VET nuus•news

April 2022

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



FOCUS

Exotic Species

CPD

Feline Cardiomyopathy - Part 1

SAVA
South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

The Optivet Promise

Professional and Ethical Recruitment Specialist in the Veterinary Industry

Quality:

To source and supply clients with quality and the most suitable candidates for their Veterinary practices & businesses.

Ethical and Honest Recruiting Practices:

Optivet Subscribes unreservedly to the code of good recruitment practices.

Professional Service:

Optivet will always remain professional in our dealings with our clients and candidates.

Confidentiality:

All information will be kept confidential, and we will always act in the best interest of our clients and candidates.

Long Term Relationships & Trust:

Our focus is on building and retaining relationships and trust. We will at no point compromise our relationships with our valued clients, nor with our candidates. We want to work in partnership with our clients and ensure long-lasting relationships and trust.

90 Day Warranty:

We offer a 90-day warranty on all our candidates.

Excellent Payment Terms:

The fee is only payable when we make a successful placement at your business.

Efficient Service Delivery:

We know that our clients are busy. We endeavour to save you time and energy so that you can focus on other important matters in your business.

Reliability:

When we make a promise, we will deliver, and you can keep us to it!

Visit our website or more information

www.optivet.co.za

or Contact Amanda Giessing
Email: **Amanda@optivet.co.za**
Cell: 074 453 8133

OPTIVET
CREATING CONNECTIONS

VET nuus•news

Contents I Inhoud

Articles / Artikels
6 Parrot Grooming

Regulars / Gereeld
2 From the President
4 Editor's notes / Redakteurs notas

Vet's Health / Gesondheid
28 Life Coaching

Association / Vereniging
12 CVC News
16 SAVA News
22 In Memoriam
26 SAVA Legal Column

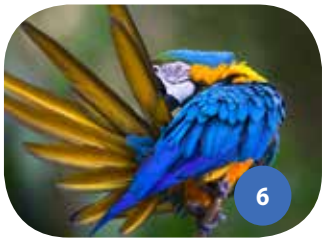
Technical / Tegnies
27 Royal Canin Column
30 Ophthalmology Column
32 Zoetis Pages
34 imv Column

Relax / Ontspan
36 Recollections 53: Epilogue
48 Life Plus 23

Marketplace / Markplein
38 Marketplace

Jobs / Poste
40 Marketplace/Jobs / Poste
44 Classifieds / Snuffeladvertensies

Diary / Dagboek
49 Dagboek • Diary







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

VetNews is a confidential publication for the members of the SAVA and may not be quoted in public or otherwise without prior specific written permission to do so. This magazine is sent to members with the understanding that neither the editorial board nor the SAVA or its office bearers accept any liability whatsoever with regard to any statement, fact, advertisement or recommendation made in this magazine.

VetNews is published by the South African Veterinary Association

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

CHANGE OF ADDRESS
Please notify the SAVA by email: debbie@sava.co.za or letter: SAVA, P O Box 25033, Monument Park, Pretoria, 0105, South Africa

CLASSIFIED ADVERTISEMENTS
(Text to a maximum of 80 words)
Sonja van Rooyen
assistant@sava.co.za
+27 (0)12 346 1150

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

DESIGN AND LAYOUT
Sonja van Rooyen

PRINTED BY
UVO: +27 (0)12 423 9460

President: Dr Paul van der Merwe	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

SAVA
South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging



Dear members,

My sincerest apologies for the mistakes in my previous Foreword. It is indeed the SAVA Biennial Congress that will be hosted from 25 to 27 October 2022 at Emperors Palace in Gauteng; and Dr de Bruyn, our previous President, to accompany me to the World Veterinary Association's Congress in Abu Dhabi the 29 to 31 March 2022; followed by the International Veterinary Officers Coalition (IVOC) meeting the 1 and 2 April 2022.

IVOC is a coalition of the veterinary associations of South Africa, New Zealand, Australia, Britain, Canada and the United States of America where matters of common concern, such as the international critical shortage of veterinarians, are discussed and possible solutions sought.

Talking about the critical shortage of veterinarians, it came as a shock to learn that veterinarians were removed from the critical skills list by the Department of International Relations and Cooperation (DIRCO).

SAVA is fully aware of the acute shortage of veterinarians. It is in the process of establishing what criteria are being used and the procedure followed by DIRCO to determine the list. SAVA will engage with all relevant role players to ensure that veterinarians are once again added to the list.

The call for abstracts for the SAVA Biennial Congress was launched on 8 March 2022. The closing date for abstracts is 30 April 2022 and for Early Registration 30 August 2022. I again want to urge members, branches, and groups to be actively involved in the congress. It is not only your congress, but it will also be the forerunner for the World Veterinary Association's Congress to be hosted by SAVA in 2024. Let us make our organisation proud in presenting one of the best veterinary congresses up to date!

I had the privilege of attending the Wildlife Group's Congress held 10 to 12 March 2022 at Roodevalley Conference Centre, Pretoria. The extent of development and research to ensure optimal service is rendered to our wildlife is astounding. Congratulations on a congress well-presented, and keep up the excellent work, especially the outreach to veterinary students and young colleagues.

SAVA is, however, only as strong as its structures and membership. The long-term viability of SAVA is still a grave concern. Members are implored to promote SAVA to non-members through our activities at branches and groups. You are urged to show SAVA's promotional video at activities and allow a SAVA representative to make a short presentation whilst all the attendees, members and non-members, are present. To ensure that all our members are optimally served, I will be involved in efforts to re-establish the KZN branch, the Young Members Group, and establish a branch in Limpopo.

SAVA's Mentorship program for CCS Veterinarians has been in effect since 2020, positively impacting hundreds of newly graduated veterinarians. The CCS Veterinarians (Mentees) have commenced their contracts on 1 March 2022. In total, 120 CCS Veterinarians enrolled for the Mentoring Programme in 2022. However, your assistance is required to identify and register suitable mentors. Mentors are urgently needed in rural areas. It does not help that we as a profession are vociferous about the young veterinarians' skills, yet we do not step in and assist them in becoming proficient. I, therefore, urgently call on all veterinarians to contact Annalie McCallum at annalie@sava.co.za to become a mentor.

All veterinarians are vital to the future of our esteemed profession. We must ensure that the standards, skills, and proficiency are of such a level that we are an asset to animal health. To achieve this goal, all veterinarians are prompted to respond when requested for inputs.

Suppose we as a profession do not provide the necessary inputs to determine the veterinary policy of the future. In that case, we will have to accept that other veterinary para-professionals and non-professionals will decide on our behalf, which might negatively impact our profession.

This months' VetNews edition is dedicated to Exotic Animals, a direction not well covered in the veterinary curriculum. It is trusted that you will enjoy the articles, and please support those veterinarians that made an effort to further their studies in exotic animals.

With the ease of the Covid regulations, may you have a prosperous, successful April? Please keep up the safety standards for your own protection.

Paul van der Merwe

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

CREDO

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

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

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

- Ons 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.



Andriette van der Merwe

Editor's notes / Redakteurs notas

Parrots make great pets, they have more personality that goldfish – Chevy Chase

When considering pets, most people will go for the regular well known type pets. Cats, dogs maybe a goldfish or a bird were the expected choice of animals for pet owners; but that has changed. There are more and more pet owners who steer away from a cuddly pet to a more exotic kind.

Hamsters, muise en konyne was seker die mees eksotieste diere wat voorheen as troeteldiere gehou was. Bygetel n paar tipes voëls. Nou word byna elke lewende dier as n troeteldier geag. Van Bearded dragons, krimpvarkies, Fennec vosse, verskeie soorte slange tot slakke word aangehou vir die plesier van mense. Sommige diere meer troetelbaar as ander.

This trend places more pressure on veterinarians, not only overseas but also in our local practices. More and more pet owners brings their exotic pets into the practice for care or health checks by the local vet. Some species are more known and their ailments and conditions better known and understood. Others, on the other hand, will be a tad more challenging. All the best for vets having to keep up with the changing clientelle. Dr Coetzee de Beer from CARE (Centre for Avians Reptiles and Exotics) supplied the main article on the care of parrots; a comprehensive, illustrated article.

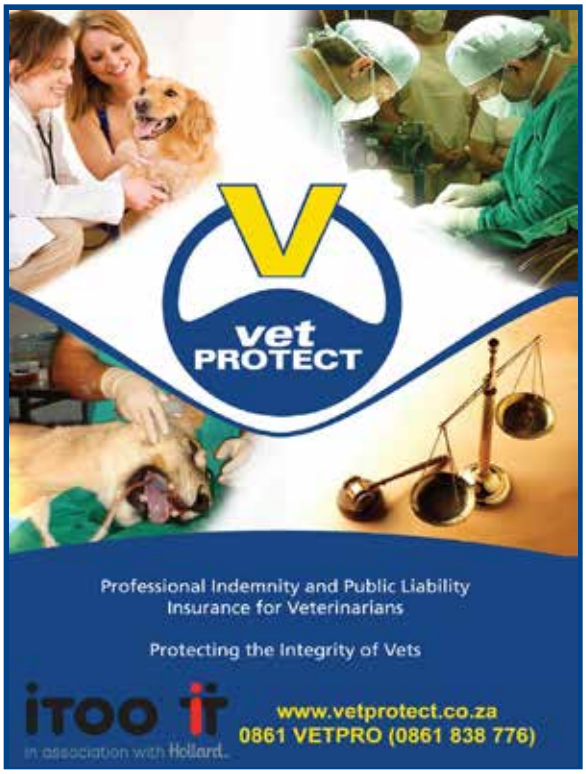
In die tandheelkunde kolom het Prof Anthony geskryf oor konyne/hase. Daar is heelwat SAVA nuus in hierdie uitgawe. Kyk uit vir die 100ste verjaarsdag viering van Dr Peter Bunton. Baie bekend vir sy werk en bydrae tot Addo Olifant Park. Die OP studente se Vetbooks veldtog is ook onder die vergrootglas. Ondersteun asb hierdie studente in hulle doel om die gehalte van veeartseny dienste in Afrika te verbeter.

Sit back and enjoy all the news and happenings in the veterinary world!

Regards,

Andriette







Customised veterinary medicines to
effectively address your patient's requirements

V-Tech
Science, Solutions, Service

Service Centre: 0860 109 779
or pharmacist@v-tech.co.za

ISO 9001:2015
Accredited

Build client loyalty
Donate to the Pet Memorial Fund

SOUTH AFRICAN VETERINARY FOUNDATION
SUID-AFRIKAANSE VETERINÊRE STIGTING
www.savf.org.za





Tel:
012 346 1150
Email:
assistant@sava.co.za



ADVERTISE
IN
VETNEWS
MAGAZINE





24-Hour,
Toll-Free Helpline:
0800 21 21 21



Parrot Grooming

Dr Coetzee de Beer

Parrot grooming is a widespread presentation in veterinary practice. This article will first discuss the anatomy of psittacines' integument and then know how to groom.

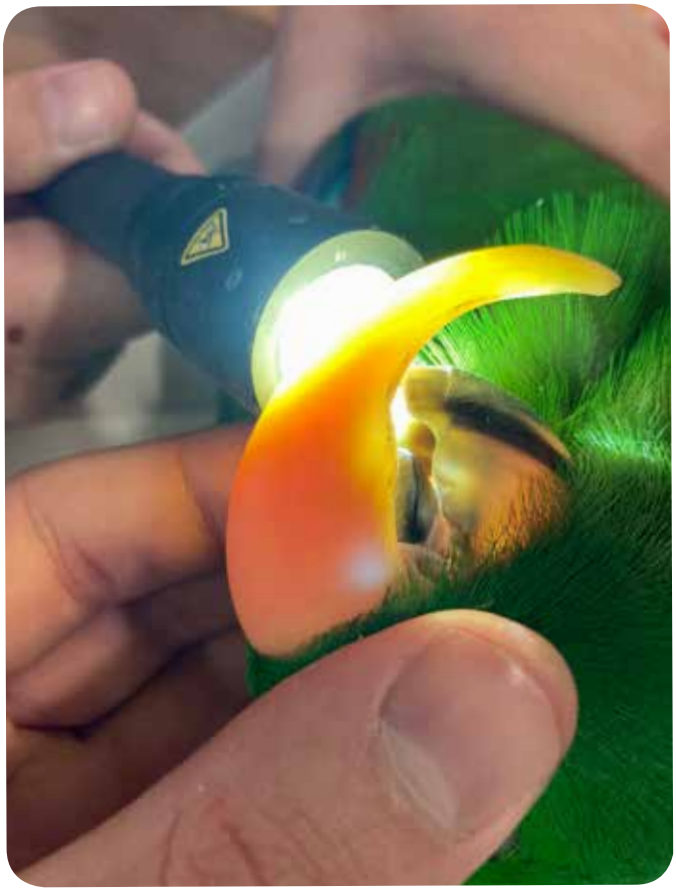
Anatomy of the integument of psittacines

Beak – the upper and lower jaw are covered by horny keratin called the rhamphotheca. The mandibular rhamphotheca is called the gnathotheca, and the maxillary rhamphotheca is called the rhinotheca. The cutting edge of both the upper and lower beak is called the tomia. Histologically the horn resembles skin, and the dermis is attached to the periosteum of the jaw bone. The nerve innervation of the upper beak is ophthalmic and the maxillary divisions of the trigeminal nerve.

The nerve innervation of the lower beak is the mandibular division of the trigeminal nerve. The beak has a large blood supply. It is essential to understand the anatomy and species-specific beak formations when assessing the psittacine patient. If you are not familiar with the beak formation of the species at hand, a simple internet search can help.



Pt with a split due to trauma (chronic) on the median plane



The normal anatomy can be appreciated with illumination



Pt with a penetrating wound, area cleaned and covered with epoxy



Fungal keratisis



Trauma due to excessive cage biting



Growth plate injury as a chick in an adult bird

Grooming of the beak is generally indicated if overgrown due to underlying disease processes, ranging from hepatic, renal, viral, fungal, and parasitic causes. Traumatic injuries OR excessive cage biting can result in beak abnormalities. Caged birds with minimal opportunity to wear down the rhamphotheca can result in elongated beaks. Therefore, it is vital to provide foraging in the form of food, wood, cardboard, etc. It is recommended to determine the underlying cause before beak correction. Restoring the beak to close as anatomically normal is recommended as excessive grooming can cause bleeding and neuralgia.



Pt with the severe overgrowth before correction

>>> 8

It is not recommended to clip the beak with nail clippers as it can split. In practice, a Dremel tool with different speed settings is used to remove the excessive growth.



Pt with the severe overgrowth after correction

Claws – a nail is a nail is a nail. The nail encloses the terminal phalanx of each digit, and a strongly keratinised dorsal plate enfolds the dorsal and lateral aspects. The softer ventral plate forms the sole of the claw. The dorsal plate has a faster growth rate than the ventral plate; therefore, the nail curls as it elongates. Once



The line indicate where the blood supply usually stops



Dremel tool used to trim nails

again, it is not recommended to clip the nail with nail clippers as it can result in splitting. A Dremel tool with different speed settings is used in practice to remove the excessive growth. I follow the line as indicated below by the blue shaft of an earbud. We use a battery cautery pen to seal if bleeding occurs. Feet and nail health can be maintained by providing natural branches of an appropriate diameter.

Uropygial gland (Oil gland) – The Uropygial gland is a bilobed gland on the dorsum of the tail which drains by ducts into papillae. It secretes lipoid sebaceous material, which is used to spread over the feathers. This fatty substance aids in waterproofing, cleaning and reducing skin infections. Some species lack this gland. It is recommended to assess it for symmetry in the gland. However, if there are no concerns, expressing is not recommended as, over time, expressing can cause damage to the gland.



Abnormal uropygial gland - needs investigation for cause

Feathers – flight feathers of the wings are known as remiges, whereas the tail flight feathers are known as retrices. The primary remiges are asymmetrical and range in number from 9 to 11, depending on the species. The external vane is narrower and arises from the periosteum of the metacarpus. The secondary remiges arise from the periosteum of the ulna. Different types of feathers cover the body for diverse purposes; however, this article will not discuss it.

The calamus is the proximal end of the shaft, which is embedded in the follicle. In the calamus of the immature feather, pulp which is loose reticulum of mesoderm with axial artery and vein. The pulp retracts as the feather matures and is then known as the pulp caps. It is recommended to avoid clipping immature feathers as they can bleed excessively.

Ligating the calamus with suture material is recommended if the immature feather has trauma. Avoid pulling the feather as it will cause pain and may result in cyst or abscessation of the follicle.

Feather colour changes and quality can be indicative of underlying disease or malnutrition.

Wing trimming is a controversial topic. It has been proven that flighted birds are psychologically better off. As a veterinarian, I believe it boils down to the owner's responsibility as a flighted bird or a clipped bird with an irresponsible owner can be problematic.

For this article, I will discuss the recommended method of wing clipping. If an owner wants to keep their bird flighted, it will require training, and many courses are available. It is recommended not to clip young birds too early; they should be able to fly and land properly before clipping.

A wing clip should aim to avoid a strong and sustainable flight, not stop the patient from flying.

Over the years, there have been many methods of wing clipping. It is recommended to only clip the primaries bilaterally and NOT the secondaries. The primaries are responsible for allowing the bird to get and maintain height. I usually clip 4-6 primaries starting from the lateral aspect. Unilateral clipping can effectively deflight the bird; however, the disadvantage is that the bird will be severely unbalanced, increasing the risk of spiral falling compared to bilateral clips.



Recommended clip



Blood feathers, do not clip

>>> 10





Poor wing clip, clipped the secondaries



Over clipped primaries and secondaries causing physical irritation to the patient



BROUGHT TO YOU BY THE SOUTH AFRICAN VETERINARY ASSOCIATION

Regional Branch Congress 2020



Eastern Cape | 20 & 21 May 2022

Mpekweni Beach Resort, Port Alfred

SAVA
South African Veterinary Association
Suid-Afrikaanse Veeartsenykundige Vereniging



MPEKWENI BEACH RESORT

Mpekweni Beach Resort is a stunningly beautiful beach resort situated along the Sunshine Coast of South Africa, surrounded by white sand dunes, an endless unspoiled secluded beach and a tranquil lagoon.

Whatever your budget and preferences, Mpekweni has a room type to suit your needs.
Choose from our range of inter-leading shower rooms and family deck rooms with pool views, to lagoon-facing rooms and beachfront twin rooms.

PROGRAMME

DAY 01 | FRIDAY 20 May 2022

11:00	Registration
11:30	Lunch
12:30	Welcome & Opening | Guest of Honor TBC
12:40	Keynote Speaker | TBC
13:20	*Dr Liesel van der Merwe* | Basic considerations in Fluid Therapy
14:00	*Dr Izak Venter* | The corneal ulcer is not healing, what to do next. (small animals)
14:40	TEA
14:55	*Ms Dina Marie Scholtz* | Explaining the procedure around a complaint and tribunal and touching legal aspects if you get a civil suit against you or your practice.
15:35	*Mr Andrew Christie* | Valuing a Practice (for those considering emigration, "semigration" or retirement)
16:15	*Dr Kevin le Roux* | Rabies Elimination -The science of implementation
16:45	Break
17:00	AGM
Braai	

DAY 02 | SATURDAY 21 May 2022

08:00	Registration
08:30	Welcome & Opening
08:40	*Dr Izak Venter* | A practical approach to equine immune-mediated keratitis and stromal abscesses
09:20	*Dr Liesel van der Merwe* | Haemostasis for the GP
10:00	Tea
10:15	*Andrew Christie* | Financing the sale of a practice
10:55	*Dr Didi Claasen* | Rabies Protocol
11:35	Sponsor session | VetsBrands
11:50	Lunch
12:50	*Dr Liesel van der Merwe* | Peripheral Neuropathies
13:30	*Dr Paul van der Merwe* | Motivation for One Health
14:25	*Dr Caryn Schacklock* | Cysticercosis Project in the Province
14:10	Tea
15:05	*Dr Paul van der Merwe* | One Health: The Concept
15:45	*Dr Liesel van der Merwe* | Treatment of Hepatic disease (Sponsored by Hills)
16:25	Sponsor session | VetScripts

SPEAKERS:


Andrew Christie


Dinamarie Scholtz


Izak Venter


Kevin Le Roux


Liezel van der Merwe


Paul van der Merwe

REGISTER NOW:
https://bit.ly/SavaEasternC

vetlink
CONFERENCE ORGANISER | 012 346 1590
www.vetlink.co.za | support@vetlink.co.za

SAVA Community Veterinary Clinics

An initiative of the SOUTH AFRICAN VETERINARY ASSOCIATION

Non-profit Company: 1998/016654/08
Non-profit Organisation: 000-234 NPO
Public Benefit Organisation: 130001321

Nieu Bethesda CVC initiative

Toni Younghusband

They may be seemingly insignificant dots on the map, but small towns in South Africa are crying out for animal welfare assistance; with the commitment of veterinarians, it can be provided. Toni Younghusband reports on a CVC initiative in the Great Karoo region.

A mere 50km from Graaff Reinet lies the Karoo village of Nieu Bethesda, a sought-after tourist destination for its iconic Owl House. The acclaimed playwright Athol Fugard put the town on the map with his play "Road to Mecca", drawing inspiration from the creative life of school teacher Helen Martins, who transformed her modest Karoo dwelling here with glass, cement and a singular vision.

Tourism is the town's lifeblood, but there is not enough of it, especially post-Covid, to sustain the more than 1600 residents, and unemployment rates are projected at more than 75%, with the majority of residents of Nieu Bethesda's Pienaarsig township relying on government grants to get by.

Poverty is strikingly evident in the tumbledown houses and skinny arms and legs of the elderly and the children. Yet, it is a township with more dogs than any other she has visited in her more than 22 years in animal welfare, says veterinary nurse Sr Hilda Mills.

The dogs are emaciated, dusty skin stretched tightly over prominent hip bones and ribs. "We need the dogs for hunting," says 20-something Wanie Scholtz. "There are no jobs here; we can't buy meat, so we use the dogs to find meat, or there will be no food." Everywhere the story is the same. Charlton Mirtner has three dogs; they're the skinniest Sr Mills has seen in a long time. "I'm unemployed. I need the dogs to hunt," he says but admits that he cannot afford dog pellets and feeds his hounds scraps from the table and mielie pap.

The town's only animal welfare volunteer is supported by Graaff Reinet's Camdeboo Sterilisation Initiative (CSI), but with no resident veterinarians in Nieu Bethesda, Victoria Nance relies on people like Sr Mills and the Somerset West-based EberVet Petcare Group to try to get the dog numbers under control.

EberVet recently took a team of ten (10), including Sr Mills, to Pienaarsig to sterilise pets, educate pet owners, and train seven (7) residents in primary health care.

The idea is that these new trainees provide much-needed support for animal welfare, identifying animals that need veterinary assistance, signing animals up for sterilisation, applying parasite control, offering nutrition advice and teaching pet owners primary wound care. Victoria chose trainees with a deep compassion for animals and willingness to help the pet owners in their neighbourhood 24/7.

A three-hour walk through Pienaarsig followed the morning's theoretical training at the local community hall, with Sr Mills and veterinarian Dr Hilldidge Beer engaging with pet owners.

Focussing on identified diseases like mange and biliary the pair taught the trainees how to recognise medical conditions and injuries. Soon pet owners with pets in tow surrounded the EberVet team in the street, asking for help with a scalding, a bite, a listless puppy, a cancerous growth. The list was endless.

The team used the opportunity to discuss and encourage pet sterilisation. Although there was some resistance initially, once the advantages had been explained, pet owners queued to sign up for the two-day spay clinic at the community hall the next day.

Hendriette Hector was happy to have Optel neutered to stop him fighting and wandering the streets; Ebrahim Kasper didn't want more mouths to feed, Karel Jacobs was tired of the male dogs who pursued his Doeke every time she went on heat.

Trainee Marno Koopman, who has five dogs of his own, said the biggest issue in his community was a lack of education. With the trainees' help, pet owners could learn to take better care of their dogs, and he would be there to assist them.

With the trainees' assistance at the post-op table, Dr Beer and her team of nursing assistants sterilised 84 dogs and cats in two days. Wounded paws were seen to, biliary and mange treated, rabies vaccinations given and essential nutritional information shared with owners.

"With what I have learned, I can help people keep their dogs healthy. I can recognise mange and biliary, clean wounds, and teach owners about ticks and fleas. To be a vet has been my dream; now I am one step closer," said trainee and star pupil Michaela Jacobs.

"It has been heartbreaking to go into Pienaarsig day after day and see the animals' condition, but now I have hope," said Victoria Nance. "The EberVet training was incredible, and now we'll be able to help so many more people and encourage many more to have their pets sterilised. I am so grateful to this team for coming all the way out here to assist us."

EberVet CEO Dr Hilldidge Beer pleaded: "If every veterinarian and veterinary nurse gave some of their time to help these isolated communities, we'd have a smaller, far healthier and happier animal population. This kind of work is gratifying and reminds us why we became vets in the first place."

***The EberVet Petcare Group will return to Nieu Bethesda in Spring for a second Spayathon.**

>>> 14



Hendriette Hector wanted Optel neutered to stop him fighting and wandering



Sr Mills took trainees onto the streets of Pienaarsig to learn



EberVet nurses prepping for surgery at the Spayday



Trainee Michaela Jacobs has always dreamed of being a Veterinarian, but financial circumstances have made that impossible



Sr Mills advises a dog owner in Pienaarsig



The EberVet Academy trainees will aid animal welfare in educating and assisting pet owners in Pienaarsig

EduCVC

Bank details:

SAVA Community Veterinary Clinics

Organization name:
EduCVC
Company
Registration No:
2019/570769/08
FNB Bank Cheque
Account:
6283 6622 531
Branch: Brooklyn:
251345
SWIFT Code:
FIRNZAJJ

SAVA-CVC & EduCVC are registered on PayPal and PayFast!

All donations qualify for an 18A Tax certificate which means your donation is tax deductible!

Please contact us
cvcmanager@sava.co.za
for details.

Organization name:
SAVA-CVC
Company
Registration No:
1998/016654/08
ABSA Bank
Cheque Account:
4056779023
Branch: Brooklyn
(632005)
Swift Code:
ABSA ZAJJ

NEW

Eradia®



Virbac is pleased to announce that we are

Turning the world of Metronidazole upside down

Flavoured Liquid Suspension Metronidazole for Dogs!

With the award-winning smart cap for accurate dosing and protected administration!



METRONIDAZOLE LIQUID SUSPENSION

Flexible dose



EASILY ADMINISTERED

Pharmapack Awards Winner



2 SIZES FOR ALL DOGS

30 ml and 100 ml



WELL ACCEPTED BY DOGS[1]

Flavoured



References:
1. Nicolas CS, Martins F, Pujol C. Evaluation of palatability of a metronidazole-based oral suspension in dogs when poured on the food and at different stages of shelf-life. In: Proceeding of the 5th World Congress on Advanced Clinical Trials and Clinical Research. J Clin Trials. 2018;8:45.

Eradia®, Reg. No: 19/17.4/27 (Act 101/1965), Composition: Each 1,0 ml Solution contains 125 mg Metronidazole.

Shaping the future of **animal health**

Virbac

© 09/2021. Virbac All rights reserved

Virbac (Pty) Ltd (Reg. No: 1990/003743/07) Private Bag X115, Halfway House 1685. T (012) 657-6000 | F (012) 657-6067. za.virbac.com

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

The hotline can assist with referrals or simply offer much needed emotional support when anxiety, depression, anger, grief, 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

Order SAVA name badges for your practice!

Available in gold or silver



Price: R125 per badge
(VAT inclusive, excludes packaging & courier fee of R125)

For more information or orders contact
Sonja van Rooyen at SAVA
Tel: 012 346 1150
E-mail: assistant@sava.co.za

SAVA
South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

COOPERATION BETWEEN THE SOUTH AFRICAN VETERINARY ASSOCIATION AND THE VETERINARY ASSOCIATION OF NAMIBIA

In 2015 communication between the South African Veterinary Association (SAVA) and the Veterinary Association of Namibia (VAN) got underway to pave the road for cooperation cross-border.

A long stream of communication followed, and in 2022 an affiliation was established with the following benefits for members of both Associations:

- Reciprocal attendance of the main congress at membership rates (i.e. members of VAN can attend SAVA Congresses at SAVA membership rates and vice versa).
- Advertising of the VAN Congress in VetNews at no cost (similar to congresses arranged by Groups of the SAVA, a single full-page advertisement).
- Members of VAN can subscribe to VetNews and access the digital version on the SAVA website.
- As agreed, accreditation of the CPD articles published in VetNews will be arranged with the Namibian Veterinary Council.

Groups have been requested to inform vice-versa when foreign speakers are invited to present talks.

SAVETCON will liaise in this regard on events they manage

VETNEWS SUBSCRIBERS FOR MEMBERS OF VETERINARY ASSOCIATION OF NAMIBIA

Veterinarians from Namibia wanting to subscribe to VetNews must be members of the Veterinary Association of Namibia (proof of membership must be provided)

VetNews subscribers will receive the following benefits:

- Access to electronic access to the VetNews magazine
- Access to the SAVA membership section of the website
- Access to CPD questions on SAVA website (VetEdOnline)
- Subscribers will be able to log CPD points on the VetEdOnline website

Terms and conditions:

- The VetNews subscribers are not members of the SAVA and will not have any voting rights.
- If subscribers fail to pay their subscription fee within one month after the due date, a reminder will be sent. Non-payment after two reminders will result in the subscription being terminated. The subscriber's postal address will be removed from the VetNews mailing list.
- VetNews subscription will be valid for one year and must be terminated in writing at least two months before the termination date.
- It remains the responsibility of the subscribers to notify the SAVA of any change in e-mail and/or postal address.
- The membership fee for 2022 is R510.00 per annum.

Vetnews welcomes its neighbours and hopes to have a long and prosperous relationship.





Vetbooks for Africa

Vetbooks for Africa is an Onderstepoort Student initiative where students drive up into Africa to distribute Veterinary books. To date, Vetbooks for Africa have made 14 trips, reached 6 universities, travelled 97 000 kilometres, distributed approximately 2600 books, and changed too many tires to mention.

The group distributes textbooks, journals, and other veterinary supplies and equipment to veterinary faculties, rural communities, conservation organizations and schools in various countries of Africa. They also aided and volunteered at veterinary clinics and conservation sanctuaries on the route.

The Vetbooks for Africa committee of 2022 aims to take Vetbooks for Africa to the next level. The plan is to grow by visiting more countries and organizations. The countries on their target list include Africa, Zimbabwe, Zambia, Malawi, Tanzania, Kenya, Uganda, Rwanda and Burundi. They plan to support 18 organizations (universities, conservation organizations and schools). They need seven (7) weeks to make the trip and achieve this goal. However, their academic calendar only allows them to make the trip in 5 weeks and two days.

They can only reach all the countries by splitting the trip into two parts! The first part will already take place in the July holiday, and they will be travelling to Zimbabwe and Zambia, where they will be visiting the following 6 organizations: University of Zimbabwe, Twala Trust Animal Sanctuary, Mukuvisi Woodlands, University of Zambia, Lilayi Elephant Nursery, Leopard hill veterinary clinic

During the December holidays, the team will be visiting Malawi, Tanzania, Kenya, Uganda, Rwanda and Burundi.

This year the Vetbooks for Africa team plans to visit schools throughout Africa during their trip in December 2022/January 2023.










Amazing local artist joined hands with Vet Books for Africa



Recently, an amazing local artist joined hands with Vet Books for Africa. Marces Botes is a self-taught artist and her speciality is sketching both animals and people with graphite pencils. She has agreed to give us 25% of the earnings from each sketch she makes. To make the deal even sweeter she has agreed to give all Vet Books for Africa sponsors discount prices until the first of May. You can support us even more by getting your own sketch made.

Please find attached pictures of some of the sketches Marces Botha has made over the years.

For more detail visit the www.vetbooksforafrica.org webpage.







Vetbooks for Africa Stat Pack Drive

In addition to the organisations, Vetbooks for Africa plans to visit schools to reach the next generation.

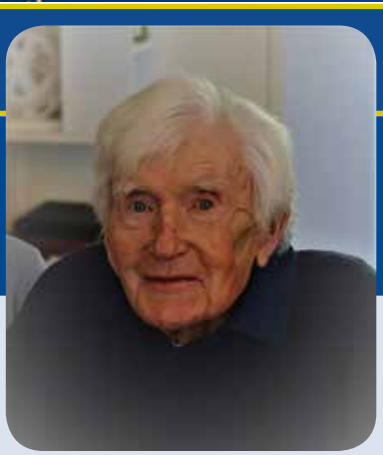
They plan to support about 1500 learners in total. The team wants to give each learner in the respective schools a packet full of the necessary stationery. Each stationery pack will contain the following items: 1 exercise book, six blue pens, four pencils, one eraser, one pencil sharpener and one ruler.

The whole idea of the Stat Pack drive is to give people of the general public the opportunity to contribute to our mission by sponsoring one or more stationery packs at R60. When a pack is sponsored, a message can be attached and will travel with them through Africa and put a smile on a child's face.

Your donation will significantly improve a child's educational experience by providing them with the school necessities.



DR PETER HENRY BUNTON



Written by Dr Brian Rippon
Transcribed by Dr Ivan Lwanga-Iga
February 2022

Peter Henry Bunton was born on the 22nd of March 1922 and grew up on the farm ELIM near ADDO in the Sunday's River Valley in the Eastern Cape. He began his education at the local farm school, riding there every day on horseback. In 1934 he was admitted to St Andrews Preparatory School in Grahamstown, later to St Andrews College. He was an active rugby player at the college, having been a member of the Rugby XV. He matriculated at this college in 1939. His first year in the BVSc course at UCT was interrupted by the outbreak of WORLD WAR II. As a result, he enlisted in the SA Artillery (5th Field Brigade), seeing action in the Battle of Alamein, in which he sadly lost his brother.

He was later transferred to the Gordon Highlanders as an Officer; he was wounded in Italy and later repatriated to South Africa in 1945.He resumed his Veterinary studies at Onderstepoort in 1946, graduating with a BVSc in 1949. He returned to his homestead in ELIM Farm in ADDO, building up a Rural Veterinary practice in the area for over 67 years. Besides his work, he was also an active member of the ADDO POLO CLUB, coupling that with a robust Equine Veterinary practice in the area. Peter was an ardent believer in "Game Conservation" and served for several years as the "FIRST PRO DEO VETERINARIAN and sitting on the board of the ADDO ELEPHANT PARK. He was an active participant in the translocation and release of various wildlife species, including RHINO, BUFFALO and Elephants.

Despite his busy Veterinary practice, he still managed to get time to take care of his various hobbies, including breeding Waterfowl, Mute and Black Gees, and many other types of Geese.

He was a founder member of our own SAVA East Cape & Karoo Branch and remained a royal member for many years until his retirement.

Peter has always been a true gentleman and colleague with integrity within the veterinary fraternity. He has always been an example to all of us.

SAVA national, the EC & KAROO Branch, all colleagues and friends wish Peter the best of health on reaching this milestone of 100 years on earth on the 2nd of March 22.

Dr Bunton 100th birthday!

The board of SAVA wished Dr Bunton a very 100th birthday with a congratulatory letter and a basket of goodies. Prof Brough Coubrough attended this extraordinary birthday and handed over a book from SAVA called "A day in the life of a South African Veterinarian."

Dr Peter Henry Bunton
By Veterinary History Society





Peter Henry Bunton's father, Henry Arthur Bunton and his mother, Grace Isabel Gilfillan, started farming citrus on the farm 'Elim' in the Selborne district of Uitenhage in 1923. His father died in July 1927 when Peter was 5 years old, and his mother Grace continued with the citrus farming. Peter's elder brother, John Gilfillan Bunton, was killed in 1942 during WW2, and Peter inherited the farm.

Peter was born on the 2nd of March 1922, possibly in Port Elizabeth, where his parents were living at that time before they moved to 'Elim'.

Peter Bunton matriculated from Espin House, St Andrews College in Grahamstown at the end of 1939. During his high school years, he was awarded colours for both rugby and boxing and had been a school prefect and corporal in the Cadet Corps.

He was also a keen polo player and represented South Africa in this sport. St Andrews College lauded him in May 2021 as their oldest' Old Andrean' at the age of 99.

He was accepted into the veterinary faculty in 1939, and his student number (40005420) indicates that he started his first year in 1940. He interrupted his studies during WW2, and after the end of the war, he returned to Onderstepoort and completed his degree, qualifying in 1950. He returned to the family farm 'Elim' in the Addo area, where he practised as a veterinarian, managed the large farm and played polo.

He also promoted the development of game ranching in the 1970s and put it into practice on his extensive farm, becoming one of the leaders of this new form of farming.

For many years, Peter worked as a wildlife veterinary specialist and an honorary veterinarian for Addo Elephant Park. He was active in the Addo area all his working life, getting deeply involved in conservation and the development of the Addo Elephant Park. Peter is part of the Addo Park's history.

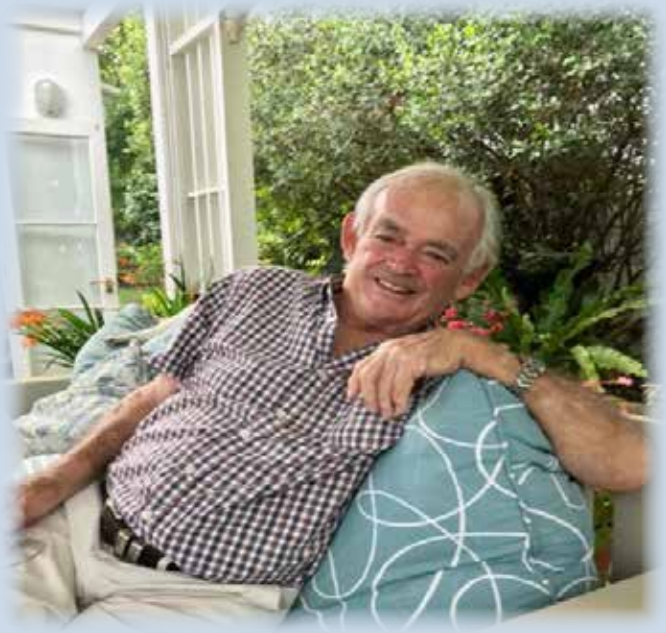
He was reluctant to have lions introduced into the Addo Park in late 2003 since the Addo Park animals had never previously had any large predators. The first year that the lions were resident in the park confirmed his fears as the whole Disease-free Buffalo calf herd was wiped out. Thankfully the animals quickly learnt to live with these predators and defend their calves.

Today, Dr Peter Bunton is a Formosa Garden Frail Care Centre resident near Plettenberg Bay.

In Memoriam

DR BRIAN RIPPON

04 FEBRUARY 1938 - 15 FEBRUARY 2022



One of the Eastern Cape's best known and most loved veterinarians, Dr Brian Rippon, passed away on 15 February 2022 after a short illness.

Brian farmed with livestock on, and practised from his farm Proctorsfontein in the Grahamstown district of the Eastern Cape for more than four decades. Due to Brian's legendary hospitality, Proctorsfontein was for decades a special place to the veterinary fraternity; especially those in the Eastern Cape, but also to many veterinarians from other provinces and from overseas.

Brian's fluency in isiXhosa and his sense of humour enabled him to build and maintain a special rapport with the staff on his farm and on the farms of his clients.

Brian and his wife, Jenny, moved to Knysna in 2007.

Brian was a very special person, always humble, loved by his colleagues and his clients. He had a puckish sense of humour and was the first to tell a joke against himself, such as the following which caused him great amusement: he was seeing a sick Afghan hound in his surgery and commented to the longhaired, long-faced owner (a legal friend); "funny how dogs and owners look alike", to which the quick-witted attorney parried: "have you not just acquired a bulldog?"

Always a great conversationist and raconteur and a great character, the stories about Brian himself are numerous and legendary.

In his younger days he was renowned for the speed at which he roared up and down country roads. - farm labourers compared the sound of his passing bakkie to that of a Boeing passing overhead. He once hit an ox at night at such speed that it flew over the cab and landed in the load body of his bakkie.

TB testing in his early days in practice involved accreditation schemes where every bovine on the farm had to be accounted for from test to test. This involved hours of office work and on one occasion Brian worked till 3am balancing the TB registers, realized that he had an early TB test near Port Alfred and drove straight there instead of going to bed. The farmer was rather surprised to find the veterinarian sleeping in his bakkie at the cattle crush in time for the test the next morning!

He would spend hours giving free advice to farmers, not a few of whom abused his kindness without making use of his professional services. This advice was given freely telephonically at all hours, in the cattle crush, and possibly most characteristically while he was seated in his bakkie, engine running and arm out of the window.

The latter habit was endearing and simultaneously infuriating – endearing to those who were getting a free consultation and infuriating to those who were waiting for him to keep an appointment!

Because Brian kept Eastern Cape time, not Greenwich time, he became universally known (in the Albany, Alexandria and Bathurst districts at any rate) as the late Dr Rippon. Because of this reputation, a competition developed amongst his many farmer clients as to who could delay Brian in characteristic pose with his bakkie engine running and his right arm out of the window for the longest. The record is said to be 20 minutes! (Brian of course denied this - he claimed it was 10 minutes!!)

A colleague told the story of visiting Brian and accompanying him on his rounds. Brian suddenly jammed on the brakes, jumped out of his bakkie, jumped over the fence and proceeded to inject a sick cow he had spotted next to the road. When the colleague queried the financial wisdom of such actions, he reportedly said – "it's old Jack's cow and both cow and owner are poorly - I won't charge him". Such was the man who served his clients and local community in the Albany district for 46 years.

Brian graduated from Onderstepoort in 1962 and worked in rural practise in the UK and Canada until 1965 when he returned to South Africa and opened his practice on the family farm.

Brian served the veterinary profession unstintingly. He served on the committee of the Eastern Cape & Karoo Branch of the SAVA for many years and as Chairman of the Branch from 1975 to 1978. He was an elected Federal Councilor of the SAVA for ten years from 1978 to 1988.

Brian was also involved in the founding of the SA Veterinary Foundation and served on its Board for several years. During this time he also ran his rural veterinary practice and ran his 3200ha farm.

Brian was awarded the Boswell Award for distinguished service to the South African Veterinary Association in 1978.

The South African Veterinary Association Congresses were held in Grahamstown in 1977 and 1992. Brian chaired the organizing committee of the 1977 Congress and served on the organizing committee of the 1992 Congress. Brian played host on his farm Proctorsfontein to congress attendees during both these congresses.

Brian was not immune to personal setbacks such as family tragedies and a farm attack which saw him severely beaten and bound and shoved under a bed (his resourcefulness enabled him to escape and thus save his life); a vehicle accident put an end to his veterinary practice. Through all of this he retained his sense of humour and good natured approach to people and life.

Brian was a talented artist. His beautiful paintings of South African and Namibian scenes which adorn many homes attest to this. A painting by Brian of an Eastern Cape cattle farm hangs in Vethouse. It was presented to the SAVA by the Eastern Cape & Karoo branch of the SAVA. Brian was also known to write the odd poem such as Ode to the Angora goat (which was inspired by his exasperation at their propensity to die!)

In short, Brian Rippon was an exceptional person, a wonderful friend and colleague who was characterized by honesty, integrity, caring and empathy. He was the ultimate gentleman.

It was a great privilege to know Brian. To his wife Jenny and to his children, Clare, Craig and Alastair and his extended family, we extend our heartfelt condolences. We share your loss.

Francois van Niekerk

Vet·ED ONLINE



Access your SAVA VetNews Article every month and complete the online assessment to receive your CPD points

SAVA
South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

MANAGING YOUR CPD COMPLIANCE

We understand that managing your CPD requirements can be a time consuming and somewhat frustrating process, which is why we want to introduce you to VetEDonline.

VetEDonline is an online CPD Management and Education Platform endorsed by the South African Veterinary Association (SAVA), which provide veterinarians with state of the art CPD Compliance and Education Solutions that assist them on their journey to CPD compliance.

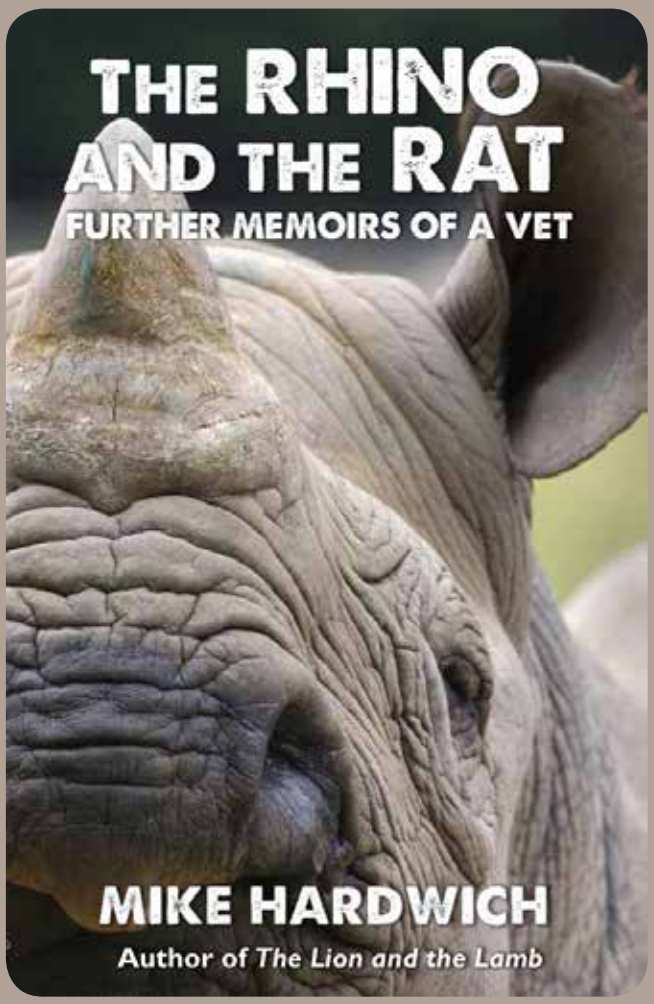
VetEDonline supports practicing veterinarians with their CPD compliance by providing the following solutions and services:

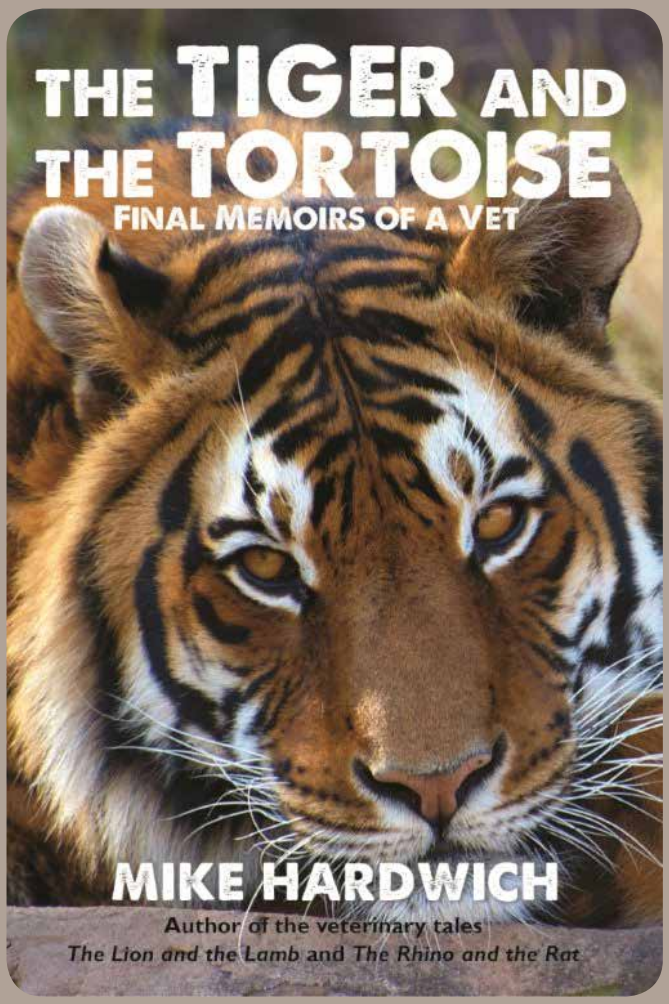
ONLINE COURSES — *Online Courses from leading providers*

JOURNALS & ARTICLES — *CPD accredited articles from SAVA*

ONLINE LEARNING PORTFOLIO — *To manage your CPD certificates and keep track of your CPD points*

Contact us for more information and guidance on your CPD compliance
+27 12 111 7000 | support@veted.online | www.veted.online

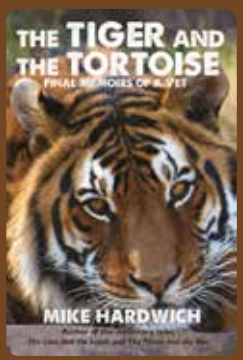




As a country vet whose territory covers the rich valleys and farmland of KwaZulu-Natal, his clients range from cattle farmers to owners of domestic pets, from game ranchers to circuses. The demands on a vet are constant and often arrive at very inconvenient times. Called upon day and night, Mike brings to each case his skills, ingenuity and years of experience, and although he never loses sight of his aim of preserving and improving the lives of the animals he is called upon to treat, sometimes he is sorely challenged by their owners.

Whether he is describing the difficult birth of a two-headed calf, discovering sheep scab on the Isle of Man, caring for Dorothy the elephant in her declining years, or helping Reggie the rat's grieving owner accept his impending demise, Mike's compassion and pragmatic humour never seem to flag.

These enjoyable tales of the trials, tribulations and triumphs of a veterinarian who always sleeps with one ear cocked, will leave you wanting more.....

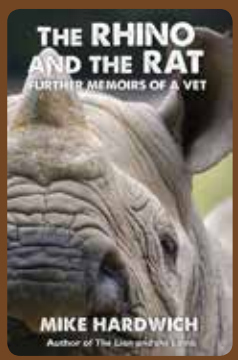


Order your copy now!

R120 /per book

(Courier fee of R125 charged separately)

Contact Sonja van Rooyen to order:
Tel: 082 511 2212
E-mail: assistant@sava.co.za



RuVASA
Ruminant Veterinary Association of South Africa

CONGRESS 2022

9 - 11 May 2022

The Boardwalk Hotel, Port Elizabeth



PRODUCTIVITY

MONDAY 9 MAY 2022

07:30 Registration: All

GENERAL

08:00 Welcome: Marike Badenhorst
08:10 SAVA and the role of RuVASA in the One Health Concept: Paul van der Merwe
08:35 SAVC: AN Other
09:00 Keynote Speaker: James Blignaut
09:40 Q and A: All
09:50 Introduction of the Sponsors: Faffa Malan
10:00 Tea

CONTROLLED DISEASES

10:30 Introduction to Session: Session Chair
10:40 Brucellosis: Alicia Cloete DALRRD
11:05 LITS - Where are we now? Dewald Olivier SAFA
11:30 FMD: 7 Feedlots later? Shaun Morris
12:05 Q and A: All
12:15 Session Sponsor: TBC
12:30 Lunch

HERD HEALTH

13:30 Introduction to Session: Session Chair
13:40 Methodology developed over 35 years providing a beef cattle herd health service: Danie Odendaal
14:05 Developing a vaccination plan and reminder system for beef cattle herds: Danie Odendaal
14:30 Using the disease reporting system to the advantage of the livestock veterinary practice: Danie Odendaal
14:55 Q and A: All
15:05 Session Sponsor: TBC
15:20 Tea

HERD HEALTH

15:40 Introduction to Session: Session Chair
15:50 Primary Animal Health Care: Rebone Moerane
16:10 Small Herd Farmers: The role of the veterinarian and AHT: Johan Oosthuizen
16:30 Training: An opportunity to us: Matthew Carter
16:50 Q and A: All
17:00 Session Sponsor: TBC
17:15 AGM
19:00 Braai

ENVIRONMENTAL

TUESDAY 10 MAY 2022

07:00 This worked for me - Practical tips: Tod Collins et al

REGULATORY

08:00 Introduction to Session: Session Chair
08:10 Abattoir Certification: Gerhard Neethling
09:00 APAC: Francois Knowles & Willem van Jaarsveld
09:40 Q and A: All
09:50 Session Sponsor: TBC
10:05 Tea

ANIMAL WELFARE

10:35 Introduction to Session: Session Chair
10:45 Welfare: The role of the LWCC: Gareth Bath
11:10 Welfare is a science: Mark Chimes
11:35 Welfare audits: An opportunity: Jompie Burger
12:05 Q and A: All
12:15 Session Sponsor: MSD
12:30 Lunch

SUSTAINABILITY

13:30 Introduction to Session: Session Chair
13:40 Are all the arguments against livestock justifiable?: Heinz Meissner
14:05 COP: The role of the veterinary industry: Theo de Jager
14:30 Unregistered products - Unsustainable: Gerhard Verdoorn
14:55 Q and A: All
15:05 Session Sponsor: TBC
15:20 Tea

DIAGNOSTICS

15:40 Introduction to Session: Session Chair
15:50 Cow Side Tests: Caryn Shacklock
16:10 TrichLabCheck: TBC
16:30 The practical application and benefits of genomic testing
17:15 Q and A: All
19:00 Gala Dinner

PEOPLE

WEDNESDAY 11 MAY 2022

07:15 Principles of sustained integrated management of parasites in livestock (SIMPL): Gareth Bath

ORGANISED INDUSTRY

08:00 The NAHF and the Veterinary Strategy 2016-2026: Chris van Dijk
08:25 Economy and the role of the veterinarian: Wandile Sihlobo AgBiz
08:50 Agriculture and Agroprocessing Master (AAMP) plan: Gerhard vd Burgh, BFAP
09:15 Panel Discussion: Veterinary expectations - The perspective of the Organised industry: RPO - Gerhard Schutte, NWGA - Leon de Beer, James Faber - Chair RPO and Mackie Hobson SAMGA
10:10 Q and A: All
10:20 Tea

VARIOUS

10:45 Introduction to Session: Marike Badenhorst
10:55 Critical evaluation of research data: Sven Parsons
11:20 The only constant is change - The future of veterinary medicine: Riaan du Preez
11:45 Top 3 posters to present (15 minutes each): TBC
12:30 Closing of conference: Marike Badenhorst
12:40 Back to Basics: Thinking in tough times- Adapt or die : Quinton Coetzee
13:40 LUNCH

FOR MORE INFO: www. https://ruvasa.co.za/

vetlink



7 FACTS VETERINARIANS MUST KNOW ABOUT EXTRA-LABEL MEDICINE USE

Dr Trudie Prinsloo, Legalvet Services; E-mail: trudie@legalvetservices.co.za



Extra label use of medicines for the treatment of veterinary patients is a reality. Exotic animal practices and wildlife practices would not be able to function if they could not use drugs extra-label. However, it is a high-risk activity, and veterinarians should know their rights, responsibilities, and risks associated with this practice.

1. Veterinarians are allowed to use medicines extra-label, but there must be a **justifiable reason** for doing it. This means that there should not be another approved drug for the intended use, or that the approved drug is not available in the dosage or formulation you need, or does not have the active ingredient you require, etc.

2. The principles apply to both **medicines registered under the Medicines Act** (Medicines and Related Substances Control Act, 1965, Act No.101 of 1965) *and* **medicines registered under the Stock Remedies Act** (Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act 1947, Act No. 36 of 1947).

3. Extra label use includes **any application not listed on the package insert** of the registered medicine. This means that any use in species not listed is extra-label use. Changes to dosages, the frequency and routes of administration, and reformulation of the medicine even in species listed on the package insert are regarded as extra-label use. Using medicine for any disease or condition other than those listed in the package insert is extra-label use.

4. The **veterinarian has full responsibility** for the preparation, application, and outcome of the application of the medicine. This also means that the veterinarian must be available to intervene or advise if the patient has an abnormal reaction. Essentially this also means that there must be a valid veterinarian-client-patient relationship.

5. **Informed consent** from a client is needed before administering a medicine extra-label if there is any concern about a potentially aberrant reaction.

6. Extra label use of the **prohibited substances in food-producing animals** is also prohibited.

7. When using medicines extra-label, veterinarians must still **comply with all the other legal requirements** for the use of the medicines.

Awareness of these principles and applying them in your practice should protect you from issues with the extra-label use of medicines. If you have any further questions in this regard, please get in touch with me at trudie@legalvetservices.co.za.



Royal Canin's Purpose in Action



Since 1968, Royal Canin's innovations have helped transform the health of cats and dogs. We have developed more than 550 nutritional offers based on rigorous veterinary science, each crafted and tailored to meet the precise health needs of individual pets.

Although our products have evolved over the years, our mission remains the same: we aim to transform the health and well-being of each cat and dog by pushing the limits of nutrition and expanding knowledge in partnership with pet professionals.

Moving forward, we aim to draw on the same spirit of science-driven innovation to be a business that generates value not only for pets but also for people and the planet in a sustainable way. Royal Canin is part of the Mars Sustainable in A Generation Plan, which aims to identify and take action on the company's societal impact, focusing on three interconnected areas:

Pet's well-being: To live our purpose – A BETTER WORLD FOR PETS - we promote responsible breeding and responsible pet ownership and share our knowledge globally to help understand and better care for cats and dogs.

Healthy planet: we are helping to feed cats and dogs more sustainably by taking actions to reduce our carbon footprint and to redesign our packaging in line with circular economy principles.

Thriving people: We believe we can and should play a role in increasing opportunities for people in the workplace and in the communities where we work.

Royal Canin's objectives are in line with the Sustainable Development Goals (SDGs) of the United Nations

Our unique approach always places cats' and dogs' nutritional requirements at the heart of the innovation process. Their age, lifestyle, size, breed, sensitivities and activity levels are studied through science and observation in order to design diets for each pet's specific needs. We are constantly looking to improve and develop products and services using the latest cutting-edge technologies and knowledge that transform them into viable innovative solutions that can help improve the health of cats and dogs.

"Optimal health is different for each pet. We believe that diets should cater to these nuances."

Our research and development team help us to innovate in different fields that share the common goal of improving pets' health; the R&D team are also playing a leading role in developing lower-carbon formulas and more circular packaging options.

THE ACTION AREAS ROYAL CANIN® WILL TAKE TO ACHIEVE CARBON NEUTRALITY BY 2025 ARE AS FOLLOWS:

1. **Transition to renewable electricity** by achieving 100% renewable electricity across our factories and offices while reducing energy consumption overall.

2. **Procuring sustainable ingredients**, Our nutrient led approach allows us to optimize our selection of ingredients and, in some cases, move beyond "conventional" ingredients to produce meals that offer equivalent or superior health benefits to dogs and cats; this includes switching to sustainably sourced proteins and low-carbon intensity ingredients. Examples of this include moving from fish oil to Algae in the sourcing of Omega 3 fatty acids (EPA/DHA) and using feathers as an alternative protein source as in our Anallergenicwhile also reducing environmental impacts throughout the supply chain.

3. **Reducing waste and boosting circularity** by significantly boosting recyclability, composability, and reusable packaging in alignment with Mars's ambitious packaging sustainability goals. Together with partners, we are investing in research and development to help ensure that our next-generation packaging is fully recyclable while meeting rigorous food quality and safety standards. In South Africa, we are working on many initiatives to reduce waste and encourage earth-friendly behaviours, including our partnering with Imagined Earth, in a unique CSI initiative that encourages consumers to recycle with a reward. Royal Canin SA donates one kilogram of pet food to animal shelters across the country for every item recycled. We are pleased that we reached our 10 000kg goal sooner than expected. The red recycling machines are located at different malls in Johannesburg, Cape Town and Durban.

4. **Climate-smart business transformation,** from management practices to the engagement of employees, suppliers and business partners in the journey. By 2025 we aim to reduce the direct emissions from our factories and offices by 42%, we will be investing in more efficient equipment and processes, developing and deploying innovations that change the way we do things and decrease our energy use, water use and waste through changes in practice and behaviour.

For any residual emissions that ROYAL CANIN® cannot completely remove or reduce, the brand will invest in high-quality, removals-based certified carbon credits. The use of removals-based credits is aligned with the SBTi Net Zero Foundations paper.

By sourcing more sustainably, we can better fulfil our mission of transforming each cat & dog's health and well-being by pushing the limits of nutrition and knowledge together with our partners.

We help secure a viable future for our stakeholders and the next generation on this mutual journey.

Influential Life Coaching

IDENTIFYING BURNOUT



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
http://www.life-coach-directory.co.za/mats-abatzidis

I hope this article finds you and your families well and safe!!! In the last few columns, we spoke about prioritising your goals and objectives, writing down a to-do list, and following step by step, but life will throw us curve balls and create obstacles.

In doing all that, we sometimes take a significant amount of time to make progress and bring about the change we desire.

We should all be careful of chronic fatigue. Burnout is a psychological concept for the experience of long-term exhaustion and diminished interest (depersonalisation), especially in the work environment. Burnout symptoms increased for 24% of UK employees in 2020

(https://hrnews.co.uk/burnout-symptoms-increase-for-24-of-uk-employees-in-2020-january-burnout-spike-predicted/)

Burnout can affect anyone at any time in their lives. However, a recent study has shown that the average professional experiences burnout by age 32 (https://www.studyfinds.org/average-worker-career-burnout-age-32/).

Burnout usually occurs because of a period of expending too much effort at work while having too little recovery. Health care workers are more prone to suffer from burnout and thus an occupational hazard. Compassion fatigue, bullying, chronic fatigue, weight gain and a host of other stress-related health challenges can result from unchecked stress and burnout.

Burnout has been described as an inability to cope with emotional stress at work or as excessive use of energy and resources leading to feelings of failure and exhaustion. Potential causes or contributors are:

- providing care around the clock
- patients becoming vulnerable and too needy
- health care that is constantly changing
- development of new technologies
- constant noise & business
- critical ill patients
- crisis of patients and family's
- work environment- work overload (limited time, resources, staff)
- demographic - young age, early in career, high level of education
- personality- low self-esteem, need for approval,
- perfectionism, impatience

When we join the workforce, we often start by experiencing high job satisfaction, commitment, energy, and creativity. It is especially true of a new job role or the beginnings of a business venture. Believe it or not, that is the beginning of burnout, and you may begin to experience predicted stresses of the initiative you're undertaking.

Hence, it's essential to start implementing positive coping strategies, such as taking practical steps to support your wellbeing alongside your professional ventures. Self-care is about permitting yourself to take time out for yourself to boost your mental, physical, and emotional wellbeing. Examples of self-care can include a relaxing activity, enjoying physical exercise, practising Mindfulness, and nurturing a sleep routine (https://www.thisiscalmer.com/calmer-days).

Self-care is not self-indulgence or being selfish. Self-care means taking care of yourself so that you can be healthy, be well, do your job, help and care for others, and do all the things you need to and want to accomplish in a day.

You're right if you think you've been hearing more about self-care now. One indicator: According to Google Trends, the number of searches for "self-care" has more than doubled since 2015.

Paula Gill Lopez, PhD, an associate professor and chair of the psychological and educational consultation department at Fairfield University in Fairfield, Connecticut, says the need for self-care is obvious. "We have an epidemic of anxiety and depression," she says. "Everybody feels it." (https://www.everydayhealth.com/self-care/)

However, when we fail to create good coping strategies at this stage, we will start to experience the onset of stress and early burnout symptoms, awareness that some days are more complex than others. You may find your optimism waning and notice common stress symptoms affecting you physically, mentally, or emotionally. Common symptoms include:

Anxiety	**High blood pressure**
Avoidance of decision-making	**Inability to focus**
Change in appetite or diet	**Irritability**
Fatigue	**Job dissatisfaction**
Forgetfulness	**Lack of sleep or reduced sleep quality**
General neglect of personal needs	**Lack of social interaction**
Headaches	**Lower productivity**
Heart palpitations	**Unusual heart rhythms**

In my experience and that described in the literature, the understanding of the problem among employers and employees remains relatively low. The purpose of this article and the next few instalments is to recognise burnout or excessive stress in ourselves, friends, and employees so that it can be identified and dealt with before the symptoms escalate.

While burnout can cause issues at work, at home, and in life in general, it is always possible to take action to minimise its effect on us. Even if you are not experiencing stress or burnout now, we suggest that the wisest course of action is to take up self-care practices and build your mental resilience proactively.

Next month, we will continue exploring burnout and identifying the various stages and symptoms.



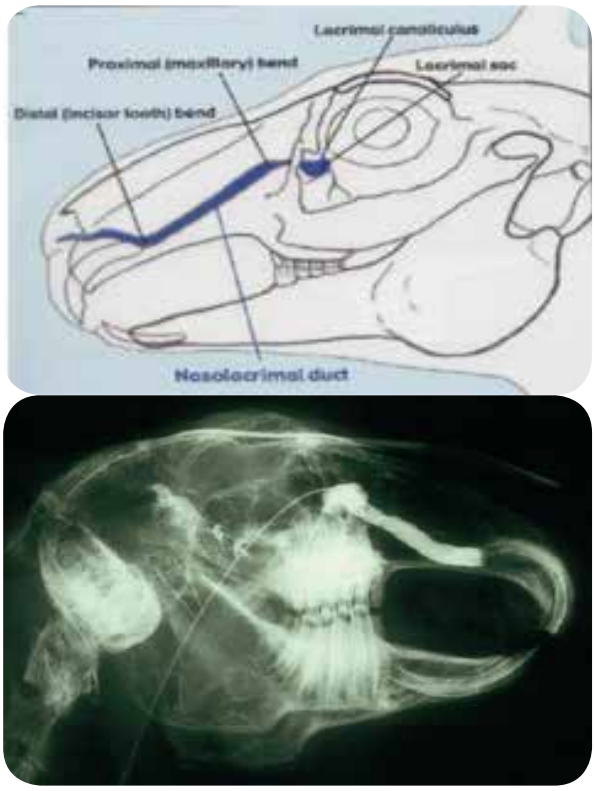
Exotics – Rabbits

Dr Antony Goodhead,
Specialist Veterinary Ophthalmologist,
Johannesburg and Cape Animal Eye Hospitals, www.animaleyehospital.co.za

In this article, we will briefly discuss three frustrating ophthalmic problems encountered in rabbits.

1]Dacryocystitis and Epiphora

The incidence of nasolacrimal duct (NLD) obstruction is considered to be 1:30 in normal domestic rabbits. This problem generally occurs in rabbits from 4 years of age. In rabbits, the lacrimal duct system starts with the single punctum located at the medial part of the lower eyelid and then courses across both the molar and incisor teeth. Dental problems probably related to dietary calcium deficiency may result in the obstruction of the duct. Any maxillofacial bone abnormality, [nutritional hyperparathyroidism], molar tooth root abscess, or overgrown incisor teeth may well lead to NLD pathology resulting in dacryocystitis or epiphora. Performing a dacryocystorhinography contrast study may assist with the diagnosis of obstruction.



Taken from Veterinary Ophthalmology, 6th Edition. A. The anatomy of the normal nasolacrimal duct in the rabbit. (Source: With kind permission from Burling, K., Murphy, C.J., Curiel, J.S., et al. (1991) Anatomy of the rabbit nasolacrimal duct and its clinical implications. Progress in Veterinary and Comparative Ophthalmology, 1, 33–40.) B. Dacryocystorhinogram shows dilation of the nasolacrimal duct through a blockage.

Other causes that frequently result in a purulent ocular discharge and sometimes a swollen medial canthus region can include infections with *Pasturella, Neisseria, Moraxella, Bordetella, Streptococcus, Oligogellla* and *Pseudomonas.* Often secondary periocular dermatitis may be noted. In such cases, it is vital to take a swab, culture and antibiogram, and one can attempt to cannulate the lacrimal punctum. In order to cannulate the punctum, it is best to apply a small amount of pressure at the medial canthus, and the opening tends to "pout" outwards and can then be cannulated. The procedure is not easy to perform. In the case of a purulent situation, it may be necessary to perform multiple flushes and to use an antibiotic eye drop. Stay away from greasy ointments as one wants maximal drainage of the medication into the nasolacrimal duct system.



2] Corneal ulcers

The rabbit eye is laterally placed in the head. It is very protuberant with a large exposed surface and thus is frequently damaged by external trauma resulting in a corneal ulcer. In most cases, rapid healing occurs in about seven days. The use of a good quality antibiotic and lubricant should be sufficient. If you are presented with a severely infected eye with extensive yellow coloured cellular infiltrate in the corneal ulcer and corneal stroma, it would be good to take a swab for culture and antibiogram. If a superficial erosion is not healing, it may be due to poor adhesion between epithelial cells and the basement membrane, such as indolent or epithelial dystrophy cases in dogs. The same phenomenon occurs in rabbits, and one could attempt to debride the lesion with a cotton bud. Still, a slightly more aggressive approach is



required to create better adhesion points for the epithelial cells in most cases. The rabbit cornea is significantly thinner than in a dog. Thus, performing a striate keratotomy with a needle is far more dangerous and would undoubtedly require good magnification. The safer and very effective option is an Algerbrush diamond head burr procedure.

3] Uveitis

Besides corneal ulcers, Uveitis is probably the next most common reason for a rabbit with an ocular problem. As in other domestic animals, there are many possible causes, and very often, the definitive diagnosis cannot be found. Major concerns would be systemic Pasteurella or Staphylococcus infections [septicaemia], lens induced Uveitis, and post-traumatic or idiopathic causes.

Symptoms include blepharospasm, scleral congestion, corneal oedema, aqueous flare, hypopyon, blood-tinged fibrin, secondary cataracts, miosis and posterior synechiae. The *Staphylococcus* infections usually result in a yellow–cream abscess filling a large proportion of the eye, whilst *Pasteurella* tends to form a sedimented hypopyon in the ventral anterior chamber.

Besides these above causes of Uveitis, it is the lens-induced Uveitis as a result of intra-lenticular infection by *Encephalitozoon cuniculi* that is particularly important in rabbits. The lesion is generally a whiter colour unless neovascularization also occurs, in which case it can be pink/red.

A unique situation occurs in rabbits where the obligate intracellular microsporidian generally infects rabbits by ingesting contaminated urine and may cause renal or neurological signs.

Still, it is also possible that transmission can be transplacental and migrates to the lens where it is inoculated via a protoplasmic discharge tube into the embryonic lens.

Once in the lens, it may lie dormant for many months before moving through the lens, causing cataract formation and then erupting through the anterior lens capsule to liberate antigenic lens material into the anterior chamber.

It elicits lens-induced Uveitis, which, although it may cause the cardinal signs of intraocular inflammation, namely miosis, iridal redness and swelling, and hypopyon, is much more likely to result in a white or pink mass protruding into the anterior chamber of the eye [see photo]





Any uveitis should be treated with topical anti-inflammatory medications that can include steroid drops such as prednisolone acetate (Pred Forte] or dexamethasone (Maxidex], or a topical nonsteroidal such as ketorolac (Acular, Kelopt]. Oral meloxicam (Metacam, Petcam) can be added to the regime.

Uveitis caused by *E. cuniculi* should also be treated with oral fenbendazole [Panacur] to kill the parasites causing the cataract. Phacoemulsification of the cataract is a further treatment option.



How to give chickens vaccines

Dr Susan Dawson
Zoetis South Africa (Pty) Ltd
Technical Manager: Pigs and Poultry

Zoetis Animal Health Pages

FOR ANIMALS. FOR HEALTH. FOR YOU.

Disease prevention and early detection is crucial in intensive poultry production. By the time an outbreak of clinical disease is detected, welfare and production of the flock can already have been significantly affected. Relying on treating reactively is unattractive; aside from the costs associated with treatment and the practical implications of treating a flock, there have been huge strides made in reducing antibiotic usage in poultry to combat resistance development.

One of the important tools used for disease prevention is vaccination. There are many options of poultry vaccines on the market: differing in indications, technology, and routes of application.

Rationale behind the chosen route of application

The correct application route is given on the package insert. This is the route that has been approved for use. Often the route used is chosen to mimic field infection. Where various options exist, the best route for the farm could depend on the capabilities of the vaccination team, the environment, the available equipment, and how it can fit into the rest of the vaccination and management program.

Regardless of the route used, the aim is to ensure that 1 full dose of viable vaccine is given to each bird. The vaccine must be viable: if the vaccine is damaged it will not work as expected.

Mass application

Mass application routes include drinking water application and spray application. These routes are used to deliver live vaccine to large numbers of birds at once.

1) Spray application can be done at the hatchery, just after the birds have hatched, or on the farm using special spray application equipment. Vaccinating in the hatchery using special spray equipment tends to be more controlled and easier to operate than on farm vaccination. As this route targets the respiratory tract, vaccines against respiratory diseases are often given this way.

2) Drinking water vaccination is done on the farm: either through the water lines in the house or through drinkers that are put down. This method can be used for vaccines against enteric diseases, although some respiratory vaccines can be given in the drinking water as well.

Both spray and drinking water vaccination require preparation and specific steps to ensure that on farm factors, including the water used, do not damage the live vaccine.



Figure 1: Birds drinking from red water drinkers

Individual application

There are many methods to give live and inactivated vaccines individually to birds.

1) Eyedrop application

This is used to deliver live vaccines and is commonly used on smaller numbers of birds.

2) Wing web stab

The wing web stab method of application is commonly used for vaccines that contain fowl pox. One of the organ systems that fowl pox affects is the skin. This route allows for the vaccine to be introduced into the skin.

3) Injection

The site for subcutaneous injection is the base of the skull. Both live and inactivated vaccines can be given here. The most widely used site for intramuscular injection is the pectoral (breast) muscle. This is a common site to give inactivated vaccines to older layer and breeder pullets.

4) *In-ovo* injection

In-ovo injection was introduced in the United States to give Marek's vaccine to chicks while they were still in the egg. This gave the vaccine a chance to start replicating and stimulating an immune response before the chicks were placed on the farm where the challenge awaited them.

This route of application has been expanded to include vaccines against other diseases like infectious bursal disease. The first commercial machines, the Embrex® BioDevices, started vaccinating chicks 30 years ago. Billions of eggs are now vaccinated annually globally using Embrex® BioDevices.

Examples of application routes and relevant vaccines

Application route	Disease	Vaccine (please refer to the package insert for full application details)
Drinking water	Avian encephalomyelitis	AE Vac
	Infectious bursal disease (IBD) or Gumboro	Bursine®- 2
	Specific *Salmonella* spp.	Poulvac® ST (2nd dose)
	Infectious bronchitis (IB)	Poulvac® IB Primer
Spray	IB	Poulvac® IB Primer
	IB	Poulvac® IB QX
	Specific *Salmonella* spp.	Poulvac® ST (1st dose)
	Escherichia coli (*E. coli*)	Poulvac® E. Coli
***In-ovo* injection**	IBD	Poulvac® Magniplex
Subcutaneous injection	IBD	Poulvac® Magniplex
	Mycoplasma gallisepticum (MG)	MG Bac®
Intramuscular injection	MG	MG Bac®

All products are for animal use only.

Please refer to the package insert approved by the Medicines Regulatory Authority for complete prescribing information.

AE Vac, Reg. No. G0471 (Act 36/1947) A lyophilised, modified live virus vaccine of avian encephalomyelitis for drinking water administration.

Bursine®-2, Reg. No. G0963 (Act 36/1947). Intermediate, modified, live, infectious bursal disease virus of chick-embryo origin. Lyophilised.

MG Bac®, Reg. No. G0902 (Act 36/1947). An inactivated vaccine as an aid in the prevention of clinical signs of *Mycoplasma gallisepticum* in healthy fowls. Contains inactivated *Mycoplasma gallisepticum* in an oil emulsion.

Poulvac® AE+Pox, Reg. No. G1683 (Act 36/1947). Live viruses of avian encephalomyelitis and fowl pox, chicken embryo origin. Lyophilised with a stabiliser.

Poulvac® E. Coli, Reg No. G3874 (Act 36/1947). The vaccine is an avirulent, live, freeze-dried culture of *Escherichia coli* in a glass or plastic vial. It contains ≥1,7 x 10^7 CFU per dose of vaccine.

Poulvac® IB Primer, Reg. No. G4293 (Act 36/1947). Each dose contains: Infectious bronchitis virus strain H120 $10^{3.0}$ – $10^{5.4}$ EID_{50} and Infectious bronchitis virus strain D274 clone $10^{3.0}$ – $10^{5.4}$ EID_{50}.

Poulvac® IB QX, Reg. No. G4034 (Act 36/1947). Lyophilisate for suspension for spray vaccination and contains live, attenuated Avian Infectious Bronchitis virus, strain L1148. It contains $10^{3.0}$ – $10^{5.0}$ EID_{50} per dose.

Poulvac® Magniplex, Reg. No. G4447 (Act 36/1947). Each dose contains: IBD virus, V877 complexed with antibodies against Infectious Bursal Disease. (GMT SN ≥ 1:32).

Poulvac® ST, Reg. No. G3736 (Act 36/1947). The vaccine is a live culture containing *Salmonella* typhimurium organisms in a glass or plastic vial. It contains ≥ 2,0 X 10^{10} CFU/mℓ of vaccine.

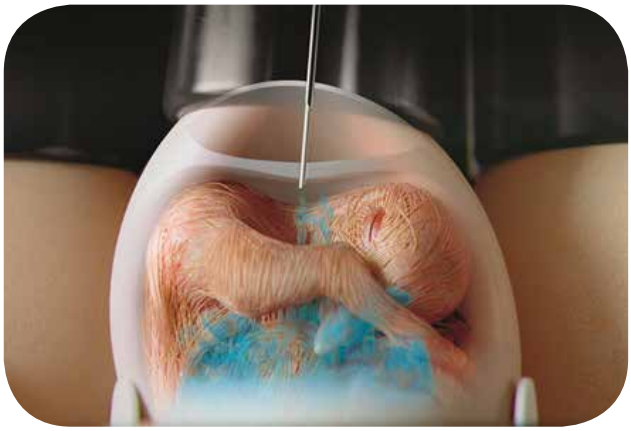


Figure 2: Embrex® Inovoject® Site of Injection

In conclusion

While there are many routes to give poultry vaccines, the right route must be used for the chosen vaccine.

Properly handling vaccines and giving them correctly to healthy animals according to the vaccination program maximises the chance of a successful vaccination. A successful vaccination is an important step in disease prevention.

For more information on vaccination in poultry, please speak to your Zoetis.

Full product information available from :

Zoetis South Africa (Pty) Ltd.

Co. Reg. No.: 2012/001825/07

6th Floor, North Wing, 90 Rivonia Road, Sandton, 2196

PostNet Suite 53, Private Bag 9976, Sandton, 2146, SA

Tel: + 27 11 245 3300 or 0860 ZOETIS (0860 963847)
www.zoetis.co.za

PP/SD/03/22/169

Focused Assessment Sonography for Trauma in Small Animal Practice

Abdominal and Thoracic Focused Assessment with Sonography for Trauma (AFAST/TFAST) are ultrasonographic techniques for identifying free fluid within the peritoneal, pleural and pericardial spaces. Examination findings can direct stabilisation efforts in emergency patients and monitor the progress of hospitalised patients through serial studies. These techniques are quick to perform, simple, inexpensive and provide important information. However, there are several important limitations. They are not comprehensive examinations, are influenced by both operator and machine factors, and are often performed under stressful circumstances.

Patient/machine preparation and positioning

Patient stability at presentation will determine positioning and the extent of preparation.

The patient may be standing, or in sternal or lateral recumbency. Dorsal recumbency is avoided due to the risk of decompensation.

AFAST: Examinations in left lateral recumbency have been shown to be faster because the right kidney is easier to visualise in this position. However, there is no difference in free fluid detection between right and left lateral recumbencies.

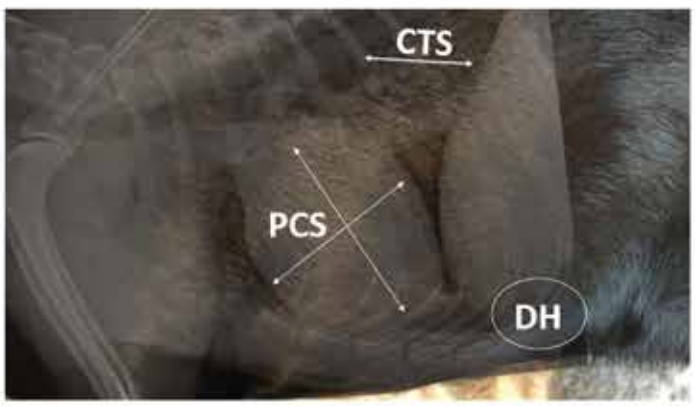
TFAST: Examinations are commonly performed in sternal recumbency. Dyspnoeic patients should always be oxygen-supplemented prior to examination. TFAST should never be prioritised over patient stabilization.

- Coat clipping need only be performed if patient stability allows, and where the coat is long/thick
- Isopropyl alcohol (+/- gel) is applied to the coat/skin
- Select an abdominal preset appropriate to the patient size
- Use a Microconvex transducer with the marker orientated cranially

TFAST Technique

The TFAST examination involves the assessment of both hemithoraces for evidence of pleural space disease (gas/effusion) and pericardial effusion. With experience, the examination can also focus on the assessment of peripheral parenchymal disease.

Five acoustic windows are used, starting on the left thoracic cavity, followed by the right.



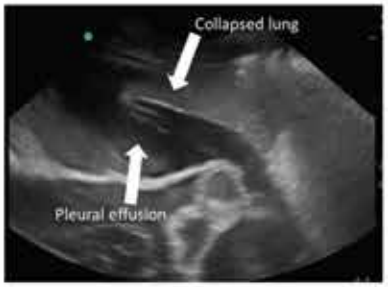
TFAST Acoustic Windows
CTS: Chest tube site
PCS: Pericardial site
DH: Diaphragmaticohepatic site

❶ Chest Tube Site:

Position: The transducer is placed in longitudinal section on the dorsolateral thoracic wall in the region of the 7th-9th intercostal spaces. Use the ribs and their shadows as landmarks to identify the junction of the visceral (pulmonary) and parietal (costal) pleura.

Normal: Aerated lung tissue causes reverberation artefacts (A-lines). The rhythmic to-and-fro motion of the pulmonary pleura along the costal pleural surface should be observed (positive glide sign).

Abnormal: Absence of the glide sign is indicative of gas in the pleural space. Collapsed lung tissue surrounded by significant pleural effusion will be visualized as defined triangular structures floating within the effusion. If pulmonary oedema or alveolar fluid is present, multiple small reverberation artefacts, known as B-lines or lung rockets, may appear within the lung. These will obscure the A-lines. An occasional solitary B-line can be an incidental finding.



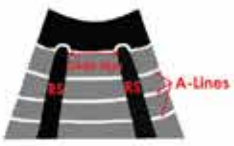


Figure 1: *Normal aerated lung tissue with A-lines (reverberation artefact) RS = Rib Shadow.*

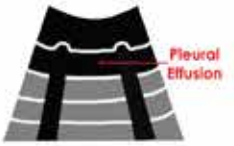


Figure 2: *Pleural effusion with anechoic fluid seen between the parietal pleura and lung surface*

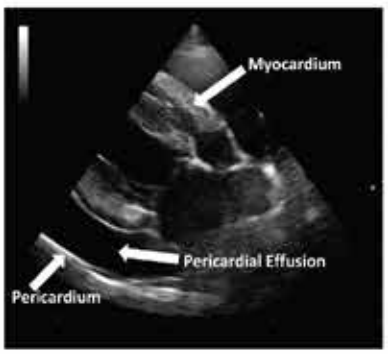


Figure 3: *Pulmonary oedema or alveolar fluid is present indicated by multiple B-lines within the lung.*

❷ Pericardial Site:

Position: The transducer is placed in the longitudinal section on the ventrolateral thoracic wall in the region of the 5-6th intercostal spaces, where the apex beat can be palpated.

Fan or slide the transducer dorsally and ventrally to examine the area of the heart.



Normal: The pericardium is a hyperechoic layer adjacent to the myocardium with minimal to no anechoic fluid between.

Abnormal: Pericardial effusion appears as anechoic or echogenic material between the myocardium and the pericardium.

3 Diaphragmaticohepatic Site:

This window allows visualisation of the heart apex in cats and small/medium dogs, with minimal setting adjustments. The depth may have to be increased in large dogs to achieve this view. This view is advantageous over transthoracic views because the liver serves as an acoustic window into the thorax, minimising gas artefacts.

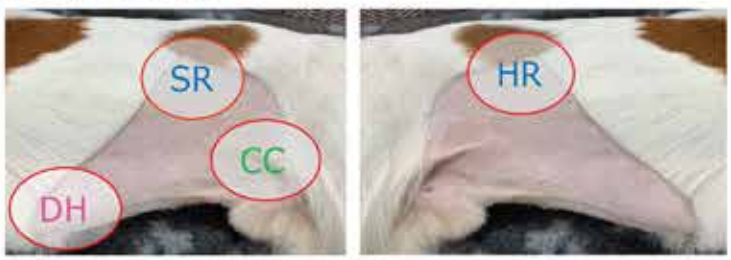
Position: Place the transducer caudal to the xiphisternum and rock acutely cranially to view the liver and diaphragmatic interface. Fan the transducer to the left and right following the contour of the diaphragmatic interface.

Normal: The liver and diaphragmatic interface should remain in apposition. The apex of the heart should be visible with no anechoic layer within the pericardial sac.

Abnormal: Pericardial effusion is represented by anechoic fluid within the pericardial sac at the heart apex. Pleural effusion will appear as anechoic triangulations cranial to the diaphragmatic interface.

AFAST Technique

The AFAST examination involves the use of 4 predetermined windows over the abdominal cavity. For all views, use the longitudinal transducer orientation with the marker pointing cranially.



Left Image: *Patient positioned in right lateral recumbency. DH: Diaphragmatic-hepatic window: SR: Splenorenal window: CC: Cystocolic window.*
Right Image: *Patient positioned in left lateral recumbency. HR: Hepatorenal window*

4 Diaphragmatic-Hepatic Window:



Position: Same as for TFAST scan.

Normal: The liver and diaphragm should remain in apposition along the entire length. There should be no separation between liver lobes.

Abnormal: Peritoneal effusion in this site appears as anechoic fluid between the liver and the diaphragm or between the liver lobes.

5 Splenorenal Window:



Position: The transducer is placed on the left side, caudal to the last rib, and ventral to the lumbar musculature. Fan the transducer dorsally to locate the left kidney and once centered, angle cranially to identify the spleen.

Normal: The spleen is cranial to the kidney. Both structures are mobile so they may be separated by mesentery or small intestine.

Abnormal: Anechoic fluid adjacent to the renal or splenic parenchyma, between loops of small intestine or between the mesenteric fat, indicating peritoneal or retroperitoneal effusion.

6 Cystocolic Window:

Position: Place the transducer caudally on the ventral midline. The landmarks are the cranial point of the urinary bladder, the ventral surface of the descending colon and the ventral abdominal wall.

Normal: A distended bladder contains anechoic urine surrounded by a thin echogenic wall. The colon generally contains gas/faeces, causing distal acoustic shadowing.

Abnormal: With peritoneal effusion, anechoic fluid can be visualised cranial to the bladder. Effusion and a distended bladder with edge refraction artefact should not be confused with a true ruptured bladder, where the bladder will appear collapsed.

7 Hepatorenal Window (HR):

Position: The transducer is placed caudal to the right last rib, and ventral to the lumbar musculature. Angle cranially (the right kidney is more cranial than the left) and fan dorsomedially to identify the interface of the liver with the right kidney.

In large-breed or deep-chested dogs, an intercostal approach between the 11-12th ribs may be necessary.

Normal: The right kidney is located within the renal fossa of the caudate lobe of the liver in dogs. In cats, there is usually some retroperitoneal fat separating the kidney from the liver.

Abnormal: Anechoic fluid between the liver and kidney, indicating a peritoneal or retroperitoneal effusion.

Conclusion

TFAST and AFAST examinations are invaluable diagnostic tools which reliably identify free fluid with minimal risk to the patient (minimal time, minimal restraint and no radiation involved). In contrast to comprehensive abdominal examinations which require further training, AFAST and TFAST examinations can be performed with basic knowledge and experience. Consequently, they play a vital role in the investigation and monitoring of critically ill patients.

Ultrasound Terminology	
Echogenicity	The brightness of a tissue on the screen; this is determined by the proportion and strength of the returning echoes
Hyperechoic	When comparing the echogenicity of one tissue type or area to another one tissue type/area appears more echogenic (brighter)
Hypoechoic	One area/type of tissue appears less echogenic (darker) compared to another
Isoechoic	Tissues are the same echogenicity
Anechoic	No echoes are returned, so the area appears black. Typically represents fluid

Table 1: *Ultrasound terminology for describing the echogenicity of an organ or tissue.*

Possible causes of Cavitary Effusions	
Peritoneal effusion	• Haemoabdomen (eg. neoplasia, haematoma, trauma) • Transudates (eg. hypoproteinaemia, portal hypertension) • Septic exudates (eg. rupture of hollow viscus or abscess, ruptured gall bladder) • Variable (neoplasia, renal disease, feline infectious peritonitis) • Uroabdomen • Chylous effusion
Pleural effusion	• Congestive heart failure • Neoplasia • Haemorrhage • Chylous or septic effusion
Pericardial effusion	• Haemorrhage from heart base neoplasia • Idiopathic pericardial effusion • Left atrial tear • Infectious pericardial effusion

Table 2: *Causes of cavitary effusions in dogs and cats.*

Contact us now

www.imv-imaging.co.za info@imv-imaging.com 011 568 4380 facebook.com/IMVimagingRSA twitter/IMVimaging



Recollections 53: Epilogue

Ian du Toit

The last story ends the stories that I have to share. It was, however, not the end of our life or love story. Emily joined the hospitality industry, getting involved in various prestigious hotels. By 1997, we opened our very own guesthouse, which we ran for five years.

That is a story in itself. Our three children flourished in the beneficial, educational and social environment of Stellenbosch. Leslie is a hairdresser, and Jean, our eldest, followed Dad's footsteps to become a veterinarian. His interest, however, is in poultry diseases and management. Paul is a graphic designer with his own studio.

In the years that followed my last communication, I also furthered my interest in herd-health consultation and surgery. The doors opened for me to become involved in a church with a student ministry. Today, 40 years later, we are living in quiet retirement in Helderberg Village, where I have been able to continue my spiritual work and writing.

I want to close off my stories with one last tale of an incident that happened quite recently. For the past seven years, I have needed the assistance of a carer to look after Emily, as she has become weaker and more dependent. Two years ago, when the first Covid Lockdown occurred, I had a carer who came in to wash and dress her in the morning and reverse the process in the evening.

She was utterly dependent, unable to stand on her own and incontinent. As you can imagine, I relied on the carer for this assistance.

Three weeks into the lockdown, the carer arrived on schedule at 9 am one Saturday morning. As she walked through the door, her phone rang, and she stepped outside to take the call. Almost immediately after this, my phone rang. "This is sister Hester speaking from P**care. I am afraid we cannot continue to provide a carer for you anymore. Thank you for your support over the last 6 years."

"But, but …" I stuttered, "How am I going to manage?"

However, there would be no discussion as she put the phone down. I sat for a few moments, feeling completely stunned. Questions raced through my mind "*Who will help me now? How am I going to manage?*" Several scenarios played out as I struggled to come to terms with the news. Then I remembered that something told me to watch the routine Sonica followed on Monday before. Was it a premonition? Was it the Lord warning me?

When she came in, I put a chair down at the side of Emily's bed, where I could see into the bathroom. "I want you to take me through your routine, step by step", I told her.

So on that Saturday morning, I took a deep breath and started following her routine. I was way out of my comfort zone even though I have done almost anything you can imagine as a vet. Two hours later, I collapsed in my chair with a welcome cup of tea, having done everything necessary and seeing her finish her breakfast. It was then that I heard a noise at my door and opening it, I found a notice nailed to the outside.

"This residence is under quarantine, and nobody may enter or leave. No Village services are allowed". I looked down to see if my skin was turning yellow to show that I had the plague or something. I thought to myself, "*They did not even check whether*



I have enough food to eat. They don't even seem to care if we die of hunger here among the opulence"? Waves of self-pity washed over me while I felt like someone, locked away on a desert island, completely isolated from any human contact.

I subsequently discovered that the carer on duty had been in a bus with another occupant that had contact with a Covid case the day before.

Then a verse from the bible came to my mind. Something the Apostle Paul heard in the face of an incurable disease. "My grace is sufficient for you, for my power is made perfect in your weakness," says the Lord. For the rest of the day, I kept reminding myself of those words. "My grace is sufficient for you".

On Sunday, I rose early to pray and spend time with the Lord. During that time, I desperately said to Him, "Lord, you have promised that your grace will be sufficient for me. Won't you manifest your grace to me so that I can see it"? I coped better with Emily that day and the next.

On Wednesday afternoon, there was a timid knock at the front door. When I opened it, I found a circle of ten people standing back a few metres. Looking at them, I realized that these were all of my neighbours.

Each one had a piece of paper in their hand, and together they started singing the song that they had just been practising to me. It was the hymn "Amazing Grace". God was answering my prayer. Here was the manifestation I had asked for.

They continued to sing the whole hymn through, wished me well and departed. There was such a massive lump in my throat that I could not even thank them.

I continued for the next two months to care for Emily like that. I became more and more proficient and used to doing it. While tending to her most intimate needs, a deeper bond formed. A bond of love, which transcended anything I had felt before. Then I discovered that our health care has a service to patients' homes to do what I was doing. The advantage is that they come in pairs, which is necessary now to be able to handle Emily physically.

Looking back at that time two years ago, I had learned an enormous amount. My love for Emily and determination to see her comfortably through the next phase has firmed. The change of the carer arrangement happened just at the right time. The six ladies involved now have formed a team with me. We have shared much, often laughter and sometimes tears. We have prayed together, and I have seen each one's love for the lord blossoming.

As I sit here today, I look out across the Cape Flats at Table Mountain in the distance, with its many moods. I have watched various sunsets, where the Lord has splashed the most amazing colours from His inexhaustible palette across the skies. The sun is also setting for us, but I look forward to a "New Dawn" where I will join the "Marriage Supper of the Lamb".

Thank you, dear readers, who have followed my stories until now. Thank you for coming into my life and joining me in this fantastic journey, an opportunity to discover and live my life's passion, which only the Lord could have done for me.



microVet

If your computer system is not in the cloud, you still live in Cloud Cuckoo Land. Get your head out of the clouds before you get clouded over.



With Microvet the sky is the limit. We can take your practice to cloud nine.

Call us now to clear the clouds - 012 348 4071

tel: (012) 348-4071
e-mail: otomys@mweb.co.za

Website: www.microvet.co.za
Powered by Otomys Software Solutions

FVH FOURWAYS VET
HOSPITAL & SPECIALIST REFERRAL CENTRE

SPECIALIST REFERRAL HOSPITAL

OPEN 24 HOURS

EMERGENCY & ICU FACILITY

INTERVENTIONAL SUITE
Cardiac Pacemakers
Ballooning of Pulmonic Stenosis
Tracheal Stenting
Ureteral Bypass Device Implantation

SPECIALIST MEDICINE REFERRALS

SURGICAL REFERRALS
Orthopaedic & Soft Tissue
Spinal Surgery

DEDICATED VETERINARY DENTISTRY CLINIC

011 705 3411
CNR Witkoppen & The Straight, Fourways

info@fourwaysvet.co.za
www.fourwaysvet.co.za

24 HOURS

CELEBRATING THE HUMAN-ANIMAL BOND

Valley Farm Animal Hospital

24HR Emergency & Referral Centre

Please request a price list

- Medicine
- Over-night care for critical patients
- High risk anaesthetic cases
- Surgery - soft tissue, orthopaedic and neuro
- Emergency & Critical Care
- Renal Dialysis
- CT Scans
- Ophthalmology
- Ultrasound Scans
- Theriogenology

To make a booking or an enquiry
012 991 3573 | reception@valleyfarmvet.co.za
066 302 2901 | www.valleyfarmvet.co.za

PRIME SURGICAL
TERUMO

Back To Work PROMOTION

Save 33.3%

Available 24 January - 31 March 2022

3 for 2 offer

Exclusively available from Prime Surgical in South Africa.



SS20L SS50ES SS50L 8SS01T1

Contact Craig Bisset via +27 73189 4651 or terumomedical@primesurgical.co.za to place an

www.sabiomedical.co.za/prime-surgical/

nextmune

Previously known as SPECTRUM LABS

Global No. 1 in Allergy & Dermatology for Companion Animals & home of

SPOTPlatinum

The Ultimate package for Veterinary Allergy Management and Therapy

67 individual REGIONAL ALLERGENS
24 ingredient FOOD PANEL

Due to NEW advancements in technology, this test provides optimal:

REPRODUCIBILITY
SPECIFICITY
SENSITIVITY



FOR MORE INFORMATION CONTACT

Orange Grove Veterinary Hospital,
Telephone: 011 728-1371
email: nextmune@ogvh.co.za
www.orangegrovevet.co.za

START TESTING TODAY!

BVH
Bryanston Veterinary Hospital
&
Specialist Centre

SPECIALIST REFERRAL HOSPITAL

• Open 24 Hours
• General and Referral Practice
• Emergency and Critical-care Facility
• Overnight Hospitalisation with Veterinary supervision

• Telephone (011) 706-6023 (All Hours)
6 Ballyclare Drive, Bryanston

email: bvh@global.co.za
web: bryanstonvet.co.za

HILTON
VETERINARY
HOSPITAL

72 Hilton Avenue
(033) 343-4602
www.hiltonvethospital.co.za

Dr Martin de Scally
BVSc (Hons) MMedVet (Medicine)
082 784 5537
martin@hiltonvethospital.co.za

Dr Sara Boyd
BVSc MMedVet (Surgery)
Consulting Specialist Small Animal Surgeon
082 784 5537

VetTux

Veterinary PracticeManagement System

Supported on Microsoft Windows™and/or Linux™

Email:
info@vettux.co.za

www.vettux.co.za

WhatApp:
+27 82 383 4348



Sydney Australia VET SPONSORSHIP OPPORTUNITY

Full Time Vet Position with immigration sponsorship provided. Modern facility - idexx laboratory suite, extensive surgical and orthopaedic equipment. High end dental IM3 unit with radiology. Inhouse 16 slice CT machine, digital radiology & high end ultrasonography available. Excellent lifestyle & working conditions. Attractive salary package & no afterhours.



Sydney Animal Hospitals
Caring for all your family

E: markus@sydneyanimalhospitals.com.au
or call +61 416 270 164

www.sydneyanimalhospitals.com.au

AACL
CARE AND PROTECTION
Johannesburg

Animal Anti-Cruelty League-Johannesburg has a vacancy for a full day or half day veterinarian registered with the SAVC, in our small animal welfare hospital in the south of Johannesburg.

We focus on primary health care, consultations and sterilisations.

Package negotiable.

Please contact Sr. Cindy Price on (011)435-0672, 084 408 1459 or hospital@aacl-jhbnb.co.za

---

WESTVILLE VETERINARY HOSPITAL

VETERINARIAN REQUIRED for our 24 hour service

We are looking for a self-motivated, enthusiastic and dedicated veterinarian for our 24 hour service.
Shifts will be on a shared rotation with some night, day and weekend work.
The After Hours vet will be supported by a team of nurses, assistants and administrative staff.

Attractive time off
Generous remuneration

If you think this position is for you, contact our Practice Manager, Bev on [031] 2678000 or email bev@westvet.co.za

24hour
EXCELLENCE IN VETERINARY CARE

Valley Farm Animal Hospital

Pretoria 24hour Specialist Referral Centre

Full time veterinarian required

We are looking for a team player to join us at our purpose built well equipped hospital.

If you enjoy the owners as well as the pets, practice evidence based medicine and have a dedication to excellence we could have the perfect job for you.

No night work
Set working rotation
Good amount of time off

To apply please send CV to ellen@valleyfarmvet.co.za

• Teamwork • Professionalism • Respect • Commitment •

VETSCAPE
REFERRALS · EQUINE

New Veterinary graduate positions available for 2022 at Vetscape, located in the Western Cape, South Africa.

This is a unique experience for recent graduates to gain valuable experience in Equine Veterinary. The positions will be available from 1 July 2022.

Applicants are asked to email their application to Dr Sonia Marcos (**sonia@vetscape.co.za**) together with a current CV, letter of motivation and at least two reference letters.

Please direct any queries to Dr Sonia Marcos at either above email address or telephonically on 021 867 0700 or 079 872 1483

Kempton Animal Hospital

Great opportunity available for an enthusiastic and self-motivated small animal veterinarian to join our dynamic team of 6 veterinarians and 3 nurses. Full time preferred, but part time will be considered.

Contact us on 011 391 1146/7 or kemptonvet@gmail.com

FLORANDIA DIEREKLINIEK / ANIMAL CLINIC

Pretoria North

We are looking for a 3rd full time small animal vet. Join our busy, well- established practice with a pleasant and relaxed working environment, loyal staff and clientele staying with us for many years.

Flexible working hours

Good salary negotiable

Definite partnership/ ownership opportunity for the right candidate.

Experience will be an advantage. New graduates also welcome to apply.

Please phone 082 826 1906 or email CV to wjcilliers@vodamail.co.za

---

VetCross
VETERINARY CARE AND SUPPORT

VACANCY – VETERINARIAN
Western Cape – George

An exciting opportunity exists for the energetic veterinarian to join our team in the scenic town of George.

Offering a competitive package with company benefits, including pension fund. Flexible working hours to ensure a good work-life balance.

Additional training opportunities are available across the Group to exchange and enhance skills and knowledge.

Please forward your application and CV to Courtney at opportunities@vetcross.co.za or call 063 005 4701.

VetCross
VETERINARY CARE AND SUPPORT

VACANCY – VETERINARIAN
Mpumalanga – Secunda

An exciting opportunity exists for a qualified veterinarian to complement our existing team in the beautiful, family-centric town of Secunda.

Offering a competitive package with company benefits, including pension fund. Flexible working hours to ensure a good work-life balance.

Additional training opportunities are available across the Group to exchange and enhance skills and knowledge.

Please forward your application and CV to Courtney at opportunities@vetcross.co.za or call 063 005 4701.



International Veterinary Jobs Available

The Australian and New Zealand borders are opening for international travellers in 2022.

We have opportunities for experienced and clinical lead vets, with relocation assistance and visa sponsorship also available for you and your family.

All BVSc graduates from the University of Pretoria are eligible for Vet Board registration.

Get in touch today!

Scan me for more job opportunities!

VetPartners

For more information, please contact careers@vet.partners



Greencross Vets

Join Greencross Vets and explore Australia

Contact our Talent Team to start your journey:
vetrecruitment@gxltd.com.au

greencrossvets.com.au/careers

SPCA 愛護動物協會

Veterinary Surgeons – SPCA (Hong Kong)

Ready for your next challenge in one of the most exciting, diverse and fun-loving cities in the World? If you're looking for a rewarding job with a great work-life balance, awesome team spirit and fantastic learning environment…then the SPCA might just be the place for you! Positions available are perfect for capable veterinary surgeons wishing to fine tune their skills. Recent/new graduates up for a challenge in a supportive environment are also welcome to apply!

For more details:
https://www.spca.org.hk/en/join-us/job-opportunities/item/1335-veterinary-surgeons

SPCA 愛護動物協會

Senior Surgeon – SPCA (Hong Kong)

Ready for your next challenge in one of the most exciting, diverse and fun-loving cities in the World? If you're looking for a rewarding job with a great work-life balance, awesome team spirit and great facilities…then the SPCA might just be the place for you! Surgical caseloads are extremely high with a large variety of interesting procedures and injuries. The job is perfect for a confident and skilled surgeon wishing to further develop their skills.

For more details:
https://www.spca.org.hk/en/join-us/job-opportunities/item/1334-senior-surgeon

Supporting your move as you *build* your career in the UK.

At Medivet, we're building the best place to work in the UK's Veterinary industry. If you're a Veterinary Surgeon or Nurse who is thinking of living and working in the UK, we'd love to welcome you.

With a nationwide network of like-minded colleagues, over 400 practices and 25 24-hour state-of-the-art centres, we can help you embrace your career ambitions. Thanks to our dedicated Continuing Personal Development allowances and training, all our clinical employees enjoy progression and development.

We're an accredited A-rated sponsor, so our support includes issuing a Certificate of Sponsorship and helping with visa support loans for the initial costs of getting your Skilled Worker Visa. Moving is easy, with packages that include flights, accommodation, and more to help ease the stress of settling in the UK. We can also help with financial relocation assistance – up to £5,000 of your moving expenses.

You'll be right at home in our team; with opportunities across the UK, it's guaranteed that one of our practices or centres will match your lifestyle. Whether that's urban living or a rural retreat, there's the support of a community you won't find anywhere else. The choice is yours, and we'll support you every step of the way.

Veterinary Surgeons who join us will benefit from salary packages up to £70,000, and for Veterinary Nurses, these packages are up to £30,000. Other benefits include flexible working, payment of RCVS, BVA and VDS fees, generous holiday plus bank holidays and retail, holiday and leisure discounts. Be empowered to live the lifestyle you want and begin the rewarding career you choose.

For more information on relocating to the UK, please call (27) 744 538 133 or email amanda@optivet.co.za

careers.medivet.co.uk

OPTIVET
CREATING CONNECTIONS

MEDIVET



Classified Advertisements
Snuffeladvertensies

VETERINARIAN / VEEARTS

AUSTRALIA

Close to the beach? Coffs-Harbour, Australia? Come and be a part of the fastest-growing Australian-owned Vet Group. We'll help with migration & offer boutique, personalised support. Earn equity as you work. Instant equity available. Mentorship programs. Work across multiple locations. www.hetrelezisvet.com/vacancies. Contact owner Dr Daniel Craig on Whatsapp +61400695329. Ref22MA04

AUSTRALIA

Judhar is a small animal Veterinary group based in Brisbane, Australia. We are looking for veterinarians to join our team. We offer a competitive salary and excellent benefits, including generous profit share bonuses and relocation packages. If you would like to discuss this opportunity further, please email: employee@judhar.com. Attention: Judy Harbison. Ref22AP04

KWA-ZULU NATAL
INANDA, GILLITTS, SCOTTBURGH

Our Inanda, Gillitts and Scottburgh practices are looking for extraordinary veterinarians to join their dynamic teams. All three practices have long-standing, loyal client bases and full complements of highly skilled, friendly clinical staff. The practices are part of the Companion network, a forward-thinking, collaborative partner that empowers vets to do what they love most. The roles offer career progression and partnership opportunities, including shareholder prospects. Get in touch by emailing jointheteam@companionhealthcare.co.za Ref22FE03

KLOOF, DURBAN

Are you a qualified Veterinarian who is passionate about animal welfare? Are you wanting to work with a dedicated team at our Kloof & Highway SPCA in Kloof Durban? Are you a compassionate team player, able to remain calm and work under pressure? If you want to take the challenge and make a difference in animals' lives daily, email us at hr@kloofspca.co.za and tell us more about yourself. New graduates are more than welcome to apply. Ref22AP03

LIMPOPO
GROBLERSDAL / MARBLE HALL

Loskop Diereklinik benodig 'n permanente veearts vanaf 01 April 2022. Ons is 'n gemengde plattelandse praktyk in die Loskopvallei (Groblersdal en Marble Hall). Epos asb na loskopdiereklinik@gmail.com Ref22FE05

NYLSTROOM

KRANSKOP Diereklinik Nylstroom. Benodig 2de veearts vir gemengde kliniek. Kandidaat moet wel passie hê vir kwaliteit kleindierwerk. Goed toegeruste kliniek in mooi ou huis met groot tuin en spasie. Rustige Bosveld atmosfeer. Verkieslik 1-2jaar ondervinding, maar nuut gradueerdes ook welkom. Epos my: dr.marina.bredell@gmail.com, 0834094667. Ref 22FE09

GAUTENG
JOHANNESBURG

We're looking for a veterinarian who loves people and pets to join our team. We are based in the heart of Johannesburg, and our practices make up some of the oldest private practices in the country. You can expect a friendly, welcoming, and open culture from top to bottom. Ego is not a welcome guest here. We are looking for humble teammates who are not only looking out for themselves but for the best interest of everyone. Send your CV to jobs@vetjobs.co.za to apply. Ref19NV02

KRUGERSDORP

Rant en Dal Animal Hospital is looking for a veterinarian to join our busy companion animal practice. This position is suitable for a general veterinarian keen to broaden their horizons. The work environment is stimulating due to the variety of veterinary services offered, including reproductive, general medical and surgical work. We also see a fair number of exotics. In return, we offer a team-based support structure with ample time off, no after hours and a competitive salary. Applicants must be registered with SAVC. Applications to be sent to reports@rantendal.co.za Ref20JL08

CENTURION, PRETORIA

Permanent position for a vet at a well-established small animal hospital in Centurion. Short hours, ideal for a mother with children. For more information, please get in touch with Irma (083 276 5069) or Charlotte (072 242 6982) or send an email to animals@icon.co.za. Ref21NV01

PRETORIA AND CENTURION

Our Morelata and Wierdabrug practices are looking for an extraordinary veterinarian to join their dynamic team. The practice has a long-standing, loyal client base and a full complement of highly skilled, friendly clinical staff. The practice is part of the Companion network, a forward-thinking, collaborative partner that empowers vets to do what they love most. The roles offer career progression and partnership opportunities, including shareholder prospects. Get in touch by emailing jointheteam@companionhealthcare.co.za Ref22FE04

THREE RIVERS, VEREENIGING

Three Rivers Veterinary Clinic One Veterinarian and one Veterinary Nurse are needed in a group of 3 Practices with 7 vets. Must be SAVC registered. No AHT's or AWA's. Live your passion in small animal medicine and surgery, large animals, game and exotics. Excellent service delivery is important to us. New Graduates welcome. Our small animal hospitals are well equipped with digital XR, endoscopes, Ultrasound, ECG, clinical pathology machines, etc. Excellent salary. Contact Drs. Johan / Willem / Jaco 016-4231104 / 0829007600 or email vets@threerivers.co.za. Ref22FE07

JOHANNESBURG

The Richmond Animal Hospital in Johannesburg is looking for a 3rd vet to join our team. We are a small animal general practice and do soft tissue surgery, dentals and medical workups. The vets work on a 3-week roster with varying duties and hours that allows for a nice work/home balance. No after hour on-call. Please email richmondvet@mwebbiz.co.za, or call 011 726 6323. Ref22AP01

MULDERSDRIFT

Muldersdrift Animal Clinic
We are a well-established practice on the West Rand. We see Small animals, Equines, Large Animals and some Game. We are looking for 2 Veterinarians and a Vet Nurse to join our dynamic team. We work on a roster basis with 1 weekend in 3. Interest in Equines would be preferable, but we could also accommodate a Small Animal Vet. Should you wish only to work half a day, we would be able to accommodate that. Please send CV's to vets@muldvet.co.za Ref22AP02

NORTH WEST / NOORD-WES
LICHTENBURG

Besige 3-man praktyk soek 'n assistent veearts om by ons span van 10 persone aan te sluit. Ons is 'n gemengde diere praktyk, (70% klein diere, 30% produksie diere, perde en wild) geleë te Lichtenburg. Ideaal vir 'n veearts wat ondervinding wil opdoen van alle aspekte van 'n privaat praktyk. Praktyk is

Classified Advertisements
Snuffeladvertensies



toegerus met X-strale, ultraklank en bloedmasjiene. Dienste (na-ure, naweke) word gelyk verdeel. Kontak Anton/Andrea 018 632 3011/ 084 970 8146 Ref22MA05

WESTERN CAPE / WES-KAAP
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 of experience and proficiency in Ultrasound. Please contact Derry on 0833489268. Send your CV to noordhoekvetclinic@gmail.com Ref21OC08

VREDENBURG / LANGEBAAN
Vredenburg/Langebaan Dierehospitaal benodig 'n 5de veearts om by ons aan te sluit. Gemende praktyke aan die Weskus met aangename werksomstandighede en geleentheid om permanent deel te word. Jong gegradueerdes is welkom. Dr IC Rust 083 265 7529, admin@vburgdiere.co.za. Ref22MA02

HERMANUS
Hermanus Animal Hospital is looking for a dynamic and dedicated vet to join the team. It is a well-equipped, small animal practice with some equine work. The ability to do equine work is a plus but not essential. Accommodation can be provided. Please send CV to hah@hermanus.co.za Ref22MA03

MALMESBURY
Our Malmesbury practice is looking for an extraordinary veterinarian to join their dynamic team. The practice has a long-standing, loyal client base and a full complement of highly skilled, friendly clinical staff. The practice is part of the Companion network, a forward-thinking, collaborative partner that empowers vets to do what they love most. The roles offer career progression and partnership opportunities, including shareholder prospects. Get in touch by emailing jointheteam@companionhealthcare.co.za Ref22AP05

VETERINARY NURSE / VEEARTSVERPLEEGSTER

FREE STATE / VRYSTAAT
WELKOM
Veterinary nurse is needed in busy and growing small animal clinic in Welkom. Remuneration is negotiable. CV to office@torontoclinic.co.za Ref22MA01

PRACTICE FOR SALE / PRAKTYK TE KOOP

KWAZULU-NATAL
DURBAN
Long established (50 years +) one to one and a half vet small animal practice for sale in Durban. Computerised (Avimark) with extensive client database, Catalyst, CR X-ray, Isoflurane anaesthetic machines, surgical instruments, etc. Large purpose-built premises. Seller is willing to discuss any options e.g. lease/ rental/ business purchase. Price negotiable. Contact 0832648132 or yebojt@yahoo.com. Ref21NV07

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

ADVANCED ANAESTHETIC EQUIPMENT
A life-time investment. World-renowned cost-saving anaesthetic equipment– DESIGN AND ENGINEERING AWARDS reducing running costs/pollution by 80%. Dr Humphrey (international renowned anaesthetist) designed the simplest, "greenest" anaesthetic equipment for all situations. Result? The multi-purpose "Humphrey ADE-circle system® with "FREE-OX", "WALL-MOUNT", or new "PACK-FLAT MINI-PORTABLE" machines. Details www.aesmedical.co.za. sales@aesmedical.co.za. Ref21MY10

ADVANCED ANAESTHETIC START-UP/WILD-LIFE EQUIPMENT
2021 NEW LIGHTWEIGHT "PACK-FLAT" CONCEPT. Designed as START-UP or HIGHLY PORTABLE cost-saving unit for all environments, this new model includes everything you need; frame, handle, the "Multipurpose Humphrey ADE-circle breathing system", vaporiser, drip stand. Free-standing/wall mounted. Just 11.4 kg complete. Simple quick assembly. Details www.aesmedical.co.za. sales@aesmedical.co.za. Ref21MY11

ADVANCED ANAESTHETIC EQUIPMENT
– Is it really possible that new equipment designed by Dr Humphrey can reduce running costs and pollution by up to 80%? With DESIGN AND ENGINEERING AWARDS, credentials include independent verification in USA/European/ Australian journals, inclusion in "Handbook of Paediatric Anaesthesia" and "Notable Names in Anaesthesia". That's what's offered! Ref21MY12

BIRD SEXING EQUIPMENT
Bird sexing equipment, incl anaesthetic machine
R15 000 excl vat.
Contact Retha 0828094338.
Ref22JA02

VetCross
VETERINARY CARE AND SUPPORT

VACANCY – VETERINARY NURSE
Western Cape – George

An exciting opportunity exists for a qualified veterinary nurse to join and support our veterinary team in the scenic town of George.

Offering a competitive package with company benefits such as pension fund. Flexible working hours to ensure a good work-life balance.

Additional training opportunities are available across the Group to exchange and enhance skills and knowledge.

Please forward your application and CV to Courtney at opportunities@vetcross.co.za or call 063 005 4701



Mark Your Calenders

Regional SAVA Branch Congresses 2022

Western Cape Branch
22-23 July 2022
Devon Valley Hotel, Stellenbosch

Free State & Northern Cape Branch
13 & 14 August 2022
MonteBello Estate, Bloemfontein

Eastern Free State Branch
2-3 September 2022
Golden Gates Hotel, Clarens

Oranje Vaal Branch
14-15 October 2022
Stonehenge River Lodge, Parys

SAVA
South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging





For more information on the programme, accommodation, registration and sponsorship opportunities, please contact

Corné Engelbrecht
SAVETCON Event Management
071 587 290
corne@savetcon.co.za
www.savetcon.co.za

Committed to promoting the health and welfare of animals and mankind

SAVA 2022

11th BIENNIAL SOUTH AFRICAN VETERINARY AND PARAVETERINARY CONGRESS & AWARDS

25-27 October 2022 | Emperors Palace, Gauteng

IMPORTANT DATES

- 08 March - Super Early Registration & Abstract Submissions Open
- 14 April- Super Early Registration Close
- 30 April - Abstract Submissions Close
- 20 May - Abstract notices sent
- 30 June - Programme published
- 30 August- Early Registration Close

The 11th Biennial South African Veterinary and Paraveterinary Congress will be held from 25-27 October 2022 at Emperors Palace Convention Centre & Hotel in Kempton Park, Gauteng.

The SAVA Congress aims to bring together veterinarians from all over South Africa to exchange experiences and knowledge in the fields of veterinary medicine. The themes of the congress will include small animal surgery, clinical veterinary therapy, one health, animal care, personal wellness & development as well as technologies and innovations.

The Congress will include more than 210 presentations in 7 different streams over the three days, and will provide an ideal networking forum with over 400 veterinary professionals from across South Africa. Besides this, there will be an accompanying exhibition with more than 60 exhibitors. The Congress will also offer incredible networking opportunities through our social programme, including our **Happy Hour** and **Welcome Reception** in the Exhibition and black-tie **Gala Dinner and Awards Evening**.

We believe in collaborative commitment with the veterinary industry to provide educational resources for our professional members. By connecting with the creators and providers of the products required by our members, we seek to improve the care of companion animals and to inspire future generations entering the profession.

FACTS

DATE
25 OCTOBER- 27 OCTOBER 2022

VENUE
EMPERORS PALACE CONVENTION CENTRE AND HOTEL

EXPECTED SPEAKERS
215

EXPECTED ATTENDANCE
350-450

EXPECTED EXHIBITORS
60

EXPECTED CPD HOURS
15+

SAVA MEMBERS
Super Early (register & pay by 14 April)
- Full attendance- R6,250
- 2Day attendance- R3,750
- 1-Day attendance- R2,500

NON-SAVA MEMBERS
Super Early (register & pay by 14 April)
- Full attendance- R9,070
- 2Day attendance- R5,445
- 1-Day attendance- R3,625

VET TECHS/AHT'S/NURSES/RETIREES
Super Early (register & pay by 14 April)
- Full attendance- R3,750
- 2Day attendance- R2,250
- 1-Day attendance- R1,500

STUDENTS
Super Early (register & pay by 14 April)
- Full attendance- R2,815
- 2Day attendance- R1,690
- 1-Day attendance- R1,130

ABSTRACTS

Abstract Submissions are open and closes on 30 April 2022. Submissions are welcome under the broader themes of:

Companion Animals; Animal Welfare & Ethics; Behaviour; Production Animals; Wildlife & Conservation; Exotics; Practice Management; Personal Development & Wellness; Veterinary Innovation; One Health

SUBMIT ONLINE TODAY

CONFIRMED SPONSORS

OPTIVET, MEDIVET, Elanco, Hills, VetsBrands, IDEXX, LAKATO (PTY) LTD, MEDIPET, Nestlé, MEDPET, Bupo, DIGITAIL, KYRON, ULTRA PET, Virbac, Lomaen Medical, vetmaster, V-Tech, RUCENTA Veterinary Supplies

https://savetcon.co.za/SAVA2022/

Life plus 23 without parole

Mike Lowry

Mike Lowry has been in veterinary practice for "life plus 23" years. In this column, he shares his experiences and opinions.



This past month has been very trying with the work I do for the SAVA on the Stress Management side of things. There have been many calls for help from a wide spectrum of practitioners.

That Covid has played a significant role cannot be questioned. Recently there was an article put out by one of the Practice Management Agencies giving a list of the ten most important changes that had resulted from the epidemic.

Some of the pertinent ones were for example that practice incomes had decreased or remained stagnant and this was believed to be caused by clients being reluctant to spend money in the short term. If annual vaccinations are extended from 12 months to 15 months this aspect of income decreases by 25 percent and the owners don't see any difference in their pets. Some clinics have suffered drop offs of up to 47%. One begs the question as to whether this income will ever return.

Another significant aspect has been the effect of digital communications. Yes, those very trying Whatsapp photos with a request to make a diagnosis from the concerned owner. What are the ethical problems with this? If a diagnosis and treatment is suggested digitally what responsibility does the vet take as to the outcome? Takes one back to a case many years ago where a vet gave telephonic advice to a farmer and when the farmer killed a large number of his sheep the vet, who had never even seen the sheep was found guilty of professional negligence and paid the price.

Another interesting aspect of this survey was the manner in which many practices had tried to increase their client base by offering discounts and specials on all sorts of things from professional work to flea remedies. And online practice advertising has increased drastically. Supermarket type marketing; buy one get one free type approach.

On the whole, during the epidemic veterinary prices were found to have remained static. This obviously affects the bottom line where many of the input costs had increased. It was reported that 47% of the clinics surveyed had had significant decreases in profitability. This in turn resulted in more stress on the practice owners particularly where attempts had been made to retain staff and to treat them well despite the economic conditions. Also practices where equity was relatively low had trouble servicing debt and this caused severe stress.

Some of the more forward thinking practices had made various attempts to rationalize services by combining with other practices things such as x ray and laboratory services. Some of these attempts had proved to be extremely successfully particularly where logistics could play a significant role. In others personality clashes made for disasters

A huge change recorded was that of future aspirations for the profession. There was general dissatisfaction resulting in greater stress, poor health for the principles and for staff with the resultant negative effects on the overall wellbeing of the business.

One particular case I dealt with was really concerning. I wonder how many of us realize that if you for any reason change your place of practice the drug companies cannot supply you with drugs until the new premises are certified? The SAVC has this regulation in place and uses the drug suppliers to act as the policing mechanism. The case I dealt with involved a very senior member of the profession who was well acknowledged by the profession for achievements. The premises from which this practitioner worked were sold and required a relocation of just a few doors further down the road.

Scheduled drug supplies were stopped without notice and the practice was virtually forced to close.

The practitioner had informed the SAVC of the change but inspections had not been scheduled and thus supplies were suspended.

Now we know why vets commit suicide. Yes, three in one week were successful and two fortunately were hospitalized and successfully treated.

Please try and avoid the pressures that we practitioners have to endure; help is but a phone call away and it does not matter what the time of day is! V



Dagboek • Diary

Ongoing and Online 2022

SAVETCON: Webinars.
Info: Corné Engelbrecht, SAVETCON, 071 587 2950,
corne@savetcon.co.za / https://app.livestorm.co/svtsos

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

Acupuncture – Certified Mixed Species Course.
Info: Chi University:
https://chiu.edu/courses/cva#aboutsouthafrica@tcvm.com

Certification in Clinical Integrative Canine Rehabilitation
Contact: enrolment@civtedu.org

April 2022

Southern Cape Branch Congress.
22 -23 April
Venue: Oubaai Hotel Golf & Spa, George
Info: Vetlink, 012-346-1590, www.vetlink.co.za

May 2022

RuVASA Congress.
08 -11 May
Venue: The Boardwalk Hotel, Port Elizabeth
Info: Vetlink, 012-346-1590, www.vetlink.co.za

Young Vets Congress.
14-15 May
Venue: 26 Degrees, Muldersdrift
Info: Corné Engelbrecht, SAVETCON, 071 587 2950,
https://www.savetcon-admin.co.za/Register/main.php

Eastern Cape and Karoo Congress.
20-21 May
Venue: Mpekweni Hotel, East London
Info: Vetlink, 012-346-1590, www.vetlink.co.za

NVCG Surgery Congress (Johannesburg).
30-31 May
Venue: Premier Hotel Midrand
Info: Vetlink, 012-346-1590, www.vetlink.co.za

June 2022

NVCG Surgery Congress.
01-02 June
Venue: Hazendal, Cape Town
03-04 June
Venue: The Capital Zimbali, Durban
Info: Vetlink, 012-346-1590, www.vetlink.co.za

SAEVA Congress.
02 - 04 June
Venue: The Blades / Roodeplaat Premier Hotel
Info: Vetlink, 012-346-1590, www.vetlink.co.za

Veterinary Nurses Weekend.
11 - 12 June
Venue: Houwhoek Hotel, Grabouw
Info: Corné Engelbrecht, SAVETCON, 071 587 2950,
corne@savetcon.co.za

July 2022

Western Cape Branch Congress.
22-23 July
Venue: Devon Valley Hotel, Stellenbosch
Info: Corné Engelbrecht, SAVETCON, 071 587 2950,
https://www.savetcon-admin.co.za/Register/main.php

August 2022

NVCG Congress with David Church & Jill Madison.
03-04 August
Venue: Hazendal, Cape Town
11-12 August
Venue: The Capital Zimbali, Durban
12-13 August
Venue: Premier Hotel Midrand, Johannesburg
Info: Vetlink, 012-346-1590, www.vetlink.co.za

Free State & Northern Cape Branch Congress.
13-14 August
Venue: to be confirmed
Info: www.savetcon.co.za

Mpumalanga Branch Congress.
19-20 August
Venue: To be confirmed
Info: Vetlink, 012-346-1590, www.vetlink.co.za

SASVEPM Congress.
24-26 August
Venue: East London ICC
Info: Corné Engelbrecht, SAVETCON, 071 587 2950,
corne@savetcon.co.za

WAHVM Congress.
31 August – 03 September
Venue: Brescia, Italy
Info: https://www.wahvm.co.uk/brescia2022

SAVE THE DATE

BROUGHT TO YOU BY THE SOUTH AFRICAN VETERINARY ASSOCIATION

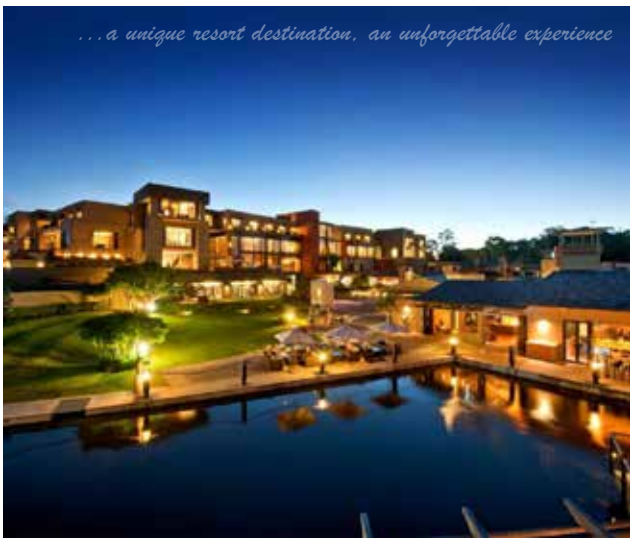
Regional Branch Congress 2020



Southern Cape | 22 & 23 April 2022

Oubaai Hotel Golf & Spa, George

SAVA
South African Veterinary Association
Suid-Afrikaanse Veeartsenykundige Vereniging



OUBAAI HOTEL GOLF & SPA

. . . a unique resort destination, an unforgettable experience.

Nestled in the heart of the Garden Route, less than 7 minutes from George Airport and set on 242 hectares of natural, rugged and beautiful surroundings you will discover Oubaai Hotel Golf & Spa . . . one of South Africa's most sensational resorts complete with a 100-bedroom luxury hotel, an Ernie Els signature golf course and the award-winning Freesia Spa.

The stunning natural landscape complete with indigenous bird life, free-roaming game and natural Fynbos terrain, is matched by the exceptional levels of service in one of the most opulent hotels South Africa has to offer.

PROGRAMME

DAY 01 | FRIDAY 22 April 2022

11:30	Registration
12:00	Lunch
13:00	Welcome & Opening
13:10	Valuing a Practice by *Andrew Christie*
13:50	Full farm consultation - a cheat sheet for sustainable small stock systems by *Johan van Rooyen*
14:30	TBC *Ockert Botha*
15:00	Tea
15:15	Diagnosing upper airway obstructive disease and it's associated compilations by *Martin de Scally*
15:55	Financing the Sale of a Practice by *Andrew Christie*
16:35	AGM
18:00	Braai

DAY 02 | SATURDAY 23 April 2022

08:30	Registration
09:00	Welcome & Opening
09:10	The corneal ulcer is not healing, what to do next by *Izak Venter*
09:50	Full farm consultation - a cheat sheet for sustainable small stock systems by *Johan van Rooyen*
10:30	Tea
10:45	Budgeting within a Veterinary Practice by *Andrew Christie*
11:25	A practical approach to equine immune-mediated keratitis and stromal abscesses by *Izak Venter*
12:05	Lunch
12:45	*Ockert Botha* TBC
13:25	Medical aspects of critical care patients MDS by *Martin de Scally*
14:20	Surgical aspects of upper airway obstructive disease and it's complications by *Sarah Boyd*
14:05	Tea
15:00	Case discussions by *Izak Venter*
15:40	Open question and answer session on aspects of small animal surgical or medicine by *Martin de Scally & Sara Boyd*

SPEAKERS:


Andrew Christie


Izak Venter


Johan van Rooyen


Ockert Botha


Martin de Scally


Dr Sara Boyd

REGISTER NOW:

https://bit.ly/3ur9t7E

vetlink

CONFERENCE ORGANISER | 012 346 1590
www.vetlink.co.za | support@vetlink.co.za