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October / Oktober 2022

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



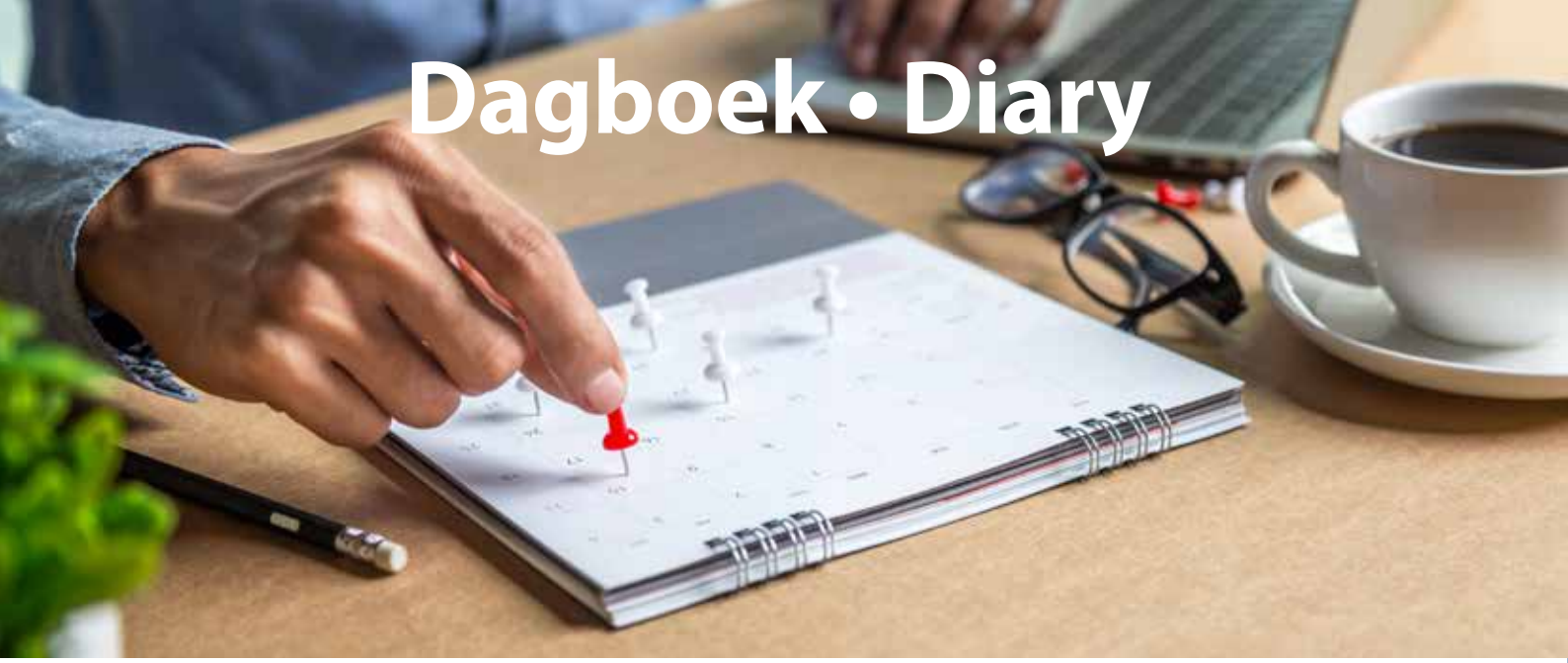
FOCUS

Equines

CPD

Swine Diarrhoea:
Important bacterial causes

SAVA 2022
11th BIENNIAL SOUTH AFRICAN VETERINARY AND PARAVETERINARY CONGRESS & AWARDS
25-27 October 2022 | Emperors Palace, Gauteng



Dagboek • Diary

Ongoing and Online 2022

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

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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

October 2022

Oranje Vaal Branch Congress
14-15 October
Venue: Khaya Ibhubezi, Parys
Info: https://www.savetcon-admin.co.za/Register/main.php

Faculty Day (Hybrid)
20 October
Faculty of Veterinary Sciences, Onderstepoort Campus.
Info: https://opvetfacultyday.co.za/ or
conferences@vetlink.co.za

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

BVSc class of 1982 (Republic of OP), 40th Reunion
28-30 October
Venue: Mount Grace Hotel, Magaliesburg
Info: Petrie at AB Events, petrie@abevents.co.za

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/

11th Biennial South African Veterinary and Paraveterinary Congress and Awards.
25 – 27 October
Venue: Emperors Palace, Kempton Park, Gauteng
Info: Corné Engelbrecht, SAVETCON:
071 587 2950 / corne@savetcon.co.za /
https://savetcon.co.za/SAVA2022/

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25-27 October 2022 I Emperors Palace, Gauteng

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Dear members,

For me, becoming isn't about arriving somewhere or achieving a certain aim. I see it instead as forward motion, a means of evolving, a way to reach continuously toward a better self. The journey doesn't end."
— Michelle Obama

On the eve of the 11th edition of the SAVA Biennial Congress to be hosted from the 25 to 27 October 2022 at Emperors Palace, we need to ask ourselves why SAVA does take it upon themselves to arrange such a significant event. SAVA's mission is to serve its members and further the veterinarian's status and image. SAVA is committed to upholding the highest professional and scientific standards and utilising our members' professional knowledge, skill and resources to foster close ties with the community and thus promote the health and welfare of animals and humans. It can only be achieved through continuous education, training and development, the very purpose of a congress.

Ever asked yourself what is meant by education, training and development?

Education is receiving or giving systematic instruction, especially at a school, university or other accredited training service providers. In the words of Malcolm X: "*Education is the passport to the future, for tomorrow belongs to those who prepare for it today.*" Therefore, we must continually educate ourselves and other colleagues to prepare for the future.

Training is the action of teaching a person or animal a particular skill or type of behaviour. Benjamin Franklin stated, "*Tell me, and I forget, teach me, and I may remember, involve me, and I learn.*" Our colleagues, clients and the broader public must be involved to ensure we teach them how to take good care of their animals to benefit all.

The word development, however, is widely used to refer to a specified state of advancement or growth. It is thus outcomes-based. What do we, as veterinarians, want to achieve? Are we satisfied with the status quo, or must we challenge current concepts for a better future?

If I look at the current situation where we witness an exponential outbreak of diseases, we can no longer continue with the current paradigm. We will have to look at a new way of veterinary service delivery. "*You never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete.*" - Buckminster Fuller.

The SAVA Congress attempts to educate, train and develop colleagues to prepare for the future. It is an event organised by association members of the veterinary community. If you want to be part of the solutions for the future, participate! If you have not registered yet, you can still do so by following the congress website: https://savetcon.co.za/SAVA2022/.

International days are occasions to educate the general public on issues of concern, mobilise political will and resources to address global problems, and celebrate and reinforce humanity's achievements. Rhino day and Rabies Day were recently celebrated. Did you grab the opportunity to educate your clients, the general public or politicians on these matters of grave concern, or did you choose to rather stay within your paradigm? If we want a different outcome, we will have to get involved. We are, on especially zoonotic diseases, the "professors" that must educate, train and develop fellow health care providers, our clients and the general public. For the eradication of Rabies, the education, training and development of children, primarily the first contact point for human-animal interaction, is of the highest priority. We must involve ourselves!

Let us, as veterinarians, take the lead in redefining the veterinary paradigm in the interest of future generations.

Yours sincerely,

Paul van der Merwe



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Andriette van der Merwe

Editor's notes / Redakteurs notas

Out of clutter, find simplicity
From discord, find harmony.
In the middle of difficulty lies opportunity
Alfred Einstein

October was the month C. Louis Leipold called the most beautiful month in his poem, Oktobermaand. While the best of the flower season in the Namakwaland region may be over, the rest of the country is waking up to the new growing season. Up in the North, you know the season is turning when the Knobthorn trees bloom.

This year has been prolific, with branches laden with soft white to butter yellow blooms. What also stood out were the Weeping Boer-beans. They lose their leaves just before clumps of bright red flowers appear. If driving through Kruger Park, they can be spotted from a distance.

The change of a season is also a time of reminiscence and planning.

A perfect time to think about decluttering: not only winter clothes but also habits that may unnecessarily complicate our lives. I, for sure, know that my work desk needs a serious decluttering—something pressing to do.

Most of this edition is dedicated to the Biennial Congress that will be held this month. An event not to be missed. The regulars still feature, but the topical content is limited to one article.

As always, I would like to thank the regular and new contributors, without you, it would not be possible to deliver a quality product to the readers.

Dr Arnold Mahne supplied a very practical article on examining a horse's mouth. With tips and tricks, only an expert like himself can provide.

Last month, in the treatment tables Dr Coetzee de Beer supplied, a small error crept in. Under the species Ferrets, the Meloxicam, the dose is 0.3mg/kg q24h and not q12h. Please amend your copy of the treatment tables or contact me for a new copy.

May I see many of you at the conference?

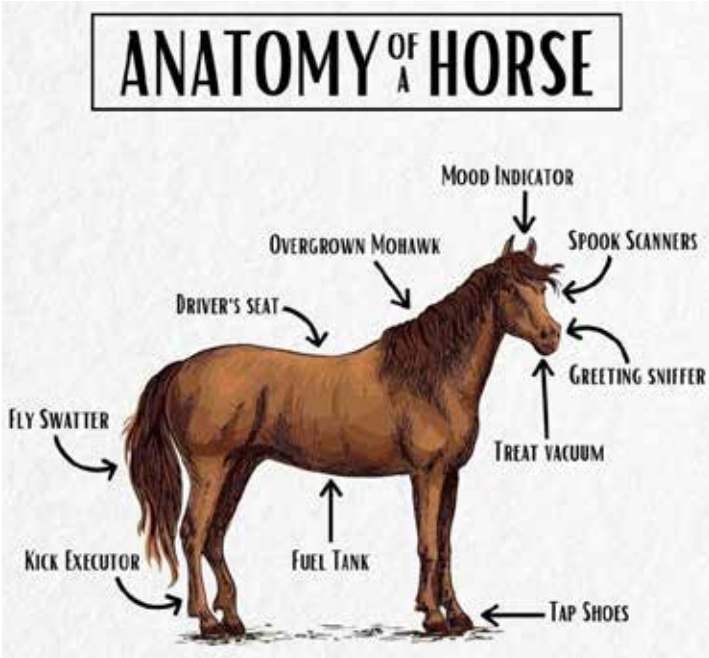
May you find time to declutter and remove the winter cobwebs?

May you have a beautiful October!

Regards,

Andriette







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Equine dentistry: the story the occlusal surface tells

Dr Arnold Mahne BVSc(Hons) MMedVet(Chir)(Eq), Equispes Clinical Services, Panorama, Cape Town. arnold@equispes.co.za; Cell nr +27837813914

Equine dentistry is an area of the veterinary field that we have, to a significant extent, lost to equine dental technicians. The pros and cons of this can certainly be debated for hours, with solid arguments and emotions in both camps. Maybe one of the reasons we, as equine vets, stopped doing routine or any other equine dental work is because we have neglected to invest time and money into making it an enjoyable and rewarding experience.

If a single piece of equipment is a game changer in equine dentistry, it is a dental scope. (Fig 1) It allows for a detailed examination of all the teeth and soft tissue structures while recording the data. It is an absolute must for veterinarians enjoying dentistry or wanting to enjoy it!



Fig 1: Oral examination performed with a dental endoscope.

However, you do not need a scope. Without significant additional investments, any vet can do a decent oral examination. The minimum equipment required is a gag, dental mirror, headlamp, and preferably a dental pick/explorer. A headstand or dental halter will make the procedure much more comfortable for everyone, but you can get away without it if you have to. A dental mirror is a must. Without a mirror, the occlusal surfaces cannot be adequately examined. Various dedicated equine dental mirrors are available, with or without magnification. But it is possible to make your own dental mirror for a few rands.



Fig 2: DIY dental mirror with a long handle.

Use a human dental mirror, which is cheap and freely available, and add a 30-40 cm extension for a longer handle. (Fig 2 shows where the handle was made by a piece of aluminium tubing and Pratley Putty.) The small mirror head can fit into small spaces and allow for detailed examination of areas inaccessible with larger equine dental mirrors. The one disadvantage is that the occlusal surface cannot be viewed as a whole. Headlamps are the next area where one can go basic or advanced. To start off, a bright camping headlamp works very well. The more dedicated (and expensive) headlamps allow for better illumination exactly where you are looking, as the LED is on a bendable arm and lower down between one's eyes.

When doing an oral examination, the horse should be sedated. Owners are often reluctant to allow this – here, we need a paradigm shift. If you don't sedate the horse, you won't be able to do a proper, professional oral examination. Period. Horses tolerate floating their teeth better than they tolerate a mirror in their mouths - and movement of the tongue or chewing is entirely counterproductive when you are trying to look in the mouth with a mirror. Speaking to any vet who does oral examinations routinely, this is not negotiable.

The mouth should be flushed out well before the examination. And before placing the gag in the mouth, remember to look at the incisors – this area is very easy to overlook, a place to get caught out. Before the detailed examination with the mirror, glance around to get an impression of the anatomy and focal overgrowths. Then, count the teeth. There should be six cheek teeth in all four arcades.

The next step is a detailed examination of each tooth.

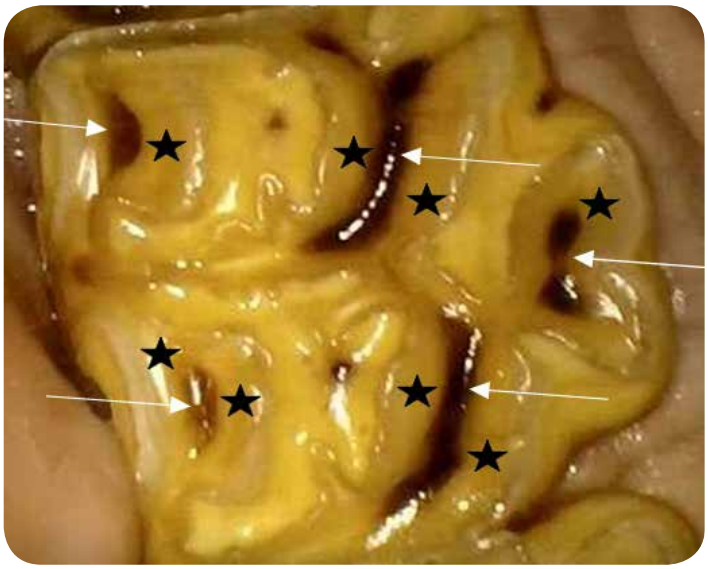


Fig 3: The white arrows indicate the secondary dentine covering the five pulp horns of this maxillary tooth. The black stars show the primary dentine.

The occlusal surface of a cheek tooth in a horse really tells a story about the tooth. Four different structures are visible – and pathology to each of the various structures has other implications. The bulk of the tooth is composed of dentine: on the occlusal surface, both primary and secondary dentine is distinguishable. (Fig 3)

The primary dentine lines the inside of the pulp cavity for the tooth's length. As the tooth erupts (and keeps erupting in these hypsodont teeth) and wears down, the secondary dentine is deposited towards the occlusal surface of the pulp cavity to keep it sealed. The secondary dentine takes up pigment, mostly from grass, giving it a dark brown appearance. The primary dentine, a light brown colour, can be seen surrounding it.

Normal secondary dentine is dark brown and will not pit on pressure.

When abnormal, with an exposed pulp, food often adheres to it (Fig 4), or a white edge is visible. (Fig 5). On probing, the probe will sink into it. Such a tooth should be radiographed. When a crown fracture is present, and it involves the secondary dentine, it should be probed.

If the secondary dentine has no defect, obtaining radiographs is not essential (although good to have), particularly if the fracture did not extend below the gingival margin. However, if the probes sink into the secondary dentine, the pulp is exposed, and the tooth should be radiographed. If apical changes are present, the tooth should be extracted.

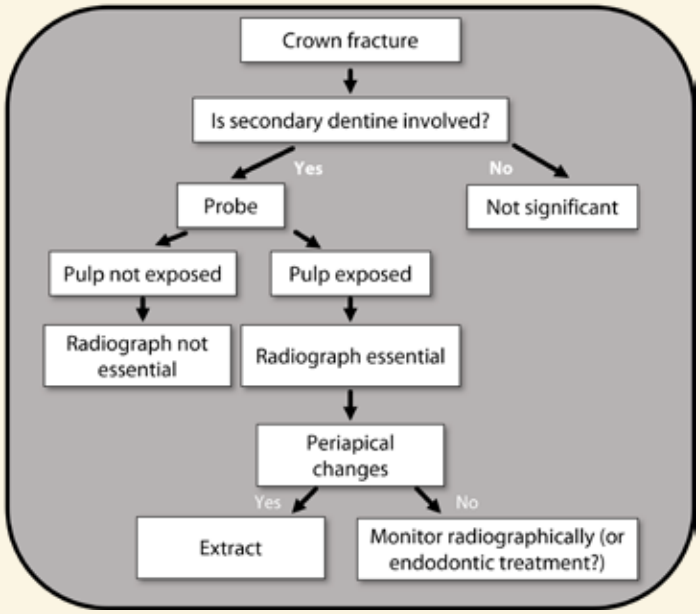


Fig 4: Open pulp (white arrow) with food material adhered to it; probing the defect in the secondary dentine, confirming pulp exposure.



Fig 5: Open pulp due to a complicated crown fracture.

Sometimes the pulp can be exposed, although the body was able to form a tertiary dentine bridge to seal off the pulp and prevent apical infection. In these cases, radiographic changes might not be present. Extraction is not needed. These cases should be monitored radiographically. Endodontic (root canal) treatment could also be performed, although it has numerous challenges and remains a controversial topic.



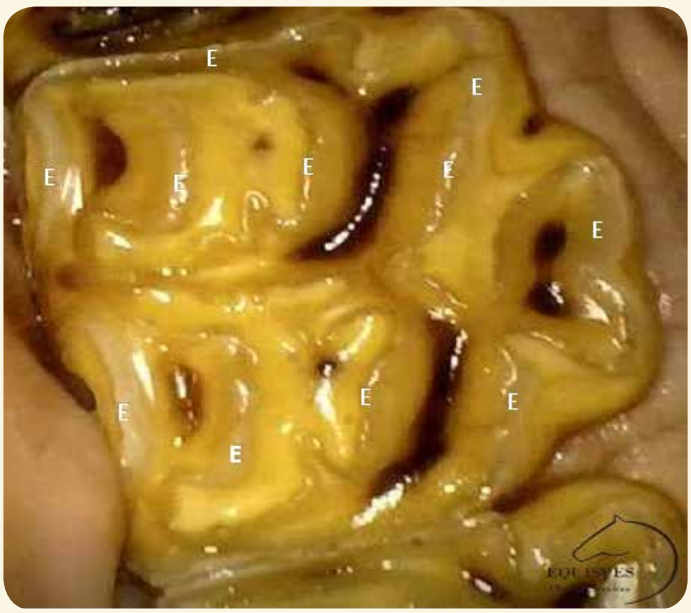


Fig 6: Enamel ridges (E) visible occlusally.

The other dental structures visible occlusally are enamel (Fig 6) and cementum (Fig 7).

In horses, the clinical crown is not covered by enamel but by cementum. The cementum protects the peripheral enamel.

In the maxillary cheek teeth, additional enamel ridges can be seen occlusally, lining the infundibula.

These are filled with cementum and have a normal central vascular canal.

The infundibula are often affected by infundibular caries (Fig 8). These caries can affect the cementum only (grade 1) or extend into the enamel (grade 2) and dentine (grade 3).

Grade 4 is when there is a coalescence of the mesial and distal infundibula. Grade 5 is when the tooth has fractured because of advanced caries.

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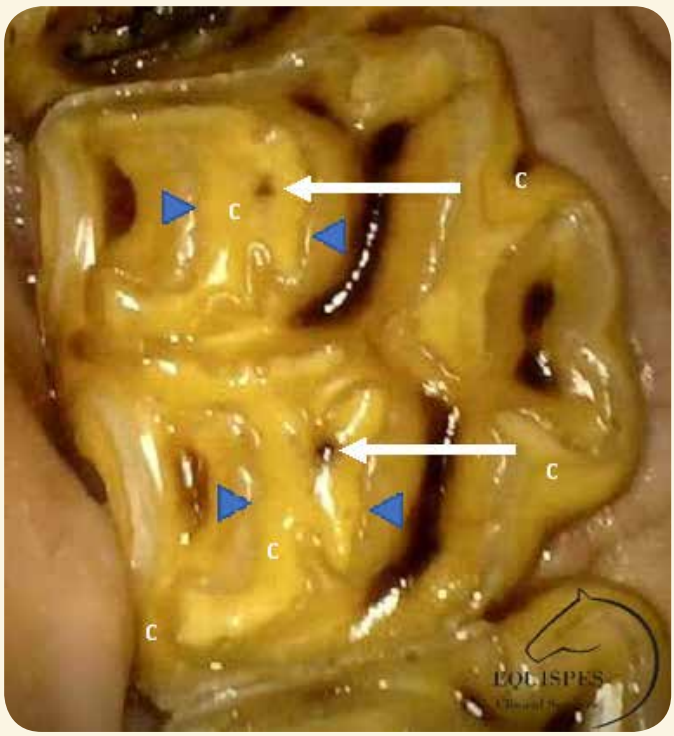


Fig 7: Cementum (C) is visible on the edges of the tooth and is filling the infundibula. The blue arrowheads highlight the enamel ridges of the infundibula. The white arrows point to the central vascular canals of the (normal) infundibula.



Fig 8: Grade 3 infundibular caries, affecting the cementum, enamel and dentine.

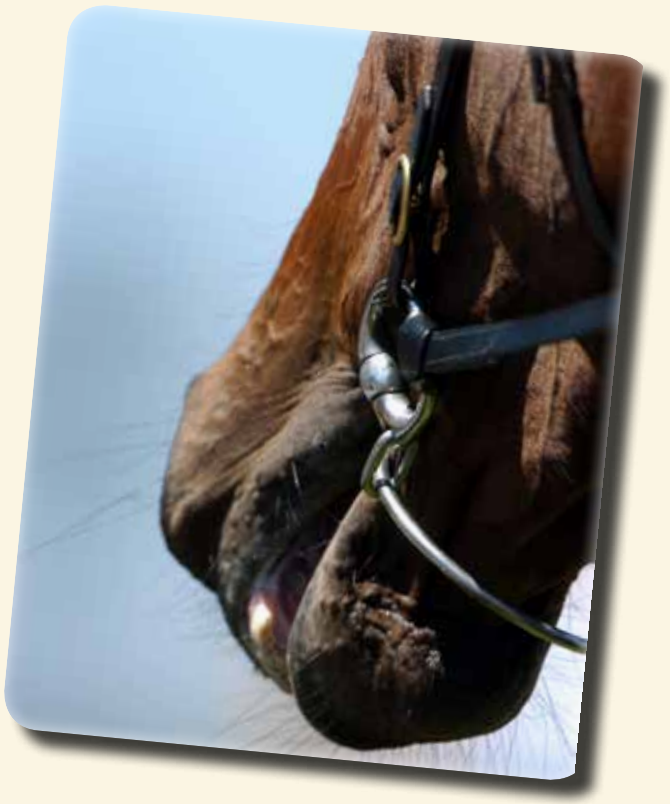
Unfortunately, we often only see cases where the tooth has already fractured. At this point in time, there is no alternative but extraction of the tooth.

Extraction can be prevented by performing infundibular restorations on grade 3 lesions (in some cases, grade 2) (Fig 9). It is proven to be very successful in preserving these teeth.



Fig 9: After the restoration of the infundibula.

In conclusion, a detailed examination of the occlusal surfaces of the equine cheek teeth can yield substantial information, which will be very useful in decision-making regarding dental procedures. V



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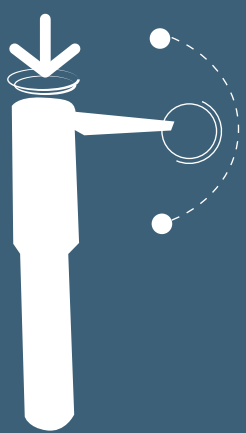
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4. Rey-Grobellet X, Rigaut D, Maynard L, Rème CA. Persistence of antimicrobials in the ear canal of dogs treated once daily for 5 days with 1 ml of a topical ear formula. Virbac SA, Carros, F-06511 France; 2010.

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Testing the mettle of horses and their riders in chilly Fauresmith

By Dr Erika de Jager, endurance veterinarian on duty

In a vast southern stretch of the Free State, in an area known as The False Karoo, lies the quaint town of Fauresmith. And that is just about the only reference to 'false' that is appropriate because everything else is as genuine, hearty and authentic as can be! Owing to the generous farming community, rich history and endless horizon of the Free State, Fauresmith is a charming little town with a warm heart.

Located about 130 km southwest of Bloemfontein, the town was named after Rev Phillip Faure and Sir Harry Smith. It is the second oldest town in the Free State, the only town in South Africa, and one of only three in the world where the railway line runs slap-bang down the centre of the main road! Winters are icy, with temperatures more than often below freezing.

Wikipedia has this to say about the famous town of Fauresmith: "Very close to Fauresmith is Jagersfontein, which is famous again for its diamond mine. Two of the ten biggest diamonds ever discovered, the Excelsior and the Reitz (now called the Jubilee), were mined from Jagersfontein." And with such a shining past, one cannot drive through Fauresmith without feeling the history in your bones. It is a neat little town with a few small shops, a beautiful church and, of course, that railway line in the middle of the main road!

But for one week in the year, people flock to Fauresmith for only ONE reason: for the love of horses, especially endurance horses. During a dedicated week in July - in the middle of winter - Fauresmith becomes the 'Horse Capital' of South Africa, as it is known in equestrian circles. This particular time is when the annual National Equestrian Endurance Ride takes place to test the grid of horses and their riders over a gruelling 205 km course during the three days of the event.

All the action centres around the showground where beautiful horses are paraded and loosened up in the arena, wrapped in colourful blankets and under the watchful eye of proud grooms and owners. Just behind the arena, you will find the busy canteen where the whole community works together to serve the most delicious meals for visitors from all around Southern Africa and sometimes the world. Nearby, in the cosy pub, old friendships are kindled, and new ones are formed, and the only thing in common is the love of this beautiful animal called the horse.

Only seventeen riders competed when the first endurance ride was held in 1973 in Fauresmith. Over the almost fifty years since then, this number has steadily grown to 300 and more riders. This July, the Fauresmith Endurance Race lived up to its reputation as an exhausting adventure that tests the mettle of horses and their riders to their very core. Day One and Day Two covered 74km with three vet checks each, while Day Three had a distance of 52 km with two vet checks.

At each vet check, horses are examined by one of the endurance veterinarians to either be eliminated or cleared to continue. At the 'slang gat', right at the showground ride base, is the hospital and treatment area. Horses that cannot continue are transported by a horse ambulance to this treatment area, where a team of equine veterinarians are on hand to take care of them.

Working at Fauresmith as an endurance veterinarian is an absolute privilege and remains one of my career highlights. Every year, I go home with countless memories and here are some of my best ones. A church service is held on Sunday morning, where everyone is welcome. The parade on Monday afternoon, where the different teams are introduced and the national anthems of the countries participating, is played. The pre-ride vet checks where the horses are so full of energy that some are rearing to get going.

Early mornings, when the first horses are about to start, with cold air blowing from their nostrils and the sound of hooves as they canter away to begin yet another Fauresmith. With winter wrapping her icy cloak over the area, the roads are covered in frost, and the mist hangs over the hills as the vehicles make their way to the first grooming points and vet checks. Standing in the vet lanes waiting for the first horses to arrive, ice crunches under our boots.

When the first horses arrive, we huddle as close to them as possible while doing the vet check to try and absorb some of their heat. At the end of each day, the veterinary meeting is where noteworthy cases and statistics about the day are shared.

And then the camaraderie shared by the veterinarians at the end of the day around a coal stove or paraffin heater in very cold houses with a lot of load shedding. At the end of the Endurance Race, on Day Three, the triumphant 'Chariots of Fire' theme song is played for every horse as soon as they are sighted. It is as if time stands still for that horse and rider, the moment loaded with jubilation when everyone on the small pavilion cheers as the horses and their riders complete the race. And then the final vet-check where the emotions go from extremely tense to tremendous joy or bitter disappointment. And at the end of yet another Fauresmith, I say goodbye with many emotions. I am so happy to live in Africa and participate in this incredibly unique sporting event. I am so proud of our brilliant equine and human athletes. I am so proud of our superb veterinarians.

Thank you to every person who makes Fauresmith Endurance Ride happen.













FAURESMITH 2022

Dr Glynn Catton



This year the annual Fauresmith ride started on Tuesday the 5th of July (with the vet checks on Monday the 4th to check all horses were fit to depart) and finished on Thursday the 7th of July. The entries were over 300 horses, but only 286 started. The veterinary team totalled 21, and the first veterinary meeting occurred on Monday the 5th in the afternoon; DelaRey Ribbens arranged a CPD event. The team in the photo below looked ready and rearing to go. The weather conditions at the start of the ride were good with warm sunny days but deteriorated as the ride progressed. On Thursday, while being judged for lameness, the vets were struggling to see the jogging horses at the end of the vet lane due to the fog.

It rained Wednesday night and Thursday morning; the horses departed in icy and misty conditions. We all know that this has been an extremely wet year, which resulted in the course being one of the most difficult – judged by experienced people who participated in the challenge. There were areas of the course where the horses were up to their knees/ fetlocks in mud and several lost horseshoes. Riders who usually try to get off the horses and run alongside them in difficult terrain found that they could not get off the horses because of the muddy conditions.

A total of 126 horses finished the ride which is 44 % of those that departed. This low figure indicates just how difficult this particular ride turned out to be. Fortunately for our colleagues, not all those horses were judged as not fit to continue – many of the owners recognised the circumstances and conditions - and withdrew their horses without the vets having to make judgements.

A group of students from Onderstepoort supported the vets, and the vets on the line really appreciated this support.

The overall winner was a lightweight rider – Michael Vaaltyn, who was 32 minutes ahead of the closest rival, but the winners were:

Heavy-weight winner - Jakkie Mellet in 9 hours 57 minutes

Standard weight winner - Melissa Mentz in 9 hours 10 minutes

Light-weight winner - Michael Vaaltyn in 8 hours 23 minutes

Young Rider winner - Marelize Klopper in 9 hours 25 minutes

Child rider - Esther van Eeden in 10 hours 7 minutes

This is once again a tribute to our colleagues and their volunteers who supported this event - which had not occurred for two years; it illustrates the enthusiasm for this event and is a distinct tribute to those who completed the ride.





The names of the people in the photograph are the following:

Standing Left - Right:

Fred van der Linde, Gerhard van der Westhuizen, Henrich Potgieter[ø], Izak Hattingh[ø], Stephan Stander, Monica Muller, Melissa Lange[ø], Tino Dakwa, Lesley TeBrugge, Donald MacRae, Erika de Jager, Susanna Herbst, Dave Gibbs, Lea Shuda, Izak Hattingh Snr, Leon Loubser, DelaRey Ribbens.

Kneeling Left - Right:

Jesse Jones, Ivan Beukes[ø], Sanje Fourie[ø], Joane Basson, Stephan Vermeulen, Brighton Muyambiri, Nina Smith[ø], Francois Gerber.

[ø]= Student

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The work of Cluny Animal Trust CVC

Article written by Imogen Tarita



CLUNY ANIMAL TRUST TURNED THEIR WEEKLY DIP DAY INTO A MINI-VACCINATION OUTREACH

Every Tuesday, we spend the day on the soccer field in Kgubetswana, Clarens and because we have the extra help in terms of Dr Andreas, Britta and Janne, we decided on the spur of the moment to do a mini-outreach and we brought Daisy along as well.

The main aim of the day was vaccination, because we always see the numbers drop off significantly in winter time and it remains vitally important that we vaccinate as many animals as possible. So, on Monday, Nico was driving around the area loud-hailing and we also used our WhatsApp connections to let as many people know, about Tuesday as possible.

We were thrilled at the response!

All day long, in gloomy, cold, and overcast weather we had a long queue of people, patiently waiting with their animals to be vaccinated. Having had a confirmed case of Rabies in Clarens last year, these kinds of days are vitally important for the overall health and wellbeing of not only the animals but the people as well.

We vaccinated 204 animals against Rabies, and we also vaccinated some of the dogs with 5in1 and 3in1 for cats, plus 3 dogs were also sterilised.

Rabies is endemic to the eastern Free State. But in truth, Rabies is something that everyone has heard of, but very few people actually know a great deal about it and why they should be concerned. It is a zoonotic disease, meaning it can be passed from animals to humans, and poses a significant threat, being almost always fatal.

The good news is that Rabies is 100% preventable but only if you vaccinate your animals! By choosing to vaccinate your pet against Rabies, if they are bitten by a domestic or wild animal carrying the virus, you are not only protecting them from becoming unwell but you are also protecting other animals that they may come into contact with.

But probably, and most importantly, you are also keeping the human members of your family safe, who would be at extreme risk of developing Rabies, if your pet were to contract the virus. Protection enables you and your pet/s to avoid painful, debilitating symptoms and a swift and unpleasant death.

All dogs and cats should be vaccinated against Rabies between 3 and 6 months of age. Then booster shots should then be administered every year, especially if you live in a Rabies endemic area, like we do!

For all of our local families, please chat to us about vaccinating your pets and even if you have missed a vaccination, that is okay, no need to panic but let us help you get that sorted ASAP.

For everyone else, we encourage you to please chat to your local veterinarian – bottom line just make sure your animals are vaccinated! Vaccination really is the only option because there is no cure for Rabies!

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NOTICE TO MEMBERS ANNUAL GENERAL MEETING (AGM)

South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

Notice is hereby given that the 117th Annual General Meeting of members of the South African Veterinary Association will be held on

Tuesday 25th October 2022
17:45
at
EMPERORS PALACE, KEMPTON PARK

By order of the Board
Registered office:
47 Gemsbok Avenue, Monument Park, Pretoria, 0181
31 August 2022

SAVA 2022
11th BIENNIAL SOUTH AFRICAN VETERINARY AND PARAVETERINARY CONGRESS & AWARDS
25-27 October 2022 | Emperors Palace, Gauteng

Win a SAVA congress registration!!

Answer the questions below and win a 3-day registration fee to the 11th Biennial South African Veterinary and Paraveterinary Congress. Answers can be found on www.sava.co.za or https://savetcon.co.za/SAVA2022/

The congress will be hosted as an in-person event. The SAVA Congress provides a unique opportunity for veterinarians in all branches of the profession to come together to explore the challenges that face animal health and welfare, to find solutions where possible and to demonstrate the value of the profession for the public good in a changing world.

1. **What is the driving force of SAVA?**
2. **Name two special interest groups of SAVA.**
3. **Is the SAVA 2022 Biennial Congress only for Veterinarians?**
4. **Name 2 Topic streams presented at the Congress.**

SAVA
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Please email your answers to vetnews@sava.co.za

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Vetnews is looking for past hardcopies of Vetnews editions

SAVA **Lost! Lost! Lost! Lost! Lost!** SAVA

- July 1980, January 1981, April 1981, March 1982, April 1982

If anybody has a hardcopy of the abovementioned Vetnews editions, please get in touch with The Vetnews Office at:

Andriette van der Merwe, vetnews@sava.co.za
Prof Gareth Bath, gfbath@gmail.com
Elize Nicholas, elize@sava.co.za

WELCOME MESSAGE FROM THE CONGRESS CHAIRPERSON

SAVA 2022

11th BIENNIAL SOUTH AFRICAN VETERINARY AND PARAVETERINARY CONGRESS & AWARDS

25-27 October 2022 | Emperors Palace, Gauteng



Dear Colleagues and Friends,

On behalf of SAVA, our partners, sponsors, exhibitors and most importantly, our presenters, I am incredibly excited to welcome you after missing out in 2021 due to the Covid-19 pandemic and rescheduling in the wake of the World Veterinary Association's Congress to be presented by SAVA in 2024, to the 11th edition of the SAVA Biennial Congress.

The Covid-19 pandemic was a testimony that we truly live in a VUCA (Volatile, Uncertain, Complex, Ambiguous) world. To survive in a VUCA world, we must counter Volatility with Vision, meet Uncertainty with Understanding, react to Complexity with Clarity and fight Ambiguity with Agility.

An environment that is hugely impacted by this world is the agricultural sector. Farmers must overcome a plethora of challenges; land reform, health and safety risks, limiting trade measures, climate change, a lack of agricultural education, training and development, lack of and spiralling costs of energy sources, water constraints, deteriorating infrastructure and access to finances. It is therefore apt that our plenary speaker is Dr Theo de Jager, the Executive Director of SAAI (South African Agri Initiative) and former President of the World Farmers' Organisation and the South African Confederation of Agricultural Unions. He will address us on "The Future Agricultural Landscape", a landscape directly affecting veterinarians working in the agricultural sector and all veterinarians on aspects such as food safety and security.

Not only to develop us professionally but also personally to cope with a VUCA World, the plenary session will be followed by 118 scientific presentations organised in 8 parallel streams. These presentations will address issues broader than contemporary veterinary science, such as One Health and women in the profession. Some of the distinguished guest speakers are Prof Wanda Markotter, the co-chair of the One Health High-Level Expert Panel of the WHO/WOAH/FAO/UNEP; Professors Johan Schoeman, Peter Tompson and Anita Michel of the Faculty of Veterinary Science; and Drs Deborah Tompson from One Health Lessons and Catherine Machalaba from EcoHealth Alliance.

The SAVA Congress provides a unique opportunity for veterinarians in all branches of the profession to come together to explore the challenges facing animal health and welfare, find solutions where possible and demonstrate the profession's value for the public good in a changing world. It is the ideal setting to network with more than 260 registrations attending the congress, of which more than 120 are delegates, 91 speakers and more than 50 exhibitors. Old friendships can be rekindled; new contacts can be made, and current paradigms and perspectives can be challenged and interrogated.

If you have registered, welcome to this exciting congress; if not, there is still time! Come and join us in the quest to transform the veterinary profession to have a clear future vision, understand our client and the public's needs, be evident in the services we as veterinarians can provide and deliver services with the necessary agility.

I trust your time at the congress will be professionally enriching and a personal development experience. May you walk away from the congress reinvigorated to face future challenges.

Dr Paul van der Merwe
SAVA Congress Chairperson
SAVA President

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John Beel, Group Veterinary Director

This year, John Beel, BVSc CertVOphtal Dipl BusMan MRCVS will attend the SAVA 2022 11th Biennial South African Veterinary and Paraveterinary Congress and Awards 25-27th October 2022 Emperors Palace, Gauteng.

John Beel, Group Veterinary Director at Medivet, will host a talk on Corneal Ulcers, a practical approach for the GP vet.

John qualified in 1998, before relocating from South Africa and joining Medivet in 2001. His current role as Group Veterinary Director has grown from his years as a Branch Partner, and more recently, Director of Practice Development.

For John, Medivet has continually been an opportunity to build on his knowledge and experience and partake in evidence-based, gold-standard veterinary medicine.

John's career is one of many examples within Medivet that highlights the fantastic opportunities available. His trust in the model has enabled him to have a fulfilling career based on his ambition and goals without compromising on his clinical passions.

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



> “I joined Medivet because the clinical acumen was just incredible... Every morning on ward rounds at Hendon, we would gather around all the patients and walk cage by cage, kennel by kennel, looking at the patients and discussing between all the vets what we could do for them. We could share opinions and knowledge – I remember walking through that ward round impressed thinking this is clinically amazing.”

John Beel, Group Veterinary Director

careers.medivet.co.uk

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Programme at a glance

MONDAY, 24 OCTOBER 2022

16:00 - 18:00	Registration Opens (Senate Room Foyer)
17:00 - 18:00	Happy Hour in Exhibition Hall 2, Negotiation Council Chambers - All pre-congress day attendees welcome to attend.

TUESDAY, 25 OCTOBER 2022

07h00 - 09h00	Registration (Senate Room Foyer) Arrival Refreshments & Industry Networking in Exhibition Hall 1 & 2							
Venue	**SENATE**	**JULIA**	**FABIA II**	**FABIA I**	**MARCIA II**	**MARCIA I**	**LUCRETIA**	**CLAUDIUS**
09:00 - 09:50	**Opening Plenary Session (Senate Rooms)** - Welcome and Opening - *Dr Paul van der Merwe, Congress Chairman* - Plenary Presentation - The Future Agricultural Landscape - *Dr Theo de Jager, Executive Director of SAAI (South African Agri Initiative)* - Digitail Product Showcase							
10:00 - 10:45	Small Animals	Small Animals - Alternative Medicine	One Health	Animal Ethics & Welfare	Equines	Business/Practice Management	Ruminants	Veterinary History
10:45 - 11:30	Mid-morning refreshments (Exhibition Hall 1 (Assembly Rooms) & Exhibition Hall 2 (Negotiation Council Chambers)							
11:30 - 13:10	Small Animals	Small Animals - Alternative Medicine	One Health	Animal Ethics & Welfare	Equines	Business/Practice Management	Ruminants	Veterinary History
13:10 - 14:00	Lunch in the Galleria Restaurant							
	Dessert + Industry Networking (Exhibition Halls)							
14:00 - 14:45	Small Animals	Small Animals - Alternative Medicine	One Health	Animal Ethics & Welfare	Equines	Business/Practice Management	Ruminants	Veterinary History
14:50 - 15:35	Small Animals	Small Animals	One Health	Animal Ethics & Welfare	Equines	Business/Practice Management	Ruminants	Veterinary History
15:35 - 16:00	Mid-afternoon refreshments (Exhibition Halls)							
16:00 - 17:35	Small Animals	Small Animals	One Health	Animal Ethics & Welfare	Equines	Wellbeing	Ruminants	Veterinary History
17:45 - 19:00	Annual General Meeting of SAVA							
18:00 - 20:00	Exhibitor's Welcome Reception (Exhibition Halls)							

WEDNESDAY, 26 OCTOBER 2022

07h00 - 09h00	Registration (Assembly Room Foyer) Arrival Refreshments & Industry Networking in Exhibition Hall 1 & 2							
Venue	**SENATE**	**JULIA**	**FABIA II**	**FABIA I**	**MARCIA II**	**MARCIA I**	**LUCRETIA**	**CLAUDIUS**
08:30 - 10:05	Small Animals	SAAVT Annual Conference	One Health	Animal Ethics & Welfare	Equines	Wellbeing	Exotics / Small Animals	WORKSHOP 1 (Anaesthesia)
10:05 - 10:50	Mid-morning refreshments (Exhibition Hall 1 (Assembly Rooms) & Exhibition Hall 2 (Negotiation Council Chambers)							
10:50 - 12:25	Small Animals	SAAVT Annual Conference	One Health	Animal Ethics & Welfare	Equines	Wellbeing	Small Animals	WORKSHOP 1 (Anaesthesia)
12:25 - 13:30	Lunch in the Galleria Restaurant							
	Dessert + Industry Networking (Exhibition Halls)							
13:30 - 15:05	Small Animals	SAAVT Annual Conference	One Health	Animal Ethics & Welfare	Small Animals - Nutrition	Wellbeing	Small Animals	WORKSHOP 1 (Anaesthesia)
15:05 - 15:30	Mid-afternoon refreshments (Exhibition Halls)							
15:30 - 16:15	Small Animals	SAAVT Annual Conference	One Health	Animal Ethics & Welfare	Small Animals - Nutrition	Wellbeing	Small Animals	WORKSHOP 1 (Anaesthesia)
16:20 - 17:05	Small Animals	SAAVT Annual Conference	One Health	Small Animals - Ophthalmology	Production Animals - Pigs	Wellbeing	Small Animals	WORKSHOP 1 (Anaesthesia)
17:10- 17:50	Small Animals	SAAVT AGM	One Health	Small Animals - Ophthalmology	Production Animals - Pigs	NO SESSION	Small Animals	WORKSHOP 1 (Anaesthesia)
19:00 for 19:30	SAVA GALA DINNER & AWARDS: DENIM & DIAMONDS!							

THURSDAY, 27 OCTOBER 2022

07h00 - 09h00	Registration (Assembly Room Foyer) Arrival Refreshments & Industry Networking in Exhibition Hall 1 & 2				
Venue	**JULIA**	**FABIA II**	**FABIA I**	**MARCIA II**	**CLAUDIUS**
09:00 - 10:35	Small Animals	One Health	Small Animals	Production Animals - Pigs	WORKSHOP 2 (CPR)
10:35 - 11:15	Mid-morning refreshments (Exhibition Hall 1 (Assembly Rooms) & Exhibition Hall 2 (Negotiation Council Chambers)				
11:15 - 13:00	Small Animals	One Health	Small Animals	Production Animals - Pigs	WORKSHOP 2 (CPR)
13:00 - 14:00	Lunch in the Galleria Restaurant				
	Dessert + Industry Networking (Exhibition Halls)				
14:00 - 15:30	Small Animals	One Health	Small Animals	Production Animals - Pigs / AGM	WORKSHOP 2 (CPR)
15:30 - 16:00	Coffee & Tea (Senate Rooms Foyer)				
16:00 - 17:00	NO SESSION	One Health	Small Animals	NO SESSION	WORKSHOP 2 (CPR)
17:00	CLOSE OF CONGRESS				

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Speaker Spotlight



Dr Theo De Jager
Executive Director at Southern African Agri Initiative (SAAI) and former president of the World Farmers' Organisation (WFO), which represents more than 1.5 billion farmers across the globe.

Opening Plenary Speaker: Tuesday 25 October at 09:00am
The Future Agricultural Landscape



Dr Brandan Wustefeld-Janssens, BVSc, DECVS
Dr Janssens is an assistant professor of surgical oncology at the Flint Animal Cancer Center, Colorado State University (CSU) and completed an internship and surgical residency at the University of Liverpool in the UK. He completed a fellowship in surgical oncology at CSU in 2017 and was on the faculty at Texas A&M University before moving back to CSU at the end of 2020. He is a Diplomate of European College of Veterinary Surgeons and a Recognized Specialist in Surgery Oncology by the Royal College of Veterinary Surgeons.

25 October, 11:30 - ***Liver tumors: update on treatment and surgical tips***
25 October, 16:00 - ***Translation cancer research: the CSU experience***
27 October, 12:10 - ***Hemipelvectomy: is it as scary as it sounds?***



Professor Wanda Markotter
Prof. Markotter is a virologist who began her academic career at the University of Pretoria in 2004 and is currently the Director of its Centre for Viral Zoonoses in the Department of Medical Virology at the University's Faculty of Health Sciences. Prof. Markotter has published more than 70 scientific publications and several book chapters, and regularly contributes to public media forums. Her research is supported by several multi-collaborative international viral surveillance programmes and institutions, including the Global Disease Detection Programme, the Centres for Disease Control and Prevention, and the Defence and Threat Reduction Agency in the USA. She also plays a leading role in several governmental committees, including the National Rabies Advisory Group and the National One Health Forum.

25 October, 10:00 - ***One Health – The Global Perspective***
26 October, 15:30 - ***Risk of viral spill over from wildlife***
27 October, 11:15 - ***Panel Discussion: Future of One Health Education***



Dr Deborah Thomson, DVM
Dr Thomson is the Chair of the World Veterinary Association's One Health Education Subgroup and author of The Art of Science Communication. In addition, she founded an organization that inspires children and adults around the world to value the interconnection between human health and the health of the environment, plants and animals (called One Health Lessons). She has served as a Science Policy Advisor in the United States Congress and is also a clinical veterinarian and award-winning public speaker. Her articles have been printed in multiple publications, including The Lancet Planetary Health.

27 October, 11:15 - ***Panel Discussion: Future of One Health Education***
27 October, 14:00 - ***From the Clinic to the Stage: How to Apply your Knowledge in Surprising Places***
27 October,14:50 - ***One Health Communication Workshop***

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On behalf of the South African Veterinary Association, the World Veterinary Association and the global veterinary community, we are delighted to invite you to the 38th World Veterinary Association Congress (WVAC2024) that will take place in Cape Town, South Africa on 14-19 April 2022.

The WVAC2024 will provide a unique and informative experience for veterinarians across all disciplines of the profession to come together to explore the challenges that veterinarians face not only regarding the health and welfare of animals, but also our environment.

The Congress is an opportunity to introduce the community and students in South Africa to veterinary medicine and its importance. The Congress will include more than 100 specialized educational workshops and lectures over the three days, with the attendance of about 40 lecturers from all over the world. Besides this, there will be an accompanying exhibition for veterinary companies, scientific universities, and government agencies. In the field of specialization, they meet together under one roof in the heart of Cape Town.

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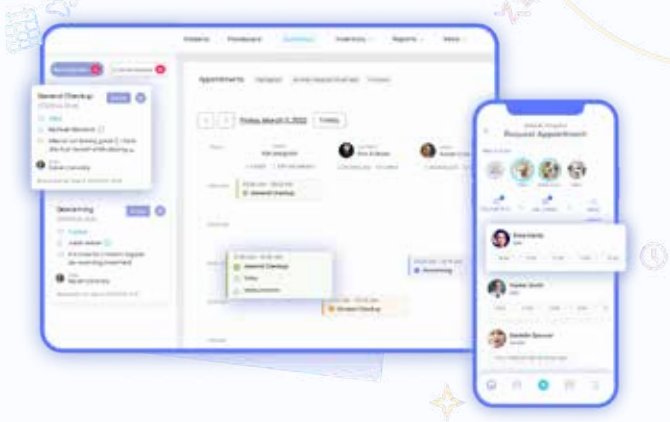
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CREDO

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.

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

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

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

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

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Ken Pettey: 082 882 7356, ken.pettey@gmail.com

Tod Collins: 083 350 1662, tcollins@isat.co.za

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

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

Mike Lowry: 084 581 2624, mikelowry@sai.co.za

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13 COMMON MISTAKES VETERINARIANS MAKE WHEN CERTIFYING DOCUMENTS

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.

Veterinary certification is required for various purposes, including commercial, administrative, and governmental. It relies heavily on the expertise, knowledge, and professional integrity of the veterinarian performing certification. Certification is a key function of state veterinarians, but it is just as significant in private practice. A certified document, in effect, means that the content thereof can be regarded as true and correct. An element of trust is thus built into certification. Any veterinarian signing a certificate must understand the potentially harmful consequences of careless or false certification.

Unfortunately, incorrect certification is more the norm than the exception. Certification is often complex. Little education and training are given to veterinarians on certification principles and requirements, either by academic institutions or responsible authorities. Here are some of the common mistakes veterinarians make when certifying documents.

1. ***Vets don't take certification seriously.*** It is often seen as a burden on a vet who would rather treat patients than deal with tedious administration. The veterinary nurse or receptionist is frequently asked to complete the information, and the veterinarian signs the certificate without considering its importance.

2. ***Vets that mainly work with other species but sign certificates for horses, livestock, or cattle.*** Assisting if someone asks you to sign a certificate is very tempting. However, you may not know all the requirements if you do not regularly work with a particular species. It is frequently seen in health certification for horses for movement control purposes. The regulations and requirements dealing with horse movements are very complex. If you do not work with it regularly, you are almost guaranteed to make a mistake and open yourself up to a complaint of unprofessional conduct.

3. ***Not reading the requirements of the specific certificate.*** Sometimes there are pages of requirements and very specific tests that are required. It is crucial to pay attention to details when certifying a document.

4. ***Incomplete and missing information.*** Every section of a certificate must be completed in full. You are not allowed to leave any open sections for owners to complete after you have signed the certificate.

5. ***Certify information based on hearsay or unverifiable facts.*** A Veterinarian may only certify something that can be personally verified or within the vet's knowledge.

6. ***Illegible writing.*** Where the certificate requires information to be completed in handwriting, it must be done in clear, legible writing, and the information must be easy to understand.

7. ***Lack of proper animal identification.*** All animals must be identified so that any confusion is avoided. Microchip numbers with the date of microchipping must be provided, or tattoo numbers, ear tag numbers, brand marks, or any other marking identification. It must be completed thoroughly and correctly.

8. ***Undated certificates.*** The date of certification is critical, and all certificates must be dated.

9. ***Certificates signed by someone else on behalf of the veterinarian.*** A veterinarian may not authorize any person, including another veterinarian, to sign a certificate on their behalf.

10. ***Certificates that contain deletions.*** The only deletions allowed on a certificate are where it is indicated on the certificate that it is permitted or required. If deletion is required, it must be done by following the instructions of the specific certificate.

11. ***Using correction fluid.*** The use of correction fluid on certificates is prohibited. It is not allowed under any circumstances.

12. ***Using the wrong colour pen to sign a certificate.*** The signature and practice stamp used on a certificate should be in a different colour from that of the printing of the certificate.

13. ***Not keeping copies of certificates.*** Veterinarians must keep copies of all certificates that are issued for a period of five years from the date that it was issued.

To avoid any problems with certification, familiarize yourself with the general rules of certification. Rule 5 of the Rules Relating to the Practicing of Veterinary Professions in terms of the Veterinary and Para-Veterinary Professions Act, No. 19 of 1982, applies to all veterinary certifications. Where certification is done as part of the disease control measures under the Animal Diseases Act, No. 35 of 1984, the Veterinary Procedural Notice regarding the Rules of Certification must be followed.

Certification must be carried out professionally and responsibly. Dedicate enough time to it so that it can be done thoroughly. Do not sign certificates for species and industries where you have limited knowledge. Never sign certificates where your impartiality may be questioned.

If you have any further questions in this regard, feel free to send an e-mail to trudie@legalvetservices.co.za.



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I hope this article finds you and your families well and safe!!! Last month we discussed the analogy of a sculpture, learned some valuable lessons in commitment and passion, and had a clear vision of what we want to achieve at the outset of working on a project/goal. This month we will look at **circumstances versus our response to events we experience.**



(https://pixabay.com/photos/good-bad-opposite-choice-choose-1123013/)

I am almost convinced you have heard of different people sharing the exact same experience but coming out the other end of it with entirely different understanding and perspectives. **Do you see the good or the bad in a situation?**

Allow me to demonstrate with an **example**. Man receives his annual bonus at work and walks out of the building a delighted man. He celebrates his hard work and buys himself a special treat at the shops. He encounters a lady in the parking lot who tells him her baby is in hospital. She had limited money and asked the man if he could spare some of his cash, which she noticed he had a lot of in his wallet, to help her seriously ill child.

The man was distraught and wanted to help, so much so that he gave all his bonus money away so she could afford an operation to save her baby. As he shares the story with a few people, he realises he was tricked. "You mean there is no sick baby?" he asked. "Yes," they said.

Then the man said, "That's the best news I have heard in a long while!"

Would you have been "relieved" that your fears for a sick child were unfounded, or would you have focused on the money you had lost?

I am the parent of a special needs little girl called Natalia. She is currently 12 years old and has been struggling with dyspraxia her entire life. She has been assessed, tested, probed, and evaluated repeatedly since the age of 10 months and has seen countless doctors and continues to see doctors (although far less now) on a regular basis. Dyspraxia means that she battles to coordinate the sequence of movements and thoughts for just about everything she does or says, which has slowed down her learning ability and progress significantly.

So much so that she functions at the level of a 6-year-old child. Through it all, she has been a shining example of a positive attitude in our family. She has mental and physical disabilities and battles to do some of the most basic daily activities and often requires assistance to complete fundamental tasks. Even so, she lives a full and rewarding life, and she **NEVER complains. Amazing**!

If she were "normal", she wouldn't have met all the children at her special needs school, and she wouldn't have been the one looking after the guinea pigs and rabbits. She continues to offer love and joy to everyone she meets and is living her purpose in the way it was meant to be. Natalia, **having an attitude of expectation and optimism often makes things go better than they might otherwise.** She instinctively refuses to be a victim and looks for a positive outcome in every situation.

Most of us are familiar with the Winnie the Pooh books. This world's Tiggers (optimists) end up far better off than the Eeyores (pessimists). **Even if things don't turn out exactly as they anticipate, the Tiggers still feel good!** The Eeyores, on the other hand, don't ever feel good.

Our society seems to have become conditioned to look for someone to blame for all negative situations or to find excuses to justify their poor results.

It can be further aggravated by trying to find someone who will pay. **In most cases, blame, justification, and punishment are not warranted.** Indeed, some circumstances are unfair in life… but an event never entirely dictates the degree to which a person can have significance! In fact, in some cases, circumstance catapults a person towards relevance.

Our initial problem in my family was with our attitude and responses to the challenges we faced with Natalia. Then we started to **focus on solutions:**

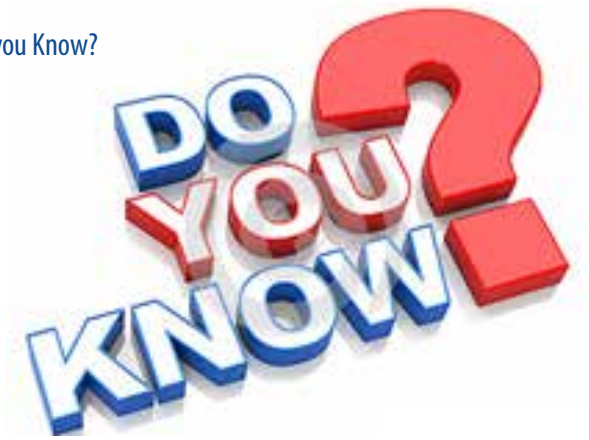
- We focused on having jobs and could pay doctors to see Natalia and offer options.
- We focused on Natalia being alive and having the potential to thrive.
- We focused on supporting the doctors caring for Natalia rather than the ones that misdiagnosed her.
- We focused on the blessings of having a daughter
- Natalia became the reason for doing better, not the excuse for falling apart

Circumstances are neutral, and the problem you think is "real" is not the problem. Do not let your attitude shackle you, paralyse you or distract you from taking on the issue. **We can choose how we respond and continue towards ongoing success**.

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







ANŠE: A MOUNT NOT FOR THE FAINT-HEARTED

Silvia Nicolás Alonso Ph.D. in Veterinary Medicine
Biblical and Oriental Institute (León, Spain)

Domesticated horses dramatically transformed long-range mobility and warfare, thus revolutionizing human history. They carried man further and faster than any other means of transportation until the development of the steam locomotive in the early 1800s. They also contributed to the development of nations as horse riders spread their language and culture wherever they went.

We know little about the domestication of the horse, one of the most thought-provoking stories. Although two new foci of domestication have recently been proposed (Iberia and Anatolia), it is generally accepted that it first occurred around 5000-4500 B.C., when nomadic pastoralist tribes inhabiting the Pontic steppe (between the Black Sea and Kazakhstan) managed to tame the tarpan (*Equus ferus ferus*), now an extinct wild horse sub-species.

These were small animals, around 1.3 metres tall, with an ancestral type of coat (*dun* gene): mouse-coloured with primitive markings like a dorsal stripe and zebra bars. Their hair, thick, long and dense, allowed them to resist the cold winter temperatures. The smaller forest sub-species was equally hardy.

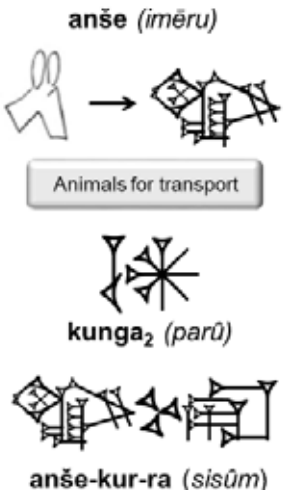


Sumerian war chariot. These were two and four-wheeled chariots that were drawn by onagers. Some were found at Ur and Kish buried with the animals of their team, grooms and drivers. To guide the animals a silver ring was fixed through the upper lips, in a similar way that bovids were led by a rope attached to a ring in the nose. Detail of the "War panel" of the "Standard of Ur", XXVI century B.C. British Museum.

These animals provided milk and transportation for the tribes of the continent's interior. Likely, the saddle, the stirrup and the horse collar originated here, but this is difficult to determine since no remains have been preserved. These artefacts would have been made of tendons, leather and ropes.

On the other hand, long before the horse arrived in Mesopotamia, the Sumerians had managed to domesticate another equine: the onager or hemion, a wild ass species. The Syrian subspecies (*Equus hemionus hemippus*), now extinct, was the smallest at about 1 metre tall but was fast and resistant to drought.

The term **anše**, translated generically as 'donkey', encompasses all species used for transport: donkeys, onagers, horses and their crosses, and dromedaries, already domesticated, introduced from Arabia later.





Sumerian determinative anše (Akkadian imēru) and its evolution to cuneiform sign. The spellings of some equids are included. Its classification in the Sumerian scheme obey criteria of productive interest.

In Mesopotamia, onagers were infamous for their feisty temperaments. Their indomitable character made handling and riding them difficult, but they pulled the Sumerian chariots around 2600 B.C. That is why Sumerians practised crossbreeding in their search for more docile and compliant animals. It is the case of the mysterious kunga (**kunga$_2$**), a sterile hybrid whose nature is still debated (it was probably a cross between an onager and another donkey specie). Like horses, these equids were animals of great prestige and were widely represented in art.

At the end of the third millennium B.C., coming across the Zagros from the northern steppes, the 'donkey of the mountains' (**anše-kur-ra**) arrived in Mesopotamia. This valuable animal, typically the property of kings and nobles to enhance their status, was better suited to riding. For this reason, the horse progressively displaced the onager as a working equine, although its use in hunting continued as part of the royal hunts.



Reg. No. V32879, V32878. Act 36 (1947)

Stressful situations call for CALM

As a profession, we are all aware of the effects that stress has on us and how it impacts our lives. Our dogs and cats are no different, and when pressure is prolonged, leading to anxiety, it can affect the quality of life.

Stress & Anxiety

Stress increases activity in the central nervous system and the secretion of stress hormones. In the short run, this stress reaction can be positive as these reactions allow the animal to better adapts to new and stressful situations. However, stress can become negative when it is excessive or lasts for a long time. The animal's ability to adapt is exceeded, and it becomes exhausted. Some animals are more sensitive to stress and do not adapt as well to new situations. Age and lack of experience reduce the ability to adjust. A typical result of not being able to manage a stressful situation is the development of anxiety. Anxiety is considered pathological if this state persists when tension or threats are no longer necessary to trigger the behaviour.

Supportive therapies

The best form of treatment for behaviour problems will use a combination of Medication, Management and Modifications (3 M's)

Nutritional support

The Royal Canin Calm range for dogs and cats includes a combination of **Alpha-casozepine** and **L-Tryptophan,** which have a "calming" effect on nerve pathways in the brain. The diet also includes urinary, skin and digestive support as these are expected consequences of stress and anxiety.

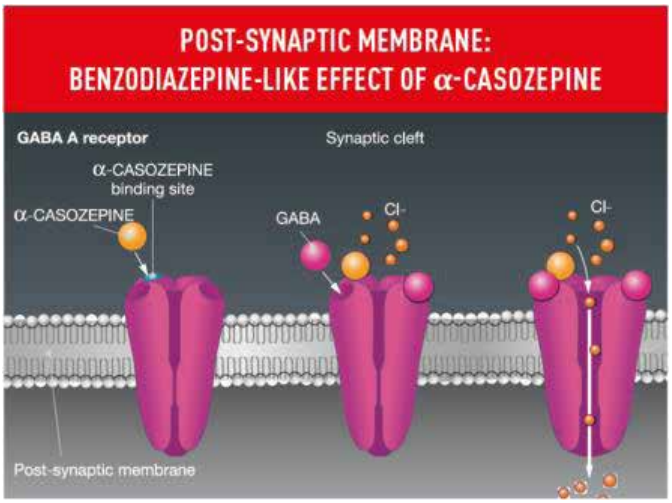
1. **Alpha-Casozepine**: A milk-derived active biopeptide

MOA: Alpha-casozepine has a selective affinity (Lecouvey M., Miclo L., Biochem J., 1997) for the benzodiazepine-binding site on type A GABA receptors in the brain and potentiates the activity of gamma-aminobutyric acid (GABA), a neurotransmitter widely known for its inhibitory effects on anxiety and stress-related disorders. This mechanism of action explains the relaxing properties of this agent. Studies show that the anxiolytic effect of alpha-casozepine is comparable to that of diazepam (Violle N. et al. 2006) but without the latter's side effects (Disinhibition, ataxia, adverse effects on memory).

This process starts with the isolation of alpha S1-casein from skimmed milk. The crucial step in tryptic hydrolysis is carried out next. Heat treatment and dehydration follow before the bioactive decapeptide is finally obtained. Alpha-casozepine may increase the affinity of GABA for its specific neuronal receptors. The benzodiazepine-like effects of alpha-casozepine lead to post-synaptic membrane hyperpolarisation induced by GABA and transmembrane influx of chloride (Cl-) ions.

The hyperpolarisation of the axon membrane leads to reduced post-synaptic neuronal activity in the brain (calming effect).

Alpha-casozepine has a specific binding site located on the GABA receptor. Once bound to its particular site, alpha-casozepine leads to a higher affinity of GABA for its own receptor. This increases the frequency of opening of the associated chloride ion channel and hyperpolarisation of the membrane of the associate neuron. It potentiates the available GABA's inhibitory effect, leading to anxiolytic effects.



2. **L-Tryptophan**: Serotonin precursor

Once absorbed in the body, L-tryptophan is converted by tryptophan hydroxylase (limiting enzyme for serotonin production) into L-5-hydroxytryptophan, which is then metabolised by decarboxylases into 5-hydroxytryptamine, or serotonin (Floc'h, Seve B., 2007)

It is thought that increased brain concentrations of tryptophan lead to increased release of serotonin.

Tryptophan (TRP) must cross the blood-brain barrier (BBB), which is used as a precursor in the synthesis of serotonin. To pass through the BBB, TRP competes with other amino acids, tyrosine, phenylalanine, valine, leucine and isoleucine, which use the same carrier. These amino acids are known as Large Neutral Amino Acids (LNAA).

By increasing the tryptophan:LNAA ratio, the availability of brain tryptophan increases and therefore, more serotonin is produced. Serotonin plays an essential role in regulating mood, anxiety, appetite and sleep. Thus L-tryptophan has the properties of a natural antidepressant.

Dietary supplementation and adaption of the tryptophan:LNAA ratio has promising effects on dog behaviour. De Napoli, in 2000, reported behaviour moderating effects (improvement in anxiety-related signs) of a diet with an increased ratio of L-Tryptophan: LNAA (Trp, Ile, Leu, Phe, Try, Val).

For more information on the Calm diets, please speak to your Royal Canin BDO.

References available on request V

Equine Immune-Mediated Keratitis [IMMK]

Dr Izak Venter, Digital Veterinary Ophthalmology Services (DVOS)

Immune-mediated keratitis (IMMK) is a corneal disorder that seems unique to the equine species. It is a relatively new and emerging disease category. It was first documented in 1995.

A diagnosis of IMMK is made if there is a progressive or chronic (> 3 months duration), non-ulcerative or recurring corneal opacity with mild to moderate signs of cellular infiltrate, corneal vascularisation, and corneal oedema.

IMMKs are also characterised by only mild ocular discomfort signs (mild epiphora, slight blepharospasm). Other characteristics include the absence of secondary uveitis, absence of microorganisms on culture, cytology or histopathology and clinical improvement with anti-inflammatory medications.

Presumptive immunopathology

The candidate pathogenesis of IMMK in horses is that the immune system has recognised an autoantigen in the cornea or a foreign protein, including microbial epitopes, within the cornea. An underlying infectious agent may thus be either the inciting or perpetuating cause (or both) in IMMK. The microorganism may be directly inciting active inflammation or may have induced immunologic cross-reaction with self-antigen in the cornea.

Factors influencing the clinical expression of the immunoinflammatory response in cases of suspected IMMK are likely to include:

- The nature of the antigen involved. This may be sequestered microbial or viral heteroantigens.
- The dose and route of presentation of the putative antigen.
- The immunophenotype of the patient.
- The immune environment in the cornea at the time of antigen presentation.

A primary clinical feature of IMMK is the absence of anterior uveitis, even in the presence of deep keratitis. This is likely to be a consequence of anterior chamber-associated immune deviation (ACAID) being maintained in the affected eye, protecting the intraocular structures of the anterior segment from involvement in the immunoinflammatory response. Four distinct disease entities are noted amongst the IMMK, and they are described as follows:

Epithelial Immune-Mediated Keratitis (5% of cases)

It is characterised by multifocal punctate areas in the ventral corneal epithelium. These lesions are not ulcerated but may have very faint surrounding cellular infiltrate. No corneal vascularisation and no signs of ocular discomfort are noted. Because of the geographic distribution of the corneal lesions, a viral agent (EHV 2 or 5) is frequently suspected in these cases. It is possible that retained, non-active viral epitopes within the cornea can stimulate a chronic immunologic response in all IMMKs. Much the same would be valid for other microbial agents, including fungal particles, which may act to trigger a low-grade auto-inflammatory response in the basal epithelial layer without precipitating frank ulcerative disease.

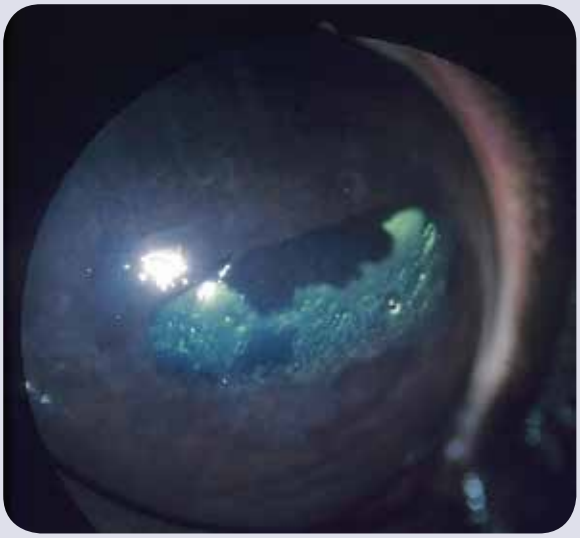


Figure 1 Epithelial IMMK. There is a diffuse, central, superficial, non-vascularised corneal opacity, usually associated with minimal to no signs of discomfort.

Superficial Immune-Mediated Keratitis (45% of cases)

Characterised by a non-painful, waxing and waning chronic corneal opacity. The opacity consists of a sub-epithelial superficial white to yellow stromal cellular infiltrate surrounded by superficial branching corneal vascularisation. These lesions are usually controlled by tapering doses of topical corticosteroids and long-term Tacrolimus.



Figure 2 Superficial IMMK. The opacity consists of a subepithelial, superficial, white to yellow stromal cellular infiltrate surrounded by superficial, branching corneal vascularisation. Minimal signs of ocular discomfort are present.

Midstromal Immune-Mediated Keratitis (27% of cases)

Midstromal IMMKs have a similar clinical presentation to the superficial IMMK, except that the location of the vascularisation and cellular

infiltrate is denser and deeper, resulting in a more opaque cornea. Because of the deeper corneal location, vascularisation is typically less branching and straighter than observed with superficial IMMKs. These cases are also generally less responsive to topical medications.



Figure 3 Midstromal IMMK Dense cellular infiltrate resulting in a more opaque cornea than superficial IMMK.

Endothelial Immune-Mediated Keratitis (23% of cases)

Also known as endotheliitis and is characterised by a chronic, slowly progressive, non-painful, diffuse ventro-lateral or ventral full thickness area of corneal oedema. When examined with a slit-lamp biomicroscope, dark cellular infiltrate can be observed at the edge of corneal oedema at the level of the endothelial cells. Occasionally with chronic disease, bullous keratopathy may develop with focal or multifocal superficial ulcers. When this happens, signs of ocular pain will be present. These eyes have a normal IOP and no aqueous flare.

Treatment

Initial aggressive use of topical glucocorticoids [Prednisolone acetate/ dexamethasone] and immunosuppressive agents [Cyclosporin / Tacrolimus]. Early intervention is indicated as these diseases become increasingly refractory to medical therapy and increasingly liable to recurrence with time.

Treatment is often required for protracted periods to control the recrudescence of the disease. Usually, this involves tapering the frequency of topical administration of the medication to the minimum required to control the expression of the disease.

Most cases can be managed with lifelong Tacrolimus/cyclosporin. Long-term client compliance is sometimes a problem.

Treatment of immune-mediated keratitis in horses with episcleral silicone matrix cyclosporine delivery devices has been described with good long-term results.

A single implant leads to the slow release of Cyclosporin for at least one year but up to two years. Implanting these devices is a straightforward procedure done under topical anaesthesia and regional nerve blocks in a standing patient.

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For more information regarding implanting these devices, please email consult@dvos.co.za.

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References:

1. Brian C. Gilger, et al. Treatment of immune-mediated keratitis in horses with episcleral silicone matrix cyclosporine delivery devices Veterinary Ophthalmology (2014) 17, Supplement 1, 23–30
2. A. Matthews, B. Gilger. Equine immune-mediated keratopathies. Equine veterinary journal equine vet. j., suppl. 37 (2010) 31-37

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

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

What are we doing about the welfare of pigs?

Dr. Susan Dawson (BSc, BVSc)
Technical Manager : Pigs and Poultry

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I sat down with Dr Thandi Chiapparo (Programme Manager: One Health Consumer Assurance) and Dr Peter Evans (Consumer Assurance) from the South African Pork Producers Organisation (SAPPO) to discuss welfare in pigs: what it means, how it has changed over the years and the examples of improvement given at the recent SAPPO conference.

How do we define welfare?

The South African Pig Welfare Code is based on the '5 Freedoms': a set of guidelines that have evolved over the years. The version that most are familiar with was initially proposed in part by Dr John Webster and later refined by the Farm Animal Welfare Council in 1993. As animal welfare science has progressed, many other guidelines, programs, and frameworks have been developed.

The 5 Freedoms (taken from 'Animal Welfare: Freedoms, Dominions and "A Life Worth Living"')[1]**:**



The 5 Freedoms are deceptively simple: by not listing every small detail, they indirectly become very comprehensive. They are an attempt to simplify a complex situation and drive on-farm improvement. The 5 Freedoms are also easy to read, understand and are based on outcomes.

In his recent review, Dr Webster mentioned that he feels they fall short in two places:

- the first being the ability to 'reflect the causes and consequences of stresses that lead to long-term problems,
- and the second is that the 'Freedom to Express Normal Behaviour' would be better expressed as the 'Freedom of Choice' (to avoid getting lost in complex arguments on what natural behaviour is and when one needs to intercede).

The 5 Freedoms, however, remain one of the most well-known and straightforward set of animal welfare guidelines. As they are based on outcome metrics, they echo some of the newer thoughts on animal welfare: animals that are cared for well, produce well.

How has welfare of pigs changed over the years?

Animal welfare is not a new concept.[2] Many farmers identify as conservationists and care for their animals as best as possible. Gradually animal husbandry has morphed into animal science.

Veterinarians and farmers continuously strive for better welfare practices, with increasing emphasis on the importance of welfare in production. Reassuringly, consumers also drive better welfare practices by asking questions and demanding higher standards.

Relevant legislation and references?

Legislation, codes of practice and guidelines have been implemented to support animal welfare.

Some of the relevant examples for South Africa are as follows:

- The SAPPO code of practice on pig welfare which has been used in the creation of the SANS 1478:2016 (the South African Bureau of Standards' Standards, SABS, standards on pig welfare),
- Pork 360, the industry quality assurance program run by SAPPO, has welfare requirements built into the objectives,
- SANS 1488:2014 (the SABS Standards on humane transportation of livestock by road)
- The Animal Protection Act (No. 71, 1962) and
- The Meat Safety Act (No. 40 of 2000).

There are many more documents out there as well as relevant amendments to the Acts.

SAPPO keeps up to date with international standards on pig welfare, such as the very recent European Food Safety Authority (EFSA) scientific opinion on 'Welfare of Pigs on Farm'.

Who is responsible? What is the vet's role?

Everyone involved in pig production is responsible for the welfare of the animals, and it is expected that welfare is a crucial consideration from birth to processing. The role of the veterinarian remains vital though. Our primary responsibility is education: to educate ourselves, the farmer and farm workers, and the public. However, the vet is not expected to know everything. We need to bring other key role players together. Nutritionists, consultants, animal scientists and welfare organisations (like the National Society for the Prevention of Animal Cruelty) bring different expertise to the table and play a vital role in improving pig welfare.

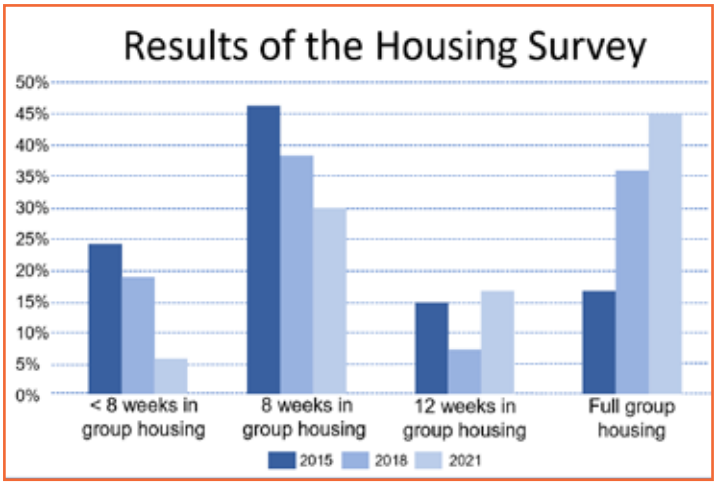
Practical examples of welfare improvement?

There are several areas in a pig's production cycle receiving a lot of attention regarding welfare. These include tail docking, teeth clipping, castration and the amount of time that gilts and sows spend in crates.

Two practical examples of improvement driven by producers and consulting veterinarians were highlighted at the recent SAPPO conference.

1) The Pork 360 Farm Standards and the SAPPO Welfare Code require sows to spend at least eight weeks (out of the 16 weeks, two days) of their gestation in group sow housing. A survey to assess this and other welfare parameters was done in 2021 on 70 % of the commercial sows (as registered on World of Pork as of October 2021)[3]. 100 % of the Pork 360 registered farms were compliant.

The overall results were as follows:



It is encouraging to see the decline in the percentage of sows kept in group housing for less than eight weeks, while there was a definite increase in the percentage kept in full group housing.

2) SAPPO has a division dedicated to business development. Through education and mentorship, the SAPPO Business Development Managers assist developing farmers to farm better. Many of our pig veterinary consultant colleagues assist SAPPO with visits and consultations to these farms.

There is also a strong focus from the National Pig Animal Health and Welfare Committee (NPHWC) of the SAPPO, the consulting pig veterinarians, state veterinarians and DALLRD to preserve the South African pig herd's excellent health status.

We are fortunate to have several high-health farms, and specific pathogen-free farms in South Africa, and we are free of devastating diseases like Swine Influenza (SI), Porcine Reproductive and Respiratory Syndrome (PRRS) and Porcine Epidemic Diarrhoea (PED). Keeping pigs in good health is one of the key pillars of good welfare.

Examples from Zoetis

The routine physical castration of pigs has recently been a hot topic in the European Union.

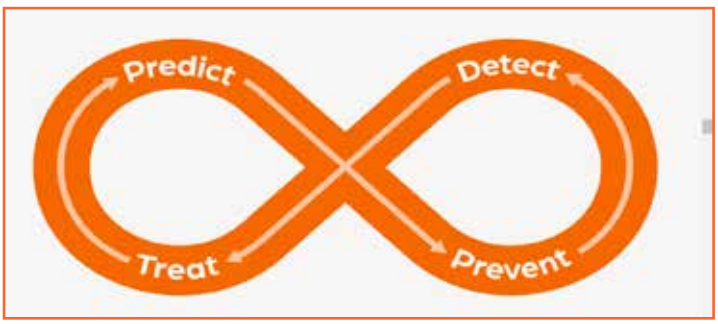
There is increasing pressure to look for alternatives to physical castration or ways to mitigate the negative impact of castration through anaesthesia and analgesia.

The latest recommendations from the EFSA Scientific opinion are as follows[4]:



Although immunocastration with Improvac is a key alternative to physical castration, few producers in South Africa routinely castrate as we process pigs at a younger age than most of the major pork producing regions. Improvac does have other benefits to offer with regards to welfare though. Male pigs that have received Improvac tend to be calmer and exhibit less sexual behaviour, especially mounting. Mounting can result in skin lesions, penile injuries, lameness, and skeletal problems, all of which are welfare concerns.

Another important example is the '**Continuum of Care**'.



Veterinary consultants specialising in pig production develop extensive preventative herd health programs for the farms under their care. These programs include vaccination schedules and outlines for treatment (when necessary) specific to the farm. The Zoetis pig portfolio comprises a comprehensive basket of pig vaccines to assist in disease prevention as well as antibiotics for treatment.

For further information, please contact

Dr Peter Evans at vet@sappo.org, Dr Thandi Chiappero at thandi@sappo.org, or Dr Susan Dawson at susan.dawson@zoetis.com

Useful links

https://porkbfp.co.za/sappo-guidelines/

https://porkbfp.co.za/farm-assured/

The Livestock Welfare Co-ordinating Committee http://lwcc.org.za/

SAPPO. 2017. Animal Welfare Guidelines. Document compiled by the South African Pork Producers' Organization.

Available online: https://porkbfp.co.za/sappo-guidelines/.

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1. Webster, J. (2016) 'Animal Welfare: Freedoms, Dominions and "A Life Worth Living"' *Animals*, 6, 35; doi:10.3390/ani6060035
2. "Animal Welfare and the 'Five Freedoms'" by Ron Gill, Ph.D., Professor and Extension Livestock Specialist https://animalscience.tamu.edu/wp-content/uploads/sites/14/2012/04/Five-Freedoms-Long-vers.pdf
3. 2021 SAPPO Housing and Welfare survey
4. EFSA AHAW Panel (EFSA Panel on Animal Health and Welfare), Nielsen SS, Alvarez J, Bicout DJ, Calistri P, Canali E, Drewe JA, Garin-Bastuji B, Gonzales Rojas JL, Gortazar ´ Schmidt C, Herskin M, Michel V, Miranda Chueca MA, Padalino B, Roberts HC, Stahl K, Velarde A, Viltrop A, Winckler C, Edwards S, Ivanova S, Leeb C, Wechsler B, Fabris C, Lima E, Mosbach-Schulz O, Van der Stede Y, Vitali M and Spoolder H, (2022) 'Scientific Opinion on the welfare of pigs on farm.' *EFSA Journal* 2022;20(8):7421, 319 pp. https://doi.org/10.2903/j.efsa.2022.7421

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

DURBAN

Fifteen-year-old small animal practice and property for sale in an upmarket western suburb of Durban. This is a busy 1-man practice with a large, fully computerised database of clients. Equipment includes a Carestream CR Scanner and X-ray Machine, an Idexx Catalyst Lab, a Mindray DP50 Ultrasound, a Humphrey Sevofluorane Anaesthetic Machine and Oxygen Concentrator and all the necessary surgical instruments. Price and all options negotiable. Please send an email to everton1@iafrica.com or phone 0823382678.
Ref22SP02

WESTERN CAPE / WES-KAAP

CAPE TOWN

- Veterinary practice for sale: Sea Point Vet Clinic, 146 Main Road Sea Point Cape Town
- established in 1985
- exclusively small animals
- Very well equipped.
  - o Inventory available on request
  - o Fully stocked Vetshop
  - o And much more
- operating hours are
  - o Monday - Friday 8.30 am to 5.30pm
  - o Saturday 9am till noon
  - o No after hours
- Premises leased. Lease transferable
- POA

For further details please contact the seller
Roy Aronson 0825523160 or email royaronson@gmail.com
Ref22SP04

FOR SALE / TE KOOP

ANAESTHETIC MACHINE

A new veterinary anaesthetic machine with MSS3 vaporizer or TEC4 refurbished vaporizer. All machine assembly, servicing and calibrations continue to be applied in accordance with the Blueprint of the former Ebrahim Cassim, Chief Anaesthetic Technician of Groote Schuur Hospital. For further information, call Cassim Veterinary Anaesthetics on 021 705 2880 / 082 681 9742. Email: encassim@gmail.com or visit www.cvanaesthetics.co.za
Ref13JA01

ADVANCED ANAESTHETIC EQUIPMENT

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

ADVANCED ANAESTHETIC START-UP / WILDLIFE EQUIPMENT

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

Life plus 23 without parole



Mike Lowry

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

Reaching the wrong side of 75 and going through the most astonishing political changes this country has ever seen gives one reason for reflection. Bear with me.

As a child in the early 50s, we had a freedom that was currently unimaginable. You had to be home by the time the streetlights came on, and yes, we had streetlights that worked! School meant, as a five-year-old, walking a kilometre or more to the train station, climbing up the steps of those old brown wooden railway cars and then finding a seat on those long green leather-covered benches. And yes, you stood if the train was full to make way for the older people, even if they were only 25 years old. We went through three stations before getting off the train and walking another two kilometres to the school.

In the afternoon, the process was reversed. And this I did until the end of standard four when I was moved to a high school. The process changed to a walk; then nine stations catch a bus for 11 stops, then a second bus for three stops and then over the road to the school.

And were we safe? There was never ever a question of that, and if you were ever in trouble, the nearest policeman would undoubtedly look after you and give you the necessary help. You probably got a hiding when you got home for being so stupid as to get yourself into trouble.

Then, after a few years at boarding school, otherwise, sport would have been impossible due to all the travelling, so it was off to university. All applications were made by post – like a week or two before answers were had.

On the due day, I was put on a train in Johannesburg and told to go overnight to Pietermaritzburg and find a way to the campus. Not too much concern from your parents, who would only know you got there if you managed to find a tickey box – oh, that was one of those telephones that stood on street corners and operated with coins.

Graduation was four very comfortable and joyful years away – we had work to do but were remarkably free to get up to any sort of mischief that you could think of. The Durban beaches were a 90-kilometre ride by bicycle away, and we knew if we bunked the last lecture on a Friday, we could make it by sunset. Then, sleeping on the beaches was not scorned upon. And after a lively weekend, Sunday afternoon was a long uphill ride back to Varsity.

Then off to work for a few years, followed by four years at Onderstepoort. Private practice for the next 48 years. But the change there is also concerning, a topic for later submission.

And the country? Well, we all know what we have seen and experienced, which is not that good. From a country where most things worked to one now where we are surprised if things work.

From roads that were pothole free to now where potholes dictate arrival times if you arrive at all.

But there is a very bright side to this. It may be hard to see, but I have the good fortune of working internationally and with directors of some international companies. These chaps see a very bright side to SA, particularly in recent weeks. You might ask how, when there is so much doom and gloom and such a deep financial pit, we must climb out.

Covid has changed the world! By design or by bad decisions, it is a fact that we need to accept. Going back to the "olden days", one would remember the corner store where the Old Greek Cafe owner knew every kid on the block and would write up everything your mother had asked you to buy in his brown paper notebook. And the Portuguese greengrocer who would deliver a single bunch of carrots if that was what was needed. Will we ever see that service again? Now over 50% of the upmarket offices in Sandton are empty, and many are being changed into private schools or residential apartments.

What do my higher echelon friends see? They see a country with boundless assets brought to its knees by mismanagement. They see fantastic opportunities. They also see load-shedding as inevitable without change and herein lies prospects. Eskom is beyond saving because the inept government has held onto reins it does not understand, let alone SAA and Prasa. What do the business people see? They see an opportunity to bail out the government, but this is not without cost. They will not invest in a corrupt business where their funds can disappear instantly without a trace. So, their help will come at a price that includes adequate security.

And what do we, the man in the street, see? We see a government that, all of a sudden, asks for public help to save Eskom and the country. Yes, Cyril is inviting the business sector to help supply current. What do the businessmen say? Yes, we will certainly help, but the likes of those known to have been the corrupt need to be prosecuted. And then, within a month, a group of "bigwigs", including the Guptas, are arrested and await trial.

It's the start of change which will gain momentum, and if it ends with business people running the country, we will all be better off – that is why they are businessmen and successful – they know how to supply the need of people.

I hope my friends are right!.



NVCG PRE-CONGRESS 2022

WITH

BRANDON WUSTEFELD

HYBRID EVENT

24 October 2022
Johannesburg, Emperors Palace

Register/more info on
https://bit.ly/NVCG_PRECOGRESS



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Department of Clinical Sciences
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BRANDON WUSTEFELD

Brandan graduated from the University of Pretoria in 2007. Following this he worked in a private small animal hospital in Johannesburg for 2 years and completed a post-graduate degree from the University of Pretoria with focus in small animal surgery in 2009. Brandan moved to the UK in 2010 and completed a general rotating internship and surgery residency, including a year as a research assistant in Prof. John Innes's lab, at the University of Liverpool in 2015. After his residency he joined the soft tissue surgery team at Liverpool as a lecturer. In 2016, Brandan moved to Colorado State University and completed an ACVS accredited surgical oncology fellowship at the world-renowned Flint Animal Cancer Center. In 2017, he joined Texas A&M University as a surgical oncologist.

He was recruited back to Colorado State University in 2020 where he is currently an Assistant Professor of Surgical Oncology. Brandan also holds appointments as an Extraordinary Lecturer in the Faculty of Veterinary Science at the University of Pretoria where he supports post-graduate surgery teaching and is a clinical member of the University of Colorado Cancer Center. Brandan is a Diplomate of the European College of Veterinary Surgeons, a Royal College of Veterinary Surgeons Specialist in Surgical Oncology, holder of a certificate in Genetics and Genomics from Stanford University, and a researcher in the Colorado State University's Laboratory of Musculoskeletal Oncology and Traumatology. His research interests are epigenetic drivers in soft tissue sarcoma, development of the canine as a research model of sarcoma, and molecular oncology. Brandan remains a fanatic supporter of the world champion Springboks and is married to an Afrikaans lady who keeps him and their two kids in line.

24 OCTOBER 2022

08:00 Registration

08:30 Welcome & Opening

08:40 Amputations – tips on screening and surgery

09:30 Update on osteosarcoma

10:20 TEA

10:50 Lymph node dissection –
tips on mapping and resecting common LN

11:40 Surgical oncology principles and multidisciplinary team approach

12:30 Sponsor session; Hill's

13:00 LUNCH

13:30 Session sponsor: MSD

14:15 Case discussion: common tumors in difficult places

15:00 Beginner guide to maxillofacial surgery

15:45 TEA

16:00 Anal sac tumor tips on surgery

16:45 Summary and discussion

REGISTRATION FEES

Both HYBRID and In-Person

NVCG Member : R1750.00
Non Member : R2350.00

Sign up for NVCG At R395 p/a - to apply:
https://bit.ly/NVCG-Membership-application

vetlink

Info: conferences@vetlink.co.za

Vet·ED ONLINE

CONTINUING PROFESSIONAL DEVELOPMENT FOR VETERINARIANS



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

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

SAVA
South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

WHAT IS CPD?

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

HOW DOES CPD WORK?

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

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

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

MANAGING YOUR CPD COMPLIANCE

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

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

VETEDONLINE SUPPORTS PRACTICING VETERINARIANS WITH THEIR CPD COMPLIANCE BY PROVIDING THE FOLLOWING SOLUTIONS AND SERVICES:

ONLINE COURSES

Online Courses from leading providers

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ONLINE LEARNING PORTFOLIO

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Contact us for more information and guidance on your CPD compliance

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