Iodine recommendations have varied over the years. Recently, FEDIAF increased the minimum recommended concentration to levels equal to the NRC recommendations. No safe upper limit of iodine has been defined by the NRC, but European authorities established a legal maximum when supplemented. A recent retrospective case-control study showed that cats fed commercial



diets, without iodine supplementation, were more likely to develop HT compared to cats eating iodine-supplemented cat foods. High iodine ingestion has also been suggested as a cause of HT, from extrapolation in humans. When healthy cats were fed diets with different levels of iodine for 2 weeks, serum thyroid hormone concentrations responded inversely to dietary iodine; however, when diets with low and high iodine contents were fed for 5 months, no significant difference in serum free T4 was noted.

Current knowledge based on available epidemiologic data indicates that feline HT is a complex and multifactorial disease. Some dietary factors have been suggested, but none of these have yet been confirmed as inducing feline HT. Lifelong prospective longitudinal studies based on the strongest epidemiological evidence will be required to identify the true causative factors of this disease.

References available on request.

Notes:

- PBDE: Polybrominated diphenyl ethers
- BPA: Bisphenol A
- FEDIAF: European Pet Food Industry Federation
- NRC: National Research Council. Nutrient Requirements of dogs and cats.

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Influential Life Coaching

Resources

Part 3 of 4



Dr Mats Abatzidis

B.Sc. B.V.Sc.

Certified New Insights Life Coach

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Last month we looked at one of the four categories of resources which can contribute towards you achieving your goals, which was "Items I already have".

Robert Kiyosaki said "Our brains are either our greatest assets or our greatest liabilities." In this instalment, I will help you identify resources which I refer to as "Internal Resources". Remember that a resource is anything that can assist you in achieving your goal(s). I have called this category "Internal Resources" because I want you to focus on your personal resources that you have e.g. commitment, determination, education, experience, knowledge, passion, etc. Some of these may be lying dormant within you as a result of poor experiences in the past that have created doubt in your mind. A common example here is diminished self-confidence as a result of repeated negative outcomes or failures. You have the ultimate power over your mind through the decisions you make. I say this to highlight the fact that, although outside events may affect your mind, the ability to respond to circumstances is purely yours. Realise this and you will find abundant strength within yourself. Think back to as many occasions when you received positive feedback about a performance, completed task, help offered etc., as you can. Make a list of the positive feedback



received and consolidate the repetitions into confirmed strengths. For example, people keep telling you that they love working with you because you always deliver on time and you are very creative. Your internal assets in this case are a team player, punctual and creative. A fantastic resource of such information will be the results you may have received from various forms of psychometric or personality evaluations. If you have never been subjected to any such tests, consider it worthwhile to have some done and help you establish a more substantial benchmark for your internal resources.

Should there be personality traits

that you feel you are particularly weak at and could improve on, these traits/resources will be added to a separate category of resources which are outstanding and you will need to acquire in the future. The latter will be discussed in Part 4 of this four part article series. The internal resources we are talking about here are often non-tangible qualities which can be challenging when you are doing this on your own. Speak to friends and family members that know you well and list the characteristics they have to share with you. Parents and spouses are great practical starting points.

In the article that will follow on part four of this series, I will help you put together a time-sensitive plan with intermediate milestones leading up to the achievement of your goal. Combining your list of resources with the latter will give you the blueprint to meeting your objectives successfully. Achievement of your goal will immediately become easier and far more likely to happen, giving you the confidence and self-belief to pursue other goals and continue growing purposefully in the future. **U** *Anybody wishing to get more assistance with the concept of "resources", please feel free to contact me on mats.abatzidis@yahoo.co.za*



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“Overwintering” of bluetongue virus

The bluetongue virus manages to survive the winter by reproducing in the insect that transmits it, report veterinary scientists at the University of California, Davis.

The findings solve a century-old mystery and are particularly significant as global climate change brings more moderate winter temperatures around the world. “By conducting this epidemiological study in Northern California, we were able to demonstrate that the virus overwinters in female midges that had fed on an infected animal during the previous season,” said lead author Christie Mayo, a veterinarian and postdoctoral researcher in the UC Davis School of Veterinary Medicine.

“This discovery has important ramifications for predicting the occurrence of bluetongue in livestock and, we hope, for eventually developing controls for the disease,” said co-author James MacLachlan, a UC Davis veterinary professor and viral disease expert.

The research team notes that the bluetongue virus may also have additional, yet-to-be discovered, modes of overwintering in temperate regions.

(PLoS ONE, 2014; 9 (9): e106975 DOI: 10.1371/journal.pone.0106975) 



FAST MAIL • BLITSPOS

Alpine goats appear to be shrinking in size as they react to changes in climate


Researchers at Durham University studied the impacts of changes in temperature on the body size of Alpine Chamois, a species of mountain goat, over the past 30 years. They discovered that young Chamois now weigh about 25 per cent less than animals of the same age in the 1980s.

Lead author Dr Tom Mason said: “Body size declines attributed to climate change are widespread in the animal kingdom, with many fish, bird and mammal species getting smaller. The decreases we observe here are astonishing. The impacts on Chamois weight could pose real problems for the survival of these populations.”

The team delved into long-term records of Chamois body weights provided by hunters in the Italian Alps.

Co-author Dr Stephen Willis said: “We know that Chamois cope with hot periods by resting more and spending less time searching for food, and this may be restricting their size more than the quality of the vegetation they eat. If climate change results in similar behavioural and body mass changes in domestic livestock, this could have impacts on agricultural productivity in coming decades.”

The research suggests that declining body size is a result of changes in both climate and the density of animals.

(Frontiers in Zoology, 2014; 11 (1): 69 DOI:10.1186/s12983-014-0069-6) 




FAST MAIL • BLITSPOS

Sheepdogs use just two simple rules to round up large herds of sheep

Scientists used GPS technology to understand how sheepdogs do their jobs so well. Until now, they had no idea how the dogs manage to get so many unwilling sheep to move in the same direction. It was found that sheepdogs likely use just two simple rules: to collect the sheep when they’re dispersed and drive them forward when they’re aggregated.

‘If you watch sheepdogs rounding up sheep, the dog weaves back and forth behind the flock in exactly the way that we see in the model,’ says Dr Andrew King, of Swansea University, who fitted a flock of sheep and a sheepdog fitted with backpacks containing extremely accurate GPS devices, designed at the Royal Veterinary College, London.

‘We had to think about what the dog could see to develop our model. It basically sees white, fluffy things in front of it. If the dog sees gaps between the sheep, or the gaps are getting bigger, the dog needs to bring them together,’ he explains. ‘At every time step in the model, the dog decides if the herd is cohesive enough or not. If not cohesive, it will make it cohesive, but if it’s already cohesive the dog will push the herd towards the target,’ says Daniel Strömbom, of Uppsala University, who used the data from the devices, together with computer simulations, to develop a mathematical shepherding model.

(Journal of The Royal Society Interface, 2014; 11 (100): 20140719 DOI: 10.1098/rsif.2014.0719) 



The Flying Syringe (Part 3)

Dr Raoul van der Westhuizen



Reprinted with permission from the book "Veld Stories" (ISBN 978-0-620-55784-9), published by and available from Kejafa Knowledge Works (www.kejafa.co.za). "The Flying Syringe" is Chapter 4 in the book, and is published in VetNews in three parts.

While completing this chapter, I received a telephone call from a person who had been involved in conservation in the early days. He wanted my advice on publishing a book about his experiences. His name is John Clark. It did not ring a bell. Later I learnt that he is the one man who had worked in the "engine room", more than any other, to save the white rhino from extinction! But being the kind of man he is, he did not promote himself or seek publicity, he just got on quietly with his programme to conserve the white rhino and to establish new breeding herds in Southern Africa. More than any man alive, he truly merits the fashionable label of... The Rhino Whisperer. He earned his Zulu name of Nganisokhozi (Child of the Eagles) when, back in 1959, he had walked barefoot back and forth across the Umfolozi Game Reserve to get to know the reserve. I spent two fascinating days with him. We exchanged information and notes about who was who in conservation

– people whom I worked with in later years and who supported me in wonderful ways, such as John Geddes-Page and Dr Douglas Hey. He added an entire new dimension to my world of conservation! Together with Col Jack Vincent, John Geddes-Page and Ian Player, he was the driving force behind the successful programme to re-introduce white rhino from Natal into the Kruger National Park. In particular, he worked closely with Dr Tony Harthoorn in the research and development of immobilising drugs to make the translocations possible. "The most important question is this: where have our methods and drug combinations taken the whole industry of wildlife management? We did the spade work. We provided the basic tools for those who have followed. We built the foundation and now all who follow are building what is visible today – a multi-million rand business," John says. He joined the Natal Parks Board in 1959 and by 1961 the first white rhino was released in the Kruger National Park. From a total white rhino population of some 500 in 1959,

there were more than 18,000 in South Africa by 2010! Little did we realise, back in 1963, when my fellow student Dave Longland and I witnessed the release of white rhino in the Kruger National Park in the presence of Henry Wolhuter, the son of the legendary Harry Wolhuter, that we were experiencing at first hand an important chapter in conservation history in the making. On my meeting with John Clark, almost 50 years later, a sense of wonder and awe takes hold of one and you marvel again at this sheer improbability of cause and effect.

The Story of Ngozi as told by John Clark

"Ngozi, a wild sub-adult black rhino female, had walked into a cable snare that had been set for wildebeest. She had ripped out the tree the cable had been tied to and had dragged this tree around for at least four days. When she was brought into our camp one evening she was still alive thanks to two facts, firstly, that the cable had cut into and over the top of her skull and not behind and on her neck as normally happens.

>>> 25

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Secondly, the fact that the tree broke loose and did not hook on other trees as she dragged the tree around the veld. As it was, I could put the whole width of my hand into the cut on the



John Clark

underside of her neck. Standing half drugged and swaying from side to side the rhino did not inspire much hope for survival. The jugular and bronchial tract was only just covered by tissue, and the blood could be seen pulsing through the jugulars."


"The next morning I prepared a pole of about two meters long. On the end I had attached a small tin. If I could reach out and pour Dr Kritzinger's (our vet) acriflavin/glycerin/iodoform wound mixture onto the wound on top of her head, the mixture will then hopefully run down along the cut. Standing on the horizontal poles that were the gate, I cautiously reached out towards Ngozi. Before I could pour,

she charged the gate and by accident I managed to spill a small amount of the mixture down one side of her neck and into the wound."


"Her reaction stunned me. What followed next is another one of those moments that will live with me for ever. She reversed till her back was against the poles on the far side of the pen. Standing there, she slowly moved her head up and down, then from side to side. You could almost credit her for feeling and then recognising the soothing qualities of the medicine. Her next move is hard to believe. Slowly, but determinedly, she walked towards me, step by step, and rested her head on the gate poles, right in front of me and looked straight at me. We made eye to eye contact and it was as if we looked into each other's soul."

"My reaction was of instant trust in her. I still get emotional when I relive what I next did. I reached out for the container of medication my assistant was holding, and put my hand on her neck behind the wound. Now with my arm draped over her head a horn was on either side of my arm.

I reached down into the pen and applied medication to the wound by throwing the medication onto the cut. That moment in time will remain with me till the day my Creator takes me from this world. It was like a voice inside me telling me that I must not tame animals, I must get them to trust me. Or better still, I must learn to recognise moments in time when I will be privileged to connect with the spirit of people or animals. You can either believe me or not, but from that moment on I enjoyed a special relationship with Ngozi. We soon settled into a routine – morning, noon and afternoon I would stand on the poles, call her and repeat the whole exercise described above. It took about 10 days before I realised that she had taken to calling me for her medication. Now I could not forget to give her attention, she insisted on me coming to her. She did not allow my staff to medicate her. She would eat out of my hand and I could rub her anywhere I could reach!"

Amazing people, doing amazing things! 




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Ref: 1. Slingsby LS and Waterman-Pearson AE. Comparison between meloxicam and carprofen for postoperative analgesia after feline ovariohysterectomy. JSAP 2002; 43:286-289. 2. Carroll GL, Howe LB and Peterson KD. Analgesic efficacy of preoperative administration of meloxicam or butorphanol in onychectomized cats. JAVMA 2005; 226(6):913-919.  METACAM® 5 mg/ml solution for injection for dogs and cats. Veterinary Medicine. Each ml contains 5 mg meloxicam and ethanol, anhydrous 15% m/v as preservative. Reg. No. 08/3.1.2.1/12 (Act 101 of 1965), Namibian Reg. No. V11/3.1.2.3/1155 (Act 13 of 2003).
Ingelheim Pharmaceuticals (Pty) Ltd, Animal Health Division, 407 Pine Ave, Randburg, 2125. Tel: +27 (0)11 348-2400. Email: salesAH@boehringer-ingelheim.com. BI Ref. No. V68/2014. (Sep 14).



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The World Small Animal Veterinary Association Congress 2015

The South African Veterinary Association (SAVA) through the National Veterinary Clinicians Group (NVCG) is a member of the World Small Animal Veterinary Association (WSAVA).

THE WSAVA MISSION STATEMENT:

“To advance the health and welfare of companion animals worldwide through an educated, committed and collaborative global community of veterinary peers.”

This is helping you to improve companion animal care at home and in the world. Through the NVCG and WSAVA website you can get access to all the tools which strive to help you – get connected and tune in to all these wonderful resources! These include fantastic peer-reviewed material in Clinician’s Brief; the JSAP Journal, access to the Global Pain Council paper with all the recommended protocols for pain control, VetFolia and VetStream, the WSAVA Paper on Nutrition, the nitty gritty of raw diets vs. processed diets. Get connected to the conversation and tune in to articles that can help your practice grow. The WSAVA has started AFSCAN, does outreach programs in countries neighbouring the one where their next congress is. They produce the list and information on heritable diseases, vaccination recommendations and advances on One Health and much more.

Kevin Stevens and Mark Shepherd flew the flag for the South African veterinarians in Bangkok, Thailand,



Delegates endorsing the Global Pain Council’s guidelines, with SAVAs represented by Dr Mark Shepherd (second from right in the back row)

where the WSAVA held a very successful congress this year and where all association members from around the world got together to brainstorm, formulate and put into action, plans to further the mission statement for the WSAVA which is totally aligned with the SAVAs Credo.

Mark Shepherd represented the SAVAs in signing our endorsement of the Global Pain Council’s Guidelines for the Recognition, Assessment and Management of Pain. The Guidelines are available as a free download to all on the NVCG and WSAVA website (the latter on <http://www.wsava.org/guidelines/global-pain-council-guidelines>.)

Kevin Stevens is Chairman of the WSAVA congress steering committee (CSC) and Mark Shepherd is Chairman of the Financial Advisory Committee

(FAC). Remo Lobetti is on the African Small Companion Animal Network (AFSCAN) and Martin De Scally on the WSAVA Global Nutrition Panel. Lawson Cairns heads up the Continuing Education (CE) for Southern Africa, holding meetings in all our neighbouring African countries. By taking CE to veterinarians we are hoping to establish similar associations to the SAVAs who will also uphold the WSAVA Mission. Congratulations are in order to all these South African veterinarians. We encourage all South African veterinarians to please play their part by giving back to the profession that supports them! To do this, please network with our SAVAs and make the SAVAs the Association you want it to be – the SAVAs is as strong as you the members make it! **V**





ABIG SOUTH AFRICAN VETERINARY ASSOCIATIONS
ANIMAL BEHAVIOUR & INTERACTION GROUP

Conference 2015

Myths, Methods and Medicine

The annual conference of the Animal Behaviour and Interaction Group of the SAVA was held at the Onderstepoort Veterinary Campus on 16–17 May 2015. Sadly, the turnout was far lower than last year, but those who attended were treated to a world-class conference. It was wonderful to again be able to welcome non-veterinary animal behaviourists. Year on year we have been treated to a superb CPD-accredited program that was stimulating, interesting, challenging and highly relevant to veterinary and non-veterinary professional behavioural practitioners and general practitioners alike. This year was no exception! Our speaker line-up included top South African, as well as one of the UK’s finest, veterinary behaviourists.


A special thank you to Jon Bowen from the Royal Veterinary College in London whose superb talks kept us all engaged and amused. Thanks for keeping it practical and reducing our confusion about how behavioural drugs work. It was an eye-opener for those of us who are not full-time behaviourists just how much can be achieved when we combine behavioural modification training techniques with medicines that enhance animals’ ability to learn and reduce barriers to achieving more success with behaviour cases.

Thanks also to our local speakers. What a pleasure to have some of the pervasive myths in the field of animal behaviour busted by those colleagues who know best. Hopefully we will all be able to “dominate” the conversation when it comes to best practice in behavioural medicine. It was great to be reminded about the wealth of local expertise we have to draw on in the field of animal behaviour and that we have such excellent partners to refer to if we don’t have the time to deal appropriately with behaviour cases that we see from day-to-day in general veterinary practice.

We welcome new members to the Group and encourage all SAVA members to join. You’d be surprised at how much the extra knowledge in animal behaviour can impact your practice and improve your relationship with your patients and clients.

We hope to see you all at the next conference!

Regards,

Dr Roy Page and the ABIG committee 



Dr Jon Bowen relaxing during the post-congress tour

The SAVA Stress Management Hotline is there to assist members who are experiencing personal problems by offering access to professional counselling/advice.

The hotline can assist with referrals or simply offer much needed emotional support when anxiety, depression, anger, grief, loneliness and fear are at their highest.

The following SAVA members are available on the SAVA stress management hotline. If required, they will refer you to professionals.

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Dr Henk Basson	082 820 4810	hjbasson1@gmail.com
Dr Joseph van Heerden	083 305 6474	doretha@global.co.za
Dr Stuart Varrie	083 650 3651	stuartvarrie@gmail.com



Eastern Cape and Karoo Branch Mini-congress

The SAVA Eastern Cape & Karoo Branch hosted a very successful mini-congress on 15-16 May 2015 at the Fish River Sun Hotel & Country Club Resort. The congress was well attended and the speakers delivered top-quality lectures.

Families were able to enjoy the lovely venue while we updated our databases. A special thank you to our sponsors CiplaVet, Origen Acana, Eukanuba Veterinary Diets, VetServ, Lakato, Elanco, Virbac, Zoetis, Foodcorp, Kyron, Lomaen Medical, MSD, Bayer, Onderstepoort Biological Products, V-Tech, Med Tec Africa and Idexx Laboratories for their time, effort and continued support. We also want to thank Louis Hoek for putting together a practical and applicable scientific programme, Glen Carlisle as SAVC representative for his valued input at our AGM, Vetlink for making all the necessary



arrangements and looking after the technical side and everyone that attended. On a final note, members please send your contact details to savaeckaroo@gmail.com in order to get our database up to date and keep



you informed.
Jeanette van Dijken

SAVA Southern Cape Congress

On 23 and 24 May Southern Cape vets descended on the Hyatt Hotel, at Oubaai in Herolds Bay, for our annual congress. A collection of excellent speakers enlightened and entertained us. With well-known names such as Izak Venter, Andy Leisewitz, Remo Lobetti, Joseph van Heerden, Rick Last and Robin Linde on the programme, an interesting congress was promised.

T rue to form they enriched our veterinary knowledge. At times Andy Leisewitz reminded us how little we remember of biochemistry. Joseph van Heerden had to keep us awake after an excellent lunch. To achieve this he decided to use interesting anecdotes from his years of experience to great effect. The neonate puppy wet-lab demonstration by Rick Last was renamed as an "Instrument Demonstration", to avoid that the hotel would discover him performing a post mortem in their conference hall! (Note – it was only one puppy and it was very small. No mess at all). Robin Linde managed to get everybody to prick their ears. Especially the part on how to value a practice. On this subject everybody had an opinion. The older colleagues

want to get as much for their practices as possible and the younger vets naturally want to pay as little as possible. What did become apparent is the lack of practice-management training we have as vets. This is definitely a topic on which we hope to have a mini-conference later in the year. A record number of delegates attended. Some coming from the other side of the "Boerewors Gordyn"



Drs Carlisle, Van Reenen, Stander enjoying a meal



Delegates at the Kyron stand to enjoy some seaside relaxation. All in all, a good time was had by everybody. It was nice to see some colleagues that you only seem to run into at events such as these. At times it was difficult to decide if we were there for the fine food or the excellent lectures. We would like to thank the organisers, sponsors, speakers and all who attended for helping to make this congress such a success.



Exhibitors at Southern Cape branch

Prof Gareth Bath

Controlling internal parasites in livestock cannot be a simple matter of dosing the entire flock or herd at regular, predetermined intervals. That was the clear message given at a congress arranged jointly by the SAVA, the Faculty of Veterinary Science and the American Consortium for Small Ruminant Parasite Control (ACSRPC) at the Farm Inn, Pretoria, on 25 and 26 May this year.

With nine overseas speakers (one from France, the rest from the United States) and 10 from South Africa, there was an international and local array of expertise to inform participants of what works, and what does not, to control worms. From diagnostics, to measuring the problem, to monitoring and action, a holistic and practical set of measures to achieve sustainable parasite management was delivered. Potential and promising newer developments were also covered.

A training session for participants in implementing FAMACHA and the FIVE-POINT CHECK empowered them to use the knowledge and skills learned.

The overseas visitors then left on a 5-day tour of farms and other activities in Mpumalanga, highlighted by time in the Kruger Park and visit to the farm Vygeboom where Faffa Malan and Cliff Wessels first tested and implemented what is now known internationally as the FAMACHA system. All participants felt enriched by the Congress and our overseas visitors departed in great spirits on a high note. **U**



What works with worms



The post-congress tour participants visited the farm where the original FAMACHA research was carried out with the support of the owner at the time, Cliff Wessels. Subsequently, the farm became part of the land reform process in South Africa.



Above: Some of the presenters at the congress. From left to right: Tom Terrill (USA), Lisa Williamson (USA), Jim Miller (USA), Faffa Malan (SA), Mehdi Mobini (USA), Ray Kaplan (USA), Bob Storey (USA), Gareth Bath (SA), Dave Midgley (SA), Susan Schoenian (USA), Jan van Wyk (SA) and Herve Hoste (France)

Below: Bob Storey from the USA addressing the delegates during the congress.

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Recent Graduates: How to Ease the Transition from School to Work

**For our younger colleagues
(and a good read for older ones, too!)**



Dr Abby Bowers

(From <http://atwork.avma.org>, slightly altered to fit the South African environment)

I have been out of veterinary school for almost five years now. I can remember meeting a veterinarian during my first year of practice who told me that it took him about 5 years to really feel settled into his career. He said that was the “magic” moment where he felt like he’d seen almost everything at least once, he finally felt like his head was above water and his confidence grew. I don’t know that I can say I’ve seen everything at least once, but I do feel much more comfortable and much more confident. Personally, the difficult part about transitioning from school to work had very little to do with the medical cases I was seeing. I feel strongly that all veterinary students receive a solid education no matter what school they attend. Most importantly I believe that as veterinarians we are trained to be life-long learners. So, for new graduates this means that we (hopefully) realise that we don’t know everything, and we know how and when to seek help when it’s needed.

No, for me the most difficult part of the transition from school to work was the isolation I felt after leaving veterinary school. It was not something anyone had ever warned me about and it was very unexpected, especially since I was returning to my hometown to work. As I went into practice with my father, I was (literally) surrounded by family. One of my veterinary school classmates started at the same practice

on the same day as me so I had someone to “compare notes” with but still, I felt somewhat isolated. I have a lot of sympathy for my veterinary school classmates who moved to a new town to work without knowing a single person, without the comfort of a safety net.

Here’s a brief description of my veterinary school career, let’s see if you can relate. For four years, I attended class with roughly the same 100 people for 8–10 hours a day. In the evenings and on weekends, I would hang out with (vet school) friends either studying or finding ways to avoid studying. I lived with a roommate that was also a vet student. Most of my classmates not only lived with a vet student roommate but they also lived in a residence surrounded by vet student neighbours. Then during my clinical rotations I rotated through departments with smaller groups of students but the whole time still found myself working in a hospital full of veterinary students, residents and interns. Basically, for five years I was surrounded by as many as 100 people that were in my exact same situation. We shared highs and lows, similar experiences, common stressors and shared stress-relieving activities.

Then, the day that we’d all been working for, for the better part of a decade, arrived – GRADUATION! We graduated, took some pictures, ate some cake, packed up the apartment and headed out to start this thing called “real life” that’d been eluding us for

so long. We’d been dreaming about all the things we’d do when we were finally a part of the real world. Then, you move, start your new job, look around and suddenly realise that things look a little different without 100 people surrounding you anymore. Now you have co-workers, bosses, clients, and, if you’re lucky, a few friends and family surrounding you. Not so bad, right? Except that they all have their own lives that are very different than yours. They have their own set of experiences, highs, and lows that are different than yours. Don’t get me wrong, this isn’t a bad thing. It actually turns out to be a very good thing, but it’s just very different after living for five years in the “bubble” of vet school. When the reality sinks in that your 100-person-safety-net is gone, it’s eye-opening. Or at least it was for me!

So, now looking back on this experience with a few years under my belt I can offer one piece of advice for how to smooth this transition from school to work. One thing that can help ease the sense of isolation that is felt when your vet school safety net is gone. **GET INVOLVED.** >>> 31





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Outreach: Fun in the sun

Dr Adél de Haast

A typical outreach day starts at 7am when the cell phone starts ringing off the hook. There is no time for a coffee or tea break once you arrive at Onderstepoort because clients are waiting anxiously for our weekly visit to Makapanstad and Ratjepane.



We collaborate with the CVC on these outreach clinics as they provide the small-animal vaccines and dewormers. Every second week, the CVC staff join us at our two pitstops to serve the clients and patients. They also offer sterilisation at a minimal price for these clients.

Once our kombi is packed with lots of ropes and enthusiasm, we are off to our first stop at Ratjepane clinic, about 40 minutes drive away. This has been a regular stop for about 10 years now and the local community visit our clinics every week. We see all types of patients at these clinics: horses, chickens, dogs, sheep and goats. As cattle are a bit large to bring to the pitstops, we follow our clients to their farms or, most of the time, we give them a ride to their farms. Common problem we see are lameness, lumpy skin disease, PEM (protein energy malnutrition), Anaplasmosis (Galsiekte) and Babesiosis (Rooiwater). This also gives students the opportunity to identify the diseases and treat them in the field. Common surgeries like rumenotomies can also be done in the field. More complicated cases are referred to Onderstepoort Hospital if the clients are willing to send their animals.



The problem with most of these cases is follow-up, which cannot happen. You sometimes feel like a syringe ambulance because time and money allow only an injection. This makes this job a little frustrating, but the best reward is the immense appreciation we always get from clients who are waiting patiently until we arrive next week.

Outreach – not for the faint-hearted! **🇷🇺**

RECENT GRADUATES <<< 30

I'm not just saying this because this is an AVMA blog (or SAVA magazine), it really helped me in those first few years of my career. Getting involved in various things, including organised veterinary medicine, started rebuilding that safety net little by little. Take the time to step out of the office, take a breath of fresh air and get some perspective. For me this happened

through a few outlets. I got involved in my local church and started building relationships that nourished my soul. I made it a point to get together with family and friends, even after those weeks where I wanted to go home and stay in my pyjamas until Monday morning (we've all had those weeks). And, I got involved with organised veterinary medicine. Through some local get togethers, branch meetings,

and an AVMA (SAVA) committee, I regained some aspects of that vet-school-safety-net that I had been missing. It reminded me that there are a whole lot of people out there that are in the same boat as me. They share similar highs and lows, similar experiences, and similar stressors. They just may not be sitting next to me for 8 hours a day like they were in vet school. **🇷🇺**



From the Journal of the SAVA

Evaluation of cross-protection of bluetongue virus serotype 4 with other serotypes in sheep

Gcwalisile B. Zulu, Estelle H. Venter

Journal of the South African Veterinary Association; Vol 85, No 1 (2014), 2 pages. doi: 10.4102/jsava.v85i1.1041

Abstract

Bluetongue (BT) is a non-contagious disease of sheep and other domestic and wild ruminants caused by the bluetongue virus (BTV). Currently 26 serotypes of the virus have been identified. In South Africa, 22 serotypes have been identified and BT is controlled mainly by annual vaccinations using a freeze-dried live attenuated polyvalent BTV vaccine. The vaccine is constituted of 15 BTV serotypes divided into three separate bottles and the aim is to develop a vaccine using fewer serotypes without compromising the immunity against the disease. This study is based on previously reported cross-neutralisation of specific BTV serotypes in in vitro studies. Bluetongue virus serotype 4 was selected for this trial and was tested for cross-protection against serotype 4 (control), 1 (unrelated serotype), 9, 10 and 11 in sheep using the serum neutralisation test. The purpose of the study was to determine possible cross-protection of different serotypes in sheep. Of those vaccinated with BTV-4 and challenged with BTV-1, which is not directly related to BTV-4, 20% were completely protected and 80% showed clinical signs, but the reaction was not as severe as amongst the unvaccinated animals. In the group challenged with BTV-10, some showed good protection and some became very sick. Those challenged with BTV-9 and BTV-11 had good protection. The results showed that BTV-4 does not only elicit a specific immune response but can also protect against other serotypes. **V**

Molecular characterisation of *Mycoplasma* species isolated from the genital tract of Dorper sheep in South Africa

Habu A. Kalshingi, Anna-Mari Bosman, Johan Gouws, Moritz van Vuuren

Journal of the South African Veterinary Association; Vol 86, No 1 (2015), 11 pages. doi: 10.4102/jsava.v86i1.1199

Abstract

Biochemical and molecular analysis were conducted on 34 strains of *Mycoplasma* species isolated between 2003 and 2009 from the genital tract of clinically healthy Dorper sheep and sheep with ulcerative vulvitis and balanitis. Earlier publications identified the causative agent as *Mycoplasma mycoides mycoides* large colony (MmmLC) and *Arcanobacterium pyogenes*. The aims of the study were to characterise *Mycoplasma* species isolated from the genital tract of Dorper sheep with polymerase chain reaction assay, cloning and gene sequencing. Basic Local Alignment Search Tool (BLAST) results revealed six predominant *Mycoplasma* species: *Mycoplasma arginini*, *Mycoplasma bovis*, *Mycoplasma bovis*, *Arcanobacterium laidlawii*, MmmLC, *Mycoplasma* sp. ovine/caprino serogroup II and *M. canadense*. Sequencing of the 34 isolates were analysed using phylogenetic methods, and 18 (50%) were identified as *M. arginini* with 99% – 100% similarity to *M. arginini* from England and Sweden. Six isolates showed 99% similarity to *M. bovis* strains from Turkey and Germany. Two isolates had 99% similarity to an *M. sp. ovine/caprino* sero group II from the United Kingdom. BLAST for two isolates revealed 99% similarity to *Acholeplasma laidlawii* from India, another two were 99% similar to MmmLC strain from Sweden, two showed 98% similarity to *Mycoplasma* sp. Usp 120 from Brazil, and two isolates have a 97% – 99% similarity to *M. mm. Jcv1* strain from the United States of America. Finally, one isolate showed similarity of 99% to *Mycoplasma canadense* strain from Italy. The findings support the hypothesis that ulcerative vulvitis and balanitis of Dorper sheep in South Africa (SA) is a multifactorial disease with involvement of different *Mycoplasma* species.. **V**

For the index of articles published in:

2014: <http://www.jsava.co.za/index.php/jsava/issue/view/64?>

2015: <http://www.jsava.co.za/index.php/jsava/issue/view/65?>



Carien Human

Throughout life we have to adjust to many things. My husband had to adjust to my extreme allergy to washing the dishes. Or like the guy that told his roommate that he is struggling to adjust to his new healthy eating habit of eating oats each morning. His roommate silently commented that the adjustment would be far easier if he added some boiling water to his oats.

Eating dry oats?

Sometimes adjustment is hard, like eating dry oats. Sometimes we experience an adjustment disorder. An adjustment disorder can occur when a person experiences aggravated difficulty to adjust to new circumstances. The stressor may be a single event or there may be multiple, continuous or recurrent stressors. Some stressors may also accompany specific developmental events (e.g. leaving a parental home, re-entering a parental home, getting married, becoming a parent, failing to attain occupational goals, retirement). Although the symptoms of an adjustment disorder are not as severe as those of depression, it can, if not attended to, develop into depression.

Usually, an adjustment disorder becomes a reality when a person is confronted with a situation, like those above, which outweigh their current coping mechanisms. The DSM-V criteria for an adjustment disorder include the following:

“The development of emotional or behavioural symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s). These symptoms or behaviours are clinically significant, as evidenced by one or both of the following:

- Marked distress that is out of proportion to the severity or intensity of the stressor, taking into account the external context and the cultural factors that might influence symptom severity and presentation.
- Significant impairment in social, occupational, or other important areas of functioning.”

When these symptoms occur it is important to differentiate the type of adjustment disorder.

The first type, adjustment disorder with depressed mood, can present as low mood, tearfulness, or feelings of hopelessness. When an adjustment disorder presents as the anxiety type, people experience symptoms like nervousness, worry, jitteriness or separation anxiety. The third individual type of adjustment disorder is adjustment with a disturbance of conduct, where behavioural difficulties are prevalent. Adjustment disorders can also present in a mixed form.

Why is this important for us to look at? Often vets experience these symptoms, knowing that they don't suffer from depression, but also realising that they are not coping as they should. Left untreated, adjustment disorders are sometimes associated with an increased risk of suicide attempts and even completed suicide. And then of course... some resort to substances like alcohol, excessive smoking or self-medication as a coping mechanism. The problematic situation speaks for itself!

Psychotherapy seems to be the most common treatment for adjustment



So if you realise that you need to add some boiling water to your oats... ask. There is no need for you to struggle through a bowl of dry oats and probably still feel hungry.

disorder. The goal will be to understand how the stressor affects you and to then develop a coping skill that will help you more than the ones you tried before. Family and social support can also be of great help in this regard. When we attend to the difficulties in adjusting, the prognosis is very good.

So if you realise that you need to add some boiling water to your oats... ask. There is no need for you to struggle through a bowl of dry oats and probably still feel hungry. With help you will be able to take good care of yourself and your support systems! **V**

Regards
Carien

Carien Human is a psychologist in Johannesburg.

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Production Animal Column



FOR ANIMALS. FOR HEALTH. FOR YOU.

Bovine respiratory disease leaves a mark that lasts a lifetime

Dr B van Houten, BVSc

Bovine respiratory disease (BRD) is among the leading causes of dairy calf mortality, accounting for 22% of all pre-weaning calf losses. It is also the leading cause of mortality in post-weaning heifers. For those that do survive, lifetime performance is diminished as a result of damaged lungs and a compromised respiratory system.

BRD is a disease that reduces dairy operation profits. Heifers treated for the disease during their first three months of life do not reach their potential and the economic impact is seen in multiple ways:

- Greater calf mortality – 2.4 times more likely to die from 3 to 30 months of age.
- Reduction in growth – up to 10 kg less gain during first six months of life.
- High treatment costs.
- Increased labour demands.
- Diminished reproductive performance.
- Reduced lifetime milk production (Fig.1).

Replacement calves and heifers are the most valuable animals on a dairy farm and every effort needs to be

made to reduce disease in these animals. The effect of pneumonia and scours in these animals is devastating and often not realised until the calculations are done by the farmer/vet. It is hard to believe that an incident as inconspicuous as pneumonia or scours early on in an animal's life can result in such huge economic losses two or more years down the line. Multiple incidents of either or both will have more serious consequences and predispose to further disease. It's important to remember that lifetime production is determined long before the first drop of milk hits the bulk tank.

In terms of BRD, the need to prevent this disease is easy to see. Reactive treatment of sick animals with little or no prophylaxis in place is a thing of the past. A few essential prophylactic steps are required to try and reduce

the incidence of BRD to the absolute minimum.

- The first important step is immunisation of the dam. Using products like Bovi-Shield™ 4 FP + L5 (Reg. No. G3359 Act 36/1947) helps prevent the reproductive and respiratory diseases in the dam, while it also helps to pass on essential maternal immunoglobulins through the colostrum.
- The second step would be using an intranasal vaccine like INFORCE™ 3 (Reg. No. G4044 Act 36/1947), (mentioned in a previous issue), soon to be launched in RSA. INFORCE™ 3 provides rapid local protection to calves of all ages for BRSV, IBR and PI3. It has also been shown to provide protection in the presence of maternal antibodies. It is well documented that BRSV maternal immunoglobulin

transfer from the dam to the calf via colostrum is poor and not protective. INFORCE™ 3 provides this protection when and where calves need it most.

Essential management and hygiene procedure need to be in place to complement the above prophylactic procedures. A proper, well-managed colostrum-management program is a great example of such management procedures.

Lastly, the use of metaphylactic antibiotics should also be considered. A lot of work has been done over the last few years regarding the use of DRAXXIN® (Reg. No. 05/21.1/2 Act 101/1965) for the control of BRD in calves at high-risk periods. The highest risk period for dairy calves is usually when they are weaned and moved from individual crates to group pens (2–3 months of age). The use of DRAXXIN® in these situations doesn't replace good immunisation and hygiene procedures on the farm but can assist in preventing cases of BRD. DRAXXIN® is registered for the treatment and control of BRD in animals at high risk of developing disease caused by the 4 most important BRD pathogens (*M. haemolytica*, *P. multocida*, *H. somni* and *M. bovis*) and will help



reduce BRD morbidity and mortality rates due to its 10–14 day effectivity. It is important to remember that DRAXXIN® cannot be used in lactating animals producing milk for human consumption.

BRD in young dairy calves affects

dairy herds all over the country. Using the multiple tools available to us as veterinarians in the right way can not only improve the general health of dairy herds, but also the bottom line.

References available on request. **V**

BRD IMPACT TIMELINE

DAIRY-HEIFERS

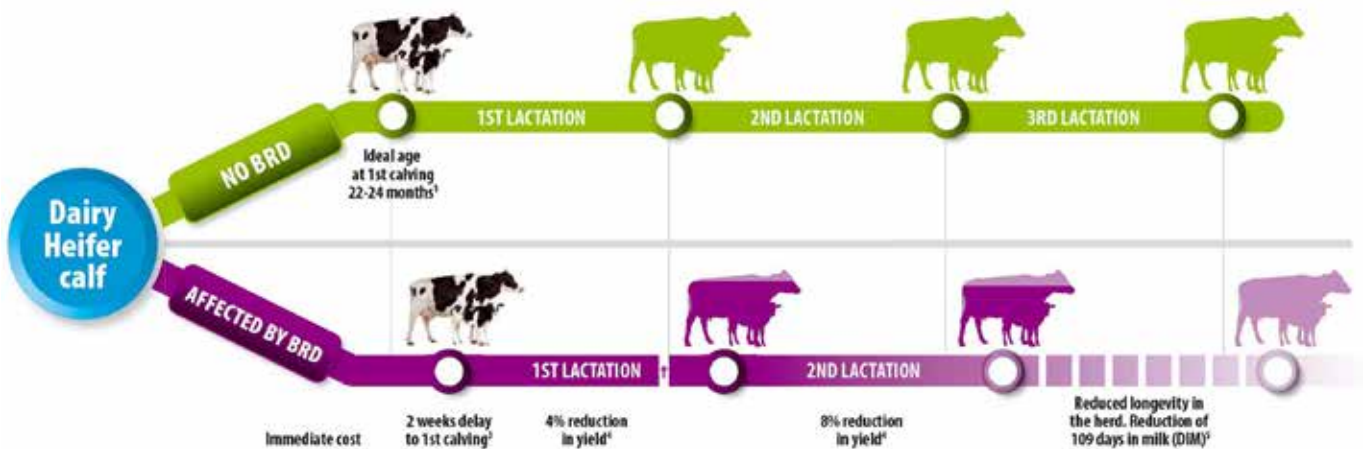


Figure 1. Infographic showing the effect of BRD in a dairy heifer calf has on the time at 1st calving and lactation yields.

Surgical Repair of Open Fractures

Part 2

Karl H. Kraus, DVM, MS, DACVS
Iowa State University



Step-by-Step – Surgical Treatment of Open Fractures

WHAT YOU WILL NEED
• Sterile gloves
• Mask
• Fine clipper blades
• Isopropyl alcohol
• 1-litre fluid bag (set pressure cuff at 300 mm Hg)
• Sterile water-soluble lubricant
• Sterile saline (4–6 litre, depending on the extent of the wound)
• Blood pressure cuff
• 35-ml syringes and 18- to 19-gauge needles
• #3 Bard scalpel handle and #15 blades
• Brown-Adson thumb forceps
• Metzenbaum scissors
• Surgical drill with sterile 2-mm bit (optional)
• External fixators
• Pressure bandage (e.g., for Robert Jones)

STEP 1

After the patient is anaesthetised, use a generous amount of sterile water-soluble surgical lubricant to cover the wound. The lubricant will wash away easily and prevent hair from becoming embedded in the wound.

Author Insight

Throughout the cleansing process, the surgeon must wear sterile gloves and mask to prevent nosocomial infection with resistant bacteria from the hospital environment.



STEP 2

Using a fine clipper blade that has been soaked in isopropyl alcohol, clip the entire limb as needed, then wash the wound generously. A 1-litre fluid bag with a pressure cuff setting at 300 mm Hg will provide the most consistent pressure. Alternatively, cleanse the wound with 4–6 litres of saline using a 35-ml syringe and 19-gauge needle.



Author Insight

Clean tap water may be used for initial cleansing if large quantities are needed. It is better to use large quantities of tap water than insufficient quantities of saline.

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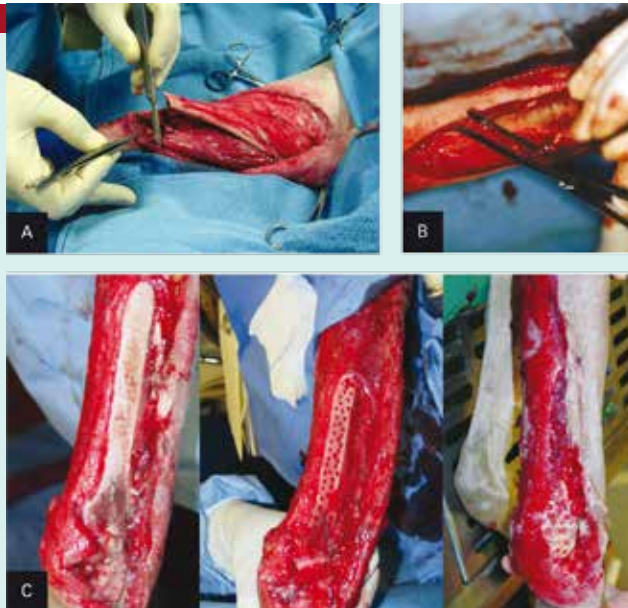
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STEP 3

In a sterile operating room environment, remove all non-viable tissue using a scalpel (A) or Metzenbaum scissors (B). If large areas of cortical bone are exposed and have been stripped of soft tissue, including periosteum, perform osteostixis (C) using a sterile 2-mm surgical drill bit to create multiple unicortical holes. Perform lavage again after debriding the wound to remove any remaining lubricant, blood, or particles.



Author Insight

Some skin that initially appears viable may die after 1 or 2 days; therefore, repeated debridement at 24–48 hours is sometimes necessary.

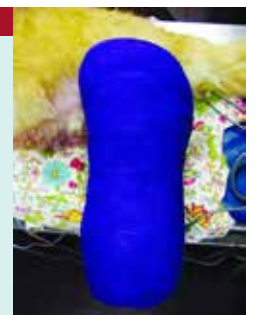
STEP 4

Stabilise the wound using external fixators.



STEP 5

Apply a pressure bandage, such as a Robert Jones bandage.



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Managing ocular pain and the use of Atropine drops

Dr Antony Goodhead, Dr Izak Venter & Dr Lo-An Odayar

Specialist Veterinary Ophthalmologists, Johannesburg Animal Eye Hospital (www.animaleyehospital.co.za)

Blepharospasm is the classic first sign of ocular discomfort or pain. In horses it may be severe. Ocular pain seen in clinical practice commonly occurs as a result of corneal disease with stimulation of the sensory nerve endings of the ophthalmic branch of the trigeminal nerve. An example of this would be a corneal erosion. This results in a reflex arc via the brain to the iris and ciliary body resulting in spasm of the muscle of these areas and the muscle spasm is experienced as pain for the patient.

The other common cause of ocular pain is the result of prostaglandin release following uveitis. The miosis is most likely to be an effect of prostaglandins and leukotrienes being released inside the eye which are causing smooth muscle constriction. With respect to dogs however the pain relief will be best provided by choosing an effective non-steroidal for its anti-prostaglandin effect.

Mydriatic drugs achieve pupillary dilation by either paralysis of the pupillary sphincter or stimulation of the iris dilator muscle. Generally, drugs that induce pupillary sphincter paralysis also provide some variable degree of cycloplegia while those that stimulate the iris dilator muscles do not. Historically most veterinarians have been taught to use atropine drops as a treatment regime to provide pain relief. The theory here is that atropine is a powerful cycloplegic drug (paralysing the muscles of the iris and ciliary body) and thus allow relaxation of these muscles and alleviates discomfort. Atropine, being a parasympatholytic

drug potentially could affect the lacrimal nerve supplying the lacrimal gland and with long term usage a component of dry eye may be experienced. Some ophthalmologist have been considering possibly shifting away from the use of atropine to one of the shorter acting agents namely, Tropicamide [Mydracil]. Tropicamide has an action for 6-8 hours whilst atropine may cause mydriasis in dogs for about a week and up to 21 days in horses! Tropicamide induced ocular hypertension is usually transient and fairly easily reversible in a patient with collapsed angles/clefts, which is definitely not the case with atropine use. Atropine should also never be used in patients susceptible to glaucoma. Excellent mydriasis is achieved with Tropicamide but its cycloplegic effect is not that pronounced as atropine and homotropine, thus reducing its usefulness in treatment of pain associated with uveitis. The sympathomimetic, phenylephrine



creates mydriasis but does not have a cycloplegic effect and thus its usefulness for treating iridocyclitis is limited.

Horses seem to benefit a lot more with atropine use in the case of corneal ulcers and especially for the treatment of pain associated with uveitis. It is most likely the cycloplegic action versus the mydriatic action that is most beneficial in horses. Atropine is usually used to effect or the "cut-off" point is when one sees mydriasis in the contralateral eye; then one knows there has been sufficient absorption. Recently opinions seem to be favouring the more conservative use of atropine in dogs. It is unusual to require atropine medication for extended periods and thus the small Minim Atropine 1% vial may be a good alternative versus the 5ml dropper bottle.

Atropine can also be very useful to dilate the pupil and prevent posterior synechiae in cases of severe uveitis when fibrin or blood clot formation may compromise the pupil. It is also

useful to rapidly dilate the pupil to its maximum so that the lens can be visualised in cases where there has been corneal trauma and suspected lens injury.


Topical anaesthetic eye drops are not advised to be used as a treatment medication to rid ocular pain as they are considered epitheliotoxic products and if used regularly for a painful corneal erosion they could hinder re-epitheliasation of the erosion. These products are generally reserved for anaesthesia of the ocular surface so the following could be performed:

1. Removal of corneal or ocular surface foreign bodies.
2. Debridement of a corneal erosion.
3. Cannulating and flushing of lacrimal puncta and the nasolacrimal duct.
4. Performing corneal or conjunctival cytology.
5. Performing tonometry when using the older type tonometers (Applanation and indentation tonometry).

Topical anaesthetic usually cause

anaesthesia of the ocular surface within 30 seconds and this may last for about 30 minutes.

Recently preservative-free morphine drops have been used with great success following corneal surgery. This treatment regime is very useful following corneal debridement, striate keratotomy and diamond burr debriding. The drops need to be applied every 6-8 hours and are usually only required for about 12-24 hrs post surgery. They do not interfere with tear flow.

Purely on an anecdotal basis, the author has noted that there seems to be significant improvement in ocular discomfort when a bandage soft contact lens is applied after surgery or debridement to the corneal epithelium. The soft lens has a "sealing" or covering effect of the nerve endings and comfort is improved. These are available for both dogs, cats and horses. 



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richard@hiltonvethospital.co.za

Dr Daniela Steckler
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Panorama Veterinary Clinic & Specialist Centre, 1 Uys Krige Drive Panorama, 7500. 021-930 6632



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Please contact Candice Harrington on 021 674 0034 or email admin@camc.co.za For more information regarding the Cape Animal Medical Centre, please visit our website at www.camc.co.za

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Ref15JN17.

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For further information contact
Dr Angie Goldman at Vetlink
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Ref15JL05

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Ref11DC06

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Ref15JL02

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Ref14OC06

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Ref15MA14

WESTERN CAPE/WES-KAAP

MILNERTON

Assistant vet required for COASTAL VET clinics in Blaauwberg region (Milnerton, Parklands). 1-6 yr experience required, no after-hours, SAVA salary rates apply. This is a modern well-equipped hospital with other veterinarians and large support staff. Position available immediately.

Interested candidates please contact us at coastvetgroup@gmail.com.

Ref15FE01

CAPE TOWN

Veterinarian with 1-5 years experience required for Sunningdale Animal Hospital, Cape Town. No after-hours, reasonable hours, SAVA salary. Well-equipped hospital with existing 3-vet team. Position available immediately. Please email sunningdalevet@gmail.com for further information.

Ref15FE02

KNYSNA

The Knysna Animal Welfare Society is looking for an experienced veterinarian for its clinic. Working hours are Monday to Friday 08:15 to 16:15 and every second Saturday 08:45 to 11:15. Please e-mail CV to Marten van Leeuwen at vanleeuwen@xsinet.co.za

Ref15JN03

PLETTENBERG BAY

Robberg Vet in Plettenberg Bay is looking for a vet as well as a vet nurse to join our mixed practice. New grads welcome.

Phone 0445330124 or email
robbergvet@vodamail.co.za

Ref15AP05

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Ref15JN05

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vetwtaigt@gmail.com

Ref15JN15

MILNERTON/CAPE TOWN

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thetvetad@gmail.com

Ref15JL04

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Ref15JL09

FREE STATE/VRYSTAAT

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Ref15MA02

GAUTENG

WES-RAND (RANDFONTEIN)

Randfontein Dierhospitaal (Wes-Rand) benodig 'n 2e veearts op 'n permanente basis om so gou as moontlik te begin. Dis 'n kleindierpraktyk met 'n aangename atmosfeer.

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hjnaude@absamail.co.za. Kontak

dr Hendrik Naudé by 082-395-6285 alle ure.

Ref15MA15

GAUTENG

Position available at the VETCARE CLINCS. Graduates and experienced vets welcome to apply. Fully equipped facilities with up to date technology. Salary according to experience and ability. Send CV to practice manager,

Brad Parfitt. brad@vetcareclinics.co.za
Practice tel number 011-795 2034
Ref15MY04

EAST RAND

Vet assistant with 1 or more years' experience required in busy East Rand practice.
Contact Hans on 082-411-6527.
Ref15JN04

JOHANNESBURG EAST (BEDFORDVIEW)

A third vet is required for our well-equipped small-animal practice in upmarket Bedfordview. Our unique approach to practice guarantees an exceptional work/life balance with approximately 40 hours worked weekly. Some experience beneficial but not essential. Contact 083 235 6884 or preferably send CVs to adriandt@global.co.za.
Ref15JN13

KRUGERSDORP

There is a vacancy for a full-time veterinary assistant at the Rant-en-Dal Animal Hospital in Krugersdorp. Please contact Drs De Cramer or Huberts at 011 660 3110 or email kdcramer@mweb.co.za
Ref15JL03

WELTEVREDENPARK/ROODEPOORT

Allensnek Veterinary Hospital requires a full-time veterinary assistant to join our 3-vet team at our small-animal hospital. Salary according to SAVA. Contact details allensnekvet@absamail.co.za or (011) 4750663/4.
Ref15JL07

JOHANNESBURG SOUTH

EQUINE vet wanted for practice in JHB South. Excellent working hours. Salary negotiable. Car and great accommodation available. Send CV or phone 0732074417
drademeyer@kern.co.za
Ref15JL11

KWAZULU-NATAL KOKSTAD

A successful three-man, mixed veterinary practice in Kokstad has a vacancy for a full-time, experienced production-animal veterinarian. This vacancy would suit a colleague looking to be part of a well-equipped, mixed practice of companion-animal work and large animal, dairy, beef and equine work with partnership opportunity. Experience in production animals required. Phone Dr Nischk 083 305 3093 or Dr Kilian 083 557 3388, Clinic 039 727 1899
Ref15AP03

SUMMERVELD

Mixed Practice, Summerveld, KwaZulu-Natal. Requires veterinarian with experience with equines and small animals. 1 in 4 after-hours and weekend rotation. Enthusiasm – pleasant disposition – excellent interpersonal skills and good work ethics are essential to secure this position, SAVA rates. Please apply to drclangley@mweb.co.za with

your CV and traceable references
Ref15JN01

NEWCASTLE

Veterinarian wanted in a busy three-vet mixed animal practice in Newcastle, KwaZulu-Natal. Duties shared and salary according to SAVA recommended rates. Good long-term prospects. New graduates welcome to apply. Send CV to ncanduvet@telkomsa.net or contact Barry Rafferty at 082 789 7940
Ref15JN14

KWAZULU-NATAL

Part-time assistant vet for small-animal clinic. Flexible hours negotiable.
Contact Dr David Clow 031 2012600
Ref15JL10

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Kontak Elfriede van Vuuren 076 887 8188
Ref15JL01

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GAUTENG

JOHANNESBURG

Johannesburg SPCA is looking for a motivated veterinary nurse or animal-health technician to join our veterinary team. Should have genuine interest in animal-welfare work. Duties involve predominantly companion-animal and a small percentage of livestock. Great opportunity for new graduates to gain experience with our veterinary team. Kindly forward CV and SAVC registration to Dr A.F. Suleyman at jhbस्पca@jhbस्पca.co.za or vets@jhbस्पca.co.za.
Ref13SP13

CENTURION/PRETORIA

Pierre van Ryneveld Veterinary Clinic needs the services of a veterinary nurse to assist our team of veterinarians. Duties include patient care, theatre preparation and assistance, client interaction, weight loss clinics. Please send your CV to dr.ampie@mweb.co.za
Ref15MY06

CENTURION

Full-time veterinary nurse required for predominantly small-animal clinic in Centurion. Weekends on rotational basis. SAVA rates. New grads welcome. Send CV to info@highveldvet.co.za or contact Dr. Cilliers 083 291 0211.
Ref15JL08

KWAZULU-NATAL KLOOF (DURBAN)

Vet nurse wanted for small-animal clinic in Kloof near Durban. Established practice with pleasant clients and staff. No night work involved. Please send CV to

evertonvet@telkomsa.net
Ref15JN07

EASTERN CAPE/OOS-KAAP

JEFFREYS BAY

Oribi Animal Hospital, Jeffreys Bay, is looking for a full-time veterinary nurse, preferably with 2-3 years' experience. Our small-animal hospital is purpose-built and situated 3 blocks from J'Bay's unspoilt beaches. We are looking for somebody compassionate and conscientious with a good sense of humour to complement our wonderful team. Please email CV with references to ulrika@oribivet.co.za
Ref15JN08

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GAUTENG PRETORIA MOOT

Two-Vet small-animal practice in Pretoria Moot for sale. Owner wants to work from home. Please phone Dr Malan 082 554 7312
Ref15MA09

GAUTENG

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Ref15JN10

WES-KAAP/WESTERN CAPE

Gevestigde, goed toegeruste plattelandse praktyk te koop. Hoofsaaklik klein diere. Wes-Kaap. 076 402 6589
Ref15JL06

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Ref13JA01

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Ref15AP13

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Ref15MY08

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Dagboek Diary

July 2015

Rhino Workshop, 27 Jul, Champagne Sports Resort, Drakensberg, KZN.

Info: Christelle Fourie, SAVA, marketing@sava.co.za

NVCG Pre-Congress Day 27 Jul, Champagne Sports Resort, Drakensberg, KZN.

Info: Petrie Vogel, SAVETCON, 012-346-0687, petrie@savetcon.co.za

8th SA Veterinary & Paraveterinary Congress. 28 – 30 Jul, Champagne Sports Resort, Drakensberg, KZN.

Info: Petrie Vogel, SAVETCON, 012-346-0687, petrie@savetcon.co.za

SAVA AGM. 28 Jul, Champagne Sports Resort, Drakensberg, KZN.

Info: Elize Nicholas, 012-346-1150; elize@sava.co.za

SAVA Gala Dinner. 29 Jul, Champagne Sports Resort, Drakensberg, KZN.

Info: Petrie Vogel, SAVETCON, 012-346-0687, petrie@savetcon.co.za

SAVA Wellness Days (during the congress). 28 – 30 Jul, Champagne Sports Resort, Drakensberg.

Info: Petrie Vogel, SAVETCON, 012-346-0687, petrie@savetcon.co.za

August 2015

25th International Conference World Association for the Advancement of Veterinary Parasitology (WAAVP), 16 – 20 Aug, Liverpool, UK
www.waavp2015.com

4th African Symposium on Zoo and Aquatic Medicine, 21 – 23 Aug, Education Centre, uShaka Sea World, Durban

www.zoosafrika.com/home.html

Mpumalanga Branch Congress, 29 – 30 Aug, Pine Lake Inn, White River.

Info: Madaleen Schultheiss, Vetlink, 012-346-1590, www.vetlink.co.za.

September 2015

19th World Veterinary Poultry Congress, 7 – 11 Sep, CTICC, Cape Town.

Info: Petrie Vogel, SAVETCON, tel 012-346 0687,
Email: petrie@savetcon.co.za
http://www.wvpc2015.com

Free State Branch Congress, 11 – 12 Sep, Bloemfontein (venue to be confirmed).

Info: Madaleen Schultheiss, Vetlink, 012-346-1590, www.vetlink.co.za.

Western Cape Equine Congress, 19 – 20 Sep, Cape Town (venue to be confirmed).

Info: Madaleen Schultheiss, Vetlink, 012-346-1590, www.vetlink.co.za.

Complementary Veterinary Medicine Group Congress, 19 – 21 Sep, Skukuza, Kruger Park.

Info: Jane Fraser fraserjm@mweb.co.za / 031 2614847 or Suzanne Hayes drsehayes@gmail.com / 021 5310477.

Parasitological Society of SA Conference, 20 – 23 Sep, Pumula Beach, KZN.

Info: Petrie Vogel, SAVETCON, 012-346-0687, petrie@savetcon.co.za

October 2015

Western Cape Branch Congress, 2 – 3 Oct, Cape Town (venue to be confirmed).

Info: Madaleen Schultheiss, Vetlink, 012-346-1590, www.vetlink.co.za.

Federal Council of the SAVA, 17 Oct, VetHouse, Pretoria.

Info: Elize Nicholas, 012-346-1150; elize@sava.co.za

Intensive Care Seminar, 24 – 25 Oct, Menlyn, Pretoria (venue to be confirmed).

Info: Madaleen Schultheiss, Vetlink, 012-346-1590, www.vetlink.co.za.

Pig Vet Society: Annual General Meeting (AGM). 28 – 29 Oct, Vethouse, Pretoria.

Info: Dr Peter Evans, peter@csvet.co.za

November 2015

Northern Natal/Midlands Branch Congress, 7 – 8 Nov, Midlands, KZN (venue to be confirmed).

Info: Madaleen Schultheiss, Vetlink, 012-346-1590, www.vetlink.co.za.

December 2015

Africa Livestock, Meat and Fisheries Summit, Business Opportunity Fair and Expo, 3 – 4 Dec, Durban.

Info: Calvin Ncube, 011 056 9493, 072 157 0076, calvin@mcgroup.co.za or visit www.mcgroup.co.za

2016

April 2016

10th International Equine Diseases Conference, 4 – 8 Apr, Buenos Aires, Argentina.

Info: www.internationaleidc.com

September 2016

WSAVA Congress, 27 – 30 Sep 2016, Cartagena, Columbia

For an up-to-date calendar, visit "SAVA Events" on the member section of the SAVA website.

LIFE PLUS FIFTEEN WITHOUT PAROLE

By Mike Lowry

Mike Lowry has been in veterinary practice for “Life plus 15” with no parole. In this column he shares his experiences and opinions.

Johannes was a well-spoken African man who was the local traffic cop. In addition he had a number of greyhound-type dogs which were probably used for hunting and no doubt for the inevitable betting that was part of such hunting. That was not for me to question and he regularly popped in to get the odd dewormers and vaccinations. He was an extremely likeable chap and would enter into all manner of discussions. The year was 1980.

One such discussion, which one day followed my vaccinating his dogs, was why the dogs injected by the Government died shortly after the vaccination. This was extremely disturbing, because at that stage the country was virtually afloat and goodwill between the races was at low ebb. Further discussion indicated that the “army vets” were injecting the dogs at clinics in the rural areas – yes, they were in army uniform, doing compulsory military service – and shortly after the vaccination for rabies the dog got very sick and died. The symptoms, as described by him, were either typically distemper or the dreaded parvo. The Government policy was to vaccinate for rabies only and obviously the dogs were susceptible to both distemper and parvo – particularly the younger dogs. The congregating of the dogs during these vaccination campaigns was the ideal situation for spreading the infections. It was difficult to convince Johannes that this was not the direct result of the “army vets” vaccination. I am not sure he ever was, but the general feeling was that it was not a good idea to take one’s dogs to the clinic and that perhaps it was a designed ploy by the Government to decrease dog numbers. This idea had been aggravated by the policy of certain Government vets of spraying the dogs at vaccination with paint and then to return to the area and destroy any ‘unpainted’ dogs forthwith.

Why this story? With the new Compulsory Community Service to be introduced at the end of the year and the huge impact that this should have on all the “rural” pets, it is important that right from the outset the correct messages are sent out.

For the past two years a Foundation that I run has done *pro Deo* work in the underprivileged areas and we have fortunately been able to establish an excellent relationship with the population. This, however, has not been all that easy to implement. Several of the welfare organisations operate in the same area and we have been involved with them to varying degrees and unless the system is streamlined the costs will escalate out of all proportion. For example here, if the animals are to be brought in to the practice concerned, the “draw” must justify the transport costs – it is of no value to anyone travelling kilometres to get but a single dog.

Also, the number of spays that a recently qualified vet can do is not that many when compared to an experienced practitioner. Often the young vet will need assistance (for example, with “bleeders”). Anaesthetic deaths can also affect relationships with the rural population and these are often inevitable with newly qualified personnel. Fortunately, in my experience, these problems are quickly overcome, but one must limit the damage insofar as relationships are concerned. It is critical that communication channels with the owners are maintained at all costs; it is no good telling the owner the dog died and not giving them the body – they might not believe you!

In our clinic we can easily manage 10 to 12 dogs per morning (if they are both spays and castrations). The dogs are also vaccinated and, if required, treated for Demodectic mange. We also do follow-ups if the mange is bad. The costs involved, if finely tuned, can be reduced to about R400 per animal



including transport. We have not undertaken township clinics because it can be both a logistical and surgical nightmare. The position with regard to spays and/or castrations is interesting. Initially, we only undertook spays in the belief that there was always a spare male to do the job. The population soon came back to us requesting castrations because they were correct in saying that once castrated the dogs stayed at home and did not cause trouble throughout the township.

Every animal treated is given a vaccination certificate and on this is the kennel manager’s number should any post-surgical problems arise – fortunately these have been very few and, as we use dissolving sutures on everything, return visits are not necessary.

This could perhaps be the most significant thing done by the CCS program – sterilisation and vaccination of the dogs belonging to the underprivileged. Getting the logistics right will need some intense work and how the State see this relative to the practitioner involved is going to be the crux of the success.

To complete this story – Johannes was not his real name. He became a well-known warlord in the Indaleni area of Richmond, KZN, and was responsible for many deaths and the burning of numerous huts. He died in a hail of bullets, which may or may not have been deserved; all I know is that he loved his animals and really cared for them very well.

If you are fortunate enough to be granted a CCS vet and would like to share thoughts, please don’t hesitate to contact me at mikelowry@heritagevet.co.za; there is little point in re-inventing the wheel. **V**

Mike



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1. Lekcharoensuk C, Osborne CA, Lulich JP. Epidemiologic study of risk factors for lower urinary tract diseases in cats. JAVMA 2001; 218:1429-1435; 2. Kruger JM, Lulich JP, Merrills J, et al. A year-long prospective, randomized, double-masked study of nutrition on feline idiopathic cystitis. Proceedings, ACVIM Forum 2013; 3. Lulich JP, Kruger JM, MacLeay JM, et al. Struvite urolith dissolution in cats: A doublemasked randomized clinical trial of two foods. J Am Vet Med Assoc. 2013.

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