VET nuus•news

November 2022

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



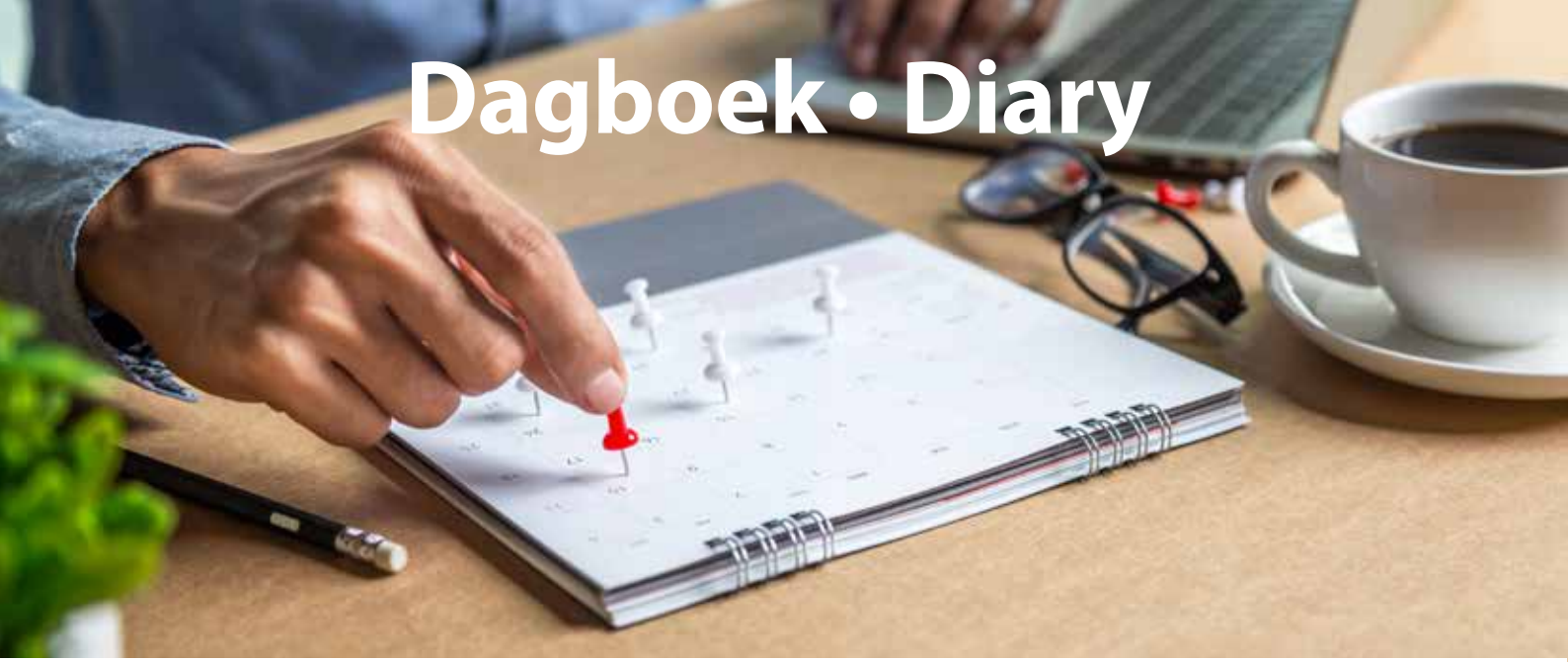
FOCUS

Veterinary History Museum / Onderstepoort Faculty Day 2022

CPD

The overlap between feline low-grade intestinal lymphoma and lymphoplasmacytic enteritis

SAVA
South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging



Dagboek • Diary

Ongoing and Online 2022

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

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

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

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

November 2022

Veted Africa
01- 03 November
Venue: 26 Degrees South, Muldersdrift, Gauteng
Info: www.vetedafrica.co.za or
conferences@vetlink.co.za

Middle East and Africa Veterinary Congress (MEAVC)
25-27 November
Venue: Dubai, UAE, World Trade Center
Info: +971 4 4475580, info@meavc.com,
www.meavc.com



December 2022

World Aquatic Health Conference
03 - 07 December
Venue: Future Africa Campus, University of Pretoria
Info: https://Wavma2022.co.za or
conferences@vetlink.co.za

March 2023

10th International Sheep Veterinary Congress (ISVC)
06-10 March
Venue: Seville, Spain
Info: https://isvc2023.com/index.php

June 2023

IVRA EVDI Joint Conference
18-23 June
Venue: University College Dublin, Dublin, Ireland
Info: http://www.ivraevdi2023.com/







VET

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

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Dear members,

As with all commandments, gratitude is a description of a successful mode of living. The thankful heart opens our eyes to a multitude of blessings that continually surround us – James E. Faust

In the past month, I was confronted with my mother-in-law suddenly crashing to the point that we feared for her life; a colleague and longtime friend undergoing an autologous stemcell transplant after being diagnosed with multiple myeloma, suddenly developing septicaemia and currently in a coma in ICU; another colleague and longtime friend in hospital so weak with severe cancer that they cannot administer chemotherapy to her; and another just being diagnosed with cancer.

How blessed are we that we wake up every morning healthy and full of energy to do what we need to do? Do we say thank you and be grateful to our Creator for the blessing that He bestows upon us enough, or do we raise every morning contempt for the tasks at hand and negativity throughout the day?

During a communication workshop for veterinarians held during the 11th SAVA Biennial Congress, the presenter asked the group how we communicate with a client bringing in a collapsed puppy that needs CPR. Do we scold the client, or are we short and to the point because the puppy needs urgent attention? Imagine a world where we first thank the client for their passion and care for bringing the puppy to a veterinarian, never mind the day and hour, for immediate veterinary care.

Today I want to thank my Creator for saving me and giving me enough energy and strength to make a difference in the world and the lives of those around me. I am grateful for every day added to my life. Then to my wife, supporting me in my efforts to serve the veterinary community and the effort she put in for the monthly Vetnews, it doesn't go unnoticed.

To the input and support from my children, one a veterinarian and the other a wildlife forensic geneticist, your ideas are often out of the norm but always worth considering.

I want to shout out to my fellow directors, who are always there when needed and have to listen and endure all my ideas. To every staff member at SAVA, without you, especially the matriarch, Elize Nicholas, there would not be a SAVA! I am grateful for your diligence, friendliness and empathy.

To Corne Engelbrecht and her team from SAVETCON that organised the 11th edition of the SAVA Biennial congress, what an event! You can be proud of what was presented. The first ever congress where the exhibition hall was too small, creating its challenges and general health streams were presented, streams that were well attended and definitely to be considered for the World Veterinary Association's Congress in Cape Town in April 2024. There will always be those little pebbles in the shoe. Let those pebbles shape you for many more great events.

And lastly, but most important, our members. SAVA is a voluntary association. Only through membership can we serve you and the wider veterinary and para-veterinary community. Actively participate and recruit members, making SAVA the family organisation we strive for. Your positive energy and thankfulness will show colleagues and friends that we are blessed to look after God's creation.

With the utmost thankfulness and gratitude,

Paul van der Merwe



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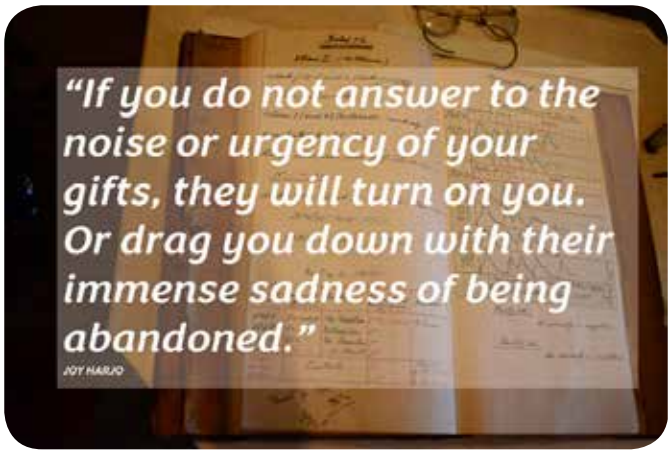
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Andriette van der Merwe

Editor's notes / Redakteurs notas



And in the blink of an eye, the most beautiful month of the year has come and gone. From now on, it is a slippery slope to Christmas and New Year. And yes, I know, we are entering the silly season where there is a rush to complete tasks we set ourselves to do. It is like we are all trying to conclude and close the book called 2022. Only to start 2023 on a fresh new page.

What I experienced this month was people with a passion. I quote Joy Harjo with the theme of gifts. In the Bible, it is stated that people are granted different talents or gifts. Not all have the same number or the same intensity. I have learned through the years that we do not know the extent or value of our gifts or talents until we explore and discover them.

You may look at what somebody else may have achieved, then look at your own handful of talents, or maybe think you have none at all and may feel a little mediocre to them. But have you discovered all your talents yet? Perhaps you have not answered the call of your forte. There is greatness in everybody, but you must step out of your comfort zone to discover the extraordinary human being you are. Take this period of possible slowing down on the work side to explore some new abilities, from something creative to pushing your physical boundaries.

I had the opportunity to meet people with newly discovered or well-established fortes. One of them was listening to Prof Rudolph Bigalke at the opening of the South African Veterinary Museum. For 40 minutes, he could elaborate on the start of Veterinary Services in South Africa, with names, places and dates rolling off his tongue. I had never experienced him as a speaker or lecturer before, but I was mesmerised by his memory and how well he transferred his wealth of knowledge. It had me on the edge of my seat.

The other person who stood out was Dr Gary Bauer. See the article on his participation and achievements at the World Field Archery Championships. He never divulges how he got into archery, but it seems he has a natural knack for it. Or did he discover a hidden talent by accident?

I know of veterinarians who are excellent poets or painters (the canvas type, not just painting a room – except doing that very well is also a talent – maybe I know because I am renovating a house.

I have seen people with a natural attraction to animals and the animals to them. They often become veterinarians and excel in the work they do. Sometimes they become the people who support veterinarians to do the best they can. That is also an immense talent.

Never look at the hand that life dealt you and think it is inferior, IT IS NOT. Take it and play it. Have a great Pre-Christmas month.

Regards,

Andriette



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1. The FASEB Journal express article 10.1096/fj.00-0685fje. Published online June 8, 2001.

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Onderstepoort Faculty Day 2022

On the 20th of October, Onderstepoort Faculty of Veterinary Science opened its doors and invited friends, colleagues, and both Post- and Pre grad to attend Faculty Day 2022.

Faculty days are the brag days of the research students. The students did not disappoint. They lined up in their drones, all neatly dressed but visibly a little nervous, to present the latest research topics.

Besides the presentations given in person, the hall was packed with poster presentations, the students beaming with enthusiasm to share their projects and inform the bystanders of their goals and results.

Outside, the Industry had a chance to show its goods and interact with students. A lot of fun was had between the stalls.

The formal proceedings in Hall 35 got underway with the charismatic Dr Alfred Kgasi opening and facilitating the first session. Prof Vinny Naidoo opened the proceedings and was clearly beaming with pride as to the achievements of the Faculty in the last year.

Several students made 250 Publications on topics of a Veterinary nature in 2022. The Faculty of Veterinary Science of the University of Pretoria is highly ranked internationally due to the volume and high standard of publications. These publications contribute to food safety worldwide, as 20% of people s dependent on animal production as a source of income.

Onderstepoort has been a leader in the development of vaccines worldwide, even since 1957, when the worst Foot-and-Mouth disease hit South Africa; after which Onderstepoort was instrumental in the fight against the disease.



Prof Naidoo handing over a token on appreciation to Prof Richter for delivering the Keynote Address

Prof Juergen A Richt, a veterinary microbiologist from the Kansas State University in the United States of America, presented the Arnold Theiler Memorial Lecture.

During his 25+ year scientific career, he has studied pathogen-host interactions in various infectious disease models, including Avian and Swine Influenza viruses (AIV, SIV), African Swine Fever virus (ASFV), Rift Valley Fever virus (RVFV), Vesicular Stomatitis virus (VSV), Schmallenberg virus (SBV), animal prion diseases and Borna Disease Virus (BDV).

On these topics, he published more than 250 peer-reviewed scientific manuscripts. He is an editor for Virus Genes and serves on editorial boards for other scientific journals.

He is currently the Director of the Center of Excellence for Emerging and Zoonotic Animal Diseases (CEEZAD) and the NIH COBRE Center on Emerging and Zoonotic Infectious Diseases (CEZID). Prof Richter holds the prestigious Regents Distinguished and University Distinguished Professor appointments at Kansas State University.

Prof Richt is not only formidable in person, but touched on the remarkable progress in developing Real-time Polymerase Chain Reaction Assays, which are gel-based for the rapid detection of viruses. From full-length presentations to speed dating, it was all there.

A new session was introduced where Doctoral and Masters candidates had the opportunity to present their research to an audience with no background in their research area in just 1 minute for Masters and 3 minutes for PhD students.

While all of this was happening inside the hall, in the passage the poster presenters displayed their research. Official proceedings ended with the Faculty Research Prizegiving. At this event the hard work of researchers is recognised.



Tshenolo Mbaba explaining her research to Ontnetse Kube and Khomotso Moabelo



Linda Nocaka and others being updated on the research Kibambe Daddy performed



The best postgraduate poster presentation runner up: TK Mtetwa

Prizes were rewarded as follows:

The best undergraduate oral presentation: **JD Clark**
The best postgraduate presentation runner up: **KM Sepotokele**
In the speed-dating section the best 3 minute thesis was presented by **CE May** and the best 1 minute dissertation was presented by **JL Kotze**

The Researcher of the Year Award sponsored by MSD Animal Health went to **Prof Geoffrey Fosgate.** Prof Fosgate was unfortunately absent.



The best postgraduate presentation (Sponsored by MSD): L Marais



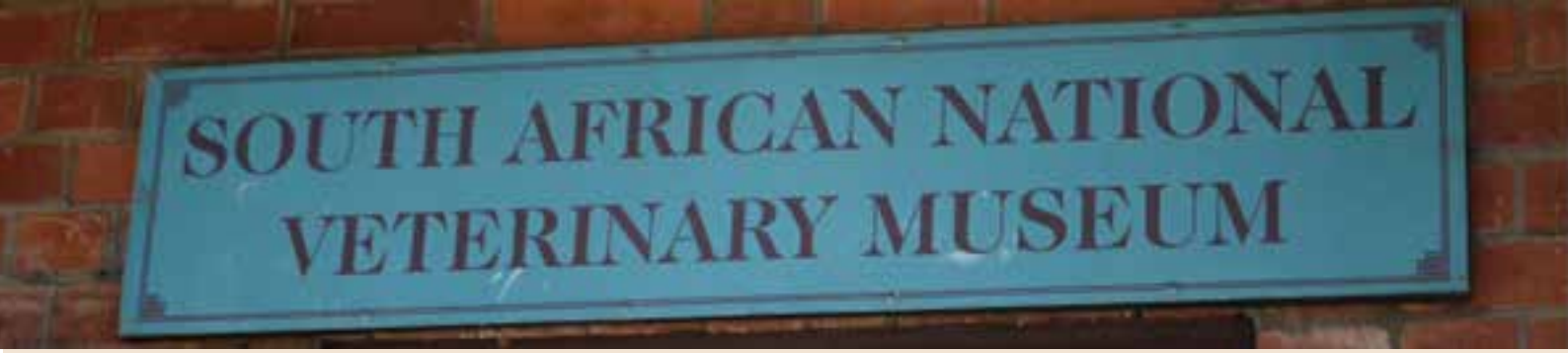
The best postgraduate poster presentation runner up: AC Donaldson

The old saying that "It is not done until the fat lady sang" was not more true, except the last word was not by any fat lady, but by the Onderstepoort Community Choir themselves. The OCC is a choir consisting of students, nurses, clinicians, researchers and others at the University of Pretoria, Onderstepoort Campus. They thoroughly entertained the guests and sent them off with a beautiful blessing.



The rest of the top 10 Researchers in the Faculty were as follows:

1. Prof Geoffrey Fosgate
2. Prof Lyndy McGaw
3. Prof Leith Meyer
4. Prof Vinny Naidoo
5. Prof Anita Michel
6. Prof Peter Thompson
7. Prof Henriette van Heerden
8. Prof Marinda Oosthuizen
9. Prof Nenene Qekwana
10. Prof Amelia Goddard



SOUTH AFRICAN NATIONAL VETERINARY MUSEUM – OPEN DAY AND BLUE PLAQUE EVENT

The SANVM, which is situated on the Onderstepoort Research property, held its first Open Day for visitors since its inception in 2008, on Friday 28th of October 2022. This coincided with the presentation of a prestigious Blue Plaque by the Magaliesberg Associateion for Culture and History (MACH). The hard work and dedication of the Veterinary History Society's Vice Chair Dr Livio Heath and Museum Curator, Dr Antionette van Schalkwyk, came to fruition.



The VHS Chair Prof Gareth Bath introduced the speakers and the guests of honour on this significant occasion. The guests included Dr Misheck Mulumba from the OVI, Mr Vincent Carruthers and Mr Mike Benn from MACH and Dr Paul van der Merwe, the President of SAVA, and Dr Rudolph Bigalke as the guest speaker. Mr Carruthers took the floor and outlined the background of the work that MACH does, and the significance of the Blue Plaque presented to the SANVM.



The Blue Plaque, to be mounted later, has a QR code to enable visitors to access more information about the Museum. This is the 15th Blue Plaque installed in the Magaliesberg Biosphere.



The guest speaker Dr Rudolph Bigalke is well-known as an illustrious researcher at Onderstepoort and now also as an historian – he co-edited the book Onderstepoort 1908 - 2008.

The history of Veterinary Science and the profession in South Africa was fluently summarized with seemingly effortless recollections of key contributors and events. He could name all the pioneers who were groundbreakers for Veterinary research in a country known for some unique and challenging animal diseases.





The Guests of honour at the unveiling of the Blue Plaque of the South African Veterinary History Museum.

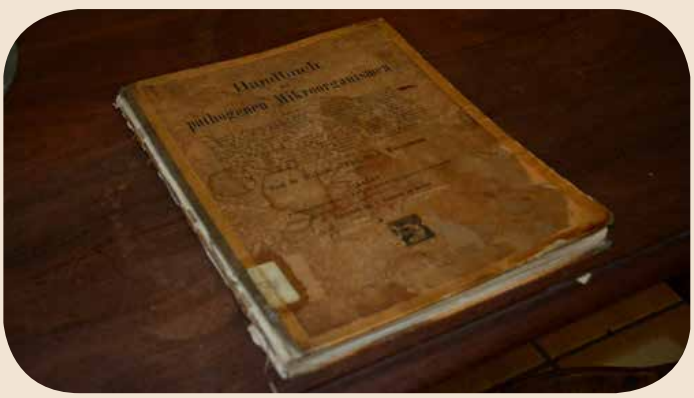


Dr Bigalke pointing out some details on the information panels to Mr Carruthers



A representation of what a veterinary office may have looked like at the beginning of the twentieth century







Exotic Animal Drug Dosage Chart (Birds, Reptiles and Amphibians)

Dr Coetzee de Beer

The exotic consult can be daunting if you are unaware of what medications can safely be used. Find here the dose rates we commonly use in practice. Be mindful that new dose rates can be determined by research and adjusted appropriately.

DRUG	BIRD	REPTILE (Snakes/lizards)	AMPHIBIANS (Frogs/turtles)
Acetylcysteine			
Alfaxalone **- 10/mg/ml**	2-4mg/kg IV to effect *Mainly for species with syringeal bulla*	6-15mg/kg IM/IV	**Frogs:** 5-10mg/kg IM **Chelonians:** 15mg/kg IM
Allopurinol	10-15mg/kg PO SID/BID	10-20mg/kg PO q24hrs	**Chelonian:** 10 mg/kg PO q24h
Amikacin	7-20mg/kg IM q12h (10) *May cause myositis with IM inj; maintain hydration during use to reduce renal toxicosis*		
Amoxicillin Clavulanic Acid **– 83.3mg/ml**	125-250mg/kg PO q12h (125)		
Amphotericin B – 5mg/ml	15-25mg/kg PO q12h *Used for treating Macrorhabdus ornithogaster* 1mg/kg IT q12h *Used for syringeal fungal granulomas; may cause tracheitis*		**Frogs:** 1mg/kg ICe q24h
Azithromycin (Zithromax) – 40mg/ml	40mg/kg PO q24h 40mg/kg PO q48h x 21 days *Alternative treatment for Chlamydia*	10mg/kg PO q3d (skin) **OR** q5d (resp) q7d (liver/kidney)	
Bromhexine **– 0.8mg/ml**	1.5mg/kg PO q24h /q12h	0.1-0.2mg/kg PO q24h	
Calcium EDTA **– 100mg/ml**	30-35mg/kg IM q12h 3-5 days then q3days (35) *Maintain hydration during use to reduce renal toxicosis*	10-40mg/kg IM q12h	
Calcium Gluconate **- 100mg/ml**	10-100mg/kg IM/IV *Dilute 1:1 with saline/water for injection*	100mg/kg IM q6h/q12h	
Calcium Glubionate Syrup – 22mg/ml	23-25mg/kg PO q24h (23) *Can be given in water commonly sold as Calcibird (Medpet) – follow instructions*	10mg/kg PO q12h/q24h prn	**Frogs:** 1ml/kg PO q24h
Cartrophen **– 100mg/ml**	3mg/kg SC once weekly for 4 weeks, then once monthly		
CBD Oil 8mg/ml THC 0%	8mg/kg PO q24h		
Celecoxib	10mg/kg PO q24h		

DRUG	BIRD	REPTILE (Snakes/lizards)	AMPHIBIANS (Frogs/turtles)
Ceftazidime **– 100mg/ml**	50-100mg/kg IM q12h/q8h (50)	20-40mg/kg IM/SC q3days. 20mg/kg Snakes	**Frogs:** 20mg/kg SC/IM q48-72hrs
Celecoxib	10mg/kg PO q24h (PDD)		
Chloramphenicol Ocular ointment	Commonly used		
Cimetidine **– 20mg/ml**	3-10mg/kg PO/IM q12h (5)		
Cisapride **– 5mg/ml**	0.5-1.5mg/kg PO q12h/q8h (0.5) *Prokinetic*		
Chlortetracycline	**Chicken Prophylaxis:** 12mg/kg q24h Treatment: 60mg/kg q24h 2500mg/L drinking water		
Dimercaptosuccinic Acid- 50mg/ml	25-35mg/kg PO q12h/q24h (25) *Oral chelator for Pb, Zn*		
Diphenhydramine	1-4mg/kg PO q12h/q8h PO *May cause hypotension*		
Doxycycline **- 50mg/ml**	25-50mg/kg PO q12h (35) 50-100mg/kg IM (50) q7d *May cause regurgitation when given PO*	5-10mg/kg PO q24h 10-45d 50mg/kg IM then 25mg/kg 3d	Frog**s:** 5-10mg/kg PO q24hrs
Enalapril	1.25mg/kg PO q12h/q24h *Monitor UA levels*		
Enrofloxacin **– 50mg/ml**	15-30mg/kg PO/IM q12h (20) 200-750mg/L drinking water *Highly alkaline can cause injection site necrosis*	5-10mg/kg PO/IM/SC q24h dilute with saline	**Frogs:** 5-10mg/kg PO/IM q24h **Chelonians:** 5mg/kg IM q24h
Fenbendazole **– 50mg/ml**	10-50mg/kg PO ONCE (25) *Toxicity documented in pigeons and doves may be toxic in raptors, vultures, lories, storks, pelicans*	25-100mg/kg PO every 14 days for 4 treatments (50)	**Frogs:** 50-100mg/kg PO q2-3weeks PRN
Fennel Tea **- ?**	1tbsp into 80ml water, change daily		
Furosemide **- 10mg/ml**	0.1-2mg/kg PO/IM q24h/q12h/q8h (1) *Use with caution in Lories*		
Gabapentin **– 20mg/ml**	10mg – 30mg/kg PO q12h		
Isoxsuprine – 10mg/ml	10mg/kg PO q12h		

DRUG	BIRD	REPTILE (Snakes/lizards)	AMPHIBIANS (Frogs/turtles)
Itraconazole **– 10mg/ml**	5-10mg/kg PO q24h (African Grey - 5)		**Frogs:** 10mg/kg PO q24hrs **OR** 0.01% in 0.6% salt solution as a 5min bath q24hrs x 11d
Ivermectin **- 10mg/ml (ivomec inj.)**	0.2-0.4mg/kg topically, PO IM (0.4) *Dilute with saline for immediate use; dilute with propylene glycol for extended use*	5mg/L spray	**Frogs:** 0.2-0.4mg/kg PO/SC q2 weeks PRN **Contraindicated in Chelonians**
Ketaconazole **- 10mg/ml OR 200mg/g**	200mg/L drinking water 20-30mg/kg PO q12h (20) *May cause hepatotoxicity and regurgitation*		
Levetiracetam	50mg/kg PO q8h OR 100 mg/kg PO q12h *Potential use in long-term anticonvulsive treatment*		
Levothyroxine	5-200mcg/kg PO q12h		
Miconazole	5mg/kg IT q12h (10mg/ml solution diluted with saline) *Used for syringeal mycoses* Topical to affected areas in combination with oral azole q12h *Cutaneous fungal infections*		
Meloxicam **– 1.5mg/ml** **- 5mg/ml (inj.)**	1-1.5mg/kg IM/PO q12h (1.5)	0.1-0.5mg/kg PO/IM/SC q24h	**Frogs:** 0.4mg/kg PO/SC/Ice q24hrs **Chelonians**: 1mg/kg
Metoclopramide **– 5mg/ml**	0.5-2mg/kg PO/IM q12h/q8h (1) *GI motility disorders; regurgitation; slow crop motility; no alteration in motility after a single dose of 1mg/kg IM*		
Metronidazole **– 200mg/ml OR 40mg/ml**	10-50mg/kg PO q12h / q24h (30)	20mg/kg PO q2days	**Frogs**: 10mg/kg PO q24hrs x 5-10days
Milk Thistle (Silymarin) **– 2000mg/ml**	50-75mg/kg q12h		
Nystatin **– 100,000 IU/ml**	20,000-30,000 units/kg PO q12h/q8h (30,000) *No systemic absorption across GIT*		
Pancreatic enzyme powder	1/8tsp/60-120g lightly oil-coated feed		
Pimobendan **- 3.5mg/ml**	0.15mg/kg PO q12h		
Prostaglandin E2 **– 0.6mcg/ml**	0.02-0.1mg/kg intracloacal (1.5mg/ml)		

DRUG	BIRD	REPTILE (Snakes/lizards)	AMPHIBIANS (Frogs/turtles)
Selamectin **– 60mg/ml**	23mg/kg topically, rpt 2-4 weeks		**Frogs:** 6mg/kg topically
Sucralfate	25mg/kg PO q8h *Give 1 hour before food and other drugs*		
Terbinafine **– 30mg/ml**	10-15mg/kg PO q12h/q24h (15)		
Trimethoprim-Sulfamethoxazole **-40mg/ml**	50-100mg/kg PO q14h (50) *Reduce dose when regurgitation occurs (Esp Macaws)*	15-25mg/kg PO q24h, or 20-30mg/kg IM q24-48hrs	**Frogs:** 15mg/kg PO q24hrs
Toltrazuril **-18mg/ml**	**CHICKENS**- 25mg/kg once off, rpt in 5 days	15mg/kg q24h 3 days	
Tramadol **-50mg/ml**	10-33mg/kg PO 12h (30)	**Bearded dragon**: 11mg/kg PO	**Chelonians**: 5-10 mg/kg PO
Ursodeoxycholic Acid **-50mg/ml**	10-15mg/kg q24h (15)		
Vit A	3000 IU/kg IM q7d 20000-30000 IU/kg IM q7h (Species less susceptible) *Cockatiels susceptible*		Vitamin A for **Chelonians:** 1000-2000 IU/kg q7d x 2-6w
Vit B1 (thiamine)	1-3mg/kg IM q7d		
Vitamin K **Syrup – 10mg/ml** **Inj. – 10mg/ml**	0.2-2.2 mg/kg IM/PO q4h/q8h until stable then q24h	0.5 mg/kg IM q24h	
Voriconazole **– 50mg/ml**	12-18mg/kg PO BID (15) *Most active drug against aspergillosis*		

S8 DRUGS	BIRD	REPTILES	AMPHIBIANS (not chelonians)
Buprenorphine - 0.3mg/ml			38mg/kg SC
Butorphanol - 10mg/ml	0.5-5mg/kg IM/IV q8h/12h *PO bioavailability <10%*	0.4-2mg/kg SC/IM 1.5mg/kg IM (Bearded Dragon)	0.2-0.4mg/kg IM
Fentanyl			0.5mg/kg SC
Ketamine – 100mg/ml		10mg/kg SC/IM	
Midazolam – 5mg/ml	0.1-2mg/kg IM/IV 2mg/kg IN *Mild to moderate sedation within 3 minutes*	2mg/kg IM	

Keys:

IM – intramuscular ; IV – intravenous ; IP – intraperitoneal ; IN – intranasal ; IT– intratracheal; IC – intracoelomic ; SC – subcutaneous; PO – per os



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References:
1. Wagner E et al. Effects of a dietary chitosan and calcium supplement on Ca and P metabolism in cats. Berl. Munch. Tierarztl. Wochenschr. 117:310 (2004)
2. Bernachon N et al. Effect of a Product Containing the Dietary Phosphate Binders Calcium and Magnesium Carbonate Associated with Other Reno-protectant Substances (Pronefra®)on Blood Parameters and Mineral Balance in Adult Cats. Int J. Appl. Res. Vet Med. 12:8 (2014).
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An initiative of the SOUTH AFRICAN VETERINARY ASSOCIATION

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Hearts and hard work triumph over adversity

By Toni Younghusband

It's 4am and a handful of hardy women tumble from warm beds and into a car packed to the roof with veterinary kit. The GPS is programmed for Nieu Bethesda, an eight-hour drive into the dry Karoo.

Nieu Bethesda is a pinhead on the map; an isolated village ringed by hills and 50km from the nearest shopping centre, dentist or veterinary clinic. At one end, Pienaarsig township bears testimony to the poverty that plagues the Karoo and there's no clearer indication than the dozens of emaciated dogs that roam its streets. It is these dogs (and cats) that the women have come to help.

Samantha Mann is a veteran of animal welfare; she helps run a volunteer organisation in her hometown of Somerset West and on Wednesdays at EberVet Pet Clinic where she works, she assists with welfare sterilisations. Assisting poor communities and their pets is her passion, along with colleagues Dale and Jesse Gerber.

The group is headed by EberVet Community Veterinary Care veterinary surgeon Dr Hilldidge Beer who for years has travelled thousands of kilometres throughout the Karoo, Overberg and Helderberg to sterilise pets in impoverished communities.

Their contact in Nieu Bethesda is Victoria Nance, a one-woman animal welfare organisation who, with three local assistants trained by EberVet nurse Sr Hilda Mills earlier in the year, has asked EberVet for help in keeping animal numbers under control. There are simply too many to feed.

Victoria says there are unruly stallions too and De Rust veterinarian Dr Garth Ryder is roped in to geld 15 horses and donkeys. By day two the equines are gelded and more than 77 dogs and cats sterilised. A nasty abscess is drained and treated, diseases are diagnosed, parasite control applied and vaccinations given. In March, EberVet vaccinated against rabies here.By day three, the tired group stitches the last patient, patient number 94, but before the EberVet CVC team heads home it walks the streets of Pienaarsig checking into yards, educating pet owners about chaining their dogs, advising on nutrition, applying parasite control, handing out treats.

Pet owners are thrilled with the 400kg of dog food donated by Montego which Victoria has repackaged into smaller bags.

"Being among these animals reminds me why I became a vet in the first place," says Dr Beer. It is her fervent wish that every veterinary graduate devotes some of his or her time to impoverished communities, to feel the heart and soul of outreach work.

For Sam, Dale, Jesse and the volunteers who nurse the post-op patients this dirty, exhausting work that takes them far from home is their greatest joy. To them, there is nothing more uplifting than CVC work and they promise Nieu Bethesda they'll be back next year.











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SAVA sponsored 2 x veterinary students to join a dipping and darting weekend

27-29 May 2022, Zwartkloof Game Reserve Bela-Bela

South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

Herewith some feedback from students that attended the weekend



Lelanie Terblanche, Marine Nieuwoudt, Gina Joao, Megan, Wime Rautenbach, Corlia Venter

By Mariné Nieuwoudt

On the 27th of May 2022 we embarked on an amazing adventure, organized by the Wildlife committee of Onderstepoort. We arrived at Zwartkloof Private Game Reserve (located in Bela-Bela) at about 18:00.

This really shaped up to be the weekend of a lifetime. Some of the highlights included sitting beside the fire under a star-filled sky, dipping animals like giraffes, buffalos, zebras, etc. from a helicopter, target practice with a dart gun and getting hands-on experience in working with wildlife. I really enjoyed the fact that we were allowed to work with the animals and learn practically in the field things like how to do pregnancy diagnosis on a buffalo, how to administer drugs, etc. We also received a course on darts and darting as well as received some vital tips from an excellent wildlife veterinarian.

Even though I am only a second-year veterinary student, the information and practical experience were explained to me in such a way that I could understand and remember it and I really appreciated this. I did not feel like I was missing out due to the fact that I was only a second-year student.

I was disappointed that the 29th of May 2022 (Sunday) arrived so soon, because this meant that we had to pack up and go home, but like they always say: "Time flies when you are having fun." and this was indeed the case. Thank you to everyone who made this possible – this is an experience I would really recommend to any veterinary and veterinary nurse student.



Lelanie Terblanche, Heinrich Potgieter, Marine Nieuwoudt



Marine Nieuwoudt



Ryan Nel, Heinrich Potgieter

By Ryan Nel

While attending the second dipping and darting weekend held by OP wildlife club, we got a glimpse into what it means to be a wildlife vet.

We started with an early morning lecture on wildlife immobilization and a product display from Motsumi darts.

After the lectures, we grabbed a cup of coffee and went straight out for practical demonstrations on dart gun safety and operation.

This is where the fun began. We hopped on the back of a cruizer and headed out to the Buffalo camp.

We darted 3 buffalo and walked them out of the camp onto the trailers, all while Dr. Hendrik Hansen was explaining to us what tests to run and why we must do pregnancy diagnostics on these animals. We were able to do rectal examinations and test our limited skills.

We reversed the animals and saw the wake-up process first hand.

After lunch we had some target practice with Dr. Pretorius from Matsumi darts.

Then, thanks to Afrivet, we got to dip wildlife with red dot paintballs from a helicopter.

To top off an amazing experience, we enjoyed some sponsored prego rolls while watching the African sunset.

Dear SAVA member

Please note that Vethouse will close on Thursday, 22 December 2022 at 12:00 and resume business on 04 January 2023.

SAVA wishes all its members and their families a joyous festive season and everything of the best for the year ahead.

Kind regards
Gert Steyn: Managing Director

Geagte SAVV lid

Neem asseblief kennis dat Vethuis sal sluit op Donderdag, 22 Desember 2022 om 12:00 en sal heropen op 04 Januarie 2023.

Die SAVV wens alle lede en hul families 'n wonderlike feestyd en alles van die beste vir die jaar wat voorlê.

Vriendelike groete
Gert Steyn: Besturende Direkteur



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The LAST ORDERS for 2022 for vaccination books will be 30 November.

No orders will be accepted after this – this is to ensure that stock will be dispatched by 14 December 2022.

Orders for 2023 will resume on 16 January.

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South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

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"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 the Veterinary Oath
- 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 die Eed 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.



Class of 1972
Fifty-year reunion
August 23-26, 2022



The final year classmates of 1972 had their fiftieth-year reunion at Berg en Dal camp in the Kruger National Park recently. It proved to be an exceptional occasion following on the fortieth and forty-fifth reunions.

Buzz Bowker took the initiative to make all the arrangements for the get-together. A great thanks to him and Marion for their efforts! We had four days of wonderful camaraderie, sharing memories and humorous incidents from OP days!

The reunion was well attended by all who could manage to travel to the KNP. Nineteen colleagues, with their spouses, were present. Unfortunately, Jean D`Offay injured himself in a fall and could not make the trip from America. There was also the sad passing away of Duncan Prinsloo two weeks before the reunion. The Class also remembered those of us who had passed away over the years. They were sorely missed.

The achievements of the class of 72 in the fifty years after graduation are indeed awe-inspiring. We leave a proud legacy for our profession in the veterinary field and in many other spheres, both nationally and internationally.

We hope to get together in the near future again, Deo Volente.

Friso Woudstra V



Front: Drs Johann Schröder, Mac MacFarlane, Ian Halliday, Joan Kleynhans, Gert Briers , David Havelaar, Cas Gordon, Danie Barry

Behind: Drs Friso Woudstra, Sarge Saner, Buzz Bowker, Jos Webber, John Adam, Clive Marwick, Matt Ekron.



Front: Drs David Havelaar, Johann Schröder, Dampies van Deemter, Joan Kleynhans, Mac Macfarlane, Cas Gordon, Danie Barry, Clive Marwick.

Behind: Drs Friso Woudstra, John Adam, Len Bracher, Jos Webber, Buzz Bowker, Matt Ekron, Gert Briers, Sarge Saner.

Not present for Photo session: Drs Gideon Bröckner, Brian Longmore

OP Class of 1992 Reunion



On the weekend of 17 September, the OP class of 1992 held their 30th reunion at The Devon Valley hotel in Stellenbosch.

Sixteen colleagues and their spouses (some also vets!) got together and reminisced about good old OP days!

Saturday was spent exploring the magnificent Cape Winelands, beaches and surrounding areas, a sumptuous dinner hosted by the hotel was enjoyed on Saturday night (with the second Rugby test against Argentina to boot!)

After Sunday brunch, sad farewells were said; it was a privilege to see everyone again and catch up. We now look forward to our 40th!

Thanks to Viljoen Thom and his team for all the arrangements!

Glen Carlisle V

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Dr Gideon Brückner



Dr Gideon Brückner receives award in Santa Cruz, Bolivia

A warm Vetnews congratulations are extended to Dr Gideon Brückner for being acknowledged for his assistance to Bolivia in foot and mouth disease (FMD) control.

This award was presented after he presented a paper at the first World Conference for Zebu Cattle (COMCEBU) held recently in Santa Cruz, Bolivia.

As a profession, the veterinary community and SAVA, in particular, would like to congratulate Dr Brückner on this outstanding achievement.

Dr Bruckner with Dr Luis Barcos from Argentina and also Secretary General of the WOAH (OIE) in the Americas

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Aileen Pypers: 072 599 8737, aileen.vet@gmail.com

Willem Schultheiss: 082 323 7019, willem.schultheiss@ceva.com

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Dr Gary Bauer

International Field Archery Association World Field Archery Championships 2022

The Field Archery Association Estonia hosted the above Championship tournament.
The South African team consisted of 13 Protea Archers and 2 National Colour archers.

Dr Gary Bauer, who graduated from Onderstepoort in 1990, was one of the 13 strong Protea team that represented our country. After years of bow hunting, Gary started shooting competitive archery in January this year and competed in the Veteran Male Freestyle Unlimited division. He won a few provincial field and indoor competitions during the year, with the highlights being his success in winning the South African National Indoor Championship, the South African National Field Archery Championship and the African Regional Field Archery Championship. After this, he was awarded Protea Colours and selected for the World Championship close to Parnu in Estonia.



Team South Africa before the opening procession

The World Championships were held from 5 to 13 August 2022. The first two days were for the registration of around 600 archers from around the world, as well as bow testing or "vetting" to ensure that category limitations were adhered to.

The competition was shot over 5 days, with 3 different targets. The field target (black centre with white and black rings) was shot on Monday and Thursday, the hunter target (white centre with black surround) was shot on Tuesday and Friday, whilst the animal target (2D animal prints) was shot on Wednesday.

On day one, the archers in each category were randomly divided into groups of 3 or 4. For the remainder of the four days of the tournament, archers were grouped according to scores attained, i.e. the top 4 shot together in a group, etc.

On four days (field and hunter target days), 112 arrows were shot at distances ranging from 20 feet (+- 6 meters) to 80 yards (+- 73 m), whilst on the animal round day, a minimum of 28 arrows with a maximum of 84 were shot. The latter depended on whether the preceding arrow was a hit or a miss.

Scores were tallied daily, and the category winner was the archer with the highest score at the end of the competition. In the division Gary participated in, Veteran Male Freestyle Unlimited (VMFU), there were 17 archers (one of the larger categories at the tournament) from 10 different countries. Each day's score was a maximum of 560, with the total for the tournament being out of 2800 points. Gary won the Veteran Male Freestyle Unlimited competition with 2704 points, just 4 points ahead of his closest rival (Ueli Brtischgi), with third place (Uwe Worschech) falling 37 points behind.



Bow speed testing at inspection on day 1



The warm up range before the competition started on day 1

At the end of day 1, Gary was in the lead by 7 points over Uwe Worschech from Germany and John Foley from England and 8 points ahead of Ueli Brtischgi from Switzerland.

>>> 26



Moss covered forest floors made for interesting standing platforms



2 archers on the line, two spotting the arrow scores

Day 2 ended with Gary being in the lead over Ueli by 3 points and 19 points ahead of Uwe in lying 3rd. On day 3, all archers in positions 1 to 3 shot a full score with an unchanged ranking and a more significant gap with the 4th position (Gary being ahead of 4th by 26 points). Day 4 saw Gary shooting exceptionally well, resulting in a lead over Ueli in second place at 18 and Uwe in third place at 34. On the final day, Gary shot a score of 529, 14 less than an exceptional score by Ueli, to clinch the lead by 4 points out of a possible 2800. The fight for the top 2 positions was particularly closely contested, whilst the 3rd position at the end of the tournament was 41 points behind the leader. Third and fourth position was also very closely contested, with Uwe taking 3rd by 1 point. A sad moment for Werner (another South African), who was lying 3rd at the last target of the tournament.



John Foley (England) and Gary Bauer (South Africa)



Waiting for a team ahead to move off the target

He shot an "X" (middle of centre) with his last arrow of the day and competition but unfortunately on the wrong target, resulting in a loss of 4 points and a slip to 4th position, giving Uwe a spot on the podium by the single point.

Highlights for Gary on this trip were clearly his Gold Medal at the World Field Archery Championships and also shooting three personal best scores during the tournament. Special thanks must go to V-Tech and the Oberem family of Afrivet, who, together with friends, family and a school classmate and Old Selbornian (who wishes to remain anonymous), helped mitigate the financial burden of attending such an event through their generous sponsorship and support.

Team South Africa did exceptionally well; the 15 participants brought back 13 medals. These were five gold, seven silver and one bronze. Further accolades to the Protea team were the five new world records set by various team members.



Gary Bauer (South Africa), Ueli Britschgi (Switzerland), Uwe Worscheck (Germany) and John Foley (England) at a hunter target face.



Gary Bauer (South Africa), Ueli Britschgi and Werner Gasser (both from Switzerland) and a full score Field Target Face.



Gary Bauer, South Africa (Gold Medal) with Uwe Worschech, Germany (Bronze). Silver went to Ueli Britschgi from Switzerland, who could not attend the awards ceremony.

In Memoriam

Dr Duncan Prinsloo

Duncan was raised in Benoni in Gauteng. His passion from the age of 5 years was to be a veterinarian and to help realise this dream he worked after matriculating at SAA in the maintenance department and as a truck driver until he had sufficient funds to study Veterinary Science at Onderstepoort.

Duncan qualified in 1972 and was posted immediately to Ixopo as State Vet in order to fulfil his Bursary obligations. He then moved to Vryheid as State Vet and later started his own Practice there.

In 1979 he took up a post at Pretoria City Council and subsequently obtained an honours degree in Public Health from Onderstepoort.

Duncan was sponsored by a client do an Embryo Transfer Course for Cattle at San Antonio in Texas U.S.A. He was highly regarded at this famous Institute for his excellence in work done there.

In 1983 Duncan returned from America, bought a property outside Bronkhorstspruit and built his own Embryo Transfer Centre. In 1985 he completed an Embryo Transfer Course for Equines at Colorado State University. Duncan was active in these fields till in his seventies.

Duncan worked in over eleven countries performing his speciality. His many achievements include exporting the first cattle embryos to Mauritius, the first person to do non-surgical Embryo Transfer and establishing a world record with twenty- four live born calves from a single embryo flush.

In 2008 in a tragic armed robbery at his home he lost his beloved wife, Letitia, and was badly wounded himself. He suffered from much pain and had severely limited mobility the rest of his life.

Even though he had these major injuries he worked until shortly before his death, often doing fertility work including rectal examinations with a crutch in one hand. Duncan was the "Bravest of the Brave" and never let life's challenges keep him down. His unwavering faith in God, sense of humour and delightfully characteristic laugh was always part of his life.

Besides his work as a veterinarian Duncan was passionate about fishing, bundu bashing and canaries.

Duncan leaves behind his son Duncan, and daughters Letitia and Sharlien as well as 6 grandchildren.

John Adam



In Memoriam

We honour and remember the contributions made by our colleagues who recently passed away.

Dr Rapule Mphuthi: 18/01/1979 – 30/04/2022
Dr Jesse Coleman: 09/12/1948 – 26/09/2022

We honour their contribution to our profession and society in general and pray that their families and loved ones will find the strength to carry them through these times of bereavement.

In Memoriam

Dr Jesse Coleman



Our father, Jesse Henry Coleman, was born in Springs on the 9th of December 1948. His early years were spent growing up on the farm: Lake Warden in the Hoopstad district, along the Vaal River in the Free State. He shared many memories of hunting, fishing, and horses. His upbringing was one of humble beginnings. He learnt to catch and ride his own horse at age five and started school around that time. He attended Bloemhof Afrikaans School for his Primary years and was then shipped off to boarding school at Potch Boys High and joined Milton House. His last two years were spent at St. Andrews in Grahamstown after moving to a farm in Peddie in the Eastern Cape.

Jesse matriculated at the end of 1965 and went farming for a year with his dad, after which he attended Onderstepoort and qualified as a veterinarian in 1972. At this time, he was married with two children. After a year, he looked to greener pastures. With the help of Brian Francis and the then mayor of Benoni, John Barrable, he bought the now 125 Pretoria road property and started Rynfield Veterinary Hospital cold turkey. Our dad had a love for wildlife and fulfilled his lifelong dream to canoe from Shakawe to Maun with a friend in 1974. Rynfield Veterinary Hospital grew to be successful, and in 1978 he started farming seriously and moved permanently to his family farm in 1987. Our dad was the most energetic and disciplined person I have ever known. He was always busy and tended to run everywhere rather than walk, especially on the farm. He started the Benoni Combat Shooting Club in the 1970s and enjoyed karate, parachuting, hiking, scuba diving, hunting, motorbikes and vintage cars. He loved all things nature and has been breeding Boran cattle on his farm for the past ten years.

At the beginning of the Covid Pandemic, he sold his share in Rynfield Vet and started Long Life Veterinary Hospital in Honiball street, Rynfield. He has been part of the greater Benoni community since 1973 and loved practising as a vet. He was an experienced surgeon and was competent in treating many different animals, from lizards, hedgehogs, snakes and birds to cats, dogs and large animals. He loved a challenge, and when faced with something complex, he would study and master it.He was "old school" and often did things for many people pro bono.

He was an awesome dad and a good friend to many. His tragic passing leaves a gaping hole in many of our lives. To us, he will always be a legend. Dr Jesse Coleman is survived by his son, two daughters and eight grandchildren. His funeral and celebration of his life were held privately as per his wishes. As his family, we would like to thank everyone for the incredible support we have been given by the Benoni community, extended family, friends and our dad's loyal clients. Thank you for supporting Dr Jesse Coleman for the past 49 years. He will be sorely missed and celebrated often.

Allison Sweetman (Daughther)



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ANIMAL DISEASES ACT: CAN VETERINARIANS BE PROSECUTED?

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



This article is intended to provide information and educate veterinarians on relevant aspects of the law. It is not intended as personal legal advice. SAVA is not responsible or liable for any advice or other information provided herein.

With the recent outbreaks of foot and mouth disease, African swine fever, avian Influenza, and rabies, the Animal Diseases Act[1] ("the Act") have been cast in the limelight more than ever before. Most veterinarians know that animal owners have responsibilities in terms of the Act and that if the owners fail to adhere to the Act, they can be punished. Few veterinarians realize that they can also be prosecuted if they are guilty of a transgression. This article will explore some of the duties of private veterinarians, who can be prosecuted, and the potential penalties.

Responsibilities assigned to private veterinarians specifically

The Act and its regulations rarely impose direct responsibilities on veterinarians. Noticeable exceptions are veterinarians' responsibilities to report controlled[2] and notifiable[3] animal diseases. As soon as the occurrence of a controlled or notifiable disease is suspected, it must be reported. Once the final results are received, they must also be reported to the responsible state veterinarian. Please note that the duty to report these diseases overrides the client's right to confidentiality.

Veterinarians and laboratories that do diagnostic testing for controlled and notifiable animal diseases must be registered with the Director of Animal Health[4]. It includes persons who produce, distribute, or import reagents and kits for the diagnostic testing and screening of notifiable and controlled diseases.

General responsibilities applicable to all persons

There are requirements in the Act and its Regulations that apply to all people working with animals and dealing with controlled diseases. As veterinarians, it is our professional duty to take note of these requirements.

The Regulations[5] prescribe treatment for certain controlled diseases. It is a requirement that efficient remedies must be used for treatment. An efficient remedy means that the director must approve it. Care must be taken only to use approved remedies when treating animals for controlled diseases.

Disinfection of places and objects with which controlled animals have been in contact is also regulated[6]. Specific remedies may be prescribed for particular diseases, and there may also be specific requirements for how the remedies must be applied. Veterinary professionals must follow these prescriptions, and clients should be advised accordingly.

Veterinary professionals must make sure that they are familiar with the various movement restrictions set out in the Regulations[7]. It is specifically relevant to veterinarians in the equine and wildlife industries and veterinarians who practice in areas with permanent movement restrictions.

Regulations 23 and 24 deal with restricted actions and disposal of controlled animals and infected things. For example, veterinarians and responsible officers may only make incisions in carcasses suspected to have anthrax, rabies, foot and mouth disease, African swine fever, etc. Carcasses of animals with controlled diseases and of contact animals must be disposed of in the prescribed manner, subject to the local by-laws.

Vicarious and joint liability with owners

Veterinary professionals who treat owners' animals can be regarded as agents of the owners. The Act[8] stipulates that if an agent does something that would be an offence, the owner is liable as if the owner has personally committed the offence. However, it further states that the agent is also liable and can be convicted as if the agent were the owner. Both the owner and the agent can be convicted and sentenced at the same time.

Potential penalties for convictions

The penalties prescribed in the Act[9] differ depending on the actual offence and whether it is a first, second, or subsequent offence. Penalties can be fines or imprisonment, or both. For a first-time offender, a fine of up to R8000 can be imposed, or imprisonment of up to two years. For grave offences such as deliberately introducing or spreading an animal disease, the penalty is imprisonment of up to seven years without the option of a fine. Take note that a veterinary professional guilty of a criminal offence can also be prosecuted under the Veterinary and Para-Veterinary Professions Act[10] for unprofessional conduct.

Final Word

As custodians of animal health, veterinarians must familiarize themselves with the Animal Diseases Act and its Regulations and adhere to them. It is significant for vets working with livestock, wildlife, horses, and poultry. Complying with the Act will not only ensure that you won't face criminal prosecution, but it will assist in ensuring animal health and preventing disastrous disease outbreaks.

If you have any further questions in this regard or want copies of the Animal Diseases Act and Regulations, feel free to send an e-mail to trudie@legalvetservices.co.za.

(Endnotes)

1. Animal Diseases Act, No. 35 of 1984
2. Section 11(2) of the Animal Diseases Act
3. Regulation 12A of the Animals Diseases Regulations
4. Regulation 12B of the Animal Diseases Regulations
5. Table 2 of Annexure 2 of the Animal Diseases Regulations
6. Regulation 15 of the Animal Diseases Regulations
7. Regulation 20 of the Animal Diseases Regulations
8. Section 34 of the Animal Diseases Act
9. Section 32 of the Animal Diseases Act
10. Veterinary and Para-Veterinary Professions Act No. 19 of 1982



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I hope this article finds you and your families well and safe!!! Last month we discussed the concept of having an **appropriate perspective** when reflecting on your various experiences. This month we will extend on that concept furthermore.

Two men, both seriously ill, were in the same hospital room. One was allowed to sit up in his bed for an hour each afternoon, and his bed was next to the room's only window. The other man was in traction and immobilised flat on his back, unable to sit up, and a half wall between the beds kept him from seeing the window. Over time, the men got to know each other very well and talked for hours. Every afternoon, when **the man by the window** was allowed to sit up, he described to his roommate all the things he could see outside the window in amazing detail. The man who had to lie flat began to live for those one-hour periods when his hospital stay would be enlivened by all the activity and colour of the outside world. The window overlooked a park with a lovely lake, ducks and swans swimming while children sailed model boats. Young lovers walked hand in hand among the flowers that were of every colour of the rainbow. Large trees graced the lawn, and a fine view of the city skyline could be seen in the distance.

As the days passed, the man who could not move and look out the window began to **envy** his roommate. As much as he appreciated the descriptions offered, he began to wish he had the bed by the window. He began to resent his roommate and, finally, felt desperate to replace his roommate by the window. One morning, the nurse came into the room to find the man by the window had died peacefully in his sleep. She sadly called the hospital attendants to help her remove the body. As soon as it seemed appropriate, the other man asked if he might move to the bed next to the window. The nurse gladly moved the patient across. The man eventually built enough courage to lift himself up to look out the window. Finally, he would enjoy seeing the park below and all its activity. What he saw was a **blank wall**! He complained bitterly to the nurse when she returned. The nurse responded, "Oh my…didn't you know? Your former roommate was blind. He couldn't even see the wall." Then she added, "Perhaps he just wanted to encourage you".

Have you ever felt the emotions that this story conveys?

Have you ever wanted to trade places with someone else due to bitter envy?

Have you ever been bitterly disappointed by an experience that did not match your expectations?

Have you ever received encouragement and failed to appreciate it at the time?

If we live a life obsessed with what others have, we are very likely to miss out on the joy of receiving what others are trying to give us. Choose to be thankful for what you have right now, today! A grateful heart puts us in a position to bloom and not wilt…to attract others rather than repel others…and to run with a clear focus toward our goals.

Here is the truth. Better contacts, circle of friends, personality, territories, spouse, children, luck, and mentors are not what is holding us back from succeeding. **It is our attitude of jealousy and envy that is holding us back.** Circumstances are neither good nor bad…they just are. Using events to lay blame and justify failure does not help us. **Only taking responsibility for our progress or lack thereof will be constructive and give us back the control we wish to have.** What we do, think, and believe during a circumstance today sets us up for tomorrow. I have always told my clients that it doesn't matter what I think of them, their chances of success, or whether I believe in them…it only matters if they believe in themselves to succeed.

We each must decide the journey we wish to have…and then choose to go on it with all our energy, strength, perseverance, and an attitude of "**I WILL** continue on this journey to the best of my ability, intelligence and skill". Every one of us must conclude that no journey is ever over until we stop moving and quit.

It is when we quit that we fail.

Don't try to be someone else. Don't wish for other peoples' circumstances or attributes. Don't compare yourself to others or allow jealousy to take root. The bed by the window may not be a better bed after all! And even if it is, it's not YOUR bed. Look for the good in your own circumstances. Learn to take a break if you are tired and not quit! Focus on your own journey and never stop moving!

Next month, we will continue looking at other concepts and ideas and improving our quality of life and overall performance at work and home.

"Odds & Ends"

Dr Antony Goodhead,
Specialist Veterinary Ophthalmologist,
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This month's ophthalmology column is going to be devoted to some "Odds & Ends". Things you may have wondered about and for which you may not have answers.



1] The development of corneal damage following general anaesthetic – does the eye need lubrication?

The presence of corneal damage as a result of GA is a well-known and frustrating problem for all of us. In human patients, the incidence of corneal damage is reported to be between 0.01% and 2.3% in protected eyes and up to 44% in unprotected eyes.

In dogs, the incidence of corneal damage is reported to be 1.9%–18.6% in eyes protected with ocular lubricant. Corneal epithelial damage during GA arises from a combination of lagophthalmos due to the relaxation of the orbicularis oculi muscle and reduced tear production secondary to drugs used for the GA. Many opioids and alpha-2 adrenergic agents commonly used in anaesthetic protocols for sedation and analgesia have been shown to decrease tear production.

Dexmedetomidine, medetomidine, butorphanol, pethidine, and fentanyl have all been shown to cause a significant decrease in tear production from baseline to below 15 mm/min, 15–20 min after administration. A combination of methadone and ACP has been shown to significantly decrease tear production from baseline, with 30% of dogs showing a decrease below 15 mm/min 30–45 min after administration. Inhalant agents for anaesthetic maintenance have also been shown to significantly decrease tear production in dogs.

A retrospective study in dogs identified that patients undergoing prolonged GA, brachycephalic dogs and patients undergoing neurosurgery were at increased risk of developing corneal damage, whilst a further prospective study showed that these factors were not affecting the risk of damage. From our experience at JAEH, we have seen bad corneal ulcerations in patients undergoing prolonged surgical procedures.

A recent study compared the presence of corneal damage in two groups of dogs where one group had a lubricant applied to the eyes, and the other group had a lubricant, and the eyelids taped closed during the surgical procedure. Corneal injury was described as corneal erosion or corneal ulceration. Corneal erosion was defined as superficial epithelial damage with no penetration into the epithelium's basement membrane, that was seen as subtle, patchy uptake of fluorescein staining. Corneal ulceration was defined as loss of corneal epithelium exposing corneal stroma, with a pronounced, strong uptake of fluorescein stain.

This study showed that the incidence of corneal erosion was 8%, and no signs of corneal ulceration were noted. Corneal erosions in the taped, and non-taped eyes and brachiocephalic breeds accounted for 31% of the cases. >>> 34



This study showed no difference in the incidence of corneal injury between groups receiving a lubricant and those having lubricant with having their eyelids taped closed. Based on findings from other studies, a few things seem to be important.

- Operations over 2hrs may further increase the incidence of corneal injury.
- In lateral recumbency, the down-facing eye in people may have a higher incidence of corneal damage. It has not been confirmed in dogs.
- Dogs that underwent CSF sampling or MRI were not more likely to develop corneal erosion than patients that did not.
- Under GA, the dog's eyes will rotate ventromedially, exposing the dorsolateral aspect of the cornea. The lesions found in the present study were located in the axial cornea, which suggests that corneal injury in canine patients might occur during the immediate pre-or post-operative period when the eye is in a central position. Therefore, one might argue that corneal protection during the times immediately prior to induction of GA and during recovery from GA might be particularly important.

The concluding consensus is that using a topical lubricant is considered the standard of care for any veterinary patient undergoing GA.

[Ref: A prospective, masked, randomized, controlled superiority study comparing the incidence of corneal injury following general anaesthesia in dogs with two methods of corneal protection, *Veterinary Ophthalmology*. 2022;25:291–296.]

2] Serum used for melting corneal ulcers:

Corneal ulceration is a common clinical problem in domestic animal species. Corneal ulcers that affect only the epithelium often heal with minimal clinical intervention [these do not require serum as a treatment]. In contrast, ulcers that involve the corneal stroma may require substantially more treatment. Complications resulting from the destruction of stromal collagen can cause rapid progression of an ulcer to a descemetocele or perforated cornea.

Regardless of the inciting cause, the progression of ulcers affecting the corneal stroma is mediated by collagenases that break down stromal collagen. Normally there is a fine homeostatic balance between matrix metalloproteases [MMP] and serine proteases and the endogenous enzyme inhibitors, and any disturbance of this can result in uncontrolled collagen degradation.

Degradation of corneal collagen, or keratomalacia [melting], is caused by an increase in collagenases from various endogenous (corneal epithelial cells, leukocytes, and tear film) and exogenous (bacterial or fungal) sources. In human medicine, serum has been described as an effective inhibitor of corneal collagenase. Its inhibitory effect is attributed to α-2 macroglobulin, which forms tight complexes with collagenases and inhibits their activity. Serum has several advantages when compared with other anticollagenases, as it is well tolerated when topically administered in the eyes and can be readily obtained from healthy donors. Thus, serum is frequently used as an anticollagenase for the treatment of corneal ulcers in both human and veterinary medicine. It appears that cat serum is more effective than dog and horse serum. One does not have to collect blood from the specific patient. Horse serum can be used in dogs and cats and vice versa.

It has been shown that storage of serum for 180 days at –20° or –80°C did not significantly affect the ability to reduce proteinase activity. Storage of equine serum at –18°, 4°, and 23°C for 7 days did not alter its ability to inactivate MMPs in equine tears over a 7-day period. The general consensus is that once collected or defrosted from a frozen source, serum should be refrigerated and stable for at least 8-14 days.

Contamination at the container nozzle or cap always remains a potential problem, so careful application without the nozzle making contact with the patient remains critical.

When managing melting ulcers, serum should initially be applied every 30-60 minutes. The frequency may be reduced if clinical improvement is evident.



Other anti-metalloproteases include EDTA, which chelates zinc or calcium, which are required as cofactors for MMPs. Tetracyclines chelate zinc and calcium, inhibit endogenous antitrypsin degradation, and may inhibit leukocyte migration. This is why oral doxycycline can be used as it is excreted in the dogs' tears.

[Ref: 1] Evaluation of species differences and the effects of storage duration and temperature on the anticollagenase efficacy of canine, feline, and equine serum on in vitro corneal degradation AJVR • Vol 76 • No. 11 • November 2015

2] Tear film concentrations of doxycycline following oral administration in ophthalmologically normal dogs JAVMA • Vol 249 • No. 5 • September 1, 2016

3] In vitro evaluation of the inhibitory effect of canine serum, canine fresh frozen plasma, freeze–thaw-cycled plasma, and SolcoserylTM

on matrix metalloproteinases 2 and 9, Veterinary Ophthalmology (2015) 18, 3, 229–233]

3] Distichiae in dogs – some interesting facts to consider

The presence of extra cilia erupting from the tarsal margin of dogs does not always cause pathology. Still, it may result in chronic irritation, lacrimation, and serious damage to the cornea, causing corneal erosions and ulcerations with keratitis.



Have you ever thought how they erupt from that location?

In serial sample sections for histological examination of cilia-bearing tarsoconjunctival tissue, it was shown that anatomic segments of hair follicles were located abnormally in the eyelid tarsus and associated with the aberrant cilia. They appeared as hair bulbs adjacent to tarsal glands, middle portions of hair follicles located between sebaceous lobules, and single or multiple hair shafts present within the sebaceous duct.

They were present in the vicinity of the tarsal glands to which they were connected by their middle segment that finally merged with the excretory duct of these glands.

This allowed the aberrant cilia to pass within the excretory duct of the tarsal glands, which correlates with the clinical observations that the distichiatic lashes most often emerge from the openings of the tarsal glands on the lid margin.

In addition, they showed that the tarsal glands in the cilia-bearing tarsoconjunctiva were not different from those of the controls, in which no distichiatic hair bulbs or shafts were observed. It confirms that the cilia do not affect the tarsal glands and function.

These results demonstrate that adventitious cilia are not associated with histologic changes of the tarsal glands and appear to arise from ectopic hair follicles in the tarsus.

But what causes this to occur?

Canine distichiasis may result from anomalous regulation of morphogenesis of hair follicles in the mesenchymal tissue of the tarsal plate.During eyelid embryogenesis, the tarsal plate arises from the mesenchymal tissue of the neural crests, while the tarsal glands (i.e. the sebaceous glands) develop by the proliferation of the surface ectoderm from the lid margin into the tarsal plate.

It has been shown that cellular differentiation is controlled by a balance of multipotent progenitor [promoting] and repressors of the hair placode formation, which is the first morphological sign of hair follicle development. Thus, if we assume that the molecular mechanisms regulating hair follicle morphogenesis in the skin may also occur in the eyelid, absence of hair follicle development in the healthy tarsal plate could theoretically result from the activation of hair placode repressor(s).

Conversely, the formation of ectopic hair follicles in the distichiatic tarsal plate could result from the ectopic expression of factor(s) activating placode promoters or inhibiting placode repressors.It may be controlled by gene expression in the follicular epithelium.

Because distichiae can be seen at all ages, this suggests that the mechanism(s) of their morphogenesis within the tarsal plate could continue into adult life.

This agrees with data showing that the hair follicle can be generated throughout adult life by differentiation of the progenitor cells in the skin. It may certainly explain why some animals that have had cilia removed by electroepilation or cryotherapy may show further growth and erupting of cilia.

It has been postulated that distichiae may have a hereditary component being autosomal dominant with incomplete penetrance.It has been suspected in several breeds, namely Pekingese, English Bulldog, Rough Collie, Shetland Sheepdog, Miniature Longhaired Dachshund, both the

English and American Cocker Spaniels and Tibetan Terriers.

[Ref: Histopathologic features of canine distichiasis Veterinary Ophthalmology (2012) 15, 2, 92–97]



Anecdotes of Great Cattlemen

Hannes Steyn & Schabort Froneman

Zoetis Animal Health Pages

FOR ANIMALS. FOR HEALTH. FOR YOU.

People are inspired by some great cattleman that has, and still, significantly impacted how beef producers worldwide think. Let's look at four of these sterling individuals and some of their famous quotes:

Professor Jan Bonsma was a South African animal scientist, cattle breeder and visionary that displayed a keen sense of stockmanship and academic rigour that made him a world-renowned expert in the field of animal science.

Even though he is commonly associated with developing the Bonsmara breed, his main contribution to the global livestock industry is his philosophy of producing functionally efficient animals adapted to their natural environment. His research and concepts arguably laid the foundation for modern livestock production. He was indeed a legend in his own time. Some of his most famous quotes are:

- The mightiest tool in the hands of the livestock breeder is selection
- The probability of survival and functional efficiency of livestock increases with the degree to which they adjust themselves harmoniously to their total environment
- The keeping of livestock that is in harmony with the environment in which they are maintained brings about maximum utilization of the natural resources
- Subjective evaluation had to be replaced by objective judgement
- Man is the most important factor in efficient livestock production

Tom Lasater is known as the founder of the Beefmaster breed. He was a radical beef breeder that held a strong belief in breeding and selecting purely for economic traits. As a producer, he swam against the current and challenged long-held beef industry beliefs. He implemented a stringent culling policy where any cow that did not wean a healthy calf was culled. This strategy resulted in a very productive and functionally efficient herd.

- When a bull or a cow needs a foot trim, we let the packer trim them
- In culling every female animal that fails to wean a calf every year, regardless of reason, we lose some good ones, but we get all the lemons
- Nature is smarter than all of us
- A good cow is a cow that weans a good calf every year. Period
- Cattle breeding is a relatively simple endeavor. The only difficult part is to keep it simple

Kit Pharo owns Pharo Cattle Company and is based in Colorado, USA. Kit reckons that the status quo of the cattle industry should be challenged and that the conventional model of cattle farming (high inputs with large framed cattle) can no longer be profitable for the average rancher. He became well-known with his phrase to be a "Herd Quitter" – those that do not just blindly follow the beef-raising herd of ranchers but explore alternatives and calculate what is profitable. Kit advocates selecting low-input cattle that can be profitable on range grass (or veld in our context). He is also a proponent of the selection of cattle for increased production *per acre* instead of increasing production *per animal* (which are merely bragging rights, according to Kit).

- Buy your bulls from someone who raises cattle the way you ought to
- Agriculture that is not profitable and enjoyable, will never be sustainable
- Dead calves have distressingly low weaning weights
- It 'doesn't matter how big your cattle are if' 'they're not profitable

Johann Zietsman grew up on a cattle ranch in Zimbabwe. He studied under Prof. Jan Bonsma before returning to Zimbabwe to farm cattle; until the political situation caused the loss of his farm. He now consults worldwide. Johann is unapologetic in his views that the focus in cattle farming should be on maximum production per hectare and not on individual animal performance. He says that stocking rate is the most important factor influencing profitability. Following this, fertility is the next most important, which is heavily influenced by the animal's Body Condition Score (BCS). Selecting animals that can gain and maintain a good BCS on grass while managing the animals regeneratively through non-selective grazing will enable a farmer to increase stocking density and ultimately profit.

- Small cattle have an unfair advantage
- Select animals that look like 8 pounds of sugar in a 5 pound package
- The problem that we have today is that we're trying to change an efficient ruminant into an inefficient hog
- There is no universally superior or inferior breed. It all boils down to relative intake. Every environment dictates a specific genotype

These four cattlemen have an influence stretching over many decades, but a love and passion for cattle unite them.

The common denominator throughout these great men's principles is that profitable, functional cattle are needed. Strict and well-set-up selection parameters must be enforced in beef herds without tolerance for non-performers.

A cow that efficiently weans a decent calf every year is the key that will keep beef farmers on the farm.

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Ultrasonography of the Spleen

Dr Sam Mauchlan BVSc, MRCVS Clinical Manager

PART 1

This is the first in a series organ-specific articles focusing on ultrasound of the small animal abdomen.

Because the spleen can be involved in a variety of different conditions, including those that may have non-specific clinical signs, assessment of the spleen should be included in every routine abdominal ultrasonographic examination. Specific conditions which would indicate a need for splenic ultrasonography include:

- Palpable abdominal mass
- Palpable splenomegaly
- Trauma
- Haemoabdomen
- Abdominal discomfort
- Tumour staging

Normal Anatomy

The spleen is an elongated organ which is situated in the left cranial abdomen, adjacent to the left body wall. It can be subdivided into 3 sections: the head (the most dorsal section), the body (mid-section) and the tail (the most ventral section) *(Figure 1)*.

The head is located in a dorsal position between the gastric fundus and the cranial pole of the left kidney, occupying a space under the 11th-13th intercostal spaces and often folding medially on itself. Due to the short gastric vessels and the gastrosplenic ligament, both of which fix the head of the spleen to the greater curvature of the stomach, the position of the head will be influenced by gastric distension.

The body continues in a ventro-caudal direction, passing below the mid costal arch close to the left body wall. From this position the orientation and position of the tail is quite variable - sometimes extending to the urinary bladder on the left side, at other times the tail of the spleen may continue ventrally, curving over to the right ventral body wall.

The arterial blood supply of the spleen comes from the splenic artery, a branch of coeliac artery. The venous blood leaves the spleen via the splenic vein which joins the portal vein.

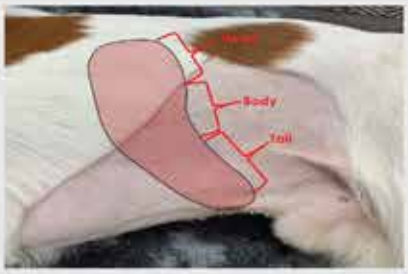


Figure 1. *This image shows a schematic approximation of the position of the spleen adjacent to the body wall in the left cranial abdomen of a dog. The position of the tail portion of the spleen is highly variable.*

Ultrasonographic Examination Technique

Ultrasonography of the spleen is carried out with patient in right lateral recumbency. However, in patients where the splenic tail extends ventrally towards the right abdomen, left lateral recumbency can be used to aid visualisation of the ventral spleen and tail.

It is important to consider the position of the spleen when clipping the hair coat – in large or deep chested dogs it is essential to include the caudal rib spaces in any clip to facilitate visualisation of the splenic head.

The spleen occupies a relatively superficial position adjacent to the left body wall, so a transducer capable of utilising a frequency of 7.5Mhz or higher can be used in dogs. In cats or small dogs, a 10Mhz or higher frequency transducer can be used.

To visualise the splenic head, the transducer can be fanned dorsally and ventrally under the left costal arch to visualise the head in its entirety. In larger dogs the caudal intercostal spaces can be used; by aligning the transducer parallel with the ribs, the transducer can be rocked dorsally and ventrally and fanned cranially and caudally to examine the head of spleen.

Because the position of the body and tail is more variable, cranial border, middle one third and caudal border of the spleen should each be followed and examined separately in two orthogonal planes.

Normal Appearance

Assessment of splenic size is subjective and can be affected by a number of factors. Radiography can be of use evaluating the size and position of the spleen relative to surrounding organs.

The spleen is homogenously echoic with a fine echotexture *(Figure 2)*. The echogenicity of the spleen can be compared to the neighbouring liver parenchyma *(Figure 3)* and the cortex of the left kidney. In many patients it is hyperechoic to both. However, the echogenicity of surrounding anatomy can vary especially if multiple organs are affected by a disease process. Therefore, comparisons of echogenicity should not be entirely relied upon for the determination of normality.

The spleen is encompassed by a thin capsule, which appears hyperechoic when the ultrasound beam is orientated perpendicularly to the capsule (on-incidence).

The splenic vasculature can be visualised as anechoic tubular structures. The intra-splenic branches of the splenic artery are not routinely visible, however colour doppler ultrasonography can be used to determine the location of the arterial branches. The branches of the splenic vein, which converge at the splenic hilus, are more readily identified.



Figure 2. *Normal canine spleen – The typical homogenous smooth echotexture can be seen, with an anechoic area representing a branch of the splenic vein (arrow). Note the hyperechoic capsule on the far border of the spleen.*

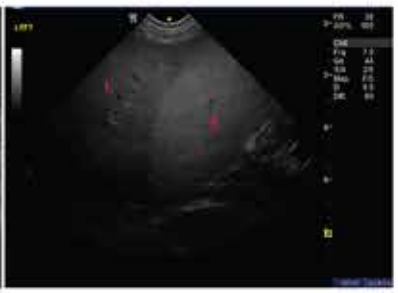


Figure 3. *Splenic echogenicity in a dog – In this image the liver (L) is in the left (cranial) part of the image. The spleen (S) is situated to the right (caudal), directly bordering the liver. The relative hyperechoic nature of the spleen to the liver can be visualised.*

Ultrasonographic appearance of splenic disorders

It is important to appreciate that ultrasound cannot easily distinguish between benign and malignant processes, and that the spleen can be ultrasonographically normal when disease is present. Ultrasound examination findings should always be interpreted alongside clinical examination findings and blood results. Attainment of a definitive diagnoses will require tissue sampling.

Splenic abnormalities can be categorised as focal, multifocal or diffuse.

Focal and Multifocal Abnormalities

Nodular hyperplasia is a benign cause of solitary or multiple lesions within the spleen of middle aged or older dogs, and occasionally cats. The nodules can be hypo-, hyper-, isoechoic or of mixed echogenicity. Where they appear isoechoic, the only notable change may be a bulge or smooth irregularity of the splenic border.

Extramedullary haematopoiesis can be a cause of diffuse splenic enlargement. However, it can also present as splenic nodules indistinguishable from those seen in nodular hyperplasia. For this reason, cytology is required to distinguish between the two conditions.

Splenic myelolipomas can appear as hyperechoic nodules on the

mesenteric border of older dogs and cats *(Figure 4)*. These benign lesions can also occur within the splenic parenchyma and along the splenic vasculature. The significance of myelolipomas remains unknown[1].

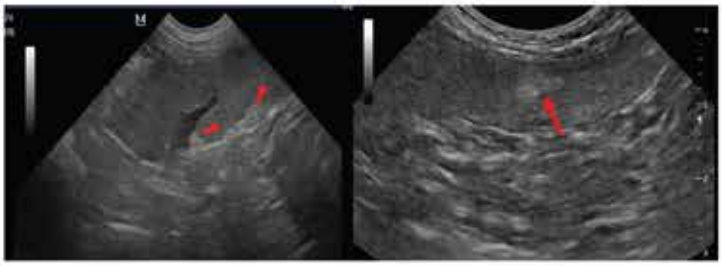


Figure 4. *Examples of splenic myelolipomas – The image on the left is the spleen of a dog. Hyperechoic areas can be seen along the mesenteric border and close to a branch of the splenic vein (arrowheads). The image on the right is from a cat. A hyperechoic area can be seen within the splenic parenchyma (arrow).*

Splenic abscesses are uncommon[2] and can have a variable appearance, from hypoechoic areas to more complex lesions with cystic components. If gas-producing bacteria are present, reverberation or shadowing artefacts can occasionally be visualised. Infarctions of the spleen can occur secondary to a variety of systemic diseases[3]. The appearance of the infarcted area can be variable and may resemble other focal splenic pathologies. Doppler ultrasonography can be used to document the lack of blood flow to the affected area.

Splenic neoplasia can be focal or multifocal and a range of tumour types are reported *(Figure 5)*. Haemangiosarcoma is the most commonly diagnosed neoplasia in dogs[4,5] and can be associated with haemoabdomen. Mast cell tumours are the most common splenic neoplasia in cats[6] followed by lymphosarcoma, myeloproliferative disease and haemangiosarcoma. In cats, the presence of splenic masses of >1cm diameter is suggestive of malignancy[7].

Similar to other splenic pathologies, the appearance of splenic neoplasia is very variable. They can range from poorly defined hypoechoic areas through to more complex lesions with anechoic or hyperechoic areas. 'Target' lesions have a hypoechoic rim and a hyperechoic centre, and are seen in some tumour types[8].

Because the spleen can be a site for both primary neoplasia and secondary metastatic tumours, it is important to evaluate the other abdominal organs thoroughly when performing an ultrasound examination, as well as acquiring thoracic and abdominal radiographs. Ultrasound can be used to evaluate local lymph nodes; the splenic lymph nodes are not normally easily visualised on ultrasound examination but if enlarged can appear as rounded, hypoechoic soft tissue structures situated along the splenic vessels close to the hilus.



Figure 5. *Three examples of focal splenic lesions in dogs: A) A well circumscribed, round, hypoechoic, heterogenous mass is present in the head of spleen. B) A round, hypoechoic, heterogenous mass is present in the body of the spleen. C) A round, heterogenous mass can be seen protruding from the tail of the spleen. Because the appearance of benign and malignant changes is highly variable, cytology and/or histology is essential for diagnosis.*

Diffuse splenic abnormalities

Inflammation of the spleen, or splenitis, can occur secondarily to several systemic inflammatory or infectious conditions. This can lead to splenomegaly with or without altered echogenicity.

Similarly, diffuse neoplasia of the spleen can lead to changes in splenic size, echotexture and echogenicity, though to what extent is highly variable *(Figure 6)*. Lymphoma, mast cell tumor and histiocytic sarcoma are all examples of neoplasia that can cause diffuse splenic changes. As for other splenic conditions, tissue sampling is essential in achieving a diagnosis.

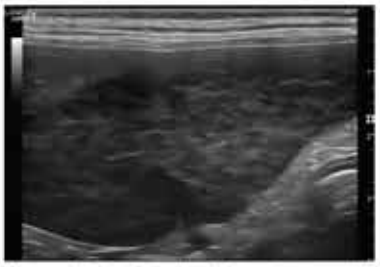


Figure 6. *Canine splenic lymphoma. In this image of the spleen of a patient with lymphoma, diffuse hypoechoic nodules are present throughout the splenic parenchyma.*



Figure 7. *Splenic torsion. In this image showing part of the spleen in a dog with splenic torsion, the splenic parenchyma has become diffusely hypoechoic, interspersed with linear hyperechoic areas.*

(Images courtesy of Dr Sally Griffin, Willows Referrals. Not for reproduction).

Splenic torsion can occur as a rare primary condition in dogs, or in association with gastric dilation and volvulus (GDV). Patients with splenic torsion can have vague clinical signs that may include abdominal pain, weakness, hypotension, tachycardia and collapse[9]. Torsion of the spleen causes marked splenomegaly and on ultrasound examination the spleen can appear hypoechoic with hyperechoic foci throughout the parenchyma, often described as a 'starry sky' appearance. *(Figure 7)*. Doppler ultrasonography can be used to document the presence or absence of blood flow to the spleen, and in some cases, thrombi may be visualised within the lumen of the splenic vasculature[10]. In addition, the surrounding mesenteric fat will often appear hyperechoic.

Splenic Tissue Sampling

As stated previously, ultrasonographic evaluation of the spleen cannot distinguish between neoplastic and non-neoplastic disease. Therefore, tissue sampling is essential in establishing most diagnoses.

Fine needle aspiration of the spleen or splenic lesions can be performed under ultrasound guidance and is a relatively safe procedure[11]. A 22 - 26 gauge 1.5-3.5 inch needle can be used depending on the depth of the region to be sampled. A non-aspiration technique is preferred because it is likely to result in less blood dilution of the sample[12] though blood contamination can still lead to inconclusive samples especially in cavitated or fluid-filled lesions such as haematomas or haemangiosarcomas. For this reason, it is important, when possible, to take several samples from each lesion in order to maximise the chance of achieving a diagnosis.

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Mike Lowry

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

To continue with my nostalgic trip through the last 50 years.

Onderstepoort, at that stage, admitted 45 students per year. Of these, between five and seven were female, and many were farmers' sons or daughters. It resulted in a well-supplied rural community because many returned to their roots. Many of the farmers also considered veterinary work not to be suitable for ladies.

The OP training was very hands-on, with each student being afforded the opportunity to do at least five spays unaided and plenty of pregnancy tests and other first-day requirements. The Outpatients and Abulatory clinics also gave plenty of exposure to the day-to-day aspects of veterinary science.

The State veterinary services had a great structure with very competent and energetic vets looking after the health of the country's animals. Diseases were well controlled with minimal risk.

Ondersterpoort Research Laboratories was world acclaimed and had a vaccine production unit that was of World class. There were seldom shortages of needed vaccines, and they were even exported to many countries. The Foot and Mouth Research Unit was considered the Gold Standard.

In 1974, Veterinary science was pretty primitive. Chloral Hydrate, GGE and Sagatal were the available anaesthetics with highly unpredictable results.

Misalliance was a regular because not many dogs had been spayed, and garden restraints were in many case not functional, or deemed unnecessary – dogs roamed the streets, and this resulted in unwanted pregnancies and plenty of broken limbs. Pregnancy tests took up a lot of the large-animals practitioners' time, and they were all done manually – no ultrasounds!!!

Plenty of horned cattle made handling a risky business. Milking was done by machine on most farms, but some still did hand milking, and cowpox was uncommon.

Prices?

A consult was between R2.50 and R3.50, and a spay was around R14 to R20. Horse castration was about R100; the practice went very well if you did R300 in professional fees a day.

A recently qualified graduate could expect to earn R500 per month, and a good house would cost R30,000 with a brand new Hilux Bakkie costing R1500; yes, three months' salary would buy a new bakkie and a good place to stay at a 60 months' salary.

Try that today!

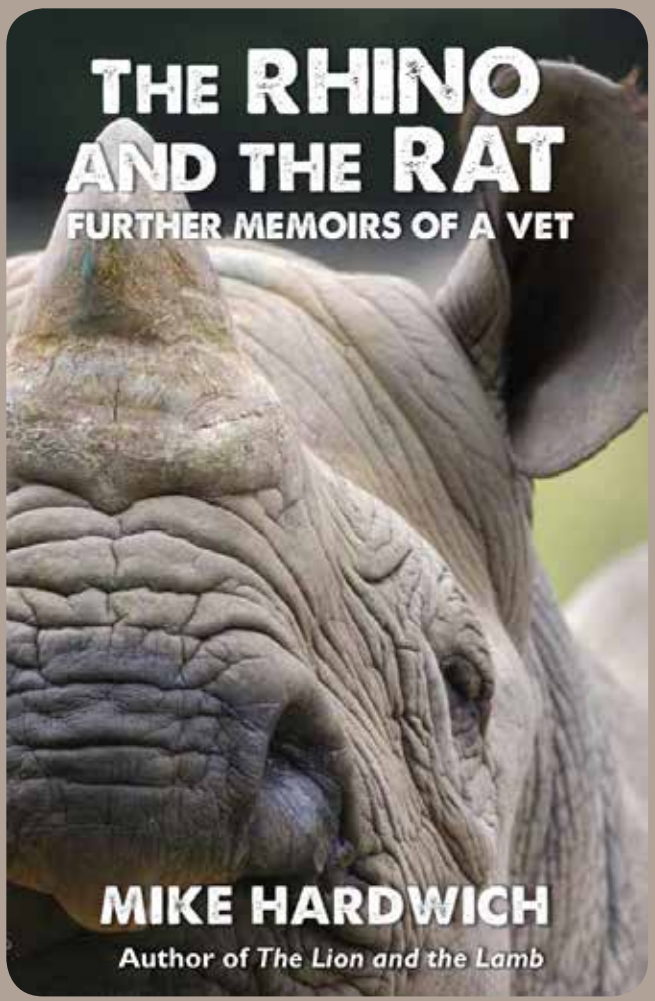
Another thing that was very restricting in the vet profession was that every October the SAVA would put out a recommended fees schedule.

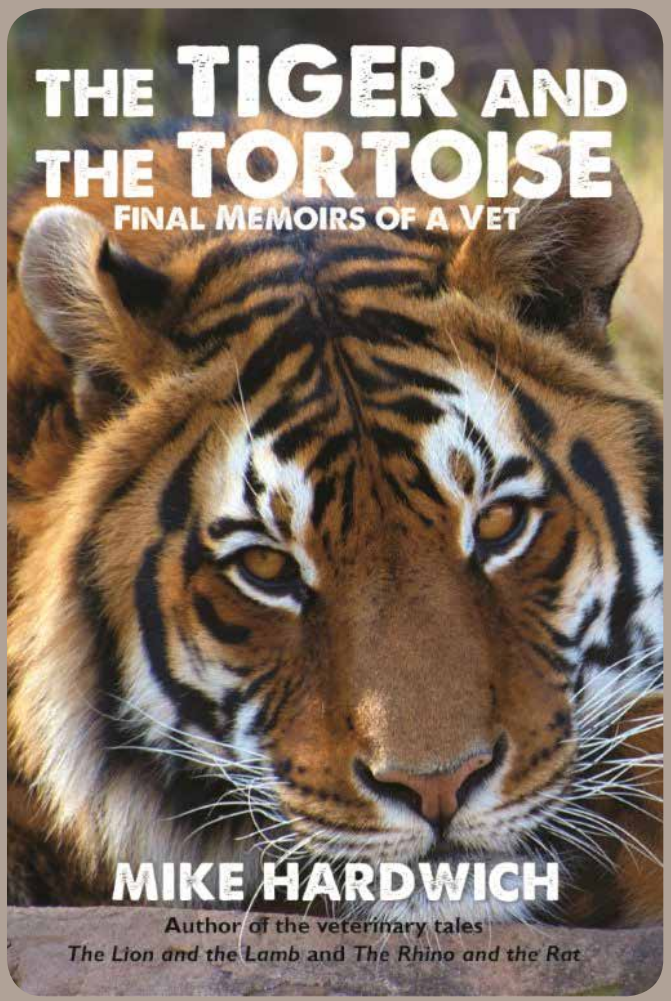
This list suggestsed fees depending on the practice location and gave upper and lower maximum and minimum rates. Then the Competitions Board ruled this to be illegal due to collusion.

Advertising was a definite no-no.

Boy, how times have changed.



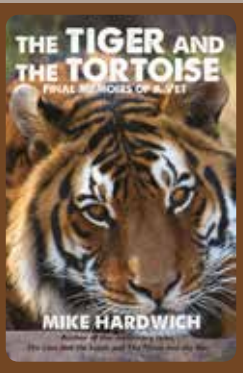




As a country vet whose territory covers the rich valleys and farmland of KwaZulu-Natal, his clients range from cattle farmers to owners of domestic pets, from game ranchers to circuses. The demands on a vet are constant and often arrive at very inconvenient times. Called upon day and night, Mike brings 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.....

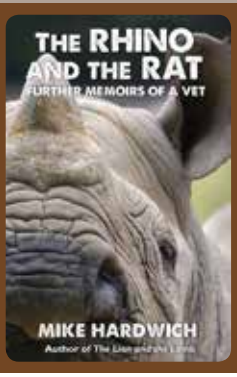


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CONTINUING PROFESSIONAL DEVELOPMENT FOR VETERINARIANS



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:

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