VET nuus•news

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



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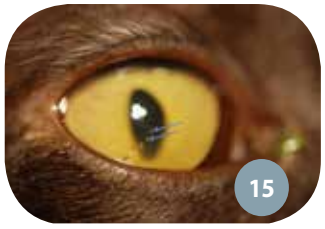
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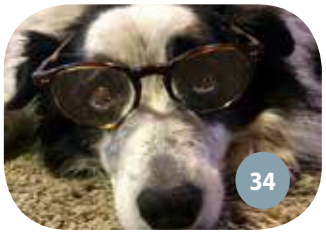
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Paul van der Merwe

Dear Colleagues,

With the dawn of 2022, I would like to congratulate and welcome all the newly graduated veterinarians as colleagues.

After probably the most arduous of studies and perseverance, you are now the recipient of a highly sought-after degree. Well done to you but also your support network and family!

As you are at the dawn of a new career, filled with an array of exciting and daunting opportunities, the SAVA would like to partner with you.

In particular, the mentorship programme in your CCS year can empower you to achieve your goals. May you all prosper and have a life-fulfilling career!

Congratulations to all the newly elected SAVC councillors. Drs IJ Venter, A Cloete, SM Higgerty, SLR McKernan and Sr RL van Reenen, although only elected for a couple of months, may you all have a positive impact on the council's deliberations and may your inputs serve the broader veterinary community.

Be assured of SAVA's support as needed as the challenges might be energy-sapping, impacting your mental and social health. May God's blessing be with you in this often-unrewarding task.

The continuous reports by veterinarians experiencing severe mental challenges within the profession are worrisome. Most testimonies can be categorised as either experiencing clients' challenges or challenges in the working environment.

Clients can be overbearing, especially those who do not understand the profession and those with a disproportionate love of their animals.

We as veterinarians need to find a way to better educate our clients on what services we render, how the services are rendered, for example, what could be considered an emergency, and our expectations of them.

In the medical profession, which is faced with the same challenges, charters were developed on patients' rights and responsibilities. If not already instituted, it might be worthwhile to create a similar charter.

However, even more worrying is that many reports reflect on the work environment under which veterinarians must work, from remuneration to unfair expectations to even abuse of personnel. With the guidelines of fees declared illegal by the Competition Commissioner, SAVA embarked on a project to appoint an independent consultant to investigate remuneration.

The recommendations in his report were hotly debated, but from my point of view, the most crucial remark he made was that veterinarians are undervalued. In an environment where most veterinarians are employed in the private sector, are we not our own worst enemy as colleagues? If we do not value our profession, can we expect our clients to value us??

SAVA is working hard to address the SAVA/SAVC impasse. Three candidates have been identified to lead the SAVA mediation team. As soon as SAVA and SAVC have confirmed the Terms of Reference for the mediation, members will be confirmed and announced, and a mediator will be appointed by mutual consent. Mediation, unfortunately, has a life of its own. Very much like a pregnancy, it cannot be rushed.

To ensure our profession is taking its rightful most crucial place in the health domain, may we do some introspection to ensure that we look after ourselves, our colleagues, and our profession to build it to the best it can be.

God bless all of you in 2022, and may you reach unprecedented heights with the support of colleagues, family, and friends.

Paul

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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".

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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

"I am fond of pigs. Dogs look up at us. Cats look down at us. Pigs treat us as equals" Winston Churchill.

February is traditionally the month of love (call this a friendly reminder for some); who has not had the privilege to be unconditionally loved by a dog. The wagging tail, sloppy tongue, warm eyes and ears always ready to catch what his human has to say. "A man's best friend" – undoubtedly some of the most genuine words ever spoken. "The average dog is nicer than the average person."—Andy Rooney said, and I tend to agree. From the beginning of time, dogs have been loyal companions, very often to the death of either party. Katte aan die ander kant is heeltemal 'n ander tipe troeteldier. Ek self het 'n optelkat met die naam Pixel. Jy voel sommer skuldig as sy net vir jou kyk. Sy is een van daardie katte wat net verskyn. Geen aankondiging, geen groot lawaai, een oomblik weg en die volgende daar. En die kyk wat jou laat wonder wat jy verkeerd gedoen het. Andrew Loyd-Webber het egter nie 'n musiekblyspel oor honde geskryf nie maar wel oor katte. Hierdie mistieke pasmaats het die mensdom al vir eeue bekoor. "In ancient times cats were worshipped as gods; they have not forgotten this." Terry Pratchett

Although very popular, cats and dogs are not the only animals suitable as pets. Some prefer something a little off the beaten track, or maybe circumstances dictate a pocket-size pet. A rodent is a very personal pet; it often requires simple care and love being held and cuddled. Many people may not consider them suitable, but they fit like hand in glove in small households. Their lifespan is often long enough for the young owner to keep interested and not neglect their newfound pet, and a good test. This edition looks at common and very rare diseases that can be transmitted from your pocket-sized pet.

Not to frighten anybody off, but to enlighten the one place everybody comes for answers: Their local veterinarian.
In die warm en baie nat nasomer kruip daar dikwels onwelkome besoekers uit hul skuilplekke en met ons diere as baie nuuskierige wesens, beland hulle sommer maklik in die moeilikheid. 'n Vreemde of nuwe blaas en sis geluid ondersoek hulle dikwels met die neus eerste en 'n skerpioen steke die arme dier se voorland.

Kyk uit vir die artikel oor 'n gevallestudie by 'n praktyk in die noordelike Laeveld. 'n Plek waar skerpioene volop is. Ingesluit is ook 'n drukker vriendelike plakaat van die mees algemene skerpioene in ons land en hoe giftig hulle is.

An updated view on Toxoplasmosis is discussed in The Cornell University College of Veterinary science article.Congratulations from this desk to the new veterinarians and new (graduate) veterinary nurses. May your scrubs always have some hair on them. V

Regards,

Andriette



My Helpers



COMMON SCORPIONS OF SOUTHERN AFRICA

VERY DANGEROUS — Has caused human fatalities

DANGEROUS — May be life threatening in small children and animals

HARMLESS — Painful sting, but does not require antivenom

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Rough Thicktail - light form
(*Parabuthus granulatus*)



Rough Thicktail - dark form
(*Parabuthus granulatus*)



Transvaal Thicktail
(*Parabuthus transvaalicus*)



Cape Thicktail
(*Parabuthus capensis*)



Drab Thicktail
(*Parabuthus planicauda*)



Eastern Nomad
(*Hottentotta trilineatus*)



Common Lesser-Thicktail
(*Uroplectes carinatus*)



Highveld Lesser-Thicktail
(*Uroplectes triangulifer triangulifer*)



Striped Lesser-Thicktail
(*Uroplectes lineatus*)



Bark Scorpion
(*Uroplectes vittatus*)



Plain Pygmy-Thicktail
(*Pseudolychas ochraceus*)



Rough Burrower
(*Opistophthalmus glabrifrons*)



Cape Burrower
(*Opistophthalmus capensis*)



Kalahari Burrower
(*Opistophthalmus wahlbergii*)



Karoo Burrower
(*Opistophthalmus karrooensis*)



Giant Rock Scorpion - male
(*Hadogenes troglodytes*)



Rock Scorpion - female
(*Hadogenes longimanus*)



Tree Creeper
(*Opisthacanthus asper*)



Drakensberg Creeper
(*Opisthacanthus validus*)



Jones's Creeper
(*Cheloctonus jonesii*)

© Johan Marais African Snakebite Institute

NOTE In the case of stings from harmless species, apply a topical anaesthetic cream to manage the pain.

EMERGENCY PROTOCOL

STINGS FROM DANGEROUS AND VERY DANGEROUS SCORPIONS MUST BE TREATED AS A MEDICAL EMERGENCY.

1. Transport the victim to hospital without delay.
2. Immobilize the affected limb to slow the spread of venom.
3. If the victim stops breathing, apply artificial respiration or use a Bag Valve Mask.
4. Call the Poison Information Centre helpline for further advice: 0861 555 777.

DO NOT

- ... apply a tourniquet.
- ... cut and suck the wound.
- ... use ice or very hot water.
- ... give the victim alcohol.
- ... apply electric shock.
- ... inject antivenom randomly.

Antivenom (*if required*) must be administered by a doctor in a hospital environment.

JOHAN MARAIS is the author of various books on reptiles including the best-seller *A Complete Guide to Snakes of Southern Africa*. He is a popular public speaker and offers a variety of courses including Snake Awareness, Scorpion Awareness and Venomous Snake Handling. Johan is accredited by the International Society of Zoological Sciences (ISZS) and is a Field Guides Association of Southern Africa (FGASA) and Travel Doctor-approved service provider.

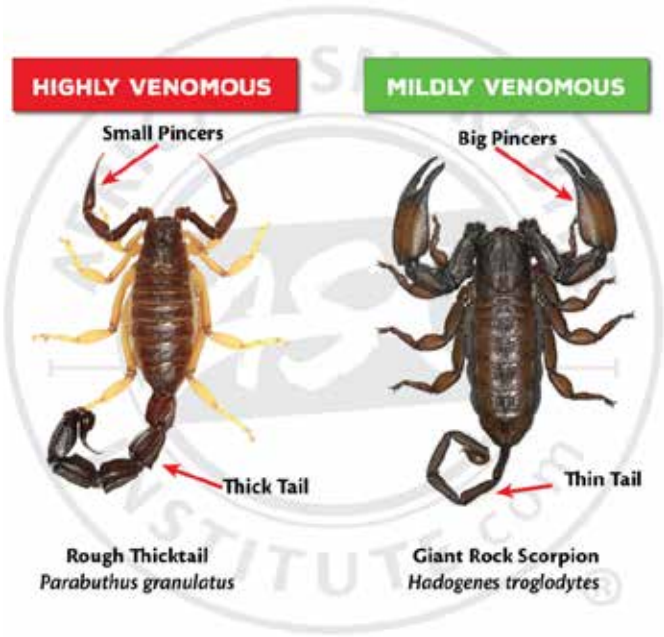
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CASE STUDY
SCORPION ENVENOMATION; A LOWVELD PERSPECTIVE

Dr Uldri vd Merwe. Maroela Diereklinik, Hoedspruit

Of the 150-odd described species of scorpions in Southern Africa (and many more to be described), only a few of the Thick-tailed scorpions of the genus Parabuthus are considered to be of medical significance to humans.



South Africa has a host of scorpion species classified into two broad categories: venomous scorpions (*Parabuthus, Uroplectus* and *Pseudolychas spp.*) and less venomous scorpions. Parabuthus transvaalicus and P. granulatus account for 4 – 5 fatal stings in humans in South Africa annually. Venomous scorpions are commonly identified with small pincers and thick tails/stingers compared to the less venomous scorpions with large pincers and thin tails/stingers. Less venomous scorpions are usually responsible for mild local reactions after a sting, whereas venomous scorpions can cause anything from a severe local reaction to severe systemic envenomation syndrome (scorpionism).

Scorpion stings in animals are not well documented, often due to the lack of convincing evidence of the cause of the animal's discomfort. Sting sites rarely become swollen and are mostly not visible. Scorpions hide in curtains, crevices, trees, and other safe places where owners are usually unaware of their presence.

For this reason, most patients present to the hospital, based on clinical signs alone and not a specific history of actual scorpion envenomation, making the diagnosis of this condition challenging.

Venomous scorpions have potent neurotoxins that affect the voltage-gated sodium channels of the somatic and cranial nervous system, causing prolonged depolarization. A mixed autonomic neuroexcitatory syndrome ensues and varies in severity and type according to the kind of responsible scorpion for the envenomation and amount of venom injected. This excitation causes a massive release of epinephrine and norepinephrine, primarily responsible for the systemic envenomation syndrome. Roughly only 10% of envenomations end in a systemic response (as extrapolated from human clinical studies), which leads to the belief that most cases go undetected, especially when pets are concerned.

Local reactions vary from a short-lived stinging/burning sensation to substantial pain that can affect an entire limb. These reactions could present in our patients in a wide variety of ways, from a single "episode" of pain (a sudden yelp without apparent cause) to sudden onset lameness in an affected limb to sneezing attacks if envenomation occurred in the facial area.



Drab Thicktail Scorpion (Parabuthus planicauda)

Scorpionism is much more severe and is potentially fatal if not treated. Four distinct systemic manifestations are appreciated in human medicine, differing slightly from our experience in animal cases in our hospital. Sympathetic autonomic effects in humans include but are not limited to tachycardia, mydriasis, hyperthermia, and restlessness. These effects persist and are responsible for severe envenomation syndrome in humans. The most common cause of fatalities in humans is pulmonary oedema and cardiogenic shock, of which the mechanism of action is poorly understood. Parasympathetic autonomic effects include but are not limited to hypersalivation, diaphoresis, lacrimation, miosis, diarrhoea, vomiting, bradycardia and an increase in respiratory secretions.

The most common systemic **symptom** regardless of specific scorpion responsible for envenomation across all mammals is peripheral nervous system stimulation leading to uncoordinated neuromuscular activity. Patients usually have normal mentation but are recumbent with muscle fasciculations and paralysis, although spinal reflexes remain intact.



Rough Thicktail Scorpion (Parabuthus granulatus)

Dogs seem to be most affected by scorpion envenomation. The most common and consistent clinical signs we have appreciated in our hospital in each confirmed and suspect case has been hyperthermia due to severe muscle fasciculations, severe sneezing attacks, shaking of the head (it seems as there is something stuck in the ear), severe hyperaesthesia, hypersalivation, retching and continued attempts to swallow, hyperaemic mucous membranes, "normal" heart rate despite stressful conditions and paralysis. Pulmonary oedema has not been appreciated in the patients we have seen, and none so far have presented with cardiogenic shock, regardless of the severity of signs or treatment protocol.

The most fascinating and bizarre symptom appreciated in dogs is the severe sneezing attacks. It is often the first symptom and seems to persist beyond the clinical resolution of other symptoms. No literature exists to describe this phenomenon in animals, and it has not been described in humans as a symptom. Partial to complete pharyngeal paralysis has been described in both humans and animals. It may contribute to this phenomenon (as well as hypersalivation, which is more common in animals than humans) and the possible inflammation in the nasal passages due to the envenomation site often being in the face. However, this phenomenon does seem to affect all animal patients we have seen so far, regardless of the severity of systemic signs or confirmed envenomation site.

There is no specific **diagnostic method** for scorpion envenomation which poses a challenge to confirm a diagnosis. Diagnosis is usually based on clinical signs alone in animals unless the owner witnessed the envenomation episode. Diagnostics focuses on assessing organ function due to envenomation (creatinine levels, blood glucose monitoring, blood pressure, cardiac enzyme values etc.) and determining the long term effects of an envenomation incident.

Treatment is focused on managing the symptoms and administering scorpion specific antivenom if envenomation is strongly suspected.

Antivenom is only indicated in systemically affected animals. The antivenom consists of equine immunoglobulins, which neutralise the venom of only *Parabuthus spp.* It makes antivenom's application in other scorpion envenomations questionable.

Initial stabilisation includes intravenous crystalloid fluid administration, lessening the body temperature by passive or active cooling, reduction of upper respiratory secretions, analgesia and ventilatory support if necessary. Antivenom is indicated in scorpionism and should be given as soon as possible after envenomation for maximum effect.

Effects can be seen as quickly as 4 hours after administration with nearly diminished clinical signs. Antivenom only binds circulating toxins in the bloodstream and might not have the desired effect if administered after some time. Our experience is that even if antivenom is only administered after as much as 24 hours, the result is still significant, and recovery time is drastically reduced.

Two vials of antivenom given by slow intravenous infusion are recommended, but one vial is better than none. The syringe with which the antivenom is to be administered can be primed with Adrenaline to reduce the risk of anaphylactic reactions to the antivenom, although such reactions are uncommon.

Symptomatic treatment alone is often the only option for owners as the cost of antivenom limits the use thereof or where a definite diagnosis is not made.

Atropine (at a low dose) reduces upper respiratory secretions and counteract bradycardia. Analgesics are limited to steroidal and non-steroidal anti-inflammatory drugs, as opioids have been proven to worsen clinical signs (possibly due to respiratory depression caused by these drugs).



Parabutus Transvaalicus

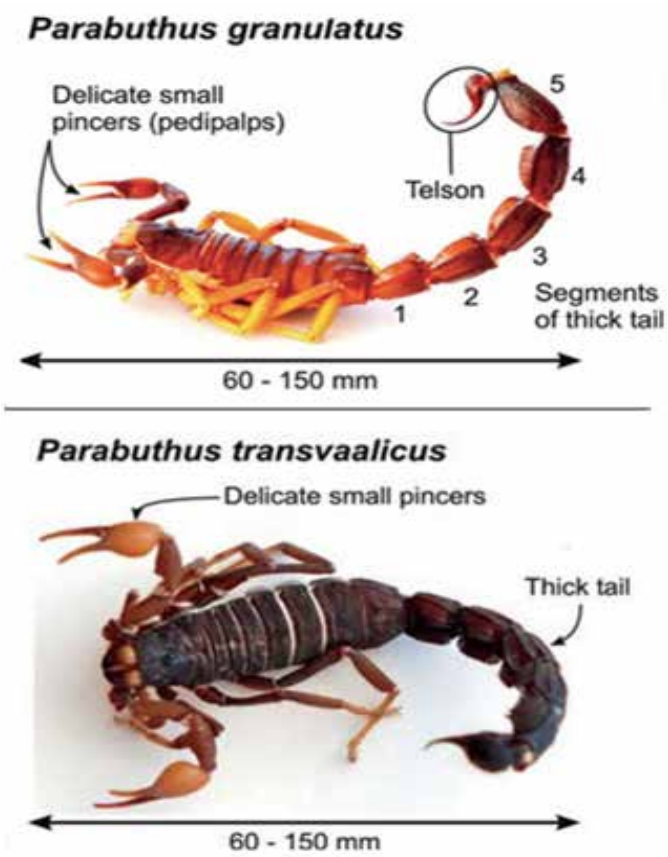
Steroidal anti-inflammatories (Hydrocortisone specifically) have a faster onset of action and are invaluable in controlling inflammation in the respiratory system but are less efficient in managing systemic inflammation caused by scorpion venom.

>>> 8

Treatments for Scorpion Envenomation, Effects, Indications and Dosing

Treatment	Effect	Indications	Suggested Dosing
Analgesic agent (Ibuprofen, Acetaminophen)	Provides pain relief and antiinflammatory action; Acetaminophen also has antipyretic action	Local Pain	Follow standard pediatric and adult dosing for pain and fever
Local anesthetic agent	Provides relief from severe local pain	Severe pain that does not respond to analgesia	Follow standard dosing of anesthetic without epinephrine for local wound infiltration, administered at sting site
Antivenom	Binds toxins and prevents them from reaching target site; increases rate of toxin elimination	Systemic envenomation	Follow manufacturer's instructions
Prazosin	Decreases peripheral vascular resistance without affecting cardiac output or heart rate or contributing to the elevation of catecholamine levels	Indications of excess catecholamine levels, hypertension	Administer 0,5mg prazosin orally every 3hr (0.25mg in children)
Dobutamine (or other inotrope)	Treats cardiogenic shock and decreases in cardiac output resulting from elevated catecholamine levels and myocardial injury	Hypotension due to cardiogenic shock	Administer 5 - 15µg dobutamine/kg of body weight /min
Nitroglycerin	Acts as a visodilator for treatment of pulmonary edema; decrease preload and afterload through arteriolar dilation and venodilation	Pulmonary edema	Administer 10µg nitroglycerin/min intravenously in adults, 1-4µg/kg/hr in children; double rate every 5 min on basis of clinical response, but maintain systolic blood pressure at level >90mm Hg
Benzodiazepine (eg Midazolam, Diazepam)	Act as an anticonvulsant and may be effective for treatment of hypertension associated with sympathetic excitation; in cases of severe neuromuscular excitation, used for sedation and symptomatic relief (e.g. Midazolam in patients with centruroides)	Neuromuscular incoordination, sympathetic agitation and seizures	For neuromuscular incoordination initially administer Midazolam bolus intravenously 0,05-0,1 mg/kg, then commense infusion at 0,1 mg/kg/hr adjusting dose to maintain a light sleep; for sympathetic agitation and seizures , administer 0,1-0,2 mg Diazepam/kg orally or 0,05-0,1 mg Diazepam or Midazolam /kg intravenously
Atropine	Act as a muscaricin receptor blocker to ameliorate cholinergic effects of sting, including bradycardia, early hypotension, and excessive sweating or salivation; can potentiate sympathetic effects, including hypertension	Severe bradycardia associated with hypotension or cardiac decompensation	Administer 0,5mg Atropine (0,02mg/kg in children); dose can be repeated if severe bradycardia recurs
Other vasodilator (e.g Hydralazine, Captopril, Nifedipine, Sodium Nitroprusside , Clonidine)	Decreases peripheral vascular resistance and reduces hypertension, but evidence for use is not strong and has potential adverse effects(e.g. sympathetic stimulation, reflex tachycardia)	Not recommended because of potential adverse effects	

(Isbister & Bawaskar, 2014)



Non-steroidal anti-inflammatories have a slightly slower onset of action but seem to be more efficient in controlling the overall inflammatory cascade in scorpion envenomation victims. Of these two classes, steroidal drugs are often used in acute severe scorpionism, whereas non-steroidals are reserved for less severe cases. Diazepam is often used for its skeletal muscle relaxant properties and sedative effects to reduce body temperature and keep patients calm to avoid worsening clinical signs (patients often panic due to dyspnoea caused by hypersalivation and dysphagia, worsening the dyspnoea). The patient may benefit from Mepyramine as it could interfere with the massive histamine release induced by scorpion venom. Other drugs under investigation are chlorpromazine and prazosin, but their effectiveness in these cases has not been proven.

In summary, all victims of scorpion stings are worth treating even if antivenom is not an option. The majority of these patients recover well (although they may be hospitalised for 5 to 7 days and up to as much as two weeks until full recovery) with supportive therapy alone. None that we have seen so far have any long term detrimental effects.

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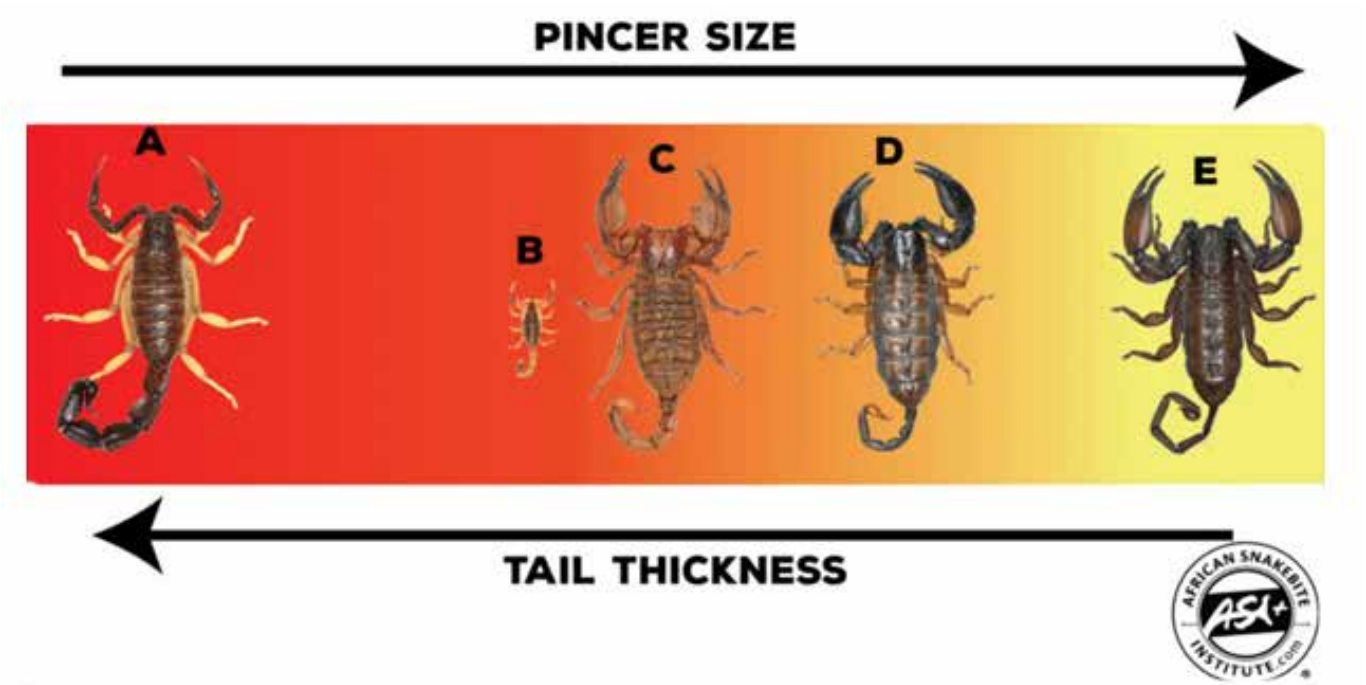
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Try trading the pills for the healing power of pets

Pets didn't earn the title of man's best friend for nothing.

They're loyal, fun to be around, love unconditionally and teach us the importance of being selfless. But more than that, it's been proven that owning a pet can significantly impact our mental wellbeing. Gavin Miller, Managing Director at Marltons, discusses the undeniable correlation between pets and a healthier emotional state.

Owing pets naturally comes with a varied range of therapeutic benefits, many of which are becoming more evident as we reel from the ongoing effects of the pandemic. According to a 2021 survey of British pet owners, around 90% of dog owners said that owning a pet made them feel mentally healthier. Although the figures were lower for cat and rabbit owners, at about 85% and 81%, respectively, it's evident that the bonds between humans and their animals are not just powerful but have the potential to be life-changing.

Pets have evolved to become acutely attuned to the behaviours and emotions of their owners. Like a human companion, dogs can understand a range of words we often use and interpret our tone of voice, body language, and gestures to gauge what we are thinking and feeling. And not just because they know they're going to get a treat, tummy tickle or a walk-in reward, although that is a significant bonus for them.

The idea that emotional support can come in the form of four legs, and not just two, is not a new one. Scientists have been digging up evidence on the topic for more than 30 years. One study measured a healthy body when a person touched a friendly dog. Physical evidence, such as lowered blood pressure, slower heart rate and relaxed muscle tension – all signs of reduced stress – supported the theory of the mental health benefits of pets.

Further studies have shown that when compared to those without pets:

- Pet owners are less likely to suffer from depression
- People with pets have lower blood pressure in stressful situations
- Pet owners have lower triglyceride and cholesterol levels (indicators of heart disease)
- Heart attack patients with pets survive longer
- Playing with a dog, cat, or other pet can elevate levels of serotonin and dopamine, which act to calm and relax you.

Pet ownership also fosters a sense of mindfulness. For many, facing the endlessly long lockdown periods with little certainty of what to expect of each new day, a furry companion forced them to be more mindful and live in the present. Mindfulness is an essential psychological process, and having a reason to 'paws' for thought gives people a much-needed sense of purpose.

One of these therapeutic effects is that pets fulfil the basic human need for love, touch and affection.

Emotional support dogs are recognised as a vital part of mental health treatment. For the elderly, pets prove to be a lifeline to encourage social interaction. They are regularly used in alternative therapies to treat depression and even more complex treatments related to Alzheimer's Disease and dementia. Pets are used to help children with cancer deal with pain and anxiety. Even hardened criminals show long-term changes in their behaviour after interacting with pets, as many of them experience mutual affection for the first time.

The more people learn about the health benefits of the human-animal bond, the more likely we are to see an increase in pet-friendly public places. Pets will become a common sight in workplaces, classrooms, shopping centres, retirement homes, hospitals, and beyond. And it's not only dogs and cats that soothe our mental wellbeing.

Rabbits, hamsters, mice, and even rats, are ideal if you have limited space but still want a furry friend to cuddle. Birds can encourage social interaction and help keep your mind sharp when older. Snakes, lizards, and other reptiles can make exotic companions educational for younger children. Even watching fish in a tank can help reduce muscle tension and lower your heart rate.

But it is important to remember that owning a pet is not a cure-all for mental health issues despite all the benefits. There is no denying that paws – or claws, fins and feathers – have a place in mental wellbeing, but only for those who love domestic animals and have the time and money to invest in a companion for what may potentially be many years or decades to come.

Life is tough. A calming companion to remind us about the value of unconditional love and companionship could well be the 'pet prescription' that so many of us need.

- Est. 1945 -
marltons
PET · CARE · EXPERTS



Small mammals as pets

The terms "small mammals" or "pocket pets" refer to small animals, often rodents kept as pets and could fit into your pocket. Common small mammal pets include:

- Rats
- Mice
- Hamsters
- Gerbils
- Guinea pigs
- Pygmy hedgehogs
- Sugar gliders
- Monkeys of foreign origin (Capuchins, Squirrel)
- Other small animals
- Small mammals also include a few animals that are not so small, such as rabbits

Owning a small mammal can be a big responsibility, even though the animal itself may be tiny. If you decide that a small mammal is a suitable pet for you, you need to learn how to take care of it properly and be aware of diseases that it might carry. With routine veterinary care and some simple healthy habits, you are less likely to get sick from touching, petting, or owning a small mammal.

Campylobacter is a type of bacteria that spreads through contaminated food (meat and eggs), water, or contact with stool of infected animals. Campylobacter infections are rare in small mammals but have been associated with rodents, such as hamsters, guinea pigs, and gerbils. Small mammals infected with Campylobacter may not show any signs of illness at all or may have diarrhea.



Campylobacteriosis (Campylobacter spp.)

Most people who become sick with campylobacteriosis will have diarrhea, cramping, abdominal pain, and fever within 2 to 5 days after exposure. Campylobacter can cause serious life-threatening infections in infants, elderly persons, and other people with weakened immune systems.

Scan the QR code for more information

https://www.cdc.gov/campylobacter/index.html



Cheyletiellosis (Rabbit fur mites; Cheyletiella spp.)

Rabbit fur mites (Cheyletiella spp.) are tiny parasites that can be found on some healthy rabbits. These mites generally do not cause disease in people or animals. Adult mites may be easily seen on an affected animal. They are often white and may look like "walking dandruff" if they are observed moving.

Affected rabbits may have hair loss, dandruff, and itching as a result of skin irritation from the mite.

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People may get Cheyletiella mites when they pet or hold an infested rabbit.

Chyletiella can temporarily infest humans, causing skin irritation and itching. The best way to prevent infestation in rabbits is to use an insecticide approved by your veterinarian.

Scan the QR code for more information

https://www.cfsph.iastate.edu/Factsheets/pdfs/acariasis.pdf

Lymphocytic Choriomeningitis Virus (LCMV)

Lymphocytic choriomeningitis (LCM) is a rare viral disease that can be transmitted through the urine, droppings, saliva, or cage material of infected wild and domestic rodents, including hamsters, guinea pigs, rats, mice, and other small rodents. Infected small rodents often appear normal or have small decreases in activity and appetite. Later, these infected animals may show more significant signs of weight loss, hunched posture and ultimately death.

Human infections with LCMV are rare, especially from pet rodents. If people are infected, they generally have symptoms similar to those of the common flu. These symptoms include fever, stiff neck, loss of appetite, muscle aches, headache, nausea, and vomiting and often occur 1 to 2 weeks after exposure. People with weakened immune systems, especially young children and pregnant women, are the most at risk.

Scan the QR code for more information

https://www.cdc.gov/vhf/lcm/

Giardiasis (Giardia spp.)

Giardia is a parasite that causes diarrheal illness in animals and people. Giardia is transmitted to animals and people through food or water contaminated with stool.

This parasite is relatively uncommon in small mammals but has been associated with chinchillas, rats, and mice.

Scan the QR code for more information

https://www.cdc.gov/parasites/giardia/index.html



Sarcoptic Mange (Trixacarus caviae)

Symptoms for animals and people include diarrhoea, greasy stools, and dehydration. People can also have abdominal cramps, nausea, and vomiting. Symptoms can last 1 to 2 weeks.

Sarcoptic mange is a parasitic skin disease caused by a tiny mite. Sarcoptic mange is rare but has been associated with guinea pigs.

People cannot become infected with the animal versions of sarcoptic mange, but they can have a minor local reaction from the mites if they come in contact with an infected animal.

Scan the QR code for more information

https://www.cdc.gov/parasites/scabies/index.html

Small mammals as pets..... <<< 12

Monkeypox Virus

Monkeypox is a rare viral disease that usually found in central and western Africa but can infect rats, mice, rabbits, and prairie dogs. Infected pets may appear healthy with no clinical signs of disease or may develop fever, cough, conjunctivitis, and lymphadenopathy, followed by a nodular rash.

Although the virus is not currently reported in the United States, people can become infected if they are bitten or come in contact with an affected animal's urine, blood, or rash. Signs and symptoms of monkeypox initially include fever, headache, muscle aches, and lymph nodes swelling. A rash that progresses to fluid-filled bumps may develop days later as the disease spreads

Scan the QR code for more information

https://www.cdc.gov/poxvirus/monkeypox/index.html

Pasteurellosis (Snuffles; Pasteurella multocida)

Pasteurellosis is a bacterial disease often associated with animal bites and scratches. Hamsters, guinea pigs, rabbits, rats, and mice have all been associated with Pasteurella. Most small mammals show no signs of illness, but some rabbits can develop nose and eye discharge. This respiratory disease is called "snuffles." Pasteurella can also affect the lungs, skin, and reproductive tract of rabbits.

People rarely become sick with pasteurellosis from small mammal pets. Instead, people most commonly get Pasteurella through animal bites. Pasteurella can cause painful wounds and skin infections. In more severe cases, it can cause widespread infection throughout the body and might even affect the nervous system. To prevent pasteurellosis, protect yourself from bites and seek veterinary care for pets that appear sick

Scan the QR code for more information

https://emedicine.medscape.com/article/224920-overview

Rat Bite Fever

Rat bite fever is a rare bacterial disease transmitted by bites or scratches from infected rodents. It can also be spread by exposure to contaminated water, food, or rodent urine. The disease is typically seen in rats. Infected rats can carry the infection but appear healthy. However, other animals may develop arthritis, skin infections, pneumonia and swollen lymph nodes.

In people, clinical signs range from flu-like symptoms and a rash to more severe infections of the joints, liver, heart, lungs, brain, and blood if left untreated.

Scan the QR code for more information

https://www.cdc.gov/rat-bite-fever/index.html



Ringworm (Dermatophytosis)

Ringworm is a condition caused by a fungus that can infect both people and animals' skin, hair, and nails. Ringworm is spread through direct contact with an infected animal's skin or hair.

Affected animals, more commonly guinea pigs, may have circular areas of hair loss and may have crusts anywhere on their body.

Symptoms in rodents and rabbits can vary from mild areas of hair loss to reddened, irritated, itchy or flaky skin.

Ringworm infections in people can appear on almost any area of the body.

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These infections are usually itchy. Redness, scaling, cracking of the skin, or a ring-shaped rash may occur. If the infection involves the scalp or beard, hair may fall out. Infected nails become discoloured or thick and may crumble.

Scan the QR code for more information

https://www.cdc.gov/healthypets/diseases/ringworm.html

Salmonellosis (Salmonella spp.)

Salmonella spreads to people through contaminated food (eggs and meat) or contact with the stool of certain animals, including small mammals.

Although rare, Salmonella infections associated with small mammals have been linked to some outbreaks of human illness. While it usually does not make the animals sick, Salmonella can cause serious illness when it is passed to people.

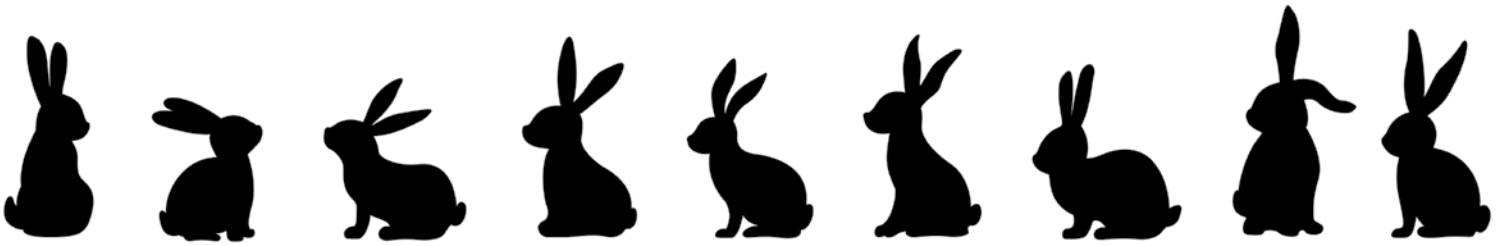
People exposed to Salmonella might have diarrhoea, vomiting, fever, or abdominal cramps. Infants, elderly persons, and people with weakened immune systems are more likely than others to develop severe illness.

Scan the QR code for more information

https://www.cdc.gov/healthypets/diseases/salmonella.html

Source:

https://www.cdc.gov/healthypets/pets/small-mammals/index.html





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Toxoplasmosis in Cats

Toxoplasmosis is caused by the single-celled parasite Toxoplasma gondii (T. gondii).

It is one of the most common parasitic diseases and infects nearly all warm-blooded animals, including pets and humans.

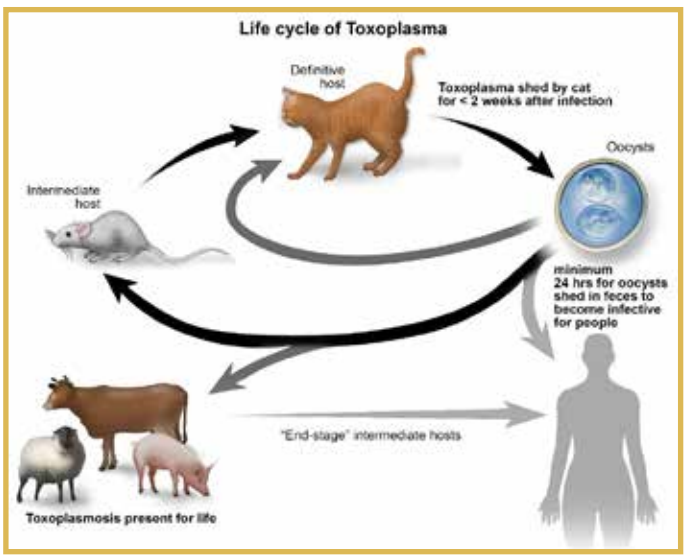
Although cats are a necessary part of the life cycle of T. gondii, the parasite rarely causes clinical disease in them. While T. gondii seldomly causes significant symptoms in healthy adults (see below for exceptions), the Centers for Disease Control and Prevention (CDC) has recently identified toxoplasmosis as one of five neglected parasitic infections of people due to its high prevalence. More than 60 million people in the U.S. are thought to be infected.

The life cycle of T. gondii is complex. It involves two types of hosts — "definitive" hosts in which the parasite reproduces and forms eggs (called oocysts), and "intermediate" hosts in which it reproduces by making clones of itself, which cluster inside cysts. Wild and domestic cats are the only definitive hosts for T. gondii. When a cat ingests infected prey or raw meat, the parasite is released from cysts into the cat's digestive tract, where it reproduces and produces oocysts. Infected cats then excrete these oocysts in their faeces by the millions. Newly exposed cats usually begin shedding oocysts three to 10 days after consuming infected tissue and continue shedding for around 10 to 14 days. Oocysts are very hardy and may survive in the environment for well over a year.

Additionally, some of the T. gondii released from cysts from the infected meat will penetrate more deeply into the wall of the cat's intestine and multiply as yet another form, called a tachyzoite. This form then spreads from the intestine to other parts of the cat. Eventually, the cat's immune system forces the parasite into a dormant or "resting" stage, forming cysts in muscles and the brain. These cysts contain slowly multiplying Toxoplasma organisms in yet another form, called a bradyzoite.

Other animals, including humans, are intermediate hosts of T. gondii and can become infected by eating cysts or oocysts. Oocysts passed in the faeces of cats are not immediately infectious to other animals. Before becoming infectious, they must go through sporulation, which takes one to five days, depending on environmental conditions.

However, cat faeces containing sporulated oocysts serve as sources of infection, regardless of whether they are in litter boxes, gardens, or in sandboxes in which outdoor cats have defecated. Once an intermediate host ingests sporulated oocysts, the infection results in the formation of tissue cysts in various body tissues. Tissue cysts remain in the intermediate host for life and are infectious to cats, people, and other intermediate hosts that eat the cyst-containing tissue. In some cases, T. gondii tachyzoites may be excreted in the milk of infected cows and goats. See Figure 1 for an illustration of the life cycle of T. gondii.

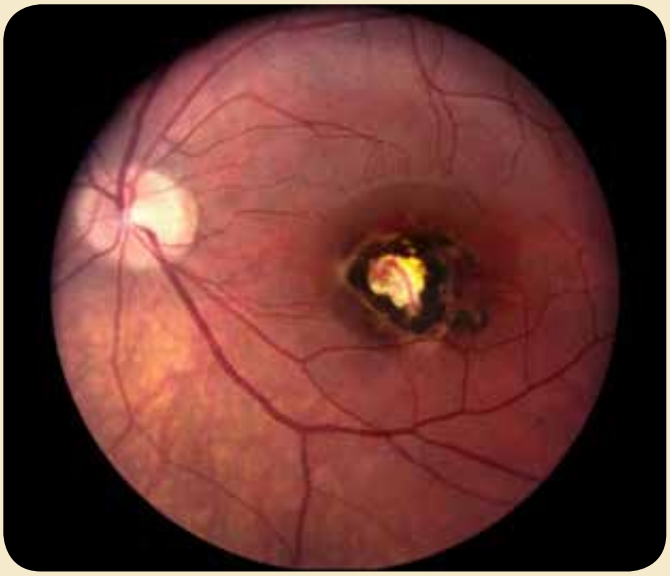


Clinical Signs

Most cats infected with T. gondii show no signs of disease. Occasionally, however, a clinical illness called toxoplasmosis occurs, often when the cat's immune response cannot stop the spread of tachyzoite forms. The disease is more likely to occur in cats with suppressed immune systems, including young kittens and cats with feline leukaemia virus (FeLV) or feline immunodeficiency virus (FIV).

The most common symptoms of toxoplasmosis include fever, loss of appetite, and lethargy. Other symptoms may occur depending upon whether the infection is acute or chronic and the location of the parasite in the body. In the lungs, T. gondii infection can lead to pneumonia, which will increase difficulty in breathing. Infections affecting the liver may cause a yellowish tinge to the skin and

mucous membranes (jaundice). Toxoplasmosis can also affect the eyes and central nervous system (CNS), producing inflammation of the uvea, or pigmented part of the eye (uveitis), the retina, or the space between the lens and cornea (the anterior chamber) (Figure 2). Abnormal pupil size and responsiveness to light, blindness, lack of coordination, heightened sensitivity to touch, personality changes, circling, head pressing, ear twitching, difficulty chewing and swallowing food, seizures, and loss of control over urination and defecation may occur.



Diagnosis

Toxoplasmosis is usually diagnosed based on a cat's history, signs of illness, and laboratory test results. Measurement of two types of antibodies to T. gondii in the blood, IgG and IgM, can help diagnose toxoplasmosis. High levels of IgG antibodies to T. gondii in a healthy cat suggest that the cat has been previously infected and is most likely immune to the organism and not excreting oocysts. These cats are no longer sources of infection for other hosts. High IgM antibody levels, in contrast, suggest an active infection. The absence of any T. gondii antibodies in a healthy cat means that the cat is susceptible to infection and would shed oocysts for up to two weeks.

The detection of oocysts in the faeces is not a reliable method of diagnosis because they look similar to those of some other parasites. Additionally, cats can shed oocysts for only a short time and often are not shedding oocysts when showing signs of disease. A definitive diagnosis requires microscopic examination of tissue samples for distinctive changes to the tissues and the presence of tachyzoites.

Treatment

Treatment usually involves a course of an antibiotic called clindamycin, either alone or in combination with corticosteroids if there is significant inflammation of the eyes or central nervous system. Treatment should ideally be started immediately after diagnosis and continued for several days after signs have disappeared. In acute illness, treatment is often started based on initial high IgM antibody levels. If clinical improvement is not seen within two to three days, the diagnosis of toxoplasmosis may be questioned.

Prognosis

The prognosis for cats diagnosed with toxoplasmosis depends upon the organs or systems affected, the time between infection and treatment, and initial responses to therapy. Generally, cats with CNS and eye symptoms respond to treatment more slowly, but they still have more favourable prognoses if their clinical signs improve within 2-3 days of starting therapy. The forecast for cats with toxoplasmosis affecting the liver or lungs is usually poor.

Prevention

Reducing the incidence of toxoplasmosis in cats requires reducing exposure to infective oocysts. Cats should preferably be fed commercially prepared, cooked foods (appropriate heating inactivates any T. gondii cysts that may be present) and should not be allowed to eat uncooked meat or intermediate hosts, such as rodents. They should also be denied access to facilities housing food-producing livestock and food storage areas.

Because cats only shed the organism for a short time, the chance of human exposure via cats they live with is relatively small. Owning a cat does not mean you will be infected with Toxoplasma. Frequent removal of faeces from the litter box while wearing gloves and washing hands afterwards minimizes the possibility of infection, since it takes a minimum of 24 hours for T. gondii oocysts in cat faeces to sporulate and become infective. It is unlikely that you would be exposed to the parasite by touching an infected cat because they usually do not carry the parasite on their fur. It is also unlikely that you would become infected through cat bites or scratches. Indoor cats that do not hunt prey or consume raw meat are unlikely to be infected with T. gondii. People are much more likely to become infected by eating raw meat and unwashed fruits and vegetables than by handling cat faeces. The possibility of infection after gardening in soil contaminated with cat feces also exists, and this possibility can be mitigated by wearing gloves and washing hands after gardening.



Pregnant women and immunodeficient individuals are the two populations most at risk of developing health problems after T. gondii exposure. In utero infection is of the most significant concern in humans. Between one-third and one-half of infants born to mothers who acquired Toxoplasma during pregnancy are infected. The vast majority of women infected during pregnancy have no symptoms themselves, and the majority of infected infants will show no symptoms of toxoplasmosis at birth. However, many of these children are likely to develop signs of infection later in life, including loss of vision and hearing, mental retardation, and, in severe cases, death.

In people who are either undergoing immunosuppressive therapy or have an immunosuppressive disease such as acquired immunodeficiency syndrome (AIDS), toxoplasmosis may cause enlargement of the lymph nodes, eye and central nervous system disturbances, respiratory disease, and heart disease. In these patients, especially those with AIDS, relapses of the disease are common, and the mortality rate is high. Immunodeficient people and pregnant women were advised to avoid cats in the past; however, the CDC now advises that this is unnecessary.

https://www.vet.cornell.edu/departments-centers-and-institutes/cornell-feline-health-center/health-information/feline-health-topics/toxoplasmosis-cats





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PROGRAMME

DAY 1 | SATURDAY, 12 FEBRUARY 2022

08:00 Registration

08:45 Welcome: SAVA President: Dr Paul vd Merwe

09:10 Dr Adrian Gordon: Soft Tissue Surgery in Bovines

09:50 Andrew Christie: Budgeting within a Veterinary Practice: South Africa's volatile economy makes budgeting crucial within the veterinary profession. However, it tends to take a back seat to tracking turnover or profitability. The budget process will be outlined in this talk, and includes setting the budget, forecasting cash needs and measuring actual performance against the budget.

10:30 Tea

10:45 Andrew Christie: Strategy: Strategy is either extremely vague (We want to make money somehow next year) or ridiculously specific (We want to open a 54 m^2 grooming parlour in our practice in 2026). Strategy is actually fairly straightforward within the veterinary profession - if it is done correctly! Andrew explores setting strategy from the start (why are we in business) to how the core objectives can be set and then achieved.

11:25 Dr Johan Marais: Colic in Horses: The examination, diagnosis and management of horses with mild to severe colic.

12:05 Lunch

12:45 Dr Martin De Scally: A logical approach to Chronic Gastrointestinal Disease in Small Animal Patients

13:25 Dr Sara Boyd: Surgical Techniques in GIT surgery: Ensuring no leaks!!

14:05 Tea

14:20 Dr Johan Marais: Osteoarthritis in the horse: The various current medical treatments of osteoarthritis in the horse, including IRAP, Pentosan, Nutraceuticals and Cortisone.

15:00 Dr Martin De Scally and Dr Sara Boyd: Upper Airway Obstructive Syndrome: Giving brachycepahlic breeds the best chance at a normal life!

15:40 Dr Martin De Scally and Dr Sara Boyd: Snakes and Breaks: Emergency Veterinary care in small animals. Dealing with the trauma patient and knowing when to refer or not.

16:20 Dr Kgasi: SAVC Representative

16:30 AGM

18:00 Braai Social Dinner

DAY 2 | SUNDAY, 13 FEBRUARY 2022

09:00 Dr Johan Marais: Update on drugs for darting: Different dart-guns and darts, darting from a helicopter, systems used for darting and some drug combination for selected wildlife species.

09:40 Dr Ariena Shephard: Synchronization and AI in sheep and goats

10:20 Tea

10:35 Dr Johan Marais: Wildlife trade in Africa and Asia: The illegal wildlife trade in Africa and Asia, undercover footage and treatment success and lessons learned in treating, especially poached Rhino.

11:15 Dr Ariena Shephard: Diarrhoea in small stock -thinking outside the box

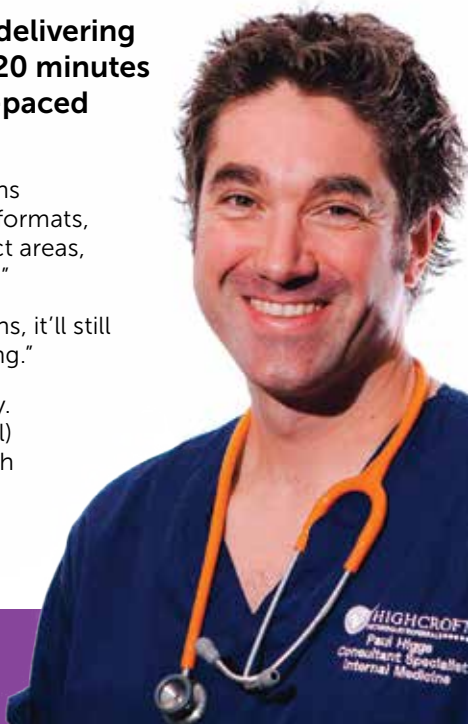
BSAVA Congress 2022 is going hybrid!

Many sessions at this year's BSAVA Congress feature two speakers delivering different perspectives on a topic, followed by a Q&A. With just 15-20 minutes to get into the detail, lectures will get straight to the point, be fast-paced and rich in content – both for in-person and remote participants.

"The structure of this year's hybrid programme is different to previous years," explains programme committee lead, Paul Higgs. "Each subject will be delivered in a mix of formats, lectures, debates and interactive sessions, for example. Where topics overlap subject areas, module delegates will come together to explore diagnostics, treatments and ethics."

"We're bringing the latest research to the floor at Congress. Like all the other sessions, it'll still be focused on first opinion practice and what's realistic and pragmatic for this setting."

To register, head to **www.bsavaevents.com**. Early bird rates apply until 17 February. Rates for Virtual-only registration are £203 + VAT and for Hybrid (in-person & virtual) £405 + VAT for BSAVA-members. Veterinarians who are members of WSAVA through their national organisation – such as the NVGC – can claim a 10% discount on the BSAVA non-member rate. All participants will have 60 days access to all virtual and on-demand content after the event.



Paul Higgs, head of the BSAVA Congress programme committee, is announcing an exciting and highly interactive programme, both for face-to-face and remote participants.

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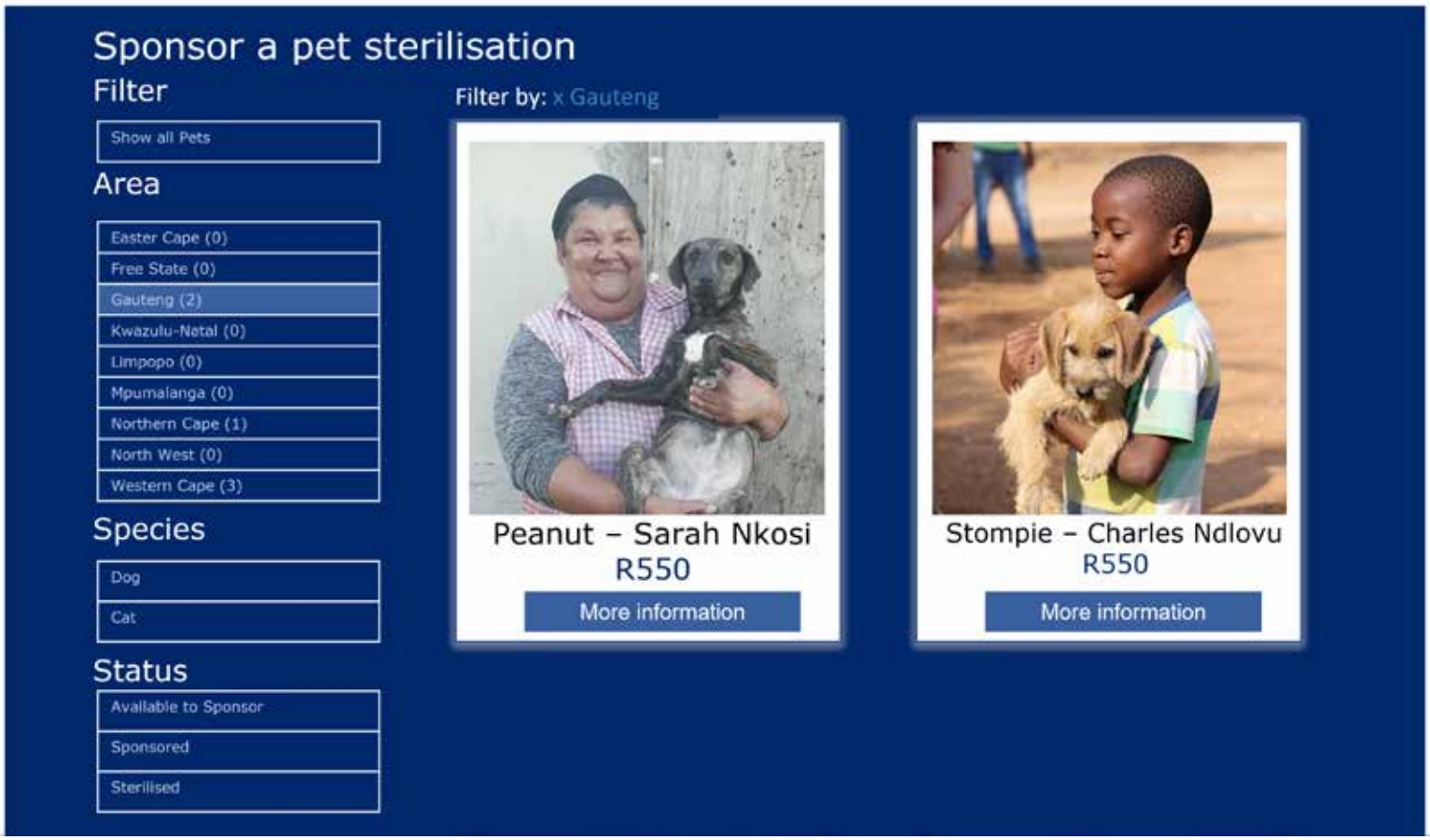
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Nominations for the SAVA Awards are invited. These awards are conferred on persons who have made exceptional and significant contributions in the fields of Veterinary Science or the Veterinary Profession and they serve as a prestigious form of recognition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

1. GOLD MEDAL OF THE SAVA

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

2. PRESIDENT'S AWARD

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

3. BOSWELL AWARD

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

4. CLINICAL AWARD OF THE SAVA

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

5. RESEARCH AWARD OF THE SAVA

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

6. YOUNG VETERINARIAN OF THE YEAR AWARD

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

7. SOGA MEDAL

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

8. CITATION OF THE SAVA

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

9. HONORARY LIFE MEMBER

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

10. HONORARY ASSOCIATE LIFE MEMBER

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

All nominations must be supported by:

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

Please note that:

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

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

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

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

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

Agriculturist of the Year (2021): Prof Gareth Bath



Source: Landbou weekblad

Joining a line of great recipients, Professor Gareth Bath received the prestigious award of Agriculturist of the Year (2021) as voted on by the "Landbouskrywers SA" This is an outstanding achievement reserved for few and is certainly richly deserved. SAVA is very proud to congratulate Prof Bath and recognise his contribution to the veterinary sfere and the greater agricultural community.

The sheep industry is very close to his heart. He is recognised internationally for his work on best practices in marking and castrating Merino sheep and the correct procedure for docking tails. Also, in the establishment of best practise within the livestock industry. Amongst others, he is one of the founding members of the European College for Small stock specialists.

Previous veterinarians receiving the same accolade:

1979 - F J Veldman
1988 - Baltus Erasmus
1993 - Hym Ebedes
1996 - Fanie Kellerman
2007 - Faffa Malan

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Sonja van Rooyen at SAVA
Tel: 012 346 1150
E-mail: assistant@sava.co.za

SAVA
South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

SAVA: Debit Orders

South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

The debit order system that the association implemented in 2019, was and is still a huge success. We have therefore decided to offer our members the option to choose the debit order option again, should they wish. The debit order will be over a period of 10 months (February 2022 – November 2022) or divided over a shorter period in the event of members renewing or joining SAVA later during the year.

A new debit order mandate has to be completed by SAVA members each year. Members who made use of the debit orders in 2021, are therefore required to complete a new mandate and email back to: bookkeeper@sava.co.za.

The 2022 mandate is available on the SAVA Website. A link to the mandate will also be provided with the 2022 membership invoices that was emailed to our members in January 2022.

SAVA Community Veterinary Clinics

Having been kept abreast of the developments of SAVA-CVC, you are in no doubt aware that we have revitalised this critical organisation. The nature of charity organisations is that there is constant uncertainty about future cash flow – every donation from a particular individual or group might be the last donation.

Securing enough guaranteed cash flow to cover operating costs in SAVA-CVC is something that we have actively pursued over the last couple of years. We have reported on the significant activities that have been performed in communities using funds from the generous donors.

SAVA would like to provide an easy method for our members to contribute to this worthy cause with an option to add a contribution to SAVA-CVC of R40.00 per month on your debit order.

The South African Veterinary Foundation (SAVF) aims to promote and advance veterinary and other biological sciences. This includes supporting veterinary research at all levels, to fund bursaries for

SAVF-SAVS

veterinary studies and to invest and administer various financial portfolios in order to promote the knowledge, image and status of the veterinary and para-veterinary professions and practice within Southern Africa, resulting in improved quality of life for animal and man. An example of an activity that the SAVF is involved in: The SAVF funds research projects that will benefit the health of animals and is not detrimental to animals. For this purpose, the SAVF will only consider funding a project that has been approved by a recognised institution's Ethics and Research Committee.

Furthermore, the trustees of the SAVF also evaluate each study based on relevance, scientific soundness and humane treatment. Once a study is completed, the results of the research project are published in the Journal of the South African Veterinary Association or an international peer-reviewed journal on the ISI list of journals, as well as presented at a South African Veterinary Association congress or other appropriate SA congress. Finding funds for research is often not part of an academic or aspiring academic's nature. The SAVF wants to increase its reach by having more funds available to invest in research.

SAVA would like to provide an easy method for our members to contribute to this worthy cause with an option to add a contribution to the SAVF of R40.00 per month on your debit order.

Those who will continue to pay their SAVA membership fees on an annual basis, are also encouraged to add a donation to either or both of the SAVA-CVC and SAVF to their annual payment.

Please communicate this donation through to bookkeeper@sava.co.za to enable SAVA to allocate your donation accordingly.

Research and Knowledge Based Benefits

Vetnews

To read the monthly publication that keeps you up to date with current news in the world of veterinary research and events, go to "Members Menu" and click on the VetNews Tab.

To complete the CPD articles in the VetNews magazine, go to "Members Menu". Click on the CPD / VetEDonline tab. www.veted.online opens. Now you can answer the questions and earn your CPD points.

Journal of the South African Veterinary Association (JSAVA)

The JSAVA is a contemporary multi-disciplinary scientific mouthpiece for veterinary science in South Africa and abroad.

Its content includes reviews on various topics, clinical and non-clinical articles, research articles and short communications as well as case reports.

The JSAVA is published in digital format and is available free (open access).

Members of SAVA can publish in the JSAVA free of charge (non-members to pay a fee).

For more information, please go to www.jsava.co.za

Conferences and Webinars

SAVA's event & webinar company, SAVETCON offers discounts to SAVA members.

For more information on conferences and webinars, please go to:

www.savetcon.co.za

Your discount will be applied upon making a booking for an event.

South African Veterinary Foundation

Promoting the knowledge, image and status of the Veterinary and Paraveterinary Professions through research and support.

For more information, please go to www.savf.org.za

Or contact us on (012) 346 1150

Individual Member Benefits

Funeral Plan

R10,000 funeral policy free of charge to members younger than 65 years.

For assistance with this benefit, please have the member number ready and email FNB on fnblifebusiness@fnb.co.za or contact them on 087 736 7778.

If further assistance is needed from SAVA with this benefit, please contact Debbie Breeze on debbie@sava.co.za

VODACOM BUSINESS

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

For more information, please contact Ashton Chetty on:
Ashton.chetty@vodacom.co.za or 082 858 9909.

Veterinary Mental Health Wellness Programme

The SAVA stress hotline, where colleagues make themselves available to talk to members in need through difficult situations or to refer them for professional help. For assistance, pls contact our hotline on 0800 21 21 21.



Members can also contact one of our mentors:

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

Discount on Vehicle Purchase



SAVA has negotiated a preferential discount on Ford vehicles at the Ford Lazarus Dealership.

For more information, please contact burger@laz.co.za or contact them on (012) 678 0000.

Practice support

Merchandise









Vaccination booklets are R11.50/booklet if an order is for less than 500 booklets. More than 500 booklets, are charged at R11.40/booklet.

For more information or to order, please contact Debbie Breeze on debbie@sava.co.za

For more information on the purchases of name badges, clothing and face masks, please contact Sonja van Rooyen on assistant@sava.co.za

Practice Insurance

VetProtect offers a discount on relevant and practice-based indemnity insurance to SAVA members.

For more information, please contact Leoni Delgado:
leonie@myownbroker.co.za
(011) 662 1204

Community Veterinary Clinics

SAVA-CVC offers support to practices that offer CVCs in the form of central fundraising, donations of stock as well as very low cost short dated veterinary supplies.

For more information, please email Claudia Cloete on: cvcmanager@sava.co.za

Meet the SAVA team

Sonja (Ludik)



On the **9th of February**, the very efficient Sonja Ludik from our finance office celebrates her birthday.

When you phone or email, she is eager to assist with Member registrations, Member invoices, and all membership enquiries.

When not crunching the numbers, she enjoys a good book, painting or going for a walk.

One of her bucket-list items is to travel to Nashville, Tennessee, see a show at the Grand Ole Opry, and buy that long awaited pair of cowboy boots.

You will never find Sonja even so much as catching a glance at a snake, but she loves all other kinds of animals. Hopefully, she will never see one at her favourite destination: the Kruger National Park.

We hope Sonja enjoys her mid-week birthday.





SAVA reaffirming partnership



SAVA is delighted to announce that through its corporate sponsor, ***V-Tech,*** a leading South African animal health company, it retained the Public Relations services of PR and Digital Marketing agency *N'Fluence Brand Communications*. This renewed partnership affirms the communications and marketing strategy to promote the awareness of SAVA and the veterinary fraternity within South Africa. This partnership ultimately aims to create an effective communication channel for SAVA, its members, the relevant media outlets, and the public.

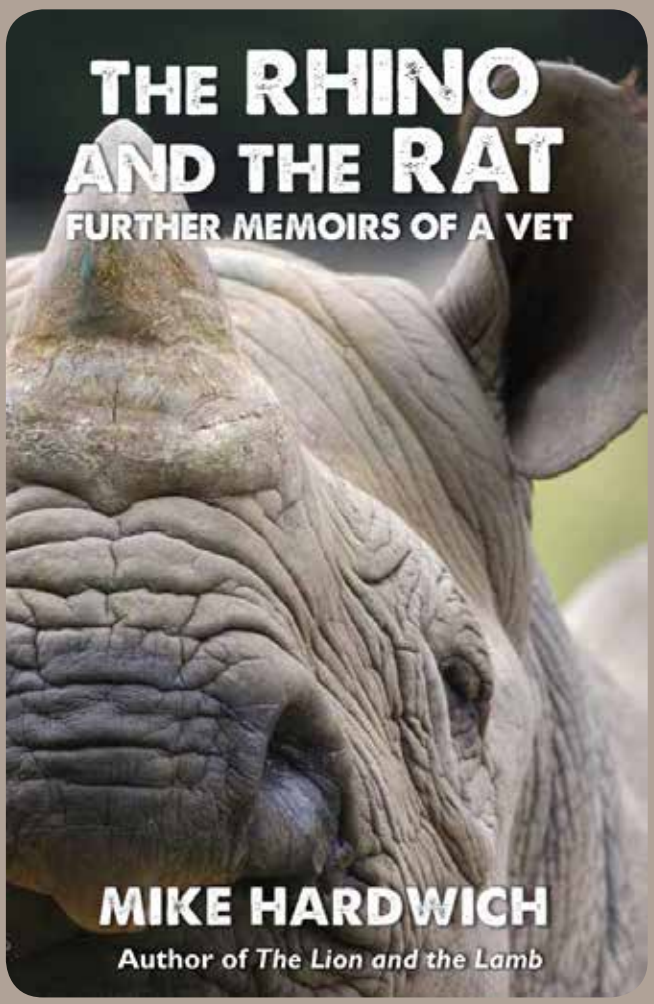
Headed by publicist and Founding Director Katya Guerra-Bayley, the team continues to embark on a wide range of campaigns to promote veterinarians in the public space. It aims to educate the public and colleagues of the positive role that veterinarians play in our modern society and keep them abreast of the latest trends in the industry.

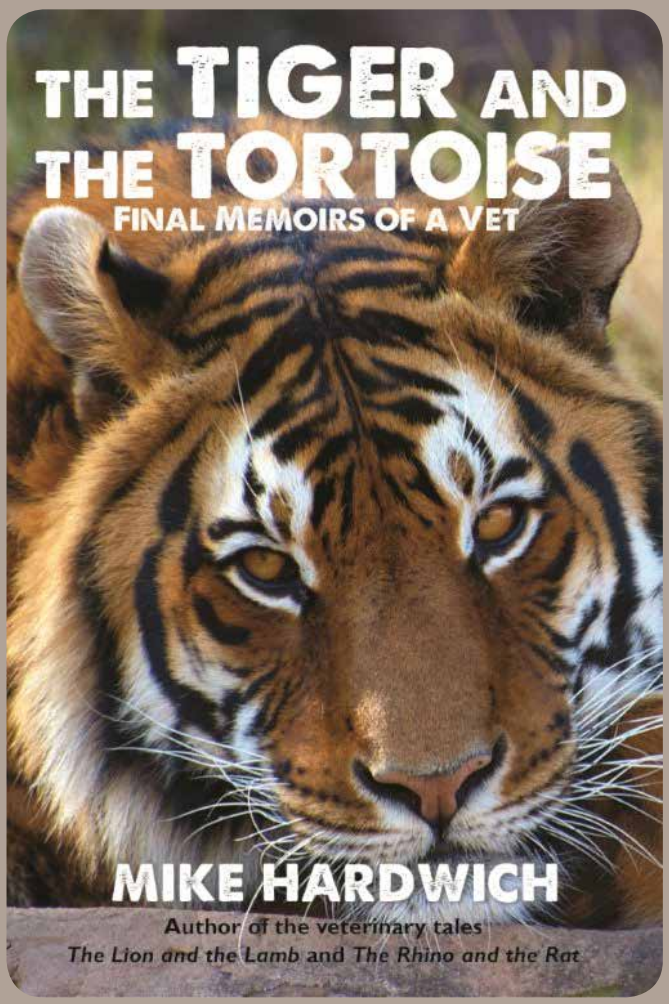
To date, this partnership and the awareness it has produced has been a resounding success. With print and digital coverage, social media engagement, and on-air interviews, the team has reached a broader and more diverse audience than ever before. From January to November 2021, SAVA has achieved an AVE (Advertising Value Equivalent) of R10 571 013,06.

*AVE is calculated using the services of Newsclip - a media monitoring service.

Key topics that have been covered across the mediasphere include (not limited to):

- **Call to include veterinary and animal welfare services in vaccination strategy,**
- **Call for vets to be included in Phase 2 of Covid vaccine roll-out,**
- **The sudden demand for Ivermectin impacting the animal health industry,**
- **Veterinary involvement critical in Covid-19 response,**
- **The pros and cons of vaccinating your pet,**
- **The significance of celebrating World Veterinary Day,**
- **Bravecto helps animal welfare organisations through far-reaching #BravectoCares campaign,**
- **Tips to keep your furry companion protected this Winter,**
- **Spreading The Truth About Rabies – No More Fear, Just The Facts (World Rabies Day),**
- **Severe ongoing outbreaks of Rabies cases in Kwa-Zulu Natal and the Eastern Cape.**
- **The South African Veterinary Association Community Veterinary Clinics (SAVA-CVC) and the work done to support private vets in lower-income communities.**





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.....

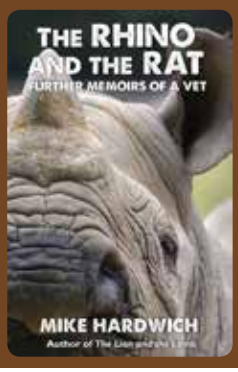


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E-mail: assistant@sava.co.za





WILDLIFE CONGRESS 2022

10 - 12 March 2022 | ROODEVALLEI, PRETORIA | HYBRID EVENT

Registration now open

Early Birds Ends 31 January 2022

PROGRAMME - TOPICS AND SPEAKERS

DAY 1 - 10 MARCH 2022

07:30 Registration and Arrival Coffee
08:30 Welcome and trade introductions: **Chair**
08:45 Challenges to animal welfare associated with capture and transport of white rhinoceroses (Ceratotherium simum) and the effect of using midazolam instead of azaperone: **Friederike Pohlin,** *Translocation*
09:15 7 Years of Dart Manufacturing Progress: **David Pretorius**, *Dart development*
09:45 Evaluation of the efficacy, safety and cardiopulmonary effects of thiafentanil-azaperone compared to etorphine-azaperone for the immobilisation of free ranging black rhinoceros (Diceros bicornis): **Bart Gazendam**, *Immobilisation*
10:05 Comparing two oral sedation/anaesthesia drug combinations for use in Southern Ground-Hornbill: **Robert Campbell**, *Immobilisation*
10:25 **Tea**
10:55 Does butorphanol counter etorphine-induced sympathomimesis and respiratory depression in white rhinoceroses (Ceratotherium simum): **Jordyn Boesch**, *Immobilisation*
11:25 Ketamine-butorphanol-medetomidine versus butorphanol-midazolam-medetomidine immobilisation of serval (Leptailurus serval): **Chris Blignaut**, *Immobilisation*
11:45 Global Retrospective Review of SARS-CoV-2 Infections in Non-Domestic Felids: **Susan Bartlett**, *Disease*
12:05 Alfaxalone-ketamine-midazolam vs. alfaxalone-ketamine-dexmedetomidine anesthesia in black-tailed prairie dogs (Cynomys ludovicianus): **Kara Hiebert**, *Immobilisation*
12:25 Closing the Gap on African Elephant Endotheliotropic Herpesvirus: An Update from the San Diego Zoo Wildlife Alliance: **Lauren Howard**, *Disease*
12:45 **Lunch**
13:45 Evaluation of the efficacy and safety of ketamine-medetomidine and ketamine-butorphanol-medetomidine for the immobilization of free-living African lions: **Ashleigh Donaldson**, *Immobilisation*
14:05 Blood colour can be used to assess arterial oxygen saturation in immobilized impala (Aepyceros melampus): **Etienne Basson**, *Immobilisation*
14:25 Various wildlife species translocation by sea: **Ulf Tubbesing**, *Translocation*
14:55 Wildlife: The most important but often neglected domain of One Health: **Paul van der Merwe**, *Wildlife*
15:15 **Tea**
15:45 Run4Rhinos: **Leonie Botha**, *Charity*
15:55 Polymyopathy in free-ranging lions (Panthera Leo): **Emily Mitchell**, *Disease*
16:25 Maladaptation syndrome in wild animals: **Ulf Tubbesing**, *Management*
16:45 Water Cycle Basics: **Willem Schultheiss**, *Ecology*
17:15 **Cocktail**

DAY 2 - 11 MARCH 2022

08:00 Early Arrival Coffeeshop
08:30 Treatment of Wildlife in the 2021 Northern Cape Fires: **Emma Rambert**, *Case study*
09:00 Cultivated Meat - A Potential Game Changer: **Paul Bartels**, *Game Meat Production*
09:20 Vetbooks Feedback: **Students**, *Charity*
09:30 **Tea**
10:00 Characterization of Escherichia coli strains isolated from bison and carnivores: **Jonathan Josué Lopez-Islas**, *Disease*
10:00 Two Cases Of Patent Urachus Field Surgery In White Rhino Calves (Ceratotherium simum): **Emma Rambert,** *Case study*
10:20 Vaccinology (TBC): **Jannie Crafford**, *Disease*
10:50 Various transmitters used in alpine wildlife research: **Wolfgang Zenker**, *Tracking*
11:10 **Lunch**
12:10 New wildlife book: Chemical and Physical Restraint of wild animals: **Richard Burroughs**, *Immobilisation*
12:40 Identification of antimicrobial resistance genes in intestinal content from Coyote (Canis latrans): **Jonathan Josué López Islas**, Disease
13:00 Analysis of the expression of genes eae, glrA and ler in enteropathogenic Escherichia coli strains recovered from wildlife: **Wendy Ortiz**, *Disease*
13:20 SAVC feedback: **Alfred Kgasi**, *Legal*
13:50 **Tea**
14:20 The use of root with sedline® eeg patient monitoring for the assessment of anaesthetic depth in white rhinoceroses (ceratotherium simum): **Friederike Pohlin**, *Immobilisation*
14:50 Sling transport through the air of sedated and non-sedated animals: **Wolfgang Zenker**, *Transport*
15:10 Monitoring Semen and Sperm Qualities of Male Animals: A key for conservation and domestication efforts: **Jerico Consolacion**, *Reproduction*
15:30 Assisted Rhino reproduction: Progress: **Morne de la Rey**, *Reproduction*
15:50 **Break**
16:00 AGM
17:00 **Drinks**
Braai

DAY 3 - 12 MARCH 2022

08:00 Coffee Time
08:30 Nutrition case studies (TBC): **TBC**, *Nutrition*
09:00 Net gun usage (TBC): **Mike Ross**, *Immobilisation*
09:20 Corneal lesion Rx: **Louis Greef**, *Case study*
09:40 Some Superficial Ocular Conditions of Wildlife: **Gary Bauer**, *Overview*
09:50 **Tea**
10:20 Updates on seabird diseases: **David Roberts**, *Ecology*
10:40 Seabird Population dynamics: **Alister McLinnes**, *Ecology*
11:00 Overview: BAM - Hippos (TBC): **Joel Alves/Cobus Raath**, *Immobilisation*
11:20 Physiological response of wild antelope to excercise training as a prospective treatment to prevent capture myopathy: **Dorothy Breedt**, *Immobilisation*
11:40 Blood smear findings in healthy white rhinoceros (Ceratotherium simum): **Emma Hooijberg**, *Laboratory*
12:00 The Urban Caracal Project: **TBC**, *Ecology*
12:20 **Lunch**
13:20 Prevention of Rabies (TBC): **Lucille Blumberg**, *Disease*
13:40 Bats and Bat species (TBC): **Wanda Markotter**, *Disease*
14:00 Rabies management in wildlife in South Africa- why is it important: **Katja Koeppel**, *Disease*

FOR MORE INFO: https://bit.ly/WLG2022

Influential Life Coaching

TIME TO WORK THE PLAN



Dr Mats Abatzidis

B.Sc. B.V.Sc.

New Insights Certified VIP Life Coach
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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!!!

The year is officially underway, and we are starting to think about the year ahead.

We have had two years of hard work and challenges, and everyone keeps talking about "the new normal". All that said, your particular values and priorities are very likely still very much the same. I want to look at ways of prioritising your goals and objectives to minimise or avoid exhaustion, tension, fear, anger and stagnation. The best way to do this is to gain skills, like prioritisation, remain bold while courageously taking the following steps towards designing and executing your plans.

Step 1: The goals you are setting for yourself should be aligned with your particular values. Overwhelming your to-do list and leaving very little time for spending with family, when one of your most essential values is family time, would leave you very unsatisfied, despite any success you achieve on your goal at hand. People achieving goals and never feeling fulfilled is all too familiar.

Step 2: Start using a to-do list. Prioritise it by most important to least important, and don't worry about completing it 100% each day. If you have a few minor items left on the list at the end of the day, simply transfer them over to the following day's list

Step 3: Prioritising time is a crucial component to success. "If everything is important, then nothing is important". Activities need to be prioritised per their potential to bring you closer to achieving your goal and fulfilling your values. Set clear-cut boundaries with your time and energy. Always plan the most impactful and fruitful activities first in your day or for your peak performance hours (discussed further down). These are also the activities you are most likely to procrastinate on because they have the most consequences if you do not complete them. Keep some portion of the week to yourself, delegate, and plan what you can't do if you are overwhelmed by day-to-day activities. When you have the most motivation and self-discipline, completing these critical tasks will set you up for success and help you stay in line with your priorities.

Step 4: Identify your peak performance (most mentally alert) hours in a day, perform the most crucial work tasks during those times, ensuring that you do not become overwhelmed, and you can complete most items, if not everything on your to-do list for the day.

Step 5: Make appointments for yourself and your priorities – a.k.a. time blocking. In the same way, you would honour an appointment and block out all interruptions by switching off your mobile phone and avoiding any other possible distractions. For example, spend the first hour of the day answering emails only, the next two hours writing copy for your website (only) and then an hour of meetings undisturbed by phones, colleagues, or emails. The most helpful thing you can do is deal with one single task and get it out of the way. Clearing off the list gives you some breathing room, motivates you to keep working and may also give you mental clarity. You'll be able to figure out what you need to prioritise. Your worst enemy is procrastination. So, get started with only one thing, which will put you in a frame of mind to deal with your work more effectively.

Step 6: Say "no" more often—a lot more often. Do not overwhelm your schedule. Instead, focus on the core activities that need to be carried out to progress. Delegate other priorities to colleagues, assistants, and family members where appropriate, or another day or week if you need to deal with it yourself.

Step 7: Set multiple deadlines for long-term goals. Break up the big goals into smaller, logical, and manageable steps that you can set timelines for and complete, keeping you focused on the goals you are working on and prioritising your actions with your valuable time.

Next month, we will continue looking at positive ways to embrace 2022, healthy, safe, and reengaged, determined to make this year a success.

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SKIN DISEASES IN PUPPIES

Written by Robert Kennis

There are many skin disorders that are recognized in puppies, with a variety of etiologies. These include infectious causes, congenital and/or heritable disorders, and autoimmune problems, and specific treatment depends upon an accurate diagnosis. This paper identifies a selected number of skin disorders that are relevant to a worldwide audience, and each problem will be presented in a clinical-based format of signalment, history, clinical signs, differential diagnoses, diagnostic methodology and treatment options.

A very brief overview to the following skin disorders will be given here, for the full article as well as pictures please follow the link or the QR code at the bottom of the page.

IMPETIGO

Impetigo, or puppy pyoderma, is a problem that occurs in very young puppies before puberty. One or several puppies within a litter may be affected, and the lesions appear very quickly, so there is little formative history pertaining to prior treatment. It has been noted that impetigo may be associated with poor nutrition, ectoparasitism, or endoparasitism, but the problem may also be idiopathic.

JUVENILE CELLULITIS

Juvenile cellulitis, also known as juvenile pyoderma, juvenile sterile granulomatous dermatitis, or puppy strangles, is a disorder of unknown etiology. It mainly affects puppies less than 4 months of age and is rarely seen in older dogs. There is no breed or sex predilection, although some authors speculate that certain breeds (Gordon Setter, Dachshund, Golden Retriever) may be over-represented. There does not appear to be an infectious cause, even though more than one puppy in a litter may be affected. There has been no conclusive data to support the role of vaccinations in the development of this disorder.

SCALING

Increased scale is a common clinical finding in puppies. The scale may be mild to moderate, dry or greasy, tightly or loosely adherent, localized or generalized. Differentiating primary causes from secondary causes of scaling is of utmost importance in determining a prognosis for resolution.

CONCLUSION

Puppies are prone to many different skin disorders. Although this paper has focused on certain dermatological problems that are more commonly seen in young animals, the clinician will appreciate that other conditions such as bacterial skin problems, demodicosis, and dermatophytosis are highly prevalent in puppies as well as adult dogs. It is therefore essential that a puppy with skin lesions should be approached in the same way as any other problem, and that specific treatment and a successful outcome will depend upon making an accurate diagnosis using a logical methodology that takes into account signalment, history and clinical signs, and involves appropriate diagnostic tests.

SCAN THE QR CODE TO READ THE FULL ARTICLE

Further Reading:

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Hereditary eye disease in dogs

Dr Izak Venter, Digital Veterinary Ophthalmology Services (DVOS)



Source: Pinterest

In this pets edition, we will be looking at hereditary eye diseases in dogs. Many countries worldwide, including South Africa, have "eye schemes". The aim is to examine potential breeding animals by identifying affected animals and recommending not breeding with them to decrease the incidence of hereditary eye disease in dogs. Simultaneously, scrutinise large numbers of related animals to characterise the disorder (age of onset, characteristic appearance, rate of progression) and define the mode of inheritance (recessive, dominant).

When do we suspect that a disorder is inherited in a given breed?

- When the frequency is more significant than in other breeds
- When the frequency increases in a given breed as a whole
- When the frequency is higher in related dogs within a breed
- When it has a characteristic appearance and location, this is especially true in the case of cataracts
- When it has a typical age of onset and course of progression.
- When it looks identical to an entity that has been proven to be inherited in another breed

There are currently several disorders for which there is an unequivocal recommendation against breeding in all breeds:

Keratoconjunctivitis sicca (KCS) – Breeding is not recommended for any animal demonstrating keratitis consistent with KCS. The prudent approach is to assume KCS to be hereditary except in cases suspected to be non-genetic in origin, for example, known long term use of sulphonamides or removal of the glands of the third eyelid.

Primary glaucoma is a compelling reason for not breeding and includes both primary open-angle and angle-closure glaucoma. Other conditions may cause secondary glaucoma, such as uveitis intraocular neoplasia, lens luxation / sub luxation, hyphema, intumescent cataracts, and pigment dispersion.



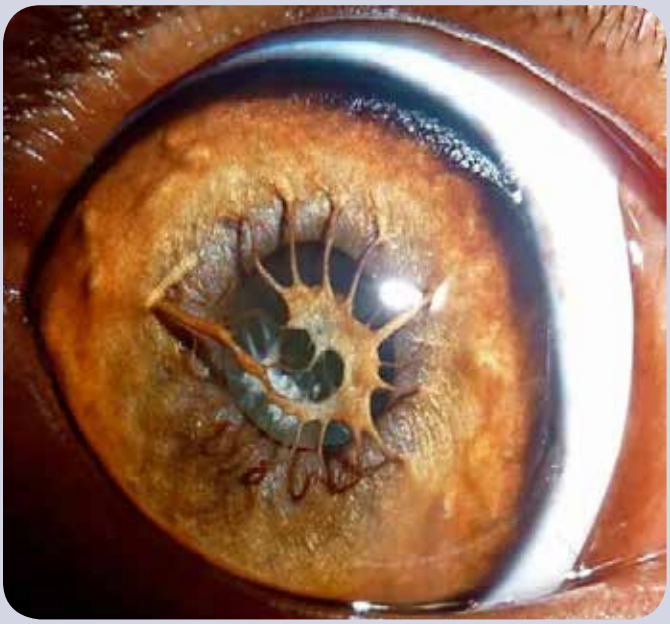
Source: MSD Vet Manual

Persistent Pupillary Membranes

Iris to Lens

Iris to Cornea

Iris Sheets



Source: Pier Luigi Dodi

Cataracts should be considered hereditary unless another possible underlying cause, such as diabetes, is present.

Lens luxation or subluxation



Source: eyevet-co-uk





Persistent hyperplastic primary vitreous (PHPV)/persistent hyperplastic tunica vasculosa lentis (PHTVL)

Retinal atrophy – generalised (PRA

Retinal dysplasia, geographic or detached forms

Optic nerve coloboma

Optic nerve hypoplasia

Choroidal hypoplasia "Collie eye anomaly."

The development of genetic testing for certain conditions in certain breeds has the advantage of identifying carrier animals.

Genetic testing is now available for many genetic ocular conditions, such as cataracts, certain forms of PRA and choroidal hypoplasia.

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The second mission is to provide a service to the practicing veterinarian offering specialist advice regarding problematic cases.

More information regarding both of these aims are available on the website: www.dvos.co.za

Apoquel & Cytopoint essential facts & flare factors

Dr. Liza le Roux BVSc (hons) |
Technical Manager, Companion Animal

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Start from Scratch:

Periodic flares are typical in atopic dogs; we expect them, particularly when re-exposed to their allergic triggers.[2,3] And these triggers could include fleas, infections with either bacteria or yeast, diet changes or indiscretions, and seasonal increases in pollen counts.[2,3]

So, these triggers send the dogs over their pruritus threshold.[2,3] For a well-managed dog, these flares should be less common and less severe. Keep in mind that controlling flare factors is vital for the successful long-term management of atopic dermatitis.[3]

The same approach can be used to identify and control flare factors for the diagnostic work-up.

So, what if Apoquel or Cytopoint initially worked well, but suddenly the efficacy seems to be decreasing?

Consider which one of the treatments is your anchor therapy, the one you're using most regularly, then make sure you schedule a diagnostic work-up to ensure that there has been no lapse in flea control, or the dog hasn't developed pyoderma or *Malassezia*, or maybe got into some snacks they shouldn't have.[1,5]

Once those flare factors are ruled out, then we can consider a seasonal allergen spike, and then you can add a second anti-pruritus treatment.[5]

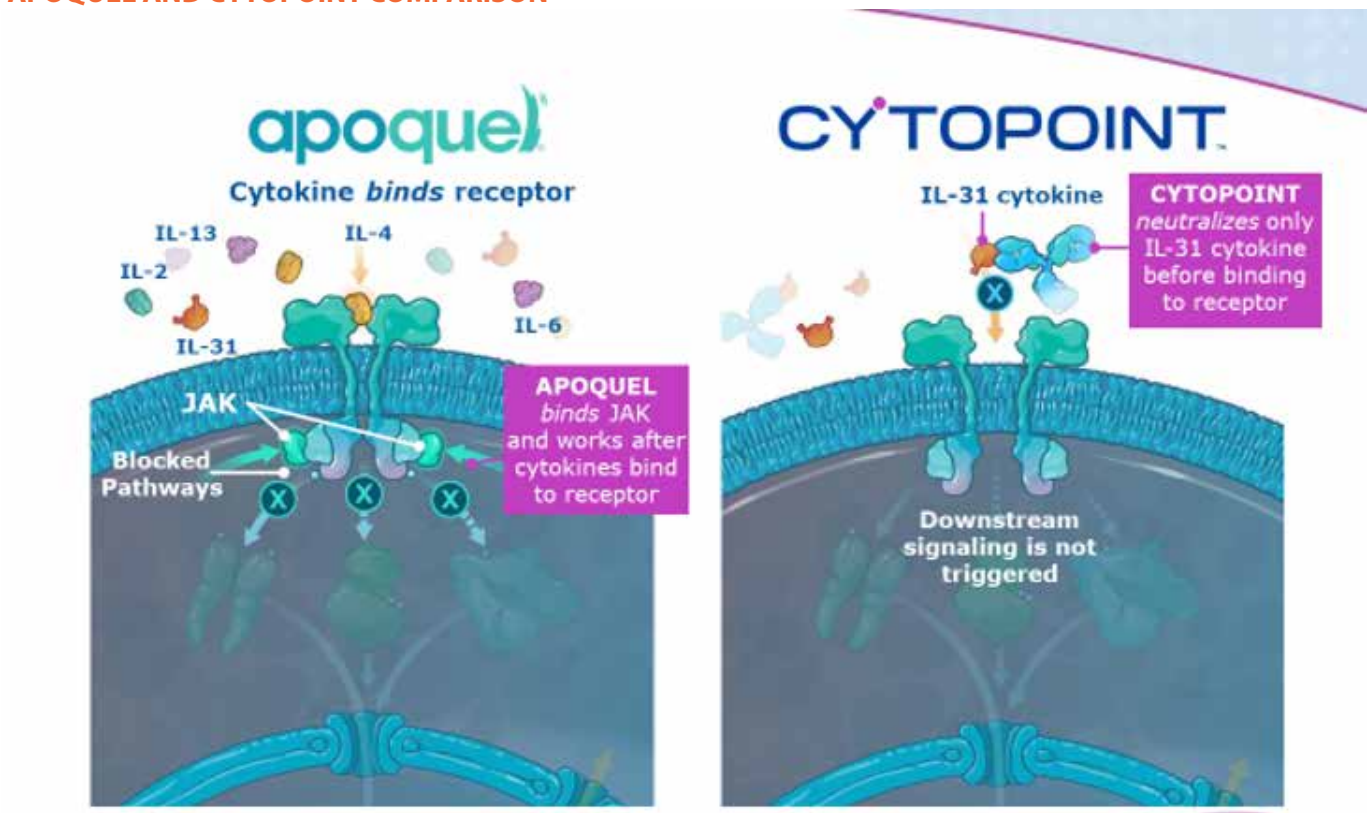
The chart below shows the progression of a diagnostic work-up. It begins with: "stop the itch", rule out parasites, treat skin infections, conduct a food trial, and ends with confirming a diagnosis of atopic dermatitis.[9]

We often get a lot of questions about when to use Apoquel and when to use Cytopoint.

Apoquel is almost always the first-choice product. It's an excellent choice for rapid itch relief, first time, every time.[1] It starts working within four hours[7], provides significant itch relief in 24 hours, and so it gives you that start-stop itch control you want during a diagnostic work-up.[1,7] It's not going to interfere with serum or skin



APOQUEL AND CYTOPOINT COMPARISON



allergy testing so, you know, if you're going to plan for a referral, that's a great way to go.[8] It's meant for dogs of at least 12 months of age and is suitable for short-term or long-term use.[4,6] If clients are happy with once-daily Apoquel, you can use this chronically to manage the dog's disease.[2]

Cytopoint is an excellent choice for dogs who are difficult to pill, or maybe the owner has trouble with compliance.[4] Cytopoint is great for dogs with severe comorbidities like infections, e.g. bacterial pneumonia and fungal disease.[4,6] Cytopoint can be ideal for owners seeking non-drug therapies because it's a biological immunotherapy and not a drug.[6] It can be used in dogs of any age, including those under 12 months of age.[4] So, it's ideal for the long-term treatment of dogs with atopic skin disease.[6] V

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Recollections 52: Jenna

Ian du Toit

Her soft, liquid-amber eyes, which had poured out so much love over the years, looked appealingly up at me. The bright, intelligent look was gone. Instead, there was a haze of pain covering them.



Jenna, our ten-year-old German Shepherd, had reached the end of the road. About six weeks ago, I had detected that she had lost some of her vitality and was eating less. My thorough examination revealed the same diagnosis I had with our previous German Shepherd, Penny, about 30 years previously. There seems to be a genetic predisposition to haemangioma of the spleen in German Shepherds.

Penny had started with an acute fever while we were on holiday by the sea. I had detected an enlarged spleen but put it down to the Babesia I found in her blood. Something did not add up with her, though, as she did not respond well to treatment. The Babesia were probably the result of a previous infection, which had flared up because of the haemangioma I detected when I came home.

I decided to do a splenectomy. My partner Joep echoed my thoughts sometime later; "Sometimes you regret doing an operation because it just prolongs the suffering". Penny had lingered for six weeks before I decided to end her anguish. I had been closer to Jenna in my retirement, though. Every morning, after letting her out, she would run straight into our bedroom and lie down on the floor next to me, as close as she could get. There she would spend her time gazing up at me as I sipped my morning coffee, with absolute adoration in those pretty eyes.

After the diagnosis, I decided not to treat her and instead allowed her to live out her life as long as she was coping. The expected day had come today.

When I tried to rouse her from her bed, she just stared up at me as if to say, "Please help". I had to administer the injection as quickly as possible as my eyes were rapidly misting up, I would soon not be able to see the vein in her front leg. I was grateful that I could do this last ministry to her, but it was the most difficult euthanasia I had done in 50 years. Never before had I felt so emotional; it felt like part of me was torn out.

This procedure is part of every vet's practice. Sometimes it is more harrowing than other times. I suppose each colleague deals with it in their unique way. When an animal is suffering, and there is no real prospect of recovery, one administers the injection with a sense of relief, knowing you are doing the animal a favour. That does not mean that the owner finds it easy. I have learned over the years to focus on comforting the owner to the best of my ability and be careful not to get emotionally involved myself. I have run into colleagues over the years who have found this procedure so traumatic that they have given up private practice.

It is much more challenging to euthanise a healthy dog, especially when circumstances force the owner to have it done. Martha Hendricks stumbled into my consulting room one morning with long shuddering sobs explaining her swollen, reddened eyes. She was clutching her Toy Pomeranian "Fifi" lovingly in her arms. Between the sobs, I made out the reason for the depths of her sadness. Her husband Jan had passed away a few weeks previously. Due to circumstances beyond her control, she had to move out of their home into a retirement home. However, they had informed her that they did not allow any pets.



They told her to find someone else to look after Fifi, but she was 13 years old already and had lived her whole life in Martha's arms. Even if she could find someone to take care of her, Fifi would never have adapted and would have been desperately unhappy for her last years. Martha had spent days plucking up the courage to bring Fifi, her closest companion and last living link to Jan, to me. Nothing I could do would console Martha's deep woe. I am sure her empty life would not have lasted very long after this.



It was always difficult when someone asked me to put a perfectly healthy animal down. As time went by, I would refuse to do it unless there was an exceptional reason. Even this did not always have a good outcome. Mrs Gerda Oelofsen stood in front of me and very cockily instructed me to put her cat Billy down. She had no real reason. She simply did not want him anymore. As I could see Billy was a perfectly healthy, purring kitty, I refused. She looked at me with a scowl and stalked out the door. Right in front of our entrance, she threw Billy in the air, and he landed a few paces away; scampering desperately, he disappeared down the nearest street. "Oh, he escaped she said loudly", looking me in the eye as she walked to her car nearby.

People are often very devious and come up with all sorts of excuses to get rid of a pet they do not want. Henry Buys was an example of this. With his two young children, he arrived at the beginning of December, shortly before the school holiday. They had a little white, fluffy dog of mixed ancestry with them. He had a story describing the family's great kindness in caring for this little dog. According to him, it had been a stray, with no apparent owners, and out of the goodness of their hearts, the family had been putting food down outside their plot to feed it.

However, with the approaching holiday, they were going away, so they were no longer able to do it and felt that it would be kinder to put him down. BOTH CHILDREN BURST INTO TEARS when I pushed the plunger in, delivering the lethal dose. "Pappie, pappy, wat het die oom met Wollie gedoen?" they wailed. Wollie had clearly been their pet for some time, but he had been hoping not to have to pay for the procedure on the basis that it was a stray.

Another problem that happened at Christmas was the "unwanted gift". People would give a pet of some sort, as a Christmas gift, without first finding out if it would be welcome.

Sometimes to a child who would have no idea how to care for it. Unless the parents were fully committed to helping the child to learn to care for it and pay all the costs, it would become redundant. A few months later, a very neglected pet would arrive at our rooms for euthanasia.

Sometimes, when a family faces the very traumatic experience of a dying pet, and we make the joint decision to euthanise it, there may be an opportunity for the kids to have a profound learning experience. While it is traumatic for anyone, especially a child, to witness a euthanasia, it can be the first step to facing death as a part of life. This can prepare them for the end of a person close to them's life with careful guidance. Parents often deny their children this opportunity by lying to them. How many times have I not heard, "Don't worry, the nice doctor is going to take Whitey and keep him here at the hospital to look after him"? The child knows the parent is lying while they think they are "protecting" them.

As I picked up Jenna's still warm body and wrapped her in her favourite zebra-striped blanket to have her buried, a voice was saying softly in the background: "you traitor, you betrayed my trust". However, as hard as it had been for me, I knew this was the right thing at just the right time. Would I meet her again in the afterlife? While many comfort themselves with this thought, my expectations of "the new heavens and the new earth", as the bible describes it, far exceed such expectations. While there will undoubtedly be animals and pets among them, the focus will be on an ecstatic relationship with God Himself as His bride. The desperate need for close companionship and love that have characterised our lives in our hostile world will no longer exist. V

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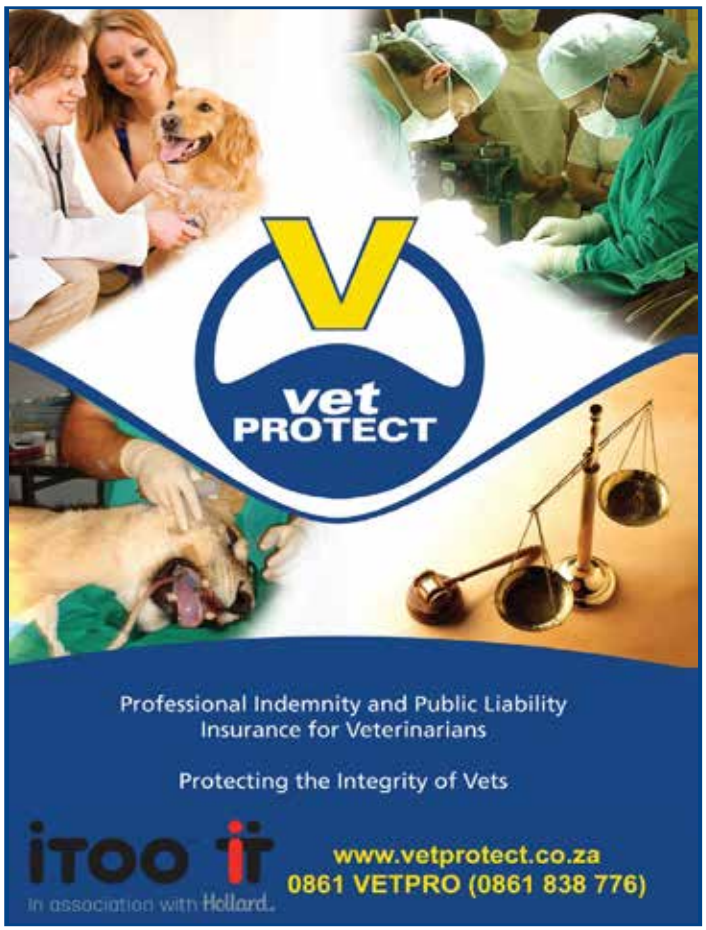
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LIMPOPO

KRANSKOP Dierekliniek 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 that is 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

EAST RAND

We are looking for a full-time small animal Veterinarian who is enthusiastic, eager, and dedicated. We are a busy, well-established practice located on the East Rand. You will have access to the diagnostic equipment on hand, x-ray machines, blood machines, Ultrasound and more. Our fantastic team of Vets, Veterinary assistants and Receptionists are supportive and will guide you when you most need it. Both experienced and new graduate vets are welcome to apply. Please send your CV to mercurystreetvet@gmail.com
Ref21OC01

CENTURION, PRETORIA

Werksgeleentheid vir 'n veearts by 'n goed gevestigde prakyk in Centurion area (Pretoria). Vir meer besonderhede, kontak Irma 083 276 5069 of Charlotte 072 242 6982 of stuur 'n e-pos na animals@icon.co.za Ref21NV01

RANDFONTEIN (WES-GAUTENG)

Randfontein Dierehospitaal (Wesgauteng) benodig 'n 2e veearts op 'n permanente basis om so gou as moontlik te begin. Dis 'n kleindierpraktyk met 'n aangename atmosfeer. Beskik oor digitale X-straal, sonar, bloedtoetsmasjien, ens. Randfontein is 'n vriendelike en rustige dorp. Nuutgegradueerdes is ook welkom. Ruim verlof met 'n minimum salaris van R45 000 volgens ondervinding plus ekstras soos na-ure en telefoon. E-Pos CV na hjnaude@absamail.co.za of kontak Dr Hendrik Naude by 082 395 6285 alle ure. Ref21NV10

KRUGERSDORP

Our Krugersdorp practice is looking for an extraordinary veterinarian to join their dynamic team. The practice has a long-standing, loyal client base and 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 needed in 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 and more. Excellent salary. Contact Drs. Johan / Willem / Jaco 016-4231104 / 0829007600 or email vets@threerivers.co.za
Ref22FE07

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' experience and proficiency in Ultrasound. Please contact Derry on 0833489268. Send your CV to noordhoekvetclinic@gmail.com
Ref21OC08

DURBANVILLE

The Cape Exotic Animal Hospital is looking for a part-time veterinarian to join our friendly team in Durbanville. The hospital is purpose-built for the care of Avian and Exotic patients. Experience in Avian, Exotic or Wildlife medicine will be beneficial. The desire to learn and the ability to work well in a team in a fast-paced environment is essential. Our amazing team offers a supportive environment in which to learn. Interested candidates can contact us on info@ceah.co.za
Ref22JA04

Classified Advertisements
Snuffeladvertensies



GEORGE

Looking for both a Vet + Vet nurse Dedicated, enthusiastic, flexible veterinarian and full-time nurse required for a busy 3 vet small animal practice in George. Equipped with all the toys to offer an excellent service and we treat our patients like our own animals. At least 2 years' experience preferred, and competitive salary offered. Please send your CV and cover letter to susi.edenvets@gmail.com
Ref22FE01

LOCUM NEEDED / LOKUM BENODIG

LIMPOPO

GROBLERSDAL / MARBLE HALL

Loskop Diereklinik benodig 'n lokum veearts vir die tydperk 01 April 2022 tot 30 Junie 2022. Ons is 'n gemengde plattelandse praktyk in die Loskopvallei (Groblersdal en Marble Hall). Epos asb na loskopdiereklinik@gmail.com
Ref22FE05

VETERINARY NURSE / VEEARTSVERPLEEGSTER

GAUTENG

JOHANNESBURG

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

EDENVALE, JOHANNESBURG

Looking for two enthusiastic veterinary Nurses to join our small animal/exotic practice based in Edenvale, Johannesburg. Mixed case load of medical and surgical cases including advanced orthopedic and soft tissue surgeries. Well-equipped practice with in-house blood machines, digital Xray, Ultrasound and other equipment to enjoy and advance your veterinary career. Full time position. No after hours. Weekends and public holidays work on a rotational basis. If interested, please forward your CV to admin@trvh.co.za.
Ref22JA01

PRACTICE FOR SALE / PRAKTYK TE KOOP

GAUTENG

PRETORIA

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

KWAZULU-NATAL

DURBAN

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

DURBAN-NORTH

Practice & property 4 sale in Durban North. Well established, positioned in upmarket area. Fully equipped, x-ray, dental suite, shop. Scope to expand. 0828944002. Ref22FE10

EASTERN CAPE / OOS-KAAP

PORT ELIZABETH

FOR SALE!!

Well established (23 years) veterinary consulting room/practice and vet shop with a solid client base that generates strong year on year growth. Ideally located in a bustling farming community next to the local petrol station, with surrounding high-end neighborhoods,15 min outside PE. Option to expand into equine field and farm animals. Ideal opportunity to build and manage your own practice or expand with a satellite practice. Contact cobi@icon.co.za Ref22FE06

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

BCF DUOSCAN 3 ULTRASOUND UNIT

BCF Duoscan 3 ultrasound unit incl 3.5mhz/5mhz twin crystal probe, easi scan remote monitor, batteries, charger, carry bag, Standard accessories. Price R35 000 excl vat. Contact Retha 0828094338
Ref22JA02

MASTATEST LAP BOX

For sale: Brand new Mastatest lap box with collecting vials for sale at half price. Identification and antibiogram in 24 hours. Phone 021-5313501 / 0724255935. Ref22FE02

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.

Firstly congratulations to all the new graduates and the veterinary nurses who qualified with the first B.Vet Nursing degree. I really wish you very well in your chosen careers and hope you find it as rewarding as I have.

Now the less impressive story. I am really battling with the state of the veterinary profession in South Africa. To read of the top or perhaps better worded, senior large animal practitioners concerns over the state of the vaccine supply in South Africa is saddening.

That the vaccines which we ordered without concern or questioning are now considered suspect or t not available is just untenable. For years no one ever questioned or needed to question the quality and availability of these critical inputs in the animal production chain in this country.

Onderstepoort supplied them all at reasonable cost and in most cases highly efficient supply chains and unquestionable quality.

With this supply it was possible, with good management, to have herds where the annual mortality was below 5% despite it being in areas where all the viral diseases were prevalent and the tick borne diseases everyday occurrence.

Without sound health practices and good vaccines this will not be possible. And if this is the case what is the cost to the country and what effect does it have on farm management where risks are high and governmental support non-existent?

Recent discussions on Rural Vet indicated that many of the vaccines now being supplied were not registered and had not been tested adequately. Further the cost of registration with the trials required, made it virtually impossible for companies that had no financial backing to undertake the registration requirements.

The net effect is that many of the vaccines supplied, with good intent, by these companies cannot be guaranteed to do the job – with every good intention the companies or individuals just cannot meet the registration requirements.

A catch 22 situation – dammed if you do and dammed it you don't.

Obviously where problems like this are encountered solutions must be suggested. These are not that easily found and one major one must be what the possibility of OBP regaining its former stature.

My very personal feeling here is that we must on the one hand look at the rest of Africa to see if there is any evidence there of progress in this field and then we must look internally.

Surely the answer here is a meeting of the forces to the effect the ultimate solution. Within the confines of this country are many very capable minds with people who have had all the necessary exposure but have been sidelined for political benefit and not the benefit of the country.

Surely with the entire animal production of this country at risk, political gain must be sidelined and what's best for the country must be the road to be followed. Yes I am talking of coalitions of the powers in the industry to create the final product, a product that will benefit the entire population.

Many of the cattle in this country form the staple income of many of the poorer people, the subsistence farmers of the tribal areas. These people are probably more dependent on this form of income than the majority of commercial farmers where diversification is more likely to stabilize income.

Please can the controlling powers that be put pride in their pockets, admit defeat and urgently take up help from the many capable people in this country and correct this problem. The effect of a major disease outbreak is too dreadful to imagine. The Rinderpest of the late 1890's brought more than adequate evidence of the time bomb we are currently sitting on.

Please for the sake of this beautiful country, for the animal herds that have been developed so well, the Bonsmara's, nGuni's and the Dorper's, let the powers that be combine and solve a very dangerous and urgent problem.

Dagboek • Diary



General 2022

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

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

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

February 2022

- **Northern Natal Congress.**
  12 - 13 February
  Venue: Battlefield Lodge, Dundee
  Info: Vetlink, 012-346-1590, www.vetlink.co.za

March 2022

- **Wildlife Group of the SAVA Congress.**
  10 - 12 March
  Venue: Hybrid Event
  Info: Vetlink, 012-346-1590, www.vetlink.co.za

- **South African Association for Laboratory Animal Science (SAALAS)Congress.**
  15 - 18 March
  Venue: North-West University, Potchefstroom
  Info: Vetlink, 012-346-1590, www.vetlink.co.za

- **BSAVA Congress.**
  24 - 26 March
  Venue: Manchester Central and VIRTUAL
  Info: www.bsavaevents.com/bsavacongress2022

May 2022

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

June 2022

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

August 2022

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

- **SASVEPM Congress.**
  22-26 August
  Venue: Port Elizabeth (venue to be confirmed)
  Info: Corné Engelbrecht, SAVETCON, 071 587 2950, corne@savetcon.co.za

September 2022

- **4th International Conference on Parasites of Wildlife.**
  11-15 September
  Venue: Skukuza, Kruger National Park
  Info: http://savetcon.savetcon.co.za/icpow2022/

October 2022

- **Oranje Vaal Branch Congress.**
  14-15 October
  Venue: Stonehenge River Lodge, Parys
  Info: www.savetcon.co.za

- **NVCG Pre-Congress Day.**
  24 October
  Venue: Emperors Palace, Kempton Park, Gauteng
  Info: Vetlink, 012-346-1590, www.vetlink.co.za

- **11th Biennial South African Veterinary and Paraveterinary Congress and Awards.**
  25 – 27 October
  Venue: Emperors Palace, Kempton Park, Gauteng
  Info: Corné Engelbrecht, SAVETCON, 071 587 2950, corne@savetcon.co.za



Vet·ED ONLINE

CONTINUING PROFESSIONAL DEVELOPMENT FOR VETERINARIANS



As a registered veterinarian, you have a responsibility to improve your knowledge and skills on regular basis for the end benefit of your patients. This responsibility is the driving factor behind the Continuing Professional Development (CPD) programme implemented by the South African Veterinary Council (SAVC).

What to expect as a practising veterinarian regarding your CPD requirements as set out by the SAVC?

SAVA
South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

WHAT IS CPD?

CPD is a process of lifelong learning whereby a Veterinary or Para-Veterinary Professional systematically engages in activities that maintain abilities, skills and knowledge required for a professional practice.

HOW DOES CPD WORK?

According to the SAVC's guidelines, veterinarians who enter the CPD system during their Compulsive Community Service, must accumulate a minimum total of sixty (60) CPD points, of which twenty (20) points must be Structured CPD, within every three-year cycle from commencement of the CPD system.

Visit our VetEDonline Platform for a detailed breakdown of your Structured and Unstructured CPD requirements. As a practicing veterinarian, the SAVC advises that you continuously accumulate your CPD points as part of your professional development portfolio which starts during your community service year.

It remains the responsibility of veterinarians to keep record and documented proof the of their CPD activities. A summary of all activities is to be submitted on an annual basis to the council on a form that is obtainable from the registrar.

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
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