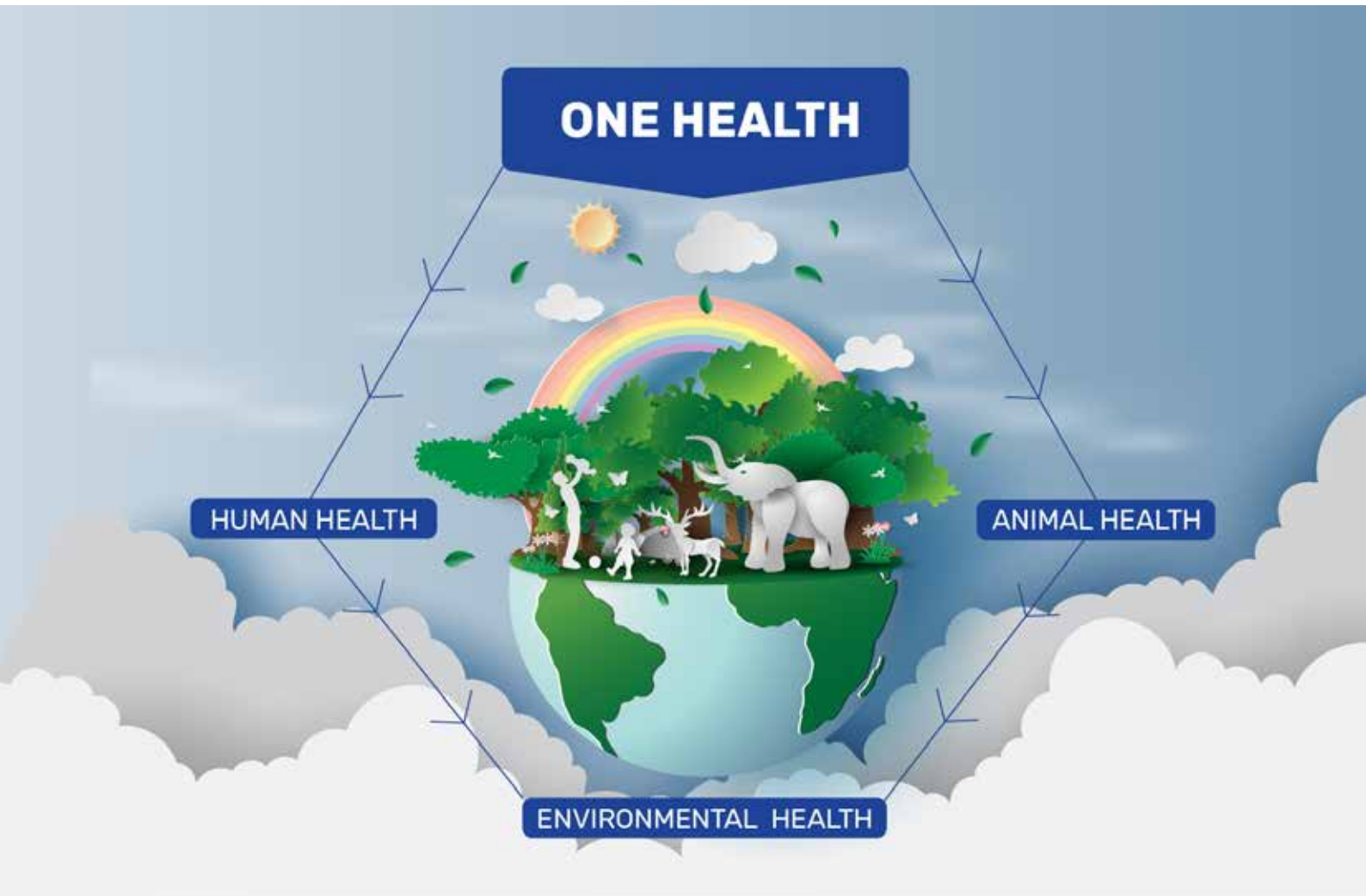
VET nuus•news

November 2021

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



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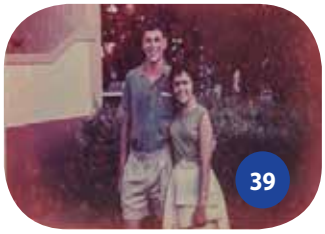
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STREET ADDRESS
47 Gemsbok Avenue, Monument Park, Pretoria, 0181, South Africa

POSTAL ADDRESS
P O Box 25033, Monument Park Pretoria, 0105, South Africa

TELEPHONE
+27 (0)12 346-1150

FAX
General: +27 (0) 86 683 1839
Accounts: +27 (0) 86 509 2015

WEB
www.sava.co.za

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Sonja van Rooyen
assistant@sava.co.za
+27 (0)12 346 1150

DISPLAY ADVERTISEMENTS
Sonja van Rooyen
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+27 (0)12 346 1150

DESIGN AND LAYOUT
Sonja van Rooyen

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UVO: +27 (0)12 423 9460

President: Dr Leon de Bruyn	president@sava.co.za
Managing Director: Mr Gert Steyn	md@sava.co.za/ +27 (0)12 346 1150
Editor VetNews: Ms Andriette van der Merwe	vetnews@sava.co.za
Bookkeeper: Ms Susan Heine	accounts@sava.co.za/+27 (0)12 346 1150
Bookkeeper's Assistant: Ms Sonja Ludik	bookkeeper@sava.co.za/+27 (0)12 346 1150
Secretary: Ms Elize Nicholas	elize@sava.co.za/ +27 (0)12 346 1150
Reception: Ms Hanlie Swart	reception@sava.co.za/ +27 (0)12 346 1150
Marketing & Communications: Ms Sonja van Rooyen	marketing@sava.co.za/ +27 (0)12 346 1150
Membership Enquiries: Ms Debbie Breeze	debbie@sava.co.za/ +27 (0)12 346 1150
Vaccination booklets: Ms Debbie Breeze	debbie@sava.co.za/ +27 (0)12 346 1150
South African Veterinary Foundation: Ms Debbie Breeze	savf@sava.co.za/ +27 (0)12 346 1150
Community Veterinary Clinics: Ms Claudia Cloete	cvcmanager@sava.co.za/ +27 (0)63 110 7559
SAVETCON: Ms Corné Engelbrecht	corne@savetcon.co.za/ +27 (0)71 587 2950

Greetings Colleagues,



Leon de Bruyn

Thankfully, South Africa's Covid-19 human vaccination levels have increased dramatically, new cases have declined, and we are down to Level 1 lockdown. The Covid-19 Pandemic has highlighted how zoonosis can significantly impact the health and welfare of people and animals. In September, we focused on Rabies, another zoonosis that substantially affects human and animal health. We strive to attain the WHO, WMA and WVA goal of zero human deaths from canine mediated rabies in the world by 2030. We are happy to announce that Dr Didi Claassen has recently been appointed to represent SAVA on the Rabies Advisory Group (RAG).

The collaboration between SAVA, the SAVC, DALRRD, DoH, NCID and the RAG for the successful Rabies Awareness Campaign has highlighted the importance of the One Health approach, which is the theme of our November VetNews edition.

We had hoped that veterinarians would have been able to play a more active role in the fight against Covid-19, particularly initially in the Epidemiological and One Health fields, as discussed in the lead-up to our meeting with the Minister of Agriculture in January.

Unfortunately, our proposed Ministerial Veterinary Advisory Committee (MVAC,) which would very much have a One Health focus, has gotten stuck in the DALRRD awaiting its Terms of Reference approval. Some of us had also suggested that vets could assist with human vaccinations to increase the rate of Covid-19 vaccine roll-out; however, this was met with concerns about the scope of practice. Interestingly, in some of our first world IVOC partner member countries, vets were authorized to assist in the Covid-19 vaccination of humans.

The good news on the One Health front is that SAVA President-Elect Col Dr Paul van der Merwe has been invited to serve as an expert consultant for the Strategic Coordination to Strengthen One Health and Veterinary Programs for Global Health Engagement in Africa Project. This mouthful of a project forms part of Ecohealth but is funded by the US Defence Department.

October was a busy meeting month with our SAVA Board of Director's, AGM and Federal Council Meetings on one weekend. The AGM was probably the most tumultuous in our 101-year history. As discussed previously, the recent resignation of 4 more SAVC councillors continues to cause concern within the profession. We need to respect that the SAVC is an independent statutory body and that it is not our mandate to become involved in internal Council matters. We do, however, have a responsibility to act in the interests of our members, who make up the bulk of the registrees.

I had engaged with the SAVC President and Registrar to offer our support and request that the SAVC communicate with the registrees regarding the situation in the interests of transparency while maintaining the necessary confidentiality of certain Council information. I also approached all the resigned SAVC Councillors, that are resident in South Africa, to appreciate their concerns and discussed the matter with past SAVC Presidents to receive their input.

The run-up to the AGM saw the tabling of a motion related to the recent resignation of the 4 SAVC Councilors and the resignation last year of the long-serving SAVC Registrar and a senior SAVC Councilor and ExCo member. The SAVA leadership had concerns about the legality of some parts of the motion and the sensitive content of some of the supporting documents and arranged to meet with the proposer thereof to discuss possible amendments to the motion. However, we could not meet with the proposer of the motion before the deadline of 21 days before the AGM. As the Motion was constituted correctly, we were duty-bound by our MOI and the Companies Act to distributing it to our members.

What followed was a deluge of emails with SAVA being attacked from all sides. From one side, we were lambasted for not releasing the allegations to our members sooner, even though our SAVA Representative on the SAVC and I had almost suffered legal consequences for sharing some of the information and providing input to the SAVC last year. From the other side, we were severely criticized by the SAVC and other role players in the veterinary space for SAVA, allowing this motion to be distributed. Many thought that, as it went out through SAVA channels, it automatically represented SAVA's opinion. When we explained our independence from the motion and some of the problematic areas thereof, we were then accused of bias and attempting to steer the vote against the motion. What we were actually trying to do was properly inform our members and provide balance while adhering to our fiduciary duty. We in no way took sides in this matter.

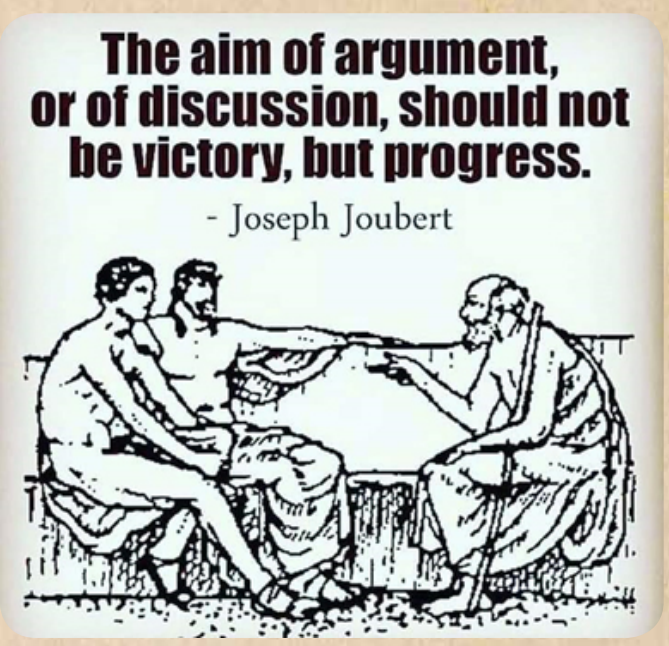
Another hiccup was the unprecedented interest of the normally apathetic registrees to vote on this motion. Many non-SAVA members wanted to participate, and many SAVA members paid up outstanding fees to attend the AGM and vote. This led to multiple proxies being assigned to a few attendees. As our MOI only allows for a maximum of 3 proxies per delegate at the AGM, we then had to institute a digital voting process. This led to the unfortunate situation of most of the voting taking place prior to the tabling of

the motion and debating thereof at the AGM. Many senior SAVA members and I were uncomfortable with the reverse logic of this solution. It would, however, have been a logistical nightmare to verify that several hundred zoom meeting attendees were indeed SAVA members in good standing that qualified to vote at the AGM.

The AGM itself was initially highly charged with much controversy. I think my old laptop knew trouble was brewing as it refused to boot up and log in to the zoom meeting (it was fine for the FedCo meeting after that) I, therefore, had to jump between the SAVA MD and President-Elect's laptops so that the virtual attendees could see me. As the motion was tabled, it was requested that a SAVA Member present recuse himself from the meeting as he was implicated in the motivation for the motion and therefore conflicted. I replied that, as this member had allegations made about him, it was only fair that he had the right to respond so we could have balance in the debate.

Astonishingly, I was then accused of bias by a senior member and asked to step down as Chairman for the motion! After pushing ahead amidst lively debate, load shedding hit Vethouse, and our giant, state-of-the-art generator would not switch over to supply power to the building. Just as I was requesting pliers from the in-person attendees (while the virtual attendees no doubt wondered what was happening), the lights came on before the SAVA President electrocuted himself! This was not the last time I suspect we had divine intervention at that meeting. Once we restarted, there was still vibrant debate. Still, thankfully eventually, my prayers for the protagonists' hearts to soften were answered, and we were able to table and overwhelming pass an amended motion. Thank you to all concerned for being willing to compromise on a positive and implementable resolution.

We resolved to engage with the SAVC to form a Mediation Committee comprised of equal members of SAVA and the SAVC and other stakeholders. This committee will be guided by a professional mediator and investigate the circumstances around the resignations of the 5 SAVC Councilors during this term. (SAVA cannot form a Commission of Enquiry into the SAVC, we cannot force the SAVC to do so, and they couldn't do so if they wanted to as a CoE can only be appointed by the government) We have already contacted the SAVC to set up a SAVA-SAVC ExCo meeting so we can discuss this resolution, draw up the ToR's, and map the way forward in the best interests of the SAVC, our Association, the Veterinary and Para-veterinary Professions as well as the animals and people of our country. There is much work to do to address these challenges and some of the perceptions that have led to this conflict. We are going to work together and pray hard to achieve unity and harmony after this crisis.



Source: Internet

As you will no doubt gather, this was rather a torrid time for me. Thankfully I resolved to go to the front of my church to request prayer the Sunday prior to the AGM. I was blessed to receive an amazing anointing of the Holy Spirit, which imparted me with His Wisdom and enabled me to keep calm amidst the turmoil. I would also like to thank all those colleagues who supported and interceded in prayer for me. It is only through our faith that we were able to achieve a favourable resolution.

Yours in Oneness,

Leon





Andriette van der Merwe

Editor's notes / Redakteurs notas

Hier in Hoedspruit het ons al 'n hele paar somers in Oktober gehad. Dag maksimum temperature wissel van een dag na die volgende sommer met 15 tot 20 grade, en die veld smag na die reën. Baie word toegedig aan klimaatsverandering agv koolstof gasse en ozoon. Sonder om in 'n swaar debat in te gaan oor klimaatsverandering, dink ek niemand kan ontken dat daar wel 'n verandering in die klimaat plaasvind nie, om watter rede dan ook al.

This month is dedicated to One Health, a concept that may be foreign to several readers and perhaps something people may not find applicable to the general practice. Do yourself a favour and read the articles prepared for this issue. One Health may be a lot closer to home than you think.

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Die artikels handel oor internasionale tendense maar kom dan tuis in ons eie land wat reeds heelwat doen om hierdie benadering toe te pas. Ek het die voorreg gehad om 'n gesprekvoering by te woon wat deur Future Africa aangebied is by die Universiteit van Pretoria. Die gesprek het gehandel rondom Informele nedersettings, of plakkerskampe soos dit in die volksmond bekend staan, of meer spesifiek oor hoe daar vir gesondheid en gesonde mense beplan moet word.

The usual suspects were around the table, namely doctors, nurses and community workers, but the following disciplines are not that obvious: engineers, town planners, architects, dieticians and agriculturalists. The Veterinarians were first omitted from the list, but it became evident that they have an integral role to play, a true transdisciplinary team at work to make informal settlements for healthy for healthy people.

Source:
Bored Panda



Die 3 sirkels van One Health omvat presies dit. Om dit baie te vereenvoudig is elke faset van hierdie sirkel afhanklik van die ander 2 en mag die ander 2 nie benadeel nie. Die mens kry dit egter keer op keer reg om veral die omgewing maar ook die diere (of diereryk) te vernietig.

Dit bly egter verstommend hoe die omgewing net weer terugveg waar die mens nie meer kan of wil kom nie.

Sit back and enjoy the regular columns but also the well-prepared articles on a subject not so well known.

Andriette

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One Health: How Collaboration Can Expand the Positive Impact of the Veterinarian

The international One Health Day (November 3) provides an occasion to reflect on how the One Health approach benefits veterinary practice and health outcomes. Encouragingly, the approach is already being applied by veterinarians in South Africa on several projects and topics. This is cause for celebration – though there is much more to be done.

The term One Health was first used in 2003 by Dr William B. Karesh, a wildlife veterinarian and global health visionary. In an interview about declines in Great Ape populations linked to the Ebola virus, which also affected humans, he remarked, "Human or livestock or wildlife health can't be discussed in isolation anymore. There is just one health. And the solutions require everyone working together on all the different levels."

One Health makes practical sense when considering the severe and complex challenges faced locally and globally. Examples include the COVID-19 pandemic (itself likely of zoonotic origin), climate change, invasive alien species, chemical and waste pollution, water scarcity, soil degradation, and antimicrobial resistance.

At the same time, endemic diseases present a continued threat to people and other species. These issues all have implications for nutrition and food security, disease control, and of course, health and economy.

These complex challenges require integrating information from multiple sectors to sufficiently understand risks and impacts to human-, animal-, and environmental health.

Many readers will relate to the concept of "silos" [1], like the vertical structures seen on grain farms. A silo is how we tend to work within our professional sector (Figure 1). There are, of course, needs and benefits of doing so, mainly to build robust and specialised expertise. However, *without also having the systems in place to bring together knowledge and action across sectors*, we can end up with a narrow view of the problems at hand and the potential solutions.



Figure 1. Typical professional silos and the need for coordination across sectors.

There are several ways to overcome our siloed way of working. One is to ensure the value veterinarians add is clearly recognised and harnessed by public health and environmental counterparts.

The other is to ensure the veterinary community can take stock of relevant information that can help to prevent, detect, and respond to disease threats. Immediate success will involve increased sharing of helpful information, earlier detection of threats or cases, and improved understanding and action to prevent, detect, and respond to disease risks. Ultimately, this will help lead to improved animal-, human- and environmental health.

The World Bank released a One Health Operational Framework in 2018 that guides investing in One Health[2]. A Global Plan of Action for One Health is being developed to support collaboration between four inter-governmental agencies: the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP), the World Health Organization (WHO), and the World Organisation for Animal Health (OIE). A One-Health High-Level Expert Panel has recently been established to advise these organisations. South Africa is well represented with two members on this Panel.

Nationally many countries have established national One Health coordination platforms to support information sharing, priority setting, and planning. In some cases, such a platform offers the first real chance for communication and collaboration between government officials! Once again, South Africa was ahead of the curve by establishing the National One Health Forum in 2014 with the three national government Departments responsible for human health, animal health and agriculture, and environmental health[3].

At the local level, including in clinics and farms, veterinarians often use One Health approaches in regular practice each day – certainly more than one probably realises. For example, one knows how vital vaccinating cats and dogs is to help prevent human and animal rabies cases. But when one sees something unusual in an animal patient, does it prompt thinking about whether colleagues in human medicine may benefit from an alert? Does disease detection in animals automatically lead to measures to protect workers on farms to prevent transmission to and from them? If one sees heavy rains, does it stimulate concern about an increased risk of some vector-borne diseases? When working with animals recently moved from other farms or provinces, does one think about the environmental conditions and disease exposures where they originated?

The topic of antimicrobial resistance makes evident why One Health is so important. The selection of antibiotics used in veterinary medicine, agriculture, and fisheries can consider the antibiotics that are important for human medicine. Doing so can help maintain treatment effectiveness in humans. Similarly, farm animal waste management can help avoid disseminating unmetabolised antimicrobial residues and resistant bacteria and genes. Additional to this are the benefits of protecting water quality and not attracting pests.

While the One Health concept focuses on the connections between human, animal, and environmental health, this is not excluding other disciplines. Methods from social sciences, such as anthropology, can be beneficial to understand behaviours and make risk communication effective. A One-Health approach can also benefit economic and financial analysis. A better understanding of the problem and the potential solutions can also inform the smart use of budgetary resources.

One Health in Action. *A long-term One Health study underway between several South African and international institutions improves understanding of the epidemiology, ecology, and socio-economic risks and impacts of Rift Valley fever (RVF). RVF is a climate-sensitive disease that can result when mosquito hatching, breeding and survival are supported by prolonged and above-normal rainfall[4]. The study looks at a range of factors: evidence of exposure in humans, animals, and mosquitos; precipitation, vegetation, and soil; and production systems and animal health and biosecurity practices. Bringing these factors together allows for significant associations to be identified that could otherwise be missed[5]. The study also has a One Health economics component, examining potential multi-sectoral costs and losses related to RVF (Figure 2). For example, we saw the total estimated cost of the 2010-2011 outbreaks extended far beyond the significant loss of trade revenue, affecting human productivity losses and a range of other industries. Over 15 years (2003-2018), the spending on prevention was only a tiny fraction of the total cost of RVF. This matches an overall global trend in failing to adequately invest in disease prevention and instead being stuck responding to outbreaks, often at a high cost.*

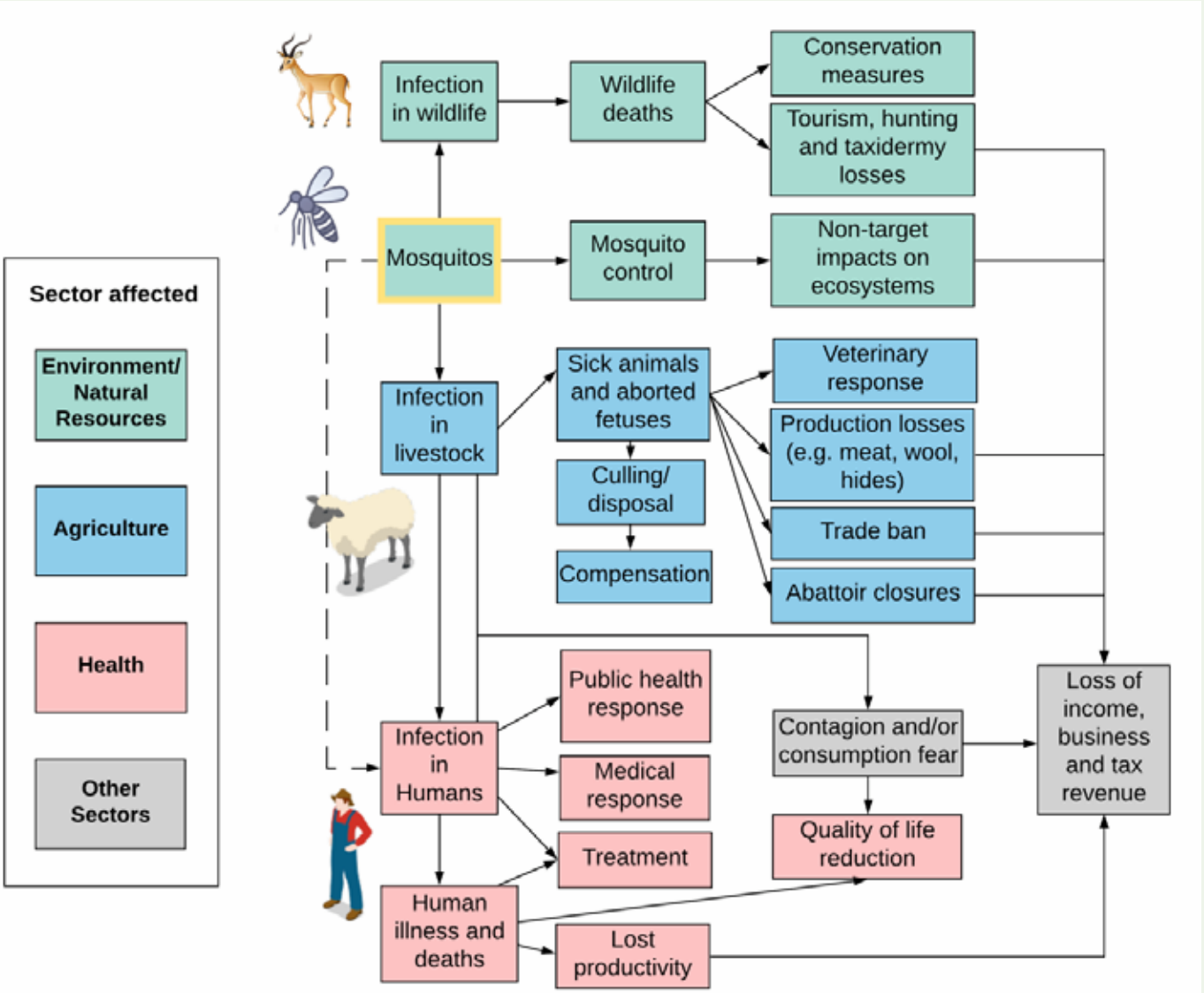


Figure 2. Types of costs and losses examined for Rift Valley fever using a 'One Health economics' approach. Made with images from LucidChart and Vecteezy.com.

A One-Health approach also reminds us that in addition to co-benefits, there may be trade-offs of some ways of preventing or controlling disease risks and safeguarding human, animal, and environmental health. With a One Health approach, veterinarians can better know about expected impacts in their sector and other sectors.

>>> 8

Collective decisions about whether to take an alternate course of action need to be taken or to proceed but take steps to reduce or adapt to expected damages can then be made.

Decision making is particularly relevant at the government level, where each sector typically has its plans and objectives that may not routinely consider effects on others.

If a particular sector lacks the capacity to contribute, risk areas are not receiving the necessary attention. The impact may be felt in other sectors that, in return, will have to contribute to expensive response and adaptation measures.

For example, introducing and establishing invasive alien species costs South Africa an estimated 6.5 billion rand each year[6]. They cause significant reductions in water resources, threatening the productivity of the country's rangelands.

One Health can also help learn from other sectors. Research on the vaccine hesitancy seen in response to COVID-19 may inform better overall communication on vaccines, including for animals.

One could also consider whether pet owners and livestock farmers who have access to information on vaccines' safety, efficacy, and benefits for their animals' health are more willing to accept human vaccines.

As a trusted source of information to their clients and communities, veterinarians can also help deliver public health messages.

It is clear public and private veterinarians, as well as animal health technicians and researchers, have an essential role to play in the health of our species, in addition to animal health and economy.

What can **you** do? Some ideas include:

- Consider how environmental factors may affect disease risk (to inform prevention strategies) or disease occurrence (to inform diagnosis and control measures).
- Consider how treatment and control measures could affect human and environmental health. Certain chemicals can affect non-target species or ecosystems, threatening biodiversity or putting human health at risk if water quality or food safety is impacted.
- Share your expertise with other sectors. Consider submitting abstracts to conferences in public health, economics, or environmental science to expand the thinking of others.
- Organise and participate in One Health seminars at veterinary conferences and other professional meetings.
- Consider practical ways to exchange information with clients. For example, if they detect something unusual that could signal disease risk, do they have a channel to report it? Are clients informed of how to protect themselves when there are risk alerts about diseases, and are they informed about ways to protect themselves when handling their animals?
- Review disease reports from additional sources. The Program for Monitoring Emerging Diseases (ProMED: https://promedmail.org) aggregates information from human, animal, and plant disease events, including zoonoses and antimicrobial resistance, with insights from expert moderators.
- Consider where investments in systems are needed at the local and national levels. If there is no channel for reporting unusual animal diseases to human medical professionals, that could be something where a formal system could help. There may also be training needs, such as epidemiology, that could increase the public good delivered by a veterinary practice.
- Advocate for intelligent investments – for example, if there is a more cost-effective way to prevent a zoonotic disease, make the business case for how it can save lives and money in the long term.
- Share models of One Health in action to inspire others, including the next generation of veterinary professionals.

South African veterinarians are already leading exciting One Health efforts. These will help to better understand disease risks and inform optimal disease monitoring and management.

Making One Health approaches more routine in both emergency situations and daily practice will make the difference for improved health outcomes for animals, people, and the environment.

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The Implementation of One Health in South Africa

Dr Paul van der Merwe BVSc, BVSc(Hons), MMEdVet(Fer)

President-Elect of the South African Veterinary Association

The current spate of disease outbreaks, namely Covid 19, Rabies, Foot and Mouth Disease, and Avian Influenza, reignited the question as to the best way to manage diseases to limit their impact on human-, environmental- and animal systems to ensure safety, security and sustainability for a healthy and prosperous life for all.

South Africa, as one of the 196 members of the World Health Organisation, has a binding international legal agreement to uphold the International Health Regulations (2005) to assist the international community in preventing and responding to acute public health risks that potentially could cross borders and threaten people worldwide. The public health response must prevent, protect against, control, and provide for ways commensurate with and restricted to the public health risks without unnecessarily interfering in international traffic and trade.



A One-Health approach allows South Africa to have systems to identify and assess potential public health threats. Although there is a plethora of information available on One Health, the disconnect between the various stakeholders, the lack of coordination between these stakeholders, and the failure to resource and implement plans is the Achilles heel of effective public health responses.

To address the impasse, the South African One Health Forum was established in 2014. The goal of the OHF is to strengthen collaboration and coordination between public health, animal health, and the environmental sectors for the prevention and control of mainly zoonotic diseases and to meet South Africa's International Health Regulations obligations.

The One Health Forum includes representatives of National and Provincial Departures of Health, National and Provincial Veterinary Services, Department of Environment, Forestry and Fisheries, the National Institute of Communicable Diseases (NICD), Onderstepoort Veterinary Institute (ARC-OVR) and academia. The Forum, co-chaired by NICD and ARC-OVR, established a Steering Committee in 2015 that serves to guide the activities of the larger OHF.

The Terms of Reference for the One Health Forum is:

- To identify priority areas for action along the OH theme;
- To identify and list existing surveillance programs as well as identify challenges and gaps.
- To identify training needs in the country for all OH stakeholders associated with priority areas;
- To ensure a safe food supply;
- To strengthen communication on OH matters;
- To align and collaborate on outbreak and disaster preparedness and response;
- To identify research gaps and challenges to relevant research concerning priority areas in OH in the country.



Since its inception, the OHF has held several stakeholder meetings, including specialist meetings such as International One Health Day Symposiums and International World Rabies Days events. A national workshop to prioritise zoonoses across the relevant sectors in South Africa was held in 2016 that subsequently drafted a comprehensive list of functioning expert and advisory groups on zoonotic diseases and anti-microbial resistance.

As a next step, the OHF is drafting a framework for implementing the One Health approach in South Africa, which will, when complete, guide the activities of various stakeholders.

When moving beyond the three known circles of One Health, namely Human, Animal and Environment, and to properly interrogate the myriad of factors impacting on the health and welfare of humans, animals and the environment, South Africa will have to extend the One Health Forum and create a deliberate formal structure, adequately resourced, to develop and respond to public health challenges effectively.

As the South African Veterinary Association believes that we, as a representative of most veterinarians in South Africa and a network of animal health-related industries, can positively contribute to this domain, active canvassing is done to become a permanent member of the One Health Forum.

In order to manage public health threats optimally and effectively in a collaborative, multisectoral, and transdisciplinary approach, an in-depth appreciation must be executed, recognising the interconnection between people, animals, plants, and their shared environment must be done commissioned. Such a program has to be supported by the government, adequately resourced, monitored and controlled for successful implementation.

Beyond Three Circles: A Broader View of One Health

Gary A Vroegindewey, DVM, MSS, DACVPM
Professor Director, One Health Program
Lincoln Memorial University-College of Veterinary Medicine

One Health has evolved from a concept to an operational framework to address major societal issues. The idea that there is a link between human health and the environment and animal health is not new. It can be traced as far back as to the Greek physician Hippocrates (c. 460 BCE – c. 370 BCE) in his text *"On Airs, Waters, and Place"* where he promoted the concept that public health depended on a clean environment. Lucius Junis Moderatus Columella wrote a work, "*Segregation and Quarantine"*, an early text on agriculture and led to a basic form of One Health. It advised people and animals to be kept separate on farms.

The World Bank highlighted One Health in 2010 with *People, Pathogens and Our Planet Volume 1: Towards a One Health Approach for Controlling Zoonotic Diseases.* This work also provided an early graphic depiction of One Health (fig 1.) In this graphic, One Health is indicated as the very narrow intersection of the three interconnected circles of Humans, Wildlife and Domestic Animals.

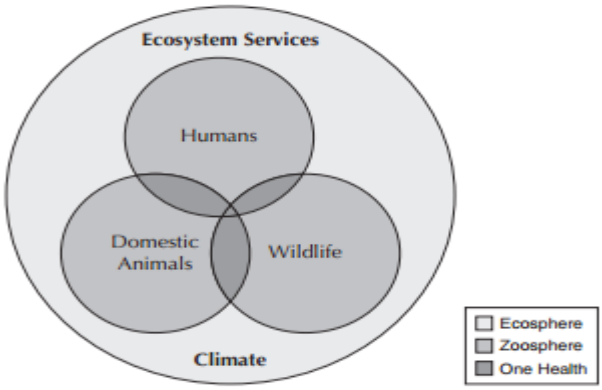


Figure 1. The One Health focus on zoonotic disease continued with the World Health Organization, World Animal Health Organization (OIE), and United Nations Food and Agriculture Organization publishing "Taking a Multisectoral One Health Approach : A Tripartite Guide to Addressing Zoonotic Diseases in Countries".

The One Health framework has often been represented by three intersecting circles the representing human health, animal health, and environmental health reflecting the One Health Commission definition: *One Health is a collaborative, multisectoral, and transdisciplinary approach-working at the local, regional, national, and global levels- to achieve optimal health and well-being outcomes recognizing the interconnections between people, animals, plants and their shared environment.* (fig. 2)

This definition broadened the scope of One Health beyond zoonotic disease. It began to include other functional domains such as the human-animal bond, food safety and security, translational and comparative medicine, antimicrobial resistance, climate change adaptation, and other focus areas.

The three aspects of One Health, human health, animal health and environmental health, have mainly been adopted and integrated into national and international frameworks as seen in the Global Health Security Agenda, an international program to address critical emerging biothreats that incorporates One Health.[3]
This three circle graphic, while helpful to envision groups working

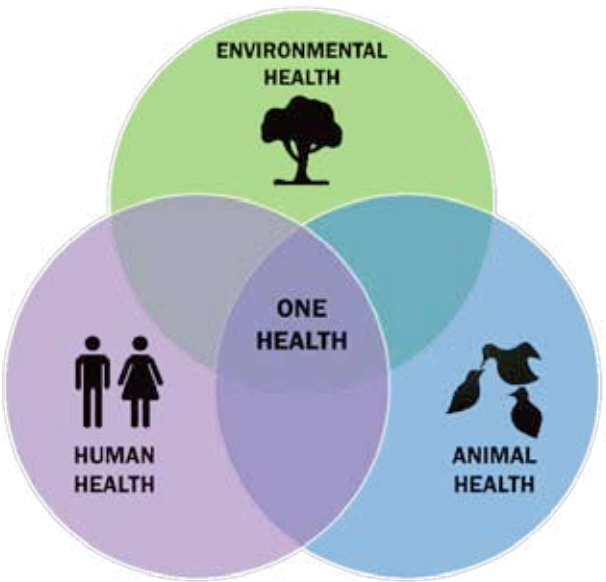


Figure 2.

together collaboratively, oversimplifies the One Health construct and does not address broad scope of One Health issues and the barriers to effective and efficient One Health action.

Barriers to One Health in practice have been previously identified, including:

- Legal Authorities
- Funding
- Institutional Culture
- Processes
- Terminology
- Facilities
- Infrastructure
- Information Technology

However, even including human health, animal health and environmental health does not provide enough of the spectrum

of health determinants to address global issues as evidenced by the 2014-2016 Ebola Virus epidemic in West Africa. The world response to contain the recent Ebola Virus fell dramatically short of ideal and was deemed by many a failure.[4]

When we examine the reasons, we can see that the One Health approach with three interlinking circles was insufficient. The response failure was not due to a lack of understanding of the virus in humans, animals or the environment (while there was still more to learn), but a failure to understand and manage the disease from a political, social, cultural, and economic perspective standpoint. The cultural construct of West African tribes and societies was not well understood. Burial customs that included washing victims' bodies and bathing in the fluids rapidly added to the transmission of the disease throughout villages.[5]

The external medical response teams were often dressed in white personal protective equipment (PPE) gowns representing cleanliness from our Western viewpoint. Still, white signified death to local people and led in part to the killing of medical responders. (personal communication-Macgavin-Skinner). Standard protective procedures such as using gloves when families were providing care to hospitalized patients were not well understood as caregivers wore gloves at the bedside and then kept them on when eating in the dining facilities (personal communication-Noah).

The politics and economics of the consequences of transparent reporting of Ebola by West African governments were not well-considered. The institutional culture and procedures of the World Health Organization led to delays in declaring this an emergency and effectively mobilizing international support.

A Public Health Emergency of International Concern (PHEIC) was issued under the International Health Regulations (IHR) criteria, and the timing of the determination of PHEIC during the Ebola outbreak was based on the application of the IHR but did not address the potential ongoing impact of the virus and slowed international response. The understanding of West African nations' economics, surveillance, and response capacities under IHR were not well understood and led to global response failures.[6]

The Ebola crisis is just one example of where the traditional three circles of One Health, human health, animal health and environmental health did not provide an adequate framework for an international emerging zoonotic disease response.

As we move forward with the evolving One Health framework, we need to broaden our view and include those areas and disciplines critical for the successful resolution of local, national and global issues.

Political scientists, sociologists, cultural anthropologists, linguists, economists, organizational design specialists, and others must be included with human medicine, veterinary medical and environmental specialists and be familiarized and trained for these broader aspects of One Health. This will require prior coordination, training, education, organizational structure, and a proper legal foundation for response.

The Ebola illustration from global health can be equally applied to clinical veterinary medicine and surgery where the entire context of the client, patient, environment, economic, legal and cultural circumstances impact the scope of practice and the ability to provide and perform veterinary services. This broader view of an effective and efficient One Health framework beyond the traditional three circles is well illustrated by the Canadian Public Health Graphic for One Health that includes these multi-disciplinary aspects and serves as a valuable construct to view One Health.



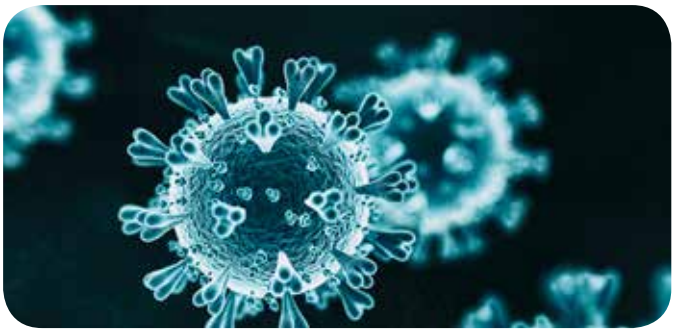
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Interdisciplinary research and the future of pandemic preparedness

Prepared by Prof. Wanda Markotter, Director; Centre for Viral Zoonoses, DSI-NRF South African Research Chair in Infectious Diseases of Animals (Zoonoses), Faculty of Health Sciences, FutureAfrica Research chair in People, Health and Places, University of Pretoria

wanda.markotter@up.ac.za



Over the past four decades, approximately 75% of important emerging and re-emerging diseases spilt over from animals (zoonoses) with a strong link to wildlife origin. . These events have significant financial implications, with the World Bank estimating economic losses between 1997 to 2009 of US$80 billion, and that US$6.7 billion per year could be saved globally by preventing emerging disease outbreaks.

The current COVID-19 pandemic exceeded these significantly and it is still escalating. Renewed thinking and commitment towards preventing pandemics is desperately needed. The One Health approach, stating that human, animal and environmental health are linked, is not new, but it is now even more urgent to translate into practical actions and requires an interdisciplinary approach and collaboration between all sectors to be successful.

Prof Markotter, Centre for Viral Zoonoses, University of Pretoria was awarded a chair in Animal Infectious Diseases (Zoonoses) by the DSI-NRF South African Research Chairs (SARChi) Initiative in 2016. Specifically, biosurveillance in African bats species is an important part of this programme including constant evaluation of the diagnostic capacity both in the country but also for the region. In addition, is it important that data collection include host biology and ecology as well as environmental data to correlate with infection dynamics. High-risk factors and potential contact with humans and other animals need to be identified and included in surveillance strategies.

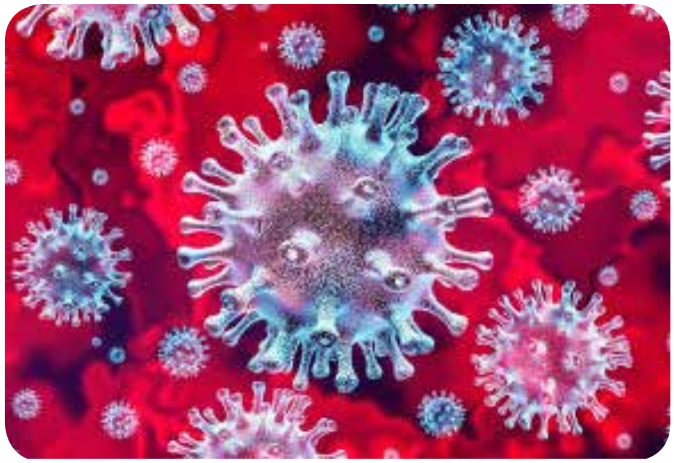
As the human population increases, leading to more pressure on our environments, the risk for spillover of diseases will increase. Where you have an increase in human populations it comes with additional pressures for food security and infrastructure leading to more contact with animals either as a food source or by changing the environment and creating opportunities for contact. Knowing the diversity of pathogens in bats and when and where they can be transmitted is important. Routes of transmission must be clearly understood since they can be different depending on the virus e.g. urine, faecal, bite and it may be seasonal e.g. only present in the urine during the reproductive season of the bats.

This is the basic information needed to start with but this alone will not stop outbreaks. We need to understand contact with people and other animals and the risk of transmission. Mitigations strategies to limit opportunities for spillover must be developed in collaboration with governments and all affected parties including the community. We need to go beyond just testing wildlife for pathogens.

In 2019 this programme under the leadership of Prof. Markotter, received significant resources when funding from the USA Department of Defence, Defence Threat Reduction Agency was successfully awarded to an interdisciplinary team including academia, research institutes and government partners in the region and global experts.

The Southern African Bat Research Network (SABRENet) is focused on biosurveillance of bat viruses that may spillover, but overall this project is strengthening Southern Africa's ability to perform wildlife surveillance and investigate potential factors or spillover.

Preparing for the next pandemic can not just focus on disease detection. To only react when it is already a disease transmitted between humans is too late and extremely costly, both in human lives and economic impact. Prevention and readiness require a holistic approach between disciplines, academics, scientists, societies, governments and non-profit organizations, focused on developing sustainable solutions and mitigation strategies that are practical for our region and beyond.









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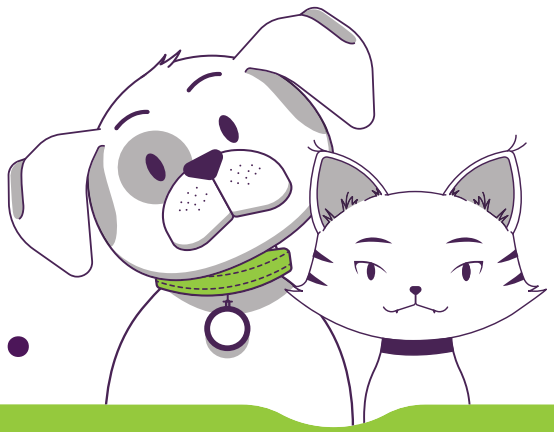
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Hill's Pet Nutrition Announces New Prescription Diet Derm Complete to Help Manage Environmental and Food Allergies in Dogs

Hill's Pet Nutrition announces the launch of Hill's Prescription Diet Derm Complete, the brand's latest groundbreaking innovation in nutrition and addition to the Hill's Prescription Diet portfolio. Derm Complete is the only nutritional solution clinically proven to tackle both food and environmental allergies in dogs[2].

The new product will help alleviate excessive licking, scratching, headshaking and skin redness, often the cause of regular visits to the vet. In an open label study conducted by Hill's, Derm Complete reduced night scratching, with less disrupted sleep within two months in 75% of dogs.[3]

"For years, Hill's has been committed to creating science-led nutrition that improves the quality of pets' lives, and we know that skin sensitivities in pets are challenging for everyone involved. They not only cause discomfort for dogs with irritated skin, but also lead to frustration from pet parents trying to give their dogs a happy, healthy life," says Dr Guy Fyvie, Veterinary Affairs Manager for Hill's Pet Nutrition South Africa. "Derm Complete is the latest breakthrough in pet nutrition that is clinically proven to provide broad derm coverage from the inside-out. Now, veterinarians can start managing skin disease immediately to help end their itching."

New Derm Complete is formulated with optimal levels of key nutrients to help strengthen the skin's natural barrier against environmental allergens, helping avoid future flare-ups. Derm Complete also contains Histaguard complex with bioactives and phytonutrients to help manage a dog's response to environmental allergens. In a study, pet owners reported a reduction in scratching in 82% of dogs with environmental allergies.[4] Derm Complete also contains egg as a single intact animal protein source — a novel protein that avoids 96% of food allergies[5] in dogs and helps to reduce itching.

Historically, dietetic foods have been formulated for either adverse food reactions or environmental allergies. Derm Complete is a breakthrough product and an easy way to help manage both types of allergies and alleviate itching, no matter the trigger.

With the new Derm Complete, dogs will not only have an improved quality of life, but they will also have more time to do what they love — be a best friend.

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Founded more than 80 years ago with an unwavering commitment to pet nutrition, Hill's mission is to help enrich and lengthen the special relationships between people and their pets. Hill's is dedicated to pioneering research and groundbreaking nutrition for dogs and cats based on a scientific understanding of their specific needs.

For more information about Hill's, our products and our nutritional philosophy, visit us **www.HillsPet.co.za**

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[1]Mueller RS, Olivry T, Prélaud P. Critically appraised topic on adverse food reactions of companion animals (2): common food allergen sources in dogs and cats. *BMC Vet Res.* 2016;12:9.
*The only dietetic nutritional solution for both food and environmental allergies in dogs supported by 3 clinical studies.

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SAIC 2021 – KATHU, NORTHERN CAPE

The eagerly awaited South African International Championships Endurance Ride in 2021 took place in Kathu on Thursday the 7th and Saturday the 9th of October 2021. This competition was cancelled during 2020 and should have taken place in April 2021. Many of the endurance events were either cancelled or delayed. Sadly, this one was not similar to the previous International Championships because there were no competitors from Namibia or Botswana. Therefore the event became a Provincial Competition. Traditionally, the 160km ride takes place prior to the 120 km because a limited number of riders compete in the 160 km.

The ride took place at a very impressive Equestrian Club that caters for all of the various equine disciplines at Kathu and where they are fortunate that the mines have built these remarkable facilities. The location is also lovely because of the traditional Kalahari thorn trees which are well established in this area. Concern was expressed that rather high daily temperatures could be experienced, but fortunately, this was not the case, and the weather conditions were changeable. There was a substantial storm that threatened the area late in the afternoon of the 160 km ride (Thursday). Fortunately, it passed the event site, and only wind damage occurred at the campsites.



The event was expected to be smaller than when our neighbouring countries were competing; thus, the number of vets that attended was reduced. The Treatment Vet was Dr Gerhard van der Westhuizen, the Line Vets were Tino Dakwa (Head Vet), Boeta van der Merwe, Theo Coetzee, Lea Shuda, Brighton Muyambiri and they were also assisted by Anja Uys. The ride Masters were Brand Pretorius and Ludi Fourie (all of these are in the picture).

There were some challenging sections for the riders where a portion of the ride took place through game camps and then other sections through farmlands where there was a challenge with soft sand where the horses worked substantially harder.

Fortunately, for both events, there were no serious problems experienced with horses, and in particular, for the 120 km ride, the expectation was that there would be a substantial number of horses that would require drips, but this did not occur. The speeds with which the light-weight and young riders rode for the first 40 km were of real concern because they were substantially faster than anticipated. The concern was that a number of horses would have run out of "petrol" after the first 40 km.



Gerhard van der Westhuizen was assisted by two assistants - and had access to excellent stabling facilities (which had been cleared of the normal horses that occupy those stables - in order to accommodate this ride). The equine owning community in Kathu happily moved their horses to other facilities to provide sufficient stabling.

Some of the results are shown in the tables below (with sincere thanks to Alan Spreadborrow), but 17 horses departed at the start of 160 km, and 9 finished the ride.


Photo provided


Photo provided

They started at 02:00 in the morning and finished late on Thursday afternoon. In the 120 km, the lightweight riders departed at 5:00, with the young riders departing 40 minutes later. The last departing on the 120 km were the heavyweights, and the last rider to complete the event finished at 19:00 on Saturday evening.

A total of 127 horses departed, and 61 failed to complete. In the last SAIC, 37 riders started 160 km, and 202 riders started the 120 km event. Our colleagues who screened the horses and monitored their health deserves acknowledgement for having prevented any serious problems and ensuring that horses that did complete did so in optimum condition. There were quite a few responsible competitors who withdrew their horses voluntarily at different stages during the rides. All that attended the ride were very complimentary about this event, the facilities and all arrangements concerning this ride.

Thanks were particularly expressed to the Northern Cape organizing committee, who worked endlessly - ensuring that everything ran smoothly.

WINNING TEAM RESULTS (120 km)

		Total Time
Juniors Rider	Free State	19:47:39 (3 riders)
Light Weight	Western Cape	16:47:34 (3 riders)
Standard Weight	Western Cape	19:45:03 (4 riders)
Heavy Weight	KZN	21:07:41 (4 riders)

WINNERS OF WEIGHT CATEGORIES (120 km)

		Total Time	Average Speed (km/h)
Heavy Weight	Viljoen Van der Linde	06:38:25	18,07
Standard Weight	Schalk Willem Fourie	06:01:13	19,93
Light Weight	Carike Fourie	05:23:17	22,27
Young Rider	Anine van Heerden	05:51:32	20,48

WINNING RESULTS (160 km)

		Total Time	Average Speed (km/h)
Standard Weight	Schalk Willem Fourie	08:57:20	17,86
Light Weight	Michael Vaaltyn	08:35:07	18,64
Junior Rider	Marjulyn Myburgh	09:00:06	17,77

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THE FIRST WRITING SYSTEM

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Fig 1: Making of calamus from de common reed. Taken from Oxford University web.

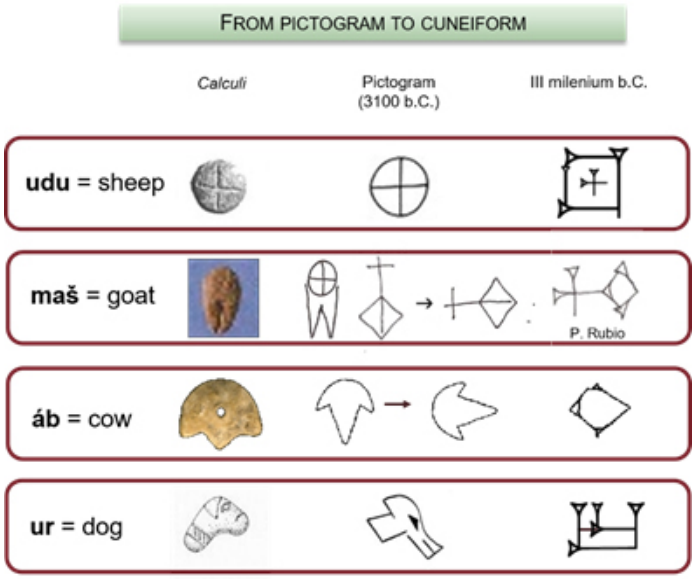


Fig 2: Some animal calculus and their evolution into cuneiform sign.

Sumerian cuneiform is, along with Egyptian hieroglyphics, the oldest known writing system. Its origins date back to the 4th millennium BC in the southern-most region of Ancient Mesopotamia (present-day Iraq). The Sumerians were very knowledgeable about their biotic environment and took advantage of what it had to offer: reeds (*Fragmites australis*), for the production of *calamus*, or writing tool, and clay for the production of tablets. The term "cuneiform" comes from Latin *cuneus* (wedge), which is the shape left by the *calamus* when pressed into wet clay. These signs evolved from the so-called *calculi* (singular *calculus*), small pieces of clay which represented specific objects during the first commercial exchanges. Many animals were depicted in this way as they were, together with agriculture, the main economic source. Figure 2 shows some of these *calculi* and their evolution into cuneiform signs. This writing became more complicated as time went by and new signs were added. Scribes began learning it as children at school, known as the **é-dub-ba** or "house of tablets", and had to memorise more than 450 signs, so it took years before they mastered it. Writing came to support a complex administrative system. We have a good example of this in the animal concentration and expedition centre at Puzriš-Dagan, now Drehem. This is the source of numerous administrative tablets on which counts of different species, their origin and destinations were recorded. Most of these animals came from tax collecting and were dispatched for sacificing in the temples of the cities. Animals are also depicted in Sumerian art, denoting an interest that goes beyond the purely economic or food-related. Given the scarcity of zoo-archaeological studies and the poor state of preservation of the pieces recovered, these representations constitute an important source for their study. Literary records with proverbs and fables in which animals are assigned human characteristics (as in Aesop's fables) are preserved: magnificence to the lion, cunning to the fox or motherliness to the dog. Mythological beings such as the bird Anzu or the serpent Mususu, protagonists of epic battles, dwell on the tablets. All these creatures found their way into the Sumerian zoological classification, the oldest known to date, which I will tell you more about in the next issue.

We still do not know the meaning of many of the animals hidden behind these spellings. The deciphering continues!



RCVS Knowledge opens nominations for the Plowright Prize

Dr. Gideon Bruckner

The Plowright Prize offers £75,000 to recognise an individual working in Europe or the Commonwealth who has made a significant impact on the control, management and eradication of infectious diseases of animals. The eligible activity must demonstrate animal, humanitarian or economic benefit. The prize money is intended to support the individual's ongoing work in the field.

Potential recipients of the prize include veterinary surgeons, veterinary nurses and research scientists. Awardees may be working in a research setting, academia, practice, or other related sectors. Individuals must be nominated for the award, and the prize is not open to organisations.

RCVS Knowledge is delighted to be working with an esteemed judging panel, including representatives from the Royal College of Veterinary Surgeons, the Food and Agriculture Organization of the United Nations, the World Organisation for Animal Health, Pirbright, The Royal Society and the Microbiology Society.

Individuals must be nominated for the Plowright Prize by 31 March 2022.

The 2020 winner was Professor Ivan Morrison, a professor of Immunology at The Roslin Institute Royal (Dick) School of Veterinary Studies, The University of Edinburgh, for his research into creating a cost-effective vaccine for the cattle disease East Coast Fever.

Professor Morrison said: "It was a great honour to receive the inaugural RCVS Knowledge Plowright Prize; I was particularly humbled that it is awarded in memory of Walter Plowright. The funds are advancing my current research on Theileria parva by demonstrating that the approach I am pursuing is a viable option for vaccination against the parasite.

"Such a vaccine will be affordable by small-holders in Africa, improving their ability to control the disease and enhancing their prosperity and quality of life."

Executive Director of RCVS Knowledge Chris Gush said: "We are delighted to open the second Plowright Prize in memory of one of the world's most exceptional veterinary surgeons and scientists, and celebration of decades of dedication to an area of substantial societal significance.

"We look forward to receiving nominations from throughout Europe and the Commonwealth that will further vital research in the area of infectious disease within the veterinary profession, benefiting animals, the public and society worldwide."

Walter Plowright (1923-2010) was an acclaimed veterinary scientist whose major breakthrough in the battle against rinderpest – the tissue culture rinderpest vaccine (TCRV) – provided the key to eliminating the disease. In the year of Walter's death, the Food and Agriculture Organization of the United Nations officially announced the complete eradication of the disease, only the second such feat in human history, alongside smallpox.

The story behind the profession's eradication of rinderpest, commonly known as cattle plague, can be found on the following link:

https://knowledge.rcvs.org.uk/grants/available-grants/the-plowright-prize-2021/

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State rabies efforts enforced by a private clinic

By Toni Younghusband



In support of State veterinary efforts to vaccinate against rabies after an outbreak in the Western Cape, a Strand private veterinary clinic held two mass vaccination outreach events for underprivileged pet owners in four days.

In August, two rabies cases in dogs were reported in Khayelitsha near Cape Town, and a month later, a private clinic in Gordon's Bay recorded the third case. These were the first rabies cases in the Western Cape in 20 years.

Dr Esmaré van der Walt, a senior veterinarian at EberVet Pet Clinic in Strand, said, "The incidence of positive rabies cases in such close proximity is a cause of great concern. Rabies is a zoonosis and kills humans and animals; vaccination is the best way to prevent it.

"We believe private clinics should get involved to increase those prevention methods already being implemented by the State vet." For EberVet's vaccination outreach, pets from underprivileged homes were sourced by animal welfare organisation, The Outreach Program. The vaccination clinics were erected in open fields in Firgrove on a Saturday morning and in Casablanca in the greater Strand area on Tuesday. The State vet donated vaccines, and pet owners paid a flat fee of R10 per vaccination to cover syringe and needle costs. Volunteers also dewormed all dogs, applied parasite control and trimmed nails. A total of 259 animals, including 20 cats, were vaccinated.

EberVet Pet Clinic will host several more rabies vaccination clinics supporting the State vet in other low-income areas.









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South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

MISSION STATEMENT

"The South African Veterinary Association aims to serve its members and to further the status and image of the veterinarian. We are committed to upholding the highest professional and scientific standards by utilising the professional knowledge, skill and resources of our members, to foster close ties with the community and thus promote the health and welfare of animals and mankind".

Servicing and enhancing the veterinary community since 1920!

Tel: 012 346 1150
E-mail: vethouse@sava.co.za
www.sava.co.za



South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

New SAVA Member Benefit

SAVA understands the importance of reliable and cost-effective communications for all businesses, and to support our SAVA members, we have negotiated with Vodacom to make available the same deals and support they offer to big businesses.

Please browse the business deals available from Vodacom or contact our SAVA dedicated account manager, Ashton Chetty (ashton.chetty@vodacom.co.za or 082 858 9909) to assist you with any support enquiries like accounts or network coverage.

Please note:

- **These deals are only available to registered businesses, unfortunately not individual contracts.**
- **Only SAVA members qualify – pls have your SAVA registration number ready when contacting Ashton Chetty on Ashton.chetty@vodacom.co.za or 082 858 9909.**
- **If your contract is in your personal name, Vodacom will assist you in transferring it to your business.**
- **If you are not a Vodacom subscriber, Vodacom will assist you to port your telephone number to ensure that you don't lose your number when moving to Vodacom.**
- **The deals advertised here are only available until 7 November at which time the new month's deals will be published.**

There will be a series of webinars that will provide more information in this regard as well as providing information on solutions that may be beneficial to your practice. Please note that we will be communicating details on the d6 application, SMS and email.

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, lonelinessand 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.

Ken Pettey	082 882 7356	ken.pettey@gmail.com
Tod Collins	083 350 1662	tcollins@isat.co.za
Aileen Pypers	072 599 8737	aileen.vet@gmail.com
Willem Schultheiss	082 323 7019	willem.schultheiss@ceva.com
Mike Lowry	084 581 2624	mikelowry@sai.co.za

24-Hour, Toll-Free Helpline (manned by psychologists, social and frontline healthcare workers):
0800 21 21 21

CREDO

SAVA
South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

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 professie 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.

South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

CALL FOR NOMINATIONS FOR SAVA AWARDS AND HONORARY MEMBERSHIP 2022

Nominations for the SAVA Awards are invited. These awards are conferred on persons who have made exceptional and significant contributions in the fields of Veterinary Science or the Veterinary Profession and they serve as a prestigious form of recognition of distinguished service. They require sufficient but concise justification for the nomination in the category selected, as outlined in the criteria listed for each category. The presentation of awards will be made at a suitable venue and occasion identified by SAVA and this usually occurs every second year to coincide with the Gala Dinner of the SAVA Biennial Congress. Please adhere to the nomination guidelines as set out below.

1. GOLD MEDAL OF THE SAVA

Awarded to any person, in recognition of outstanding and sustained scientific achievement, with a major impact in the field of veterinary science in South Africa. The medal will only be awarded once to a particular person, and there will be one award per year. The award requires a very comprehensive curriculum vitae and motivation.

2. PRESIDENT'S AWARD

Awarded to any veterinarian registered with the SAVC in recognition of outstanding service to and advancement of the veterinary profession in South Africa. The award will only be bestowed once on a particular person, and there will be one award per year. The award requires a very comprehensive curriculum vitae and motivation. .

3. BOSWELL AWARD

Awarded to any member of the SAVA for eminent service rendered to the profession through the SAVA. The award may be bestowed upon more than one person in a particular year.

4. CLINICAL AWARD OF THE SAVA

Awarded to any veterinarian or group of veterinarians who are registered with the SAVC and have excelled in applied veterinary practice. There is a limit of one award per clinical discipline per year. Past recipients become eligible for another award after a period of five years, for a different contribution.

5. RESEARCH AWARD OF THE SAVA

Awarded to one or more veterinarians for a body of research related to Veterinary Science, and published in scientific journals, that has made an important contribution to a particular field of study. Recipients of this award may be eligible for nomination for new original research. Submission to the Awards Committee may be made by candidates themselves.

6. YOUNG VETERINARIAN OF THE YEAR AWARD

Awarded to one veterinarian registered with the SAVC per year, younger than 35 years of age or who has not been registered for longer than 10 years and who has made a significant contribution to veterinary science in his / her work sphere.

7. SOGA MEDAL

Awarded in recognition of exceptional community service rendered by a veterinarian registered with the SAVC or a veterinary student enrolled at a South African veterinary faculty. In addition to veterinary-related services, other forms of community service may be considered to support the nomination.

8. CITATION OF THE SAVA

The SAVA may bestow a citation upon one or more persons, including non-veterinarians, in recognition of specific achievements and / or meritorious contributions to the veterinary profession or the SAVA. More than one citation may be bestowed per year.

9. HONORARY LIFE MEMBER

Any SAVA member who has rendered long and outstanding service to the veterinary profession may be awarded Honorary Life Membership. Honorary Life Membership will not be granted to more than three people in one year.

10. HONORARY ASSOCIATE LIFE MEMBER

Any person who is not a veterinarian and who has rendered outstanding service to veterinary science, or the veterinary profession may be awarded honorary associate life membership. Honorary Associate Life Membership will not be granted to more than three people in one year.

All nominations must be supported by:

- Submissions must be made on the official nomination form available from the SAVA office.
- A brief motivation in terms of the conditions of the specific award, including the impact the work of the nominee has had. Evidence supporting the motivation, such as testimonials, may be included.
- A full *curriculum vitae* of the nominee, including a list of publication(s) where applicable and all the contact details of the nominee.
- Copy (ies) of the relevant publication(s) in the case of the Research Award.

Please note that:

- Any member of the SAVA may submit nominations. Members are encouraged to channel their nominations via a group or branch.
- Non-SAVA members may be nominated for all categories except the Boswell Award and Honorary Life Membership.
- Unsuccessful nominations of previous years may, at the discretion of the Awards Committee, be held over for consideration in the following year.
- Where the nominator and seconder have indicated their permission, award categories of nominations could be changed by the Awards Committee.
- Members of the Awards Committee are permitted to propose or second candidates for awards, on condition that they recuse themselves when such nominations are discussed.

The onus is on members to submit appropriate nominations by the due date.

Failure to comply with the above will lead to disqualification of the nomination.

All nominations, in electronic format, marked for the attention of Prof G Bath, Chairperson, Awards Committee of the SAVA, must reach the SAVA Secretary Elize Nicholas elize@sava.co.za by 26th FEBRUARY 2022.

Nomination forms may be obtained from Vethouse or the SAVA website or contact Elize Nicholas: elize@sava.co.za or Tel: 012-346 1150 / 072-274 5434

Meet the SAVA team



Dr Ziyanda Majokweni serves on the board of SAVA.

Happy birthday on the 19th of November!

South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

What is your role within SAVA?

I am a SAVA member, a member of the poultry vets group and a SAVA Board Member.

What is your vision with your role in SAVA? Is there anything specific you would like to achieve?

My vision is to see a SAVA that is aligned with the needs of its members and represent the aspirations of all veterinarians in the country. I'd like to see young vets being active within SAVA and enabled by SAVA programmes to grow in their careers, provide the necessary leadership within the Agri and other related sectors within our country, and become world-renowned experts in their field of choice.

I'd like to see SAVA become a trusted partner to its key stakeholders and have a stronger, more impactful relationship with the state and other stakeholders. I believe collectively, SAVA members have a more significant role to play in contributing towards national imperatives, as the DALRRD Minister so eloquently indicated at the SAVC Indaba 2021, and as its leadership, we need to enable this participation for the good of the country. In all my dealings within SAVA, I am guided by its credo, this vision and I support what is ethical and fair.

What year did you qualify?

Long time ago! 1995

What was your nickname at Onderstepoort?

I didn't study at Onderstepoort I completed my degree at the then MEDUNSA, now known as Sefako Makgatho. To date, people call me Tripple Z or Zee!

Which is your least favourite animal to treat?

Definitely snakes!!!!!! V



VACCINATION BOOKS

The LAST ORDERS for 2021 for vaccination books will be 30 November.

No orders will be accepted after this – this is to ensure that stock will be dispatched by 15 December 2021.

Orders for 2022 will resume on 17 January.

To order/for more information contact Debbie Breeze on 012 346 1150 or debbie@sava.co.za



In Memoriam

HULDEBLYK AAN AWIE SCHUTTE
14 Januarie 1935 – 30 Augustus 2021



Abraham Paul Schutte, alombekend as Awie, is op 30 Augustus in die ouderdom van 86 jaar skielik oorlede terwyl hy met gebruiklike inkopies besig was om aan die welsyn van sy pragtige inheemse tuin in Gansbaai se vele gevleuelde en ander bewonertjies aandag te skenk.

Aan sy vrou, Kinnie, dogters, Karin en Sandra, skoonseun, Pierre, en kleinkinders, Liezl en Paul-Hendrik, my innige medelye met die verlies van 'n toegewyde, waarderende gade en uitsonderlike pa en oupa.

Awie is in Johannesburg gebore en matrikuleer in 1953 aan die DF Malan Hoërskool as hoofseun en kaptein van die skool se eerste rugbyspan. Na suksesvolle keuring, studeer hy veeartsenykunde aan die Onderstepoort Fakulteit. Tydens sy studies is hy vir 2 jaar kaptein van die Onderstepoort rugbyspan.

Hy dien ook op die Sportkomitee van die Studenteraad van die Universiteit van Pretoria. In 1958 verwerf hy die Maud Bales-studiebeurs en kwalifiseer in 1959 as veearts. Awie tree onmiddellik in praktykvennootskap met dr DG Steyn in Vereeniging, maar skakel in 1961 oor as senior lektor in genesiologie na die Reproduksie-afdeling te Onderstepoort Fakulteit en verwerf in 1964 'n M.Med. Vet (Gyn) graad. In 1967 word die gesogte BP en Agricura nagraadse beurse aan hom toegeken wat hom in staat stel om in 1969 'n Spec Doct (Gent) kwalifikasie in België te bekom. Terwyl hy op Onderstepoort werksaam is, is hy vir etlike jare afktief betrokke by die afrigting van die studente se rugbyspan.

In 1972 laat vaar hy sy doseerpos en word as assistent-direkteur by die Navorsingsinstituut vir Veeartsenykunde, Onderstepoort se Departement Reproduksie aangestel met die opdrag om die diagnostiese fasiliteite uit te bou.

Hy doen pioniersnavorsing op veral chlamidiose by beeste en ensoötiese aborsie by skape. In 1977 maak hy egter 'n radikale beroepsverandering deur na Mosselbaai te verhuis en 'n pos as staatsveearts te aanvaar. Kinnie se kulinêre vaardigheid vind uiting in die skepping van 'n plaaslike restourantjie met die treffende naam van Trap-in-die-gaatjie.

In 1980 doen Awie suksesvol aansoek vir die invloedryke vakante pos van Hoofbestuurder Veeartsenydienste van die Taurus Veeverbeteringskoöperasie te Irene, die nasionale liggaam vir die kunsmatige inseminasiebedryf (KI) in Suid-Afrika. Die gewysigde posbenaming van Hoof Uitvoerende Beampte in 1985 vul hy tot sy aftrede in 1994. In hierdie hoedanigheid raak hy intens by die veebedryf betrokke.

Hy dien byvoorbeeld op verskeie veeverbeteringswetliggame soos: vise-voorsitter van die Minister van Landbou se Adviesraad vir Diereproduksie; stigterslid van die Komitee oor KI; voorsitter van die Komitee insake die Nasionale Melkbeesprestasie- en Nageslagtoetsingskema; lid van die Minister van Landbou se werkgroep vir tegniese aangeleenthede betreffende die Veeverbeteringswet en sy regulasies.

Hy dien ook op die volgende veeverbeteringsliggame: voorsitter van Select Genes, 'n maatskappy in samewerking met Nederlandse KI-instansies gestig om voortreflike en beproefde genetiese materiaal van die Suid-Afrikaanse veebedryf in Afrika te bemark; voorsitter van Ramsem, 'n maatskappy saam met BKB gestig om voortreflike en beproefde genetiese materiaal van kleinvee in suider-Afrika, Suid-Amerika en Frankryk te bemark; lid van 'n internasionale komitee vir KI en reproduksie.

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In sy Taurus-hoedanigheid woon hy, onder meer, internasionale kongresse in Illinois en Den Haag by en onderneem 'n uitgebreide studietoer na die VSA, Frankryk, Denemarke, Italië en Israel.

Awie se betrokkenheid by sy beroepsorganisasie, die SAVV, kan as legendaries beskryf word. Hy is reeds van 1961 lid en later voorsitter van die SAVV se destydse Reproduksiegroep. Hy dien van 1973 – 1978 as verkose raadslid van die SAVV. Van 1976 – 1978 dien hy as President van die SAVV. Dis in hierdie hoedanigheid dat hy 'n status bereik wat waarskynlik nog nie weer deur SAVV-dienaars geëwenaar is nie. Hy is die dryfkrag vir die bevordering van twee van die SAVV se mees ambisieuse destyse doelwitte: om 'n beter finansiële bedeling vir staatsveeartse te verkry; om 'n tweede fakulteit vir veeartsenykunde in 'n ander provinsie te probeer bewerkstellig.

Die feite oor die onbevredigende status quo is deur intensiewe SAVV-navorsing bepaal en die nodige omvattende skriftelike motiverings opgestel. Dit is gevolg deur talle ministeriële besoeke waartydens Awie die professie se saak met kenmerkende oortuiging gestel het. Die Minister het inderdaad op een stadium skertsend verneem of Awie dan oor 'n seisoenkaartjie vir besoeke aan sy kantoor beskik? 'n Beter bedeling vir staatsveeartse het weldra gevolg, maar die verhaal van 'n tweede fakulteit verg 'n uitvoerige uiteensetting.

Paslike erkenning vir sy toegewyde bydraes tot die bevordering van sy beroep, die gesogte Jack Boswell Toekenning van die SAVV, het in 1978 gevolg. Awie se indrukwekkende wetenskaplike produktiwiteit word geïllustreer deur die 53 wetenskaplike publikasies, 17 populêre publikasies en 141 referate en lesings wat uit sy pen gevloei of wat hy voorgedra het.

Na sy aftrede leef die Schutte-egpaar hulle liefde vir die natuur uit deur talle besoeke aan nasionale en plaaslike wildtuine en natuurreservate. Awie verbeter ook sy kennis van die inheemse voëllewe deur bywoning van kursusse en lesings. Sy omvattende biblioteek oor plaaslike natuurlewe bevat onder meer 'n bykans volledige stel van die vlagskip Roberts Birds of South Africa reeks.

Verder het Awie hulle sprokieryke Gansbaaihuis se tuin in 'n paradys vir plaaslike voëlsoorte en 'n klein versameling skilpadjies omskep deur dit ryklik te voorsien van fynbosstruike en ander voëlvriendelike plante wat hy met groot toewyding versorg en met entoesiasme aan besoekende familielede en vriende vertoon het.

Sy hartlike persoonlikheid, toegewyde en hegte gesinsverband, wye belangstellingsveld, getroue vriendskap en eindelose gasvryheid, mildelik ondersteun deur 'n ondergrondse wynkelder ruim voorsien van kundig-versamelde, verouderde rooiwyne, laat deur sy heengaan 'n pynlike leemte by sy gesin sowel as by sy vriende.

Rudolph Bigalke

ZARNI PETER KEMPSTER
03 September 1931 - 22 August 2020



Zarni Peter Kempster (3 September 1931 - 22 August 2020) passed away in August 2020 after a long battle with Lewy Body Dementia and Parkinson's disease.

He is sadly missed by his wife (Sylvia), 7 children, 15 Grandchildren, 7 Great-grandchildren, countless pets and their owners.

We will always carry his memory in our hearts.

Jenny Dunlop

Influential Life Coaching





Dr Mats Abatzidis

B.Sc. B.V.Sc.

New Insights Certified VIP Life Coach
mats.abatzidis@yahoo.co.za
Founder of Influential Life Coaching
http://www.matsaba.wix.com/drmatscoach
Author of the published book "Life outside your comfort zone. Better and beyond all expectations".
http://www.amazon.com/s/ref=nb_sb_noss?url=search-alias%3Ddigital-text&field-keywords=Abatzidis
Blog: https://drmatslifecoaching.wordpress.com/
http://www.life-coach-directory.co.za/mats-abatzidis





I hope this article in my column finds you and your families well and safe!!! I recently had an interesting discussion with a colleague in the industry. It is **prevalent amongst people to stress whether what we do every day is "good enough"**. We live in a world of instant gratification and competition, which inevitably may suck us into the trap of comparing ourselves to others. The media is littered with images of the ideal life, ideal bodies, and all sorts of ideals that we pile on top of our limiting beliefs (discussed last month) or fears that we may or may not be conscious of, as well as negative self-talk.

Feelings are real and should never be ignored. If somebody is not feeling "not good enough", brushing it off with a casual "of course you are good enough" comment may not be good enough. We need to understand that **the feeling carries a deeper meaning**. We, as humans, assign meaning to everything, including emotions and things and events, which, when revisited, reveal deeper our deeper fears and desires. Furthermore, our relationships with ourselves and others can also contribute to the feeling of "not good enough". Your worth, as an individual or as a professional in your industry, or in any other capacity for that matter, cannot be based on what others think of you. We simply must learn to assign a different meaning to events in our lives.



One of the first steps we need to take is to ask the underlying fear behind the feeling of "not good enough". Often, in my experience with Life Coaching and most of my clients' lives, the **underlying reason is fear or anxiety**.

Fearing failure and not reaching your full potential is very real. Not being able to make any significant progress towards completing your goals over time will lead to a perpetual state of anxiety. It often creates the illusion that the challenges we face are more potent than those accompanied by self-doubt.

Once we have labelled and identified the fear, **the only antidote is taking action.** Start with small actions and steps that are manageable and develop the drive within yourself. Then employ people that will support you in these endeavours and provide you with earnest and honest feedback.

Make sure your objectives and identified next steps are clear and the results expected are measurable so that you can monitor your progress and remain accountable.

Re-evaluating your goals and the reasons for wanting to achieve them is essential. This important task will ensure that the purpose (s) we will devote ourselves to is aligned with your most important values. Limit current and potential distractions. Part of this vital step in making sure that we perform at our best is eliminating the excuses that we create along the way based on our fears and limiting beliefs.

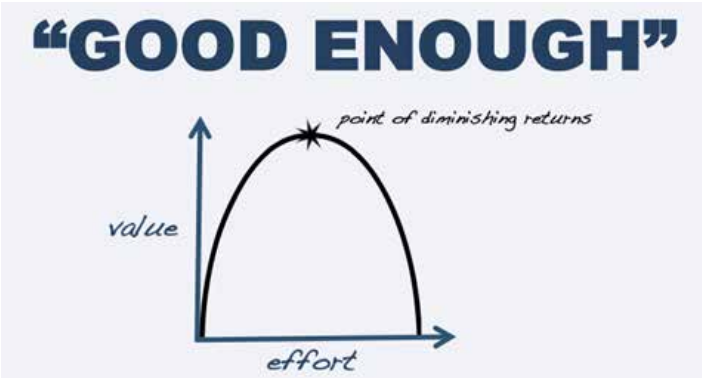
Finally, we need to take stock of what resources we have available to us in the form of people, physical items, internal resources (determination, willpower, passion, etc.) and resources that still need to be obtained. Once we know what we have in our arsenal, we can map out the process by laying down dated milestones and associated rewards in detail.

Ultimately, we are compiling a dynamic document that will serve as an instruction manual on how to progress from your current situation to the desired outcome when the goal(s) has/have been

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completed. In other words, we will have **planned the work, and all we need to do next is follow the steps and work the plan** step by step to completion.

As soon as we stop telling ourselves that "we are not good enough", we have the potential to improve our lives rapidly and dramatically.



What is essential to understand is the self-talk over time because what we retain in our minds and repeat consistently ultimately determines what we will encounter and manifest in our lives.

We are not taught how to do that on our own in any form of education I have been subjected to; therefore, we should be kind to ourselves in this regard.

More important is **gaining the necessary skills and knowledge, taking action** with the two latest acquisitions and working with a life coach to empower yourself and work toward the success you can be.

There is no reason to continue along a path of self-destruction and self-doubt. **Start accepting and owning that you are more than good enough to learn new skills and progress at will** so that you can live your life at the next level immediately.

Next month, we will continue this principle and look at positive ways to embrace the new world post COVID19, healthy, safe, and reengaged.

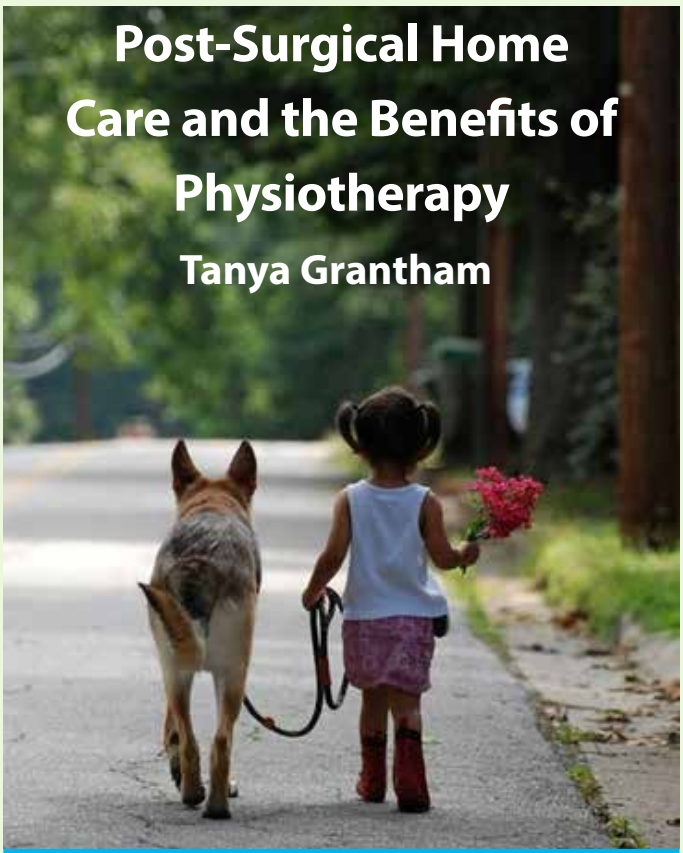


Farm Vets bid for Covid vaccination contract

"We're free on Wednesdays -
line up the top four tiers in races, and
we'll get through them by lunchtime."

Post-Surgical Home Care and the Benefits of Physiotherapy

Tanya Grantham



Controlled walking:
Pinterest

When a decision is made to perform a surgical procedure on a canine patient, a lot of care, effort and money is then invested in the dog. This investment is made by the veterinarian, the veterinary support team and the pet parent. Given the monetary, emotional, physical and professional cost involved, the logical question to ask following the surgery is, "How can we achieve the best possible outcome?" In human medicine, physiotherapy is an accepted and expected sequel to surgery. Veterinary medicine is following this route.

As in human surgery, this starts while the patient is still in the hospital. Physiotherapy is particularly effective in assisting with post-operative pain control. Physiotherapists use thermal therapy, electrotherapy and photobiomodulation therapy to enhance analgesia. Some of these modalities can even be used in the home, by the client, after the patient has been discharged. Physiotherapists are trained and skilled in guiding the client in the home management of the special needs of patients. They can highlight particular areas of concern and assist the client in identifying and reaching workable solutions to potential problems. Physiotherapists also help with the return to mobility. The dogs are often not wholly mobile when they are sent home, and physical rehabilitation practitioners are adept at continuing with this process once the dog is in the home environment. The first aspect that deserves attention is that of confinement or 'cage rest'. Many clients baulk at the idea of placing their pets into a cage. The emotional stress the client experiences is real and should not be ignored. In many instances, management of movement is what is required. Therapists clarify the need for the restrictions. No running, jumping, and playing can be gently explained, along with the need for confinement.

Further information is given regarding elimination behaviour and the frequency at which exercises need to be performed. A solution can be found for almost every household. Sometimes a home visit is necessary to truly understand the difficulties a client is experiencing. Dogs are often sent home with home exercises that facilitate a return to function. Clients can fear that they will break their dog and find it challenging to perform these exercises. Non-compliance by the client is a common problem with such programs. Physiotherapists are competent in achieving and demonstrating these exercises to the pet owner with their animal. This instils confidence and client compliance increases. Along with the increased compliance is an improved outcome. A great addition to the exercises is controlled leash walking. There is, however, a right way to do this. When dogs are walked in this manner, they must engage all four limbs separately. Walking is a four-beat gait. The slower the dog walks, the more likely the dog will bear weight on an affected limb. There is less opportunity to cheat.

Increased weight bearing amounts to improved function. Physical rehabilitation therapists can work with both the dog and the client to establish the correct leash length and the ideal pace to achieve weight-bearing. Further guidance is given about the frequency and duration of the leash walks.

In conclusion, the healing continues well beyond the hospital stay. By adding physiotherapy into the post-op home program, tissue repair is facilitated, and return to functions of daily living is hastened.

Furthermore, the client is included in the recuperation process. V



Confinement:
www.animaltherapymedia.co.uk



What suture material to use after an extraction

Dr. Mareli van de Wetering &
Prof. Gerhard Steenkamp

Placing sutures in the oral cavity of dogs and cats is commonly performed daily by veterinarians. This column will look at some matters you should consider in choosing the suitable suture material to close your flap or repair a defect created during surgery.

The holding strength of the tissue

Tissue strength is dependent on the amount of collagen and the orientation of these fibres in the tissue. [1] The strength of the suture used should be at least as strong as the tissue it needs to close.

The time that the suture will take to dissolve

It is essential to use a suture material that will maintain most of its strength for the period as the tissues take to heal. Suture material should also not be retained longer than necessary as it is a foreign object. The longer it stays in the tissue, the more likely it is to have complications such as infection and inflammation.

The healing time of the tissue as well as local tissue factors

Oral mucosa heals relatively quick, ranging from 14 to 21 days. [2] The appropriate suture material should therefore lose its tensile strength in the same period. Local tissue factors such as infection may result in quicker absorption (variable absorption times) of suture material (e.g., uncoated catgut). Therefore, it will be safer to use synthetic suture material with a predictable absorption time compromised tissue.

Adequate size of the suture material

The smaller the size of the suture material, the less the trauma and the smaller the knots will be in the oral cavity. Minor tissue trauma will result in less inflammation and much quicker healing.

Smaller knots will cause less irritation in the mouth and will harbour fewer bacteria than big bulky knots. In most circumstances, a size 4/0 will be adequate for suturing in a dog's oral cavity, while a 5/0 will be adequate for cats and toy breed dogs.

Tissue and suture handling

Atraumatic handling of the tissues will result in less inflammation and quicker healing. Using an Adson tissue forceps causes less tissue damage in comparison to a tissue crushing forceps (Adson-Brown tissue forceps). Sutures should be handled with care and should not be clamped with the forceps or the needle holder as this can damage/weaken the material, which can cause it to break.

Surgeon's preference

The surgeons' preference may play a minor role. Still, it should always be secondary to the selection of the suture material based on the characteristics of the suture material and the tissue factors.

Suture classification

Suture material can be classified into the following categories: absorbable and non-absorbable, monofilament and multifilament, and whether it is made from synthetic or organic material.

Absorbable material is generally a better choice for use in the oral cavity. The non-absorbable suture material is quite stiff and uncomfortable in the patient's mouth, which must be removed later and has no advantage over the use of absorbable suture material. Monofilament suture material causes less tissue drag and minimal tissue reaction. It also harbours fewer bacteria which make it a better choice. The synthetic suture material is absorbed by hydrolysis, while organic/natural suture material is absorbed by enzymatic degradation. Synthetic suture material thus has a more predictable absorption time as hydrolysis does not get significantly affected by local tissue factors such as infection or inflammation.

Suture needle

The needle can be categorised into swaged on and eyed needles; tapered, reverse cutting, round, and regular cutting needles. Eyed needles are contraindicated for use in the oral cavity as it causes too much trauma when passed through tissues. A reverse cutting bodied needle is generally recommended for use in the oral cavity as this type of needle reduces the risk of pulling the suture material through the edge of the gingival flap. [1] The smallest sized needle possible should be used, but it should still be big enough to pass through both sides of the tissue. With oral surgery, you often work in a confined space, and a ⅜or ½ circle needle is recommended as this allow the surgeon to pass the needle from the buccal to the lingual surface with one motion. [1]

The most commonly used suture material in the oral cavity:

- Poliglecaprone 25 (*Monocryl*) or Polyglycolic – co – caprolactone (*Monozyl*)

  Synthetic, monofilament, absorbable

  Good knot security, easy to handle, good tensile strength and minimal tissue drag. Only loses tensile strength after 21 days and gets absorbed after 78 days [3] [2]

- Polyglactin 910 (*Vicryl*)

  Synthetic, multifilament, absorbable

  Fair knot security, easy to handle, very soft and is assumed to cause minimal patient discomfort and irritation afterwards. [3] They do cause a mild tissue reaction.

  Around 14 days, 35% of tensile strength is lost [3]

- Polydiaxonone (*PDS, MonoPlus*)

  Synthetic, monofilament, absorbable

  Good knot security, easy to handle

  Around 14 days, 14% of tensile strength is lost [3]. It is completely absorbed at 180 days. [2] This long period makes the suture material a less likely choice for general, non-complicated tissues.

- Chromic coated Catgut (Poor choice)

  Natural, multifilament, absorbable

  Poor knot security and tensile strength, especially when it gets wet. [4]Degradation is significantly influenced by infection/ inflammation. Moderate to severe tissue response. [1]

  Around seven days, 66% of tensile strength is lost [1]

To conclude, the ideal suture material for use in the oral cavity will:

- be absorbed in a predictable rate,
- cause little tissue reaction,
- is easy to handle with minimal knot slippage,
- will be strong enough to hold tissues together until adequate healing of tissues,
- be non-allergenic and non-carcinogenic,
- be attached to a strong needle that stays sharp and stable in the needle holder.

Therefore, using a 4/0 and 5/0 Monocryl/Monozyl on a reverse cutting needle in dogs and cats respectively is recommended.

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Ocular Ultrasonography in Small Animals

PART 1

Patient preparation, technique and normal appearance

By Sam Mauchlen MRCVS BVM&S

Ultrasound is used routinely by veterinary ophthalmologists to evaluate ocular and orbital structures. Ultrasonographic assessment of eye facilitates the examination of intraocular structures in cases where pathology is obscuring the normal anatomy and can aid in the detection and evaluation of intraocular conditions such as neoplasia. Additionally, ultrasound can be used to examine the structures within the orbit and retrobulbar space.

Patient preparation and technique

As the ocular structures are superficial, appropriate ultrasound transducer selection and optimising the ultrasound machine set up is important. Medium to high frequency transducers capable of producing ultrasound frequencies of 12 – 20MHz are ideal for ocular ultrasound. However, lower frequency transducers (or a reduced ultrasound frequency setting) can be used to examine the posterior globe and retrobulbar tissue. The depth setting on the ultrasound machine should be altered so that the area of interest occupies 75% of the screen and the focal zone(s), which represents the area of optimal lateral resolution, should be positioned at the level of the area of interest.

Ultrasound examination of the eye is ideally performed with the patient conscious as sedatives or general anaesthetic can lead to globe retraction and/or rotation. Before commencing the exam, a topical local anaesthetic such as 1-2 drops of 0.5% proxymetacaine should be applied to the corneal surface. The patient can then stand or sit with the head held securely by an assistant. A water-soluble acoustic coupling gel is applied to the ultrasound transducer and the transducer is placed directly on the corneal surface (Figure 1.).

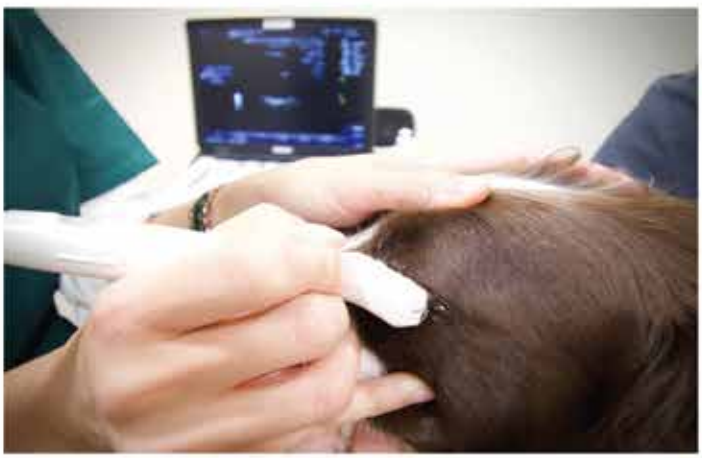


Figure 1. *Direct corneal placement of the ultrasound transducer in a conscious patient. In this example a high frequency linear "hockey stick" transducer is used.*

Ocular ultrasonography should not be performed if there is evidence of significant corneal ulceration. In cases where there is deep corneal ulceration or a descemetocele, the pressure from the transducer can lead to corneal rupture. In patients where there is intense blepharospasm, globe trauma or the patient is uncooperative, the transducer can be placed on the closed eyelid. However, the image quality is reduced using this method.

Following ultrasound transducer placement, small angulation (fanning) or sliding motions can be made to examine the globe. This should be performed in a horizontal and vertical plane using the transducer marker to help image orientation. It is imperative to examine both eyes, in cases with unilateral disease this allows the images from the normal and affected eyes to be compared.

Once the examination is completed, the acoustic coupling gel should be gently flushed from the eye.

Normal Appearance

By applying adequate amounts of acoustic coupling gel, the cornea can be visualised as a convex hyperechoic structure. Utilising a high frequency transducer can allow the two parallel echogenic layers representing the anterior corneal epithelium and the posterior corneal endothelium to be seen (Figure 2). It is important to be aware of the pressure applied to the corneal surface, as the anterior chamber is compressible, and transducer pressure can result in flattening of the cornea.



Figure 2. *This horizontal plane ultrasound image of the left eye shows the normal appearance of the corneal layers. By magnifying a small section of the image, the anterior echogenic epithelial layer, central anechoic stromal layer, and the posterior echogenic endothelial layer can be seen. (Image provided by Chris Dixon BVSc CertVOPhthal MRCVS, Vet Vision UK).*

The aqueous humour filled anterior and posterior chambers are anechoic (black) with the iris appearing as an echogenic structure that tapers towards the pupillary margin and is continuous with the ciliary body. The anterior and posterior lens capsules are highly echogenic whereas the normal internal lens fibres and nucleus appears anechoic (Figure 3.).

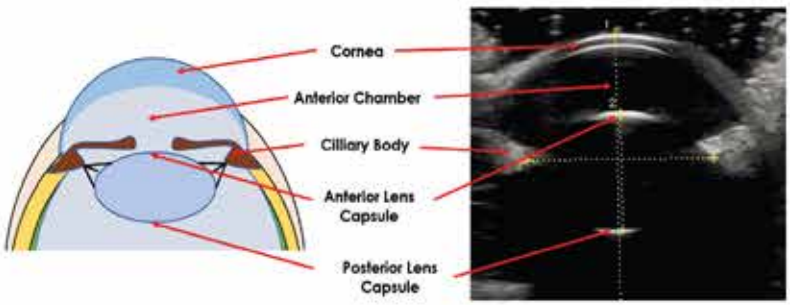


Figure 3. *A schematic illustration of the anterior globe anatomy is shown beside a section of a B-mode ultrasound image of the canine eye. The echogenic lens capsule can be seen surrounding the anechoic internal lens fibres and nucleus.*

The anechoic vitreous body fills much of the posterior segment of the globe with the posterior tissue layers of the retina, choroid and sclera visible as a single hyperechoic curved line in the normal eye. The optic disc may be visible as a recessed hyperechoic area on the posterior wall of the globe (Figure 4.). Posterior to the globe, the retrobulbar space contains the extraocular muscles, retrobulbar fat, optic nerve, and vasculature. The retrobulbar fat forms triangular hyperechoic areas medial to the thin hypoechoic muscle bands. With the central optic nerve appearing as a hypo-anechoic linear area. As with ultrasound in general, successful ocular ultrasonography is dependent on a systematic approach, appropriate equipment, good image optimisation and confidence in normal findings. Keep an eye out for Part two of this series on ocular ultrasonography, where we will present examples of the ultrasonographic changes seen in a range of small animal ocular conditions.

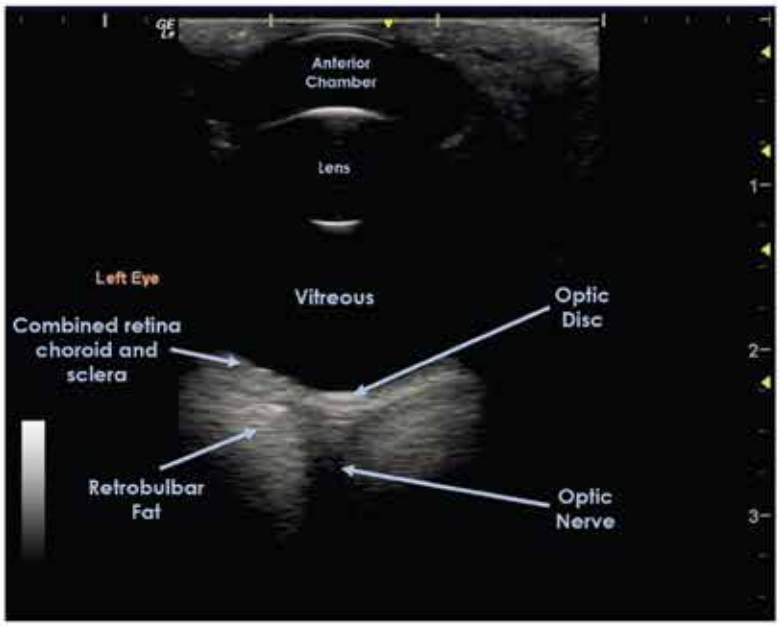


Figure 4. *This horizontal plane image of the eye shows the posterior segment of the globe and part of the retro-bulbar anatomy. (Image provided by Chris Dixon BVSc CertVOPhthal MRCVS, Vet Vision UK)*

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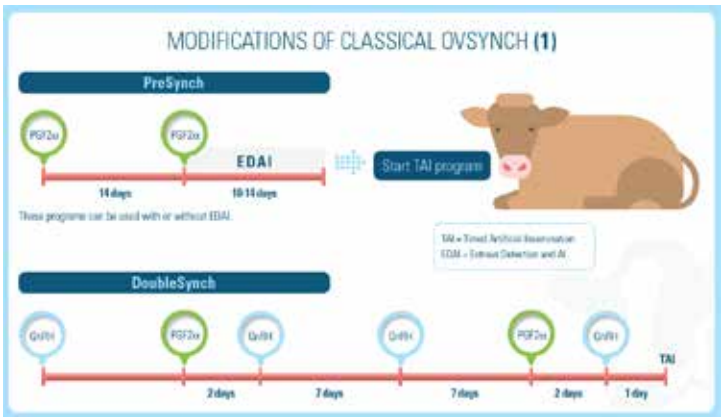
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Understanding oestrous synchronisation in cattle

Dr Chantelle Erwee,
Zoetis South Africa (Pty) Ltd
Technical Manager: Ruminants

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Oestrous synchronisation of the oestrous cycle of the cow, paired with artificial insemination (AI), are effective breeding management tools available to the modern beef or dairy producer. Artificial insemination allows producers to utilise valuable genetics, albeit local or international.[3] Oestrous synchronisation involves manipulating the oestrous cycle using exogenous hormones to get as many cows on heat or inseminated at the same time as possible.[4] Using these technologies, producers can improve reproductive efficiency and make maximum use of their time and other resources. Management is made more accessible due to a shortened breeding season and more uniform calf crop.[3] However, for any synchronisation programme to be successful, there must be a thorough understanding of various concepts involved. Firstly, the oestrous cycle of the animal and the hormonal interplay that leads to successful ovulation. Secondly, knowledge of the available exogenous hormones, how they function and why they are administered at specific times.

Follicular waves

Follicular wave dynamics are an essential consideration in an oestrous synchronisation program. Groups of Gonadotropin (FSH) dependent follicles grow in wave-like patterns.[1] These waves are always present, even before puberty and during pregnancy, but not every wave ends in an ovulation.[1] The duration of an individual animal's oestrous cycle will depend on the number of follicular waves that occur.[1] Most cows exhibit either a two or three-wave cycle. If the day of ovulation is regarded as day 0, the second wave will emerge on days 9 and 10 for two wave cycles.[8] For three-wave cycles, the second wave will emerge on day 8 or 9 and the third wave on day 15 or 16.[8] This will result in an oestrous cycle duration of 20 days for two wave cycle cows and 23 days for three-wave cycle cows, on average.[1,8]

A surge in FSH can be detected approximately 2 – 4 days (peaking at 1 – 2 days) before the emergence of a group of recruited follicles that are ~4 – 5 mm in diameter.[1,8] From the group (also known as a cohort) of follicles, one follicle is selected as the dominant follicle (diameter approximately 8 mm) about three days after wave emergence, and FSH levels start to decline.[1,8] The estradiol and inhibin released by the dominant follicle further suppress the FSH to levels below that required by the smaller follicles to grow.[1,8]

The dominant follicle then continues to grow for another ~6 days while the rest of the follicles undergo atresia (selection).[1,8] At this stage, the dominant follicle becomes less dependent on FSH and more responsive to LH.[1,8] The stage of the cycle and the hormones that predominate at the time of maturation of the dominant follicle will determine whether the follicle will ovulate or undergo atresia.[1]

In other words, the fate of the Corpus Luteum (CL) will determine whether ovulation will occur. At high progesterone concentrations (no luteolysis), the LH pulses are insufficient to lead to ovulation.[1,8] In such instances, the dominant follicle will begin to undergo atresia after about 2-3 days, estrogen and inhibin levels will fall, FSH levels will rise, and a new follicular wave will emerge.[1,8] The second (in two-wave cycles) and third (in three-wave cycles) follicular waves usually end in ovulation if it coincides with luteolysis.[1] With luteolysis, progesterone levels start to fall, which leads to an increase in the frequency of the LH pulses.[1] The growing follicle releases higher concentrations of oestrogen, which leads to positive feedback via the hypothalamic-pituitary axis and an LH surge triggering a biochemical cascade that results in ovulation.[1,8] At this time, the follicles will be approximately 15 – 20 mm in diameter.[1]

Available hormones and types of synchronisation programmes

While it is important to know the different hormones available, it is also important to understand why the hormones are given at specific times and/or concentrations. Most synchronisation programmes aim to manipulate the luteal phase, synchronise the follicular wave emergence, LH surge and the subsequent ovulation.[2]

There are several synchronisation programmes available, but in general, they are either Prostaglandin F2**α** (PGF2**α**)-, Gonadotropin-Releasing Hormone (GnRH)-, or Oestradiol-based.[7,8]

PGF2**α** is used to induce luteolysis of a functional CL which will lead to a drop in progesterone levels. A functional CL means that the animal needs to be cycling and have a CL of at least > 5 days of age since it will be refractory to the effect of PGF2**α** before this time.[7] PGF2**α**-based

programmes usually consist of two injections of PGF2**α** 11-14 days apart, so that any refractory CL's present when the first injection of PGF2**α** was administered will be responsive by the time the second injection is given.[6]

GnRH-based programmes include both Ovsynch and Cosynch. Using Ovsynch as an example, administration of a GnRH at the beginning of an Ovsynch programme would aim to ovulate a susceptible (> 10 mm in diameter) dominant follicle.[2,8] This then inadvertently leads to the emergence of a new follicular wave ~2 days later and increased progesterone as a CL forms.[2,8]

Administration of PGF2**α** on day 6 or 7 after the first GnRH will lead to luteolysis, and the second GnRH would aim to synchronise the LH surge and ovulation.[2,8] An LH peak can be expected within 2 to 4 hours, and ovulation will most likely occur 24 – 36 hours after GnRH administration, depending on the size of the follicle.[1,3]

While this programme usually employs fixed-time artificial insemination (FTAI), some authors have applied modifications such as insertion of a progesterone device between the first GnRH injection and the PGF2**α** administration as well as heat detection before FTAI, in an effort to improve pregnancy rates.[8] Pre-synchronisation with PGF2**α** could also assist with ensuring more animals are at the appropriate stage of their cycle (between days 5 and 12) at the initiation of the Ovsynch programme.[8] This would entail the administration of two PGF2α injections 14 days apart and initiation of the Ovsynch programme 12-14 days after the second injection.[8]

For Oestradiol-based programmes, the type and concentration of Oestradiol will also have different effects when given either at the beginning or at the end of a synchronisation programme. These programmes almost always include a progesterone device.[7] Oestradiol benzoate (EB), given at the beginning of a synchronisation programme, will suppress FSH and LH and lead to regression of the dominant follicle.[6,8] As soon as the dominant follicle has regressed, oestradiol levels in the body fall, FSH levels rise, and a new follicular wave can emerge.[8]

A PGF2 injection given on day 7 or 8 will induce luteolysis.[8] Given at the end of the synchronisation programme, EB or Oestradiol Cypionate (EC) aims to stimulate maturation of the follicle, which will lead to a synchronised LH surge and ovulation.[7] It is important to note that EB will be administered a day after removing the progesterone device, whereas EC on the day of removal.[7]

This difference in timing of administration of EB vs EC is mainly due to the differences in their half-life values and the expected timing of an LH surge after administration (EB ~20 hours vs EC ~50 hours.[7]

Two other hormones that can play an essential role in oestrus synchronisation is progesterone and eCG. Progesterone supplementation forms part of some traditional programs or has been added as a modification to other programmes. In some instances, progesterone supplementation can induce cyclicity and/or increase the pregnancy per AI rate.[5,6] High producing lactating dairy cows have lower circulating progesterone levels as a result of higher catabolism.[5] This had led to an increased growth rate of the dominant follicle, but reduced embryo quality and pregnancy rates per AI; hence these animals benefit from progesterone supplementation during an oestrous synchronisation programme.[5] eCG has FSH-like properties and can assist in the final growth and maturation of the dominant follicle.[7] The use of eCG is usually reserved for previously anoestrous animals or those in a poorer body condition and will result in a larger and more mature follicle.[3,7]

Conclusion

With any synchronisation programme, it is crucial to managing the expectations of the producer. Successful synchronisation depends on numerous factors. Individual animal response rates are influenced by factors such as the parity of the animal, body condition score, nutritional status etc. The animal's cycle stage during a programme will also influence the diameter of a dominant follicle, the age of a CL and the expression of oestrus before insemination.[6]

Further to that, effective heat detection, inseminator efficiency, and other factors that affect fertility can all play a role in the success of the programme.[7] The success with which all these factors are managed will influence the outcome of the synchronisation programme.

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Recollections 50 - Emily (Part 1)

Ian du Toit



Sitting there on the floor of my office, looking down into those soft green eyes, my cup was overflowing as we hugged each other, kissing and laughing while we were crying at the same time. Married 20 years by then, with two boys and a girl, we had been through some very deep waters, but we had also had some extraordinary times; I felt somehow that now we were relaunched on the same trajectory, both of us new-born children of the Living God and with a new hope. She had been down to the deepest pit of depression, where all the life had drained from her, and her beautiful green eyes had changed to a dull slate-grey, where she moved as if in a trance. Where going home in the afternoons, rather than looking forward to her welcoming love, I often dreaded what I would find.

A few years ago, we did a course with Dr Phil and at the beginning, he suggested we write down 5 points in our lives, which were the turning points. One of those occurred for me while I was still a student. During our 4th year, we spent some time seeing practice with a private vet and a State Vet. I had chosen to go to Grahamstown for my State vet practice, as there was no private vet there at the time, and the rumour went that one would be able to see more clinical work there because of that. I was really not interested in working for the State, so this attracted me.

My classmate Iain Purchase had spent the three weeks before there and had found private digs which I could follow up with. Arriving there on Monday morning after a long journey from Cape Town, where I had seen practice with the Cape Veterinary Hospital, I went to the lodgings and was made welcome by Mrs van Heerden. Her husband was in the police, and she had a son the same age as myself with whom I would share a room while I was there. I went to report to the State vet's office immediately and arrived back later that afternoon. I had scarcely walked in when a lively young fellow bounced into the room, sticking out his hand and introducing himself as Barend. He was full of life and fun, and within a few moments, he announced that he intended to find a girl for me to spend time with during the next three weeks of my stint there.

A few evenings later, he asked me to give him a lift to a friend's house to collect some records he had lent. Halfway across Grahamstown, I followed him into an inauspicious suburban home to collect the items. Standing around in the lounge, I absently took in the attractive furnishings and decorations while the parents called the friend. Hearing a sound, I looked up, and it was as if a spotlight had come on, filling the room with light, and a musical symphony was playing, clashing cymbals and piano rolls, as a girl walked into the room. In the movies, they would speak of gasping for breath and a heart pounding wildly. I can't recollect what went through my mind and what was happening to my body, except that I had never set eyes on anyone so beautiful before and every sense of mine was suddenly tingling and alive.

Barend asked for his records, and I was introduced to her briefly before we left without sitting down. Emily, I had never met an Emily before, and even today, when I say the name, I think of an emerald, scintillating with waves of gorgeous green.

As I stumbled out after Barend into the cool summer evening, I said to him, "why didn't you introduce me to that girl?" Passing me off with, "Oh, forget about her, she has a boyfriend. I will find someone else for you". He got into my bakkie and slammed the door. The rest of the week passed in a daze, all I could think of was this exquisite creature who was out of my reach. Barend followed up on his promise and introduced me to several other girls, but I was not remotely interested in spending time with any of them.

The following week, Barend announced he was taking me to the annual police dinner the following evening. On a beautiful warm summer's evening the next day, we arrived at the venue. The dinner was in the yard of the police station, and there was one long table laid for 76 people. The redolent aroma of summer blossoms hung in the air, mixed with the mouth-watering smell of the food that was being prepared. Walking through the buzz of conversation amongst the brightly clad crowd, we sought to find a place to sit. I didn't expect to see anyone there that I knew but enjoyed the feeling of summer fun in the air. Finding a place where we could sit next to each other, we took our chairs.

Pulling up my chair under the table, I looked up at the person sitting on the other side of the table. I blinked, and I'm sure my heart missed a beat. Could this be a vision or a dream or something? No, it was her, Emily. Greeting her, I scarcely noticed the fellow sitting next to her, who she introduced as her boyfriend. I was a relatively naïve 20-year-old, but somehow all my instincts took over. For the next 90 minutes,

I tried with all the intensity that a desperate swimmer would use to escape a dangerous current, to charm her and somehow capture her interest. On reflection, it was straightforward as there seemed, somehow, to be an invisible connection, and we chatted with great ease.

After the sweets had been served at the end of the meal and we waited for some coffee, I lit up a cigarette (a habit I managed to shed a few years later). Sitting there across the table from Emily, I caught her eye and gently puffed a smoke ring towards her. As the ring drifted lazily across the table towards her, she picked up her left hand and "caught" it with her ring finger. In my mind at that moment, I was like a child running across the dunes at the sea-side, shouting as loud as I could, above the pounding surf. "Yes, yes, she is interested; we have made a connection!"

The following day, I had a phone call from Barend at work. "I have just spoken to Emily, and she has broken off with her boyfriend and as she is staying with a friend at the moment because her parents are away, she would really like a lift home after work this afternoon, if you could manage it." Could I manage it? Picking her up after work that afternoon, I was utterly dazzled again afresh, wanting to pinch myself to see if I was awake. Later that evening, at the first moment we were alone, it was just so natural to melt into each other's arms. It was as if we had known each other forever.

The rest of the time in Grahamstown passed as if in a trance, spending every possible moment with her; it passed all too quickly. A few weeks later, I was back in the hostel at OP. On my desk, there was a large, framed photo and to anyone who visited me, I would announce "This is the girl I met his vac, and she is the one I'm going marry, one day". But first, my final year.

A few weeks later, it was Easter weekend, and to my utter delight, Emily took the train at Grahamstown and travelled all the way to Pretoria to see me, spending almost three days travelling to be with me for a day and a half, sort of together. I arranged for her to stay with classmates Flip and Anita Cloete. It was a difficult weekend as I was on clinics and didn't have my own transport, having to beg the loan of a car from one of my friends to get to see her, but the few moments with her were absolute bliss.

As the year passed, we had to keep in contact by post, no social media or cell phones, only difficult to make long-distance phone calls. In July of the year, I had to do three weeks practical at an abattoir in Durban. No sooner had I gotten home than I took my 21 st birthday present my father had just given me, a second-hand Opel Record, and set off to Grahamstown. It was a desperately disappointing four days, as the warmth and excitement had just seemed to have wholly cooled down along with the freezing winter weather. Was there someone else in the picture?

Back at OP, I mulled over what was happening and eventually decided that I could not afford to spend the next four months having my attention distracted by fighting for something which seemed to have died. So on the 6th of August, my 21 st birthday, instead of a big party, without telling anyone what day it was, I packed all the memorabilia, photos etc. I had of her in a large envelope with a message explaining that we should end it all since the magic had gone. In August, it was a cold grey day when I slowly, with sad, measured steps, my heart feeling even darker grey than the weather, made my way to the Post Office over the road to mail it.

Four months flew by, with all the frenzy of making sure I would not only get a degree but that I would be as competent a vet as I could manage when I graduated—constantly pushing thoughts of my "brief" but fantastic love affair aside. Haunted at every corner by those soft green eyes, I plunged into the exams, determined not to be distracted. Finally, we had only one subject left, genesiology, practical, written and oral. All the other students had finished their exams, and the hostel was almost empty.

It was a Saturday afternoon at about 2, and I was going to the wedding of Freddy Schnetler, who had finished his exams. As I walked out of my room across the entrance hall of the hostel, the public phone in the call-box, right next to me, rang. I usually would not have answered as I was not expecting a call and there was no one else around. But being right there on the spot, I stepped inside the call-box, and I picked up the receiver. I could have recognized the voice among a thousand others as she said to me, "I am standing on Pretoria Station. Can you come and fetch me"?

No, she wasn't really there. She had used this ruse to catch me off-guard so that she could gauge my instinctive reaction to her call. Completely blown off my feet, I blustered out that I was on my way to a wedding but would be happy to pick her up, and she could come just like that with me.



Without drawing this story out, the next month passed as in a trance. Getting my much sought-after degree almost paled with the prospect of a trip to Grahamstown again, and during the four days there, the magic between us was re-awakened. With her coming just after Christmas to our farm near Colesberg for ten days to meet, my folks gave us a chance to get to know each other a little better. But as I finish the story of this fantastic year, I want to take you all with me to a final scene.

In that era, it was customary in the Karoo to go to a ball on New-year's Eve, and so we found ourselves, dancing to a full band, dressed in a cream tux and her in a beautiful ball-gown in the town-hall of Colesberg. We were so wrapped up with each other that the rest of what was happening was just a blur of colour and music. Swaying around the room in each other's arms, we were lost in another dimension. Then as the band started playing "Auld Lang Syne" to welcome in the New Year, we danced out onto a small balcony that overlooked a typical Karoo landscape. As we stopped, we melted together in a long delicious kiss, while the frogs croaked a melody below us. Stopping for a moment to gather a breath, her exotic perfume making my head spin, those green eyes, with the golden specks in them, looked up at me, and she said: "It's a leap year this year, so I can ask you. Will you marry me?" V

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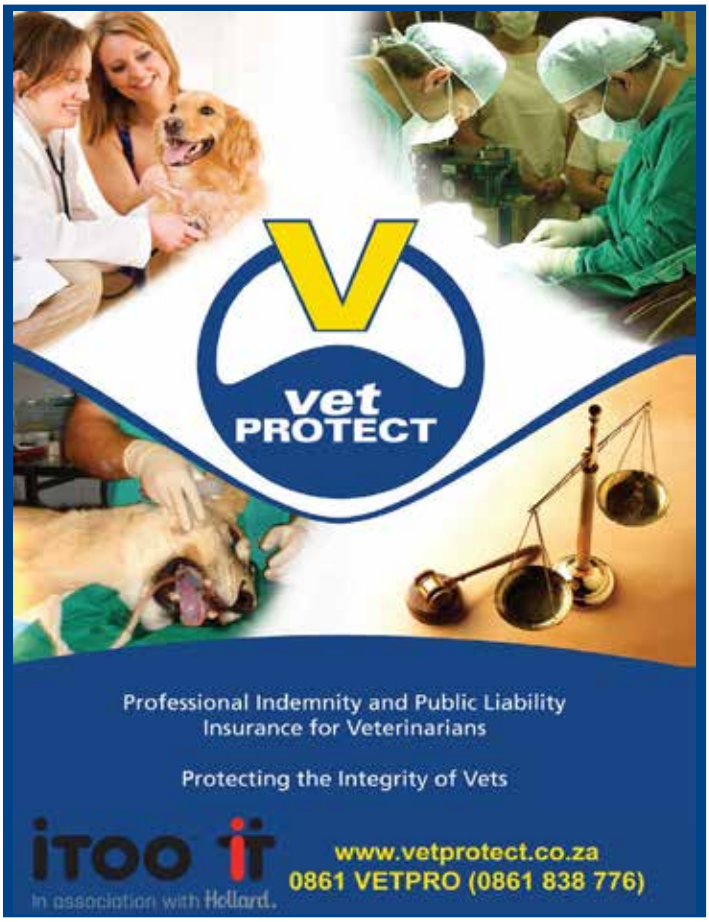
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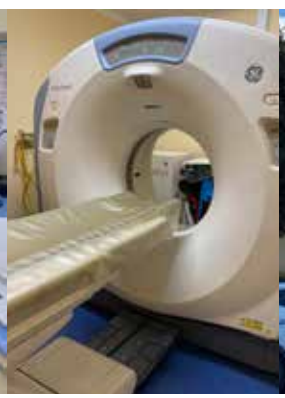
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CAPE TOWN, NORTHERN SUBURBS

Kuilsrivier Veterinary Clinic. We have a work opportunity for a full-time small-animal vet. Alternatively, a long-term, part-time Vet. Salary is very negotiable, depending on experience. No after-hours. Please email Kuilsriviervet@hotmail.com or phone the practice manager on 0219060277. Ref21JL01

NOORDHOEK, CAPE TOWN

We are looking for an enthusiastic vet for our thriving, mainly small animal clinic in beautiful Noordhoek near Cape Town. We have an excellent team and clients, and we need a vet who is good with animals and people. We offer a competitive salary, reasonable working hours and long-term prospects for a suitable candidate. We prefer at least 5 years' experience and proficiency in Ultrasound. Please contact Derry on 0833489268. Send your CV to noordhoekvetclinic@gmail.com Ref21OC08

HOUT BAY

Small Animal vet needed for friendly five vet practice in beautiful Hout Bay. 32 – 35 h work week allows for ample time off to enjoy everything Cape Town offers. Excellent work/life balance, one afternoon off / week and one Friday off in 5 to allow a long weekend off. Weekends are shared equally. No A/H. digital xray, Idexx blood machines, Ultrasound. We pride ourselves on a high standard of care and excellent client service. If you are interested, email: info@hbvets.co.za or call Jacqui on 082 444 2991. Ref21NV05

LOCUM NEEDED / LOKUM BENODIG

GAUTENG
BROOKLYN, PRETORIA

Brooklyn Veterinary Clinic in Pretoria is urgently seeking a half-day locum to assist in this busy practice. To start as soon as possible until end February 2022. If interested, or for more information, contact John at brooklynvet1@gmail.com Ref21NV11

VETERINARY NURSE / VEEARTSVERPLEEGSTER

GAUTENG
JOHANNESBURG

Boskruin Veterinary Clinic is looking for a full-time veterinary nurse to join our team of 5 vets. We are looking for a dynamic individual to assist in running the backend of our clinic in all medical and surgical related aspects. Call 0117920482 or email a cv to vet@boskruinvet.co.za Ref21SP04

WESTERN CAPE / WES-KAAP
GEORGE

George - Full-time position for a SAVC registered dedicated and enthusiastic vet nurse. New graduates are welcome to apply. Fully equipped growing hospital and a fun-filled but busy practice. Ideal for someone who loves the outdoors and is passionate about their work. CV with references to susi.edenvets@gmail.com or 0840212427. Ref21NV09

PRACTICE FOR SALE / PRAKTYK TE KOOP

GAUTENG
CULLINAN

Practice for free. Cullinan, Gauteng, we are selling the property, and the practice clientele is thrown in as a bonus...14 years' successful practice. We want to pay it forward and offer a young vet family who wants to see their children grow up while working full time. Our next chapter has arrived, but would love to see this venture open up doors for the next person. Whatsapp Dr Renée 083 379 3454 Ref21JN03

PRETORIA

Veterinary Practice For sale, with Pet Grooming. Opposite the street is a newly build Shopping Centre in the Moot. For more information, please contact: Nadia Malan Mobile: 0671806971 E/Mail: nadiamalan1278@gmail.com Price: R3.1 Mil. Ref21SP05

KWAZULU-NATAL
DURBAN

Small animal practice for sale in Durban. Currently a one to one and a half vet practice. Large purpose built premises, plenty of parking, two consulting rooms, office, retail space, Catalyst, CR developer, computerised (Avimark), generator wired into the main DB for load-shedding back up, the potential for grooming parlour. Prefer to sell business and premises. Premises has business rights. Price to be discussed. Contact 0832648132 after 6pm or email yebojt@yahoo.com. Ref21NV07

PRACTICE FOR HIRE / PRAKTYK TE HUUR

GAUTENG
PRETORIA

Praktyk te huur. Gevestigde kleindierpraktyk te huur in Pretoria vanaf Jan 2022. Enigste praktyk in die area. Kontak 073 6040800 of drheidismal@gmail.com vir navrae. Ref21NV04

FOR SALE / TE KOOP

ANAESTHETIC MACHINE

A new veterinary anaesthetic machine with refurbished TEC4 vaporiser or with a new MSS3 forane vaporiser. We convert your Mk3 halothane vaporiser to forane. All servicing and calibrations are done by retired chief anaesthetic technician ex-Groote Schuur Hospital. Call Cassim 021 7052880 / 0826819742, email encass@telkomsa.net or visit www.cvanaesthetics.co.za Ref13JA01

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Lifetime investment – nothing but the best. Dr David Humphrey (an internationally well-known research anaesthetist) has designed highly efficient innovative anaesthetic equipment, reducing running oxygen/vapour costs and pollution by around 80%. Endorsed by Dr Kenneth Joubert. Stainless-steel. "FREE-0X" with an oxygen concentrator, "WALL-MOUNT/TABLE-TOP" and "PACK-FLAT MINI-PORTABLE" machines. www.aesmedical.co.za sales@aesmedical.co.za 031-266-4769. Ref21MY10

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World-renowned cost-saving anaesthetic equipment – DESIGN AND ENGINEERING AWARDS. International research anaesthetist Dr Humphrey has perfected the simplest, most advanced efficient "green" anaesthetic equipment. Ultra-low flows save 80% of running costs of oxygen/vapour using multi-purpose "Humphrey ADE-circle system®", with "FREE-OX", "WALL-MOUNT", and "PACK-FLAT MINI-PORTABLE" anaesthetic machines. www.aesmedical.co.za sales@aesmedical.co.za 031-266-4769. Ref21MY11

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New 2021 lightweight portable machine (just 11,4kg) for general use, START-UP or WILDLIFE environment. Everything you need, including the "Multipurpose Humphrey ADE-circle breathing system" which uses ultra-low fresh gas flows of just 300-500 ml/min, saving 80% of running costs of oxygen/vapour. Table-top/wall-mount. www.aesmedical.co.za sales@aesmedical.co.za 031-266-4769. Ref21MY12

Life plus 22 without parole

Tod Collins

Dr Tod Collins is the locum for this column in the absence of Dr Mike Lowry

In this column, he shares his experiences and opinions.

IS IT EVER OK TO LIE?

Jack was a teenager who doted on his special mare. He was part of a family that was going through a rough patch. His older sister had recently died tragically in a car crash. The family was devastated, and Jack sought solace in turning all his attention onto Rosy.His father, no-nonsense John, called me that Friday night. A problem with the mare. A serious problem, colic. It had not responded to the usual mild anti-spasmodic injections they had given her, which was "getting bad".



Photo provided

I arrived at their farm at about ten o'clock. I saw her condition was indeed severe. Rosy was flinging herself violently to the ground and rolling and thrashing on the big lawn behind the kitchen. The bony parts of her head were raw. Her colic was critically, seriously, bad. The family members were understandably stunned. While I went through the examination routine, Jack was sobbing and coaxing his beloved horse. Sue, his mother, was fretting and fussing and speaking sharply to everyone, demanding me to immediately make a diagnosis and relieve the animal of the awful pain. John was on the periphery, saying "dammit" frequently and walking in and out of the house, frustrated that this was a situation out of his control.

The fourth member of their tragic family circle was little Alice, who had grown up in the shadow of her older sister and who had always worshipped Jack. She trotted at her big brother's side when he walked the mare, but he wasn't interested in her consoling chatter.

In fact, he snapped at her a few times. "It's all your fault, Alice, and you left the meal-room door open, so she gorged herself on the mealies, didn't you!" It's a human thing to attack when desperation and panic take over, and although I understood the situation, it still was a harsh accusation.

"No, no, I didn't, Jack, I promise! It couldn't be that, could it, Doctor Peter?" she looked pleadingly at me as I approached with a syringe full of a potent drug.

"Of course not, Alice," I reassured her. "Jack, hold her steady while I bung this into her vein, please."But the drug had minimal effect; within minutes, she again flung herself to the ground and writhed. Their mother immediately shouted at us not to let the horse roll because it would cause a twisted gut! It was useless remonstrating; the atmosphere was heated.

"John, please would you arrange a box to get her to the specialist equine vets for surgery. I'll set up a drip." I tried to sound calm and controlled.

He disappeared into the house, and I continued to busy myself with essentially useless actions. My rectal palpation surprisingly revealed both caecum and colon to be in their proper places. I told the family that a loop of the small intestine might have become strangulated.

The night dragged on; John was drawing a blank with every call he made. No available transport to take her to the specialists was available. All my medications seemed useless. She began to die a while after midnight.

"Jack, you really love Rosy, so you don't want her to suffer anymore. The kindest thing is going to be to end this awful agony. Let me give her the injection so she can go to the horsey heaven." Everyone, except for Alice, agreed. Rosy took a last deep breath and drifted off with Jack stroking her cheek…

A big rough farmer hand grasped my shoulder. "I'm sorry you've been put through all of this Pete. But you do understand, don't you, everything being what it has been … ?"

I returned to the farm early in the morning, unannounced. John met me at the back door.

"I'm sorry to pitch like this, John, but for all of our sakes, we must know the exact cause of her colic."

The chestnut's body had been laid in a deep quarry, so I scrambled down with the autopsy kit. The family stood on the edge of the pit, peering down at me as I opened her abdomen and began the investigation. Most of what I was doing was hidden from their sight by my body leaning over the corpse.

Just as well, for after a while, I straightened up and stretched my back. Then I scrambled up to them. "OK, absolutely nothing we, or anyone else for that matter, could have done for her," I announced solemnly. "Acute toxic haemorrhagic enteritis," I spoke slowly and convincingly. "It's caused by a clostridial overgrowth like sheep get pulpy kidney. Just one of those things."

Nobody had noticed the mealie pips that I'd wiped from the knife, let alone the vast quantity that had poured from her ruptured stomach.

Vets are respected for our integrity. But just sometimes, it's okay to lie.

(Names have been changed for obvious reasons.)

Dagboek • Diary

General 2021

- **A Course in Human Ethics and Animal Rights.**
  Ongoing and online.
  Completion time: approximately 8 hours.
  Contact: admin@animalvoiceacademy.org
  Website: http://animalvoiceacademy.org

- **Acupuncture – Certified Mixed Species Course.**
  Ongoing and online.
  Info: Chi University: southafrica@tcvm.com or https://chiu.edu/courses/cva#about

- **Certification in Clinical Integrative Canine Rehabilitation (Through College of Integrative Veterinary Therapies).**
  Ongoing and online.
  Contact: enrolment@civtedu.org OR www.ahah.co.za/civt/

November 2021

- **Virtual AOAC Sub-Saharan Annual Congress.**
  08-11 November
  Info: corne@savetcon.co.za / www.savetcon.co.za

- **South African Association for Laboratory Animal Science (SAALAS).**
  09-10 November
  Venue: Potchefstroom University, GKSA Auditorium
  Info: Madaleen Schultheiss, Vetlink, 012-346-1590, www.vetlink.co.za









