VET nuus•news

September 2022

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



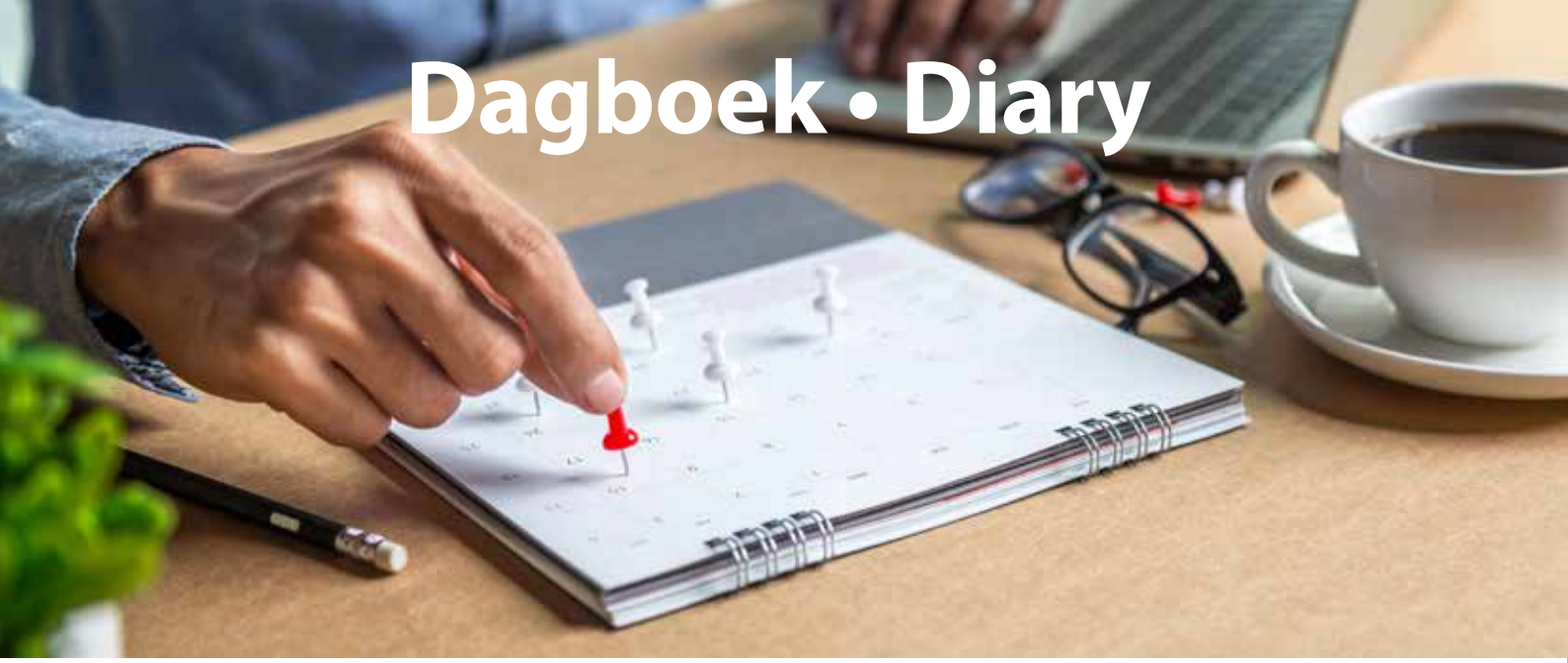
FOCUS

Elephants

CPD

Post-Mortem Diagnosis of Nutritional Myopathy in Livestock and Horses

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

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

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

Certification in Clinical Integrative Canine Rehabilitation
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September 2022

Eastern Free State Branch Congress.
02-03 September
Venue: Golden Gate Hotel, Clarens
Info: Corné Engelbrecht, SAVETCON,
https://www.savetcon-admin.co.za/Register/main.php

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

October 2022

Oranje Vaal Branch Congress
14-15 October
Venue: 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
24 October
Venue: Emperors Palace, Kempton Park, Gauteng
Info: Vetlink, 012-346-1590, www.vetlink.co.za

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

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/

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Dear members,

> The most important human endeavour is the striving for morality in our actions. Our inner balance and even our existence depend on it. Only morality in our actions can give beauty and dignity to life.
>
> Albert Einstein

Addressing the moral elephant in the room

Could the unthinkable have happened? Could it be that veterinary and para-veterinary professionals have lost their moral compass?

When looking at the veterinary profession, it seems like the duck is very calm above the water. But below the surface, a lot of feverish (albeit passionate) paddling is happening. The currents trying to drown the duck currently are: Veterinarians removed from the Critical Skills List; the scope of practice of veterinary and para-veterinary professionals being redefined, and the split becoming ever so fuzzy; draft regulations to impose restrictions on the dispensing and compounding of veterinary medicines; new acts, such as the newly enacted South Africa's Protection of Personal Information Act influencing our daily operations. On top of that, the regular outbreaks of infectious diseases have become the norm, now enticing unprecedented measures such as the complete ban on the movement of all bovines.

Where do all these threats leave us as veterinary and para-veterinary professionals? Should we accept them and adapt accordingly; are we complicit in some of them; could we have acted differently and had more influence on their outcomes?

In the recent webinar hosted by the SAVC on:" How do I ensure I practice ethically" (If you did not attend the webinar, please make an effort to listen to the recording at https://savclive.co.za/), when discussing the issue of "Confidentiality", reference was made to three acts:

- The Animal Diseases Act 35 of 1984 has the purpose of controlling animal diseases and parasites as a measure to promote ***animal health***.
- The Veterinary and Para-Veterinary Professions Act 19 of 1982; provides for the establishment, powers and functions of the South African Veterinary Council; for the registration of persons practising veterinary professions and para-veterinary professions; for ***control over the practising of veterinary professions and para-veterinary professions***; and matters connected in addition to that.
- The Constitution s14 protects any individual's right to privacy.

According to the Animal Diseases Act, all Veterinary-Client-Patient information could be deemed private except for ***performing duties*** under this act. The Veterinary and Para-Veterinary Professions Act expresses the same notion, again, except for ***performing duties*** under this act. The other proviso is that such information must be in the public's interest, which outweighs the obligation to the owner. In the discussion that followed, mentioning was made, among other things, that a veterinarian may not use the information to his advantage. If a veterinarian wants to make the information known, it must be upon consent from the owner.

But what are our ***duties as veterinarians***? The SAVC (website) states, "Guided by Regulations, we build a safer world for animals and people." Veterinarians ***protect the health and well-being of animals and people*** by diagnosing and treating animal diseases and disorders. 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 humankind***.

As Veterinary and Para-Veterinary Professionals, our first and foremost duty is to protect the ***health and welfare of animals***. Is it not then an indictment of our noble profession that if we start debating issues in our profession, such as the confidentiality of patient information, the most critical point of discussion is not what is in the best interest of our patients but rather what is in the interest of our client, ourselves, or what is perceived prescribed by the various acts?

It is, however, enlightening that during the discussion on the dispensing and compounding rights of veterinarians, the main concern raised, albeit by a non-veterinarian, was that it is a necessary right of veterinarians to ensure the health and welfare of animals and humankind alike.

May every discussion we have on issues affecting the duties of Veterinary and Para-Veterinary Professionals pivot on the health and welfare of our patients and the accompanying health and welfare of humankind and the environment.

Paul van der Merwe

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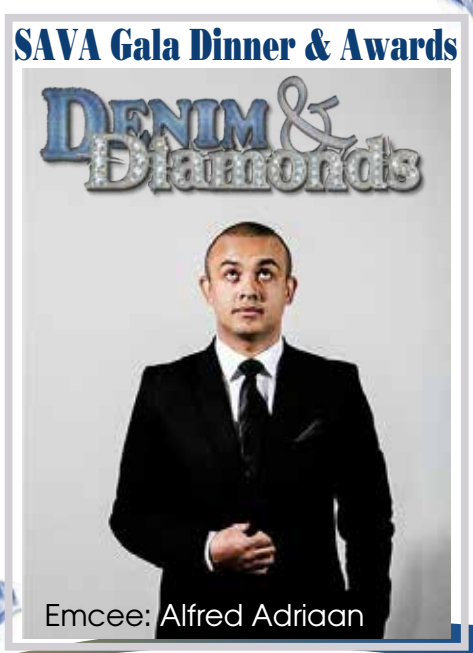
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Andriette van der Merwe

Editor's notes / Redakteurs notas

"There is mystery behind that masked gray visage, and ancient life force delicate and mighty, awesome and enchanted ommanding the silence ordinarily reserved for mountain peaks great fires and the sea."
- Peter Matthiessen.

One animal that is impossible to ignore is an elephant. Our beautiful continent may have a somewhat love-hate relationship between humans and these majestic beasts. Throughout the ages, people reminisced on the intelligence of the largest land animal on earth. In August, World Elephant day was celebrated at a time when the population suffered continuous pressure. It's estimated that about 400,000-450,000 African elephants and 35,000-55,000 Asian elephants are left in the world today. A far cry from just under 100 years ago, when there were over 10 million African elephants alone.

Elephants not only occur out there, but they have also found a comfortable space in rooms. Two of our regular contributors, Dr's Coetzee de Beer and Trudie Prinsloo, decided to address some uneasy elephants. The one maybe not be as controversial as it is a handy tool. Dr de Beer supplied a table with drugs, drug dosages and species within the exotic sphere. Very useful in any practice as it is unpredictable when that sick rat is going to come through the door.

Dr Trudie Prinsloo addresses the second and more serious elephant in the room. "What will happen to my practice when I pass away?" is not a question any veterinarian wants to consider. In reality, however, it is in the best interest of the people left behind to put an action plan in place. The future is unpredictable, but the opportunity, and clear guidelines, are now available to make sure your legacy lives on.

Carbon has been the new bad kid on the block for a while. It gets blamed for about everything except monochrome pictures being black and white. Dr Johan Marais wrote a superb piece on the role Forest Elephants (In the Tropics of Africa) can play in curbing a carbon overload.

September is my 13th month at Vetnews, and it has been my privilege to serve the Vet community (including all related people). Meeting former and new friends at congresses have been fun, and I hope to continue doing so. I invite anybody to drop me an e-mail with suggestions on how to make Vetnews serve the industry even better.

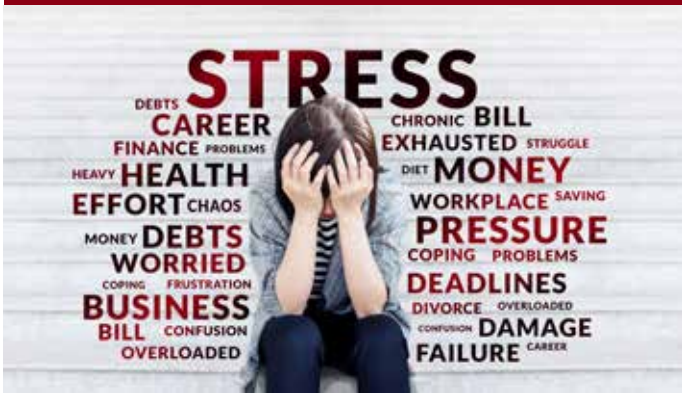
September is officially the month of Spring, and I pray for rejuvenation in every practice and every business associated with the Veterinarian. Just as a heads-up, it is less than 120 days till Christmas.

Regards,

Andriette



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Forest elephants and climate change

Dr Johan Marais



Africa straddles the equator, which bestows a rich diversity of wildlife and landscapes on the world's second-largest continent. The vast wilderness areas are home to the earth's most significant concentrations of large mammals, from elephants and giraffes to hippos and zebras, lions, leopards and cheetahs. No amount of Attenborough TV can prepare you for the sight and sound of braying wildebeests thundering past your vehicle, for the strategic calculations of a lion pride setting up a hunt, or for the colossal bulk and unmistakable earthy smell of a silverback gorilla in the dark forests of Central Africa. Africa's national parks, game reserves, wildlife conservancies and faunal sanctuaries provide critical breathing space and breeding grounds to various species, including mammals, insects, birds, trees and other flora. Widely regarded as the place where human life originated, Africa is home to many of the world's best-loved and most fascinating and some of its most endangered animals.

However, the vast expanses of unspoiled Africa are seeing their size shrinking rapidly, while iconic wildlife is disappearing at lightning speed. With the rate at which the human population is increasing in many African countries, the protected wildlife reserves are under ever-increasing pressure. Traditional farming and other practices do not tend to be very sustainable, clearing land and exhausting resources. Droughts exacerbated by climate change and large-scale developments including oil drilling and livestock grazing, further hamper conservation efforts in protected areas. National parks, reserves and conservancies not only safeguard flora and fauna but also act as natural carbon sinks — storing carbon dioxide emitted into the air and reducing the effects of global warming.

The Congo Basin is situated in west-central Africa. It sweeps 3,7 million km^2 across Cameroon (11,8%), the Central African Republic (3,4%), the Democratic Republic of the Congo (54%), and the Republic of the Congo (12,4%), Equatorial Guinea (1,3%) and Gabon (17,7%). The region is the second largest tropical rainforest in the world. It comprises six ecoregions, supporting thousands of bird species, an estimated 700 species of fish, 400 species of mammals and around 10,000 species of tropical plants, 80% of which are native to the region. As a tropical biome, the area comprises 15% of global forests yet dominates global inter-annual variability in continental carbon cycling. It amounts to more than the entire Northern Hemisphere and roughly as much as the oceans over the twentieth century. The Central African tropical rainforests, the planet's second-largest rainforest block, are key to global environmental health. These rainforests strongly modulate regional climate, especially

precipitation patterns, dominating global tropical rainfall during the transition seasons, and most importantly, are strongly connected to global climate. As much as its regional and global importance, this region is also key to global environmental health. It influences climate change through its crucial role in carbon sinking and storage, affects weather patterns across Africa, and safeguards unique species and biodiverse communities. The region harbours rich mineral wealth, with large oil reserves in the west and diverse mineral deposits in all countries underpinning economies based on the extraction of minerals supplemented by timber revenues. However, despite clear economic viability and potential for growth over the past half-century, violent internal conflicts have arisen in all these countries except Gabon and Cameroon to a certain extent. These undoings weakened civil society, depleted government resources and wildlife, and limited social and capital development and economic diversification. International transport links poorly serve the region, are difficult and expensive to reach, and thus poorly known beyond the ex-colonial powers of France, Spain, and Belgium. However, the multiple levels Central Africa is essential to the global environment are becoming increasingly apparent and raising the region's profile as an international environmental management challenge.

Enter the forest elephant. Some 1,1 million of these grey beasts once roamed the Central African rainforests, but deforestation and poaching have diminished their population to less than one-tenth of their former numbers. Surprisingly, these elephants fight climate change by contributing significantly to natural carbon capture. Companies and governments worldwide are racing to slash their countries' emissions and develop innovative technology to capture carbon. But the African forest elephant is remarkably efficient at storing carbon with no technological aid.

Once found throughout the forests of West and Central Africa, forest elephants are now in an unprecedented state of conservation crisis, confined to a few small habitat patches in central and West Africa and declining in both numbers and range in the Congo Basin. Elephants are popularly characterized as a 'keystone' species in African ecosystems for their multiple effects on vegetation. Forest elephants, in particular, are known to increase seed germination success of several tree species, as well as their ability to disperse seeds. Forest elephants disperse > 70 species of tree seeds over much larger distances than other vertebrate dispersers. They move 82% of seeds > 1 km from the parent tree and consistently carry seeds further than 5 km. Research has shown that forest elephants occasionally move seeds several tens of kilometres from the parent tree. The effects of forest elephant seed dispersal are clearly reflected in the spatial distribution of adult trees in tropical forests. Forest elephants are known as "mega-gardeners of the forest" because of their ability to boost carbon stocks and disperse vital nutrients. A 2019 study found that the elephant's destructive habits help boost the overall amount of carbon stored in the Central African rainforest. Each forest elephant can stimulate a net increase in carbon capture of these rainforests of 9,500 metric tonnes of CO_2 per square km. This incredible figure is equivalent to emissions from driving 2,047 petrol cars for one year.

All things are made up of carbon and thus serve as carbon reservoirs throughout their lifespan. The larger and more long-lived the specie, the more carbon is stored. Forests sequester carbon by capturing carbon dioxide from the atmosphere and transforming it into biomass through photosynthesis. The humid African tropics are estimated to be an overall significant natural net carbon sink, with a prominent role played by forest elephants. However, a recent study published by several authors in PLOS one indicated that we had lost 62% of the forest elephant population between 2002 and 2011, mainly due to poaching.

The population is now less than 10% of its potential size, occupying less than 25% of its possible range. Biologists estimate that if the population of African forest elephants returned to its former size and they recovered their former range, it would increase carbon capture by 13 metric tons (1 metric ton = 1,000 kg) per hectare. The former range of African forest elephants was 2,2 million square kilometres, each comprising 100 hectares. With forest elephants now at about 9% of their pre-poaching population, carbon capture from a recovery of these elephants could be equivalent to more than 6,000 metric tons of carbon dioxide per square kilometre. That is the same amount of carbon dioxide captured by over a quarter of a million trees.

In a 2019 study comparing rainforests in the Congo, Borneo and Amazonia, it is clear that trees in Congo are taller, occur at a lower density and store more carbon than Amazonia trees. The model showed that the forest elephants reduced the thickness of stems in the forest but increased the average tree diameter and the total biomass above ground. The reason is that the elephants graze and trample on trees smaller than 30cm in diameter, which competes with bigger trees for light, water and space. By taking out the competition, the larger trees flourished. As a result, the larger trees grew even taller thanks to the elephants' habits. The smaller trees, which elephants prefer to eat, have lower wood density, linked to a faster growth rate and higher mortality.

The elephants' behaviour promotes the growth of slower-growing trees that store more carbon in their trunks.

For this reason, elephants are classified as a "keystone species", meaning that they play a vital role in maintaining the biodiversity of their habitat. Besides eliminating competition, the elephants also disperse seeds and nutrients as they brush past vegetation and distribute faeces around the forest, helping trees grow faster—these trees, promoted by elephants, support primates and many other animals. According to the researchers, the extinction of forest elephants would result in a 7% loss of carbon stores, 3 billion tonnes in total, in the central African rainforest. That is equivalent to emissions generated by more than 2 billion petrol-powered cars over the course of a year. This sends quite a strong message to humankind to conserve forest elephants, especially since we have already lost a large percentage of the population!



>>> 8





Apart from serving as carbon sinks, why else are these rainforests important? Covering less than 2% of the Earth's total surface area, the world's rainforests are home to 50% of the Earth's plants and animals.

Rainforests can be found worldwide, from as far north as Alaska and Canada to Latin America, Asia and Africa. Rainforests are found on every continent across the Earth, except Antarctica. There are two major types of rainforests: temperate rainforests and tropical rainforests. The largest temperate rainforests are found on North America's Pacific Coast and stretch from Northern California to Canada. Rainforests act as the world's thermostats by regulating temperatures and weather patterns. One-fifth of the world's freshwater is found in the Amazon basin. Rainforests are critical in maintaining the Earth's limited drinking and freshwater supply. According to a study published in 2012, the forests in Central Africa store carbon in excess of 39 billion tons in their vegetation and trunks. Finally, under current conditions in central African forests, the extinction of elephants is not an isolated event. Instead, it is the herald of imminent declines in numerous other species of large-bodied seed dispersers to supply the burgeoning bush meat trade. Commercial hunting for ivory and meat will also result in a cascade of mammalian extinctions or near-extinctions over vast areas of the Congo Basin, bringing the potential for a major wave of tree recruitment failure. Hunting and poaching in Central Africa take high numbers of frugivores. Seed dispersal services are significant wildlife–plant interactions in these forests, with exceptionally high proportions of frugivorous species and trees producing fruits whose seeds are mainly dispersed by animals.

Frugivore loss has apparent consequences for trees that use them for seed dispersal. After the extinction of megafauna in Amazonia, the geographical range of animal-dispersed tree species became greatly reduced, fundamentally changing the forest's composition—and thus carbon storage capacity—as large-seeded species were disproportionally reliant on large mammals. This relationship is still evident today in tropical forests. Changes in seed dispersal success, seedling and sapling recruitment have already been linked to frugivore declines in Central Africa and, in turn to decreases in carbon storage.

While not the sole dispersers of all tropical seeds, the distance and quantity of seeds moved by forest elephants supersede most other species. The loss of the elephant dispersal system by poaching or habitat loss could lead to reduced forest diversity, the inability of forests to colonize new or deforested areas, and eventually much-reduced carbon stocks, adversely affecting global climate and weather patterns. V





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1. Wagner E et al. Effects of a dietary chitosan and calcium supplement on Ca and P metabolism in cats. Berl. Munch. Tierarztl. Wochenschr. 117:310 (2004)
2. Bernachon N et al. Effect of a Product Containing the Dietary Phosphate Binders Calcium and Magnesium Carbonate Associated with Other Reno-protectant Substances (Pronefra®)on Blood Parameters and Mineral Balance in Adult Cats. Int J. Appl. Res. Vet Med. 12:8 (2014).
3. Spiegel DM. The role of magnesium binders in chronic kidney disease. Semin Dial. 20(4):333 (2007)
4. Pripp,A. H. Effect of peptides derived from food proteins on blood pressure: a meta-analysis of randomized controlled trials. Food Nutr. Res. 52, (2008)

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Considerations and protocols for chemically immobilising elephants

By Liesel Laubscher

There are currently three living species of elephants, namely the African elephant (Loxodonta Africana, the Indian elephant (Elephus maximus) and the forest elephant (Loxodonta cyclotis). With each species having unique physical traits, there is no "one-size-fits-all" approach to safely capturing and immobilising these enormous mammals. Cognisance must be taken of the natural environments in which each species resides, their physiological sensitivities to certain drugs and their general physical and behavioural characteristics.

Chemical immobilisation of elephants is fundamental to their management, both within captive and free-ranging settings. It is used for translocation of animals, biological sample collection, collaring and tracking, wound treatment and much more. General considerations when planning chemical immobilisation include: the use of 60 - 80 mm dart needles as their skin is 20 – 30 mm thick (the tip of the needle may be bent slightly toward the lumen to prevent skin plugs) and that their trunks must always be kept unobstructed and open to prevent suffocation. Elephants' sheer size and weight mean that when they go down in sternal recumbency, the pressure of abdominal organs on the diaphragm and internal blood vessels can cause death and compromise chest movement, respiration and oxygenation. Therefore, elephants should never be kept in sternal recumbency for more than 15 – 20 minutes and should be placed in lateral recumbency as soon as possible [1].

Monitoring immobilised elephants is essential since they are sensitive to hypertension and can quickly develop respiratory and other problems if poorly positioned. A study on fully conscious African and Indian elephants showed that mean arterial pressure (MAP) was 145 mmHg in unsedated, standing elephants; this increased to 180 mmHg within 16 minutes after the animals went into lateral recumbency. Similarly, arterial partial pressure of oxygen (PaO_2) decreased from 96 mmHg in standing to 84 mmHg in lateral recumbency, indicating that clinically healthy unsedated elephants are already at risk of developing hypertension and hypoxemia when they go into lateral recumbency, even when no immobilising drugs have been administered. The heart rate of the elephants remained relatively unchanged (40 - 45 bpm), as did respiratory rate (7 – 8 breaths/min), irrespective of the position of the animals [2]. In a chemically immobilised animal, it is good to keep these baseline values in mind and ensure that respiration does not drop below five breaths/min, that heart rate remains between 35-60 bpm, and blood pressure remains below 160 mmHg. The latter is essential when potent opioids are the main anaesthetic drug used, as elephants are prone to developing lung oedema due to opioid-induced hypertension. In an earlier study, it was shown that 13 out of 71 wild African elephants developed lung oedema when immobilised with etorphine alone, with a mean MAP of 182 mmHg. Lastly, it is vital that rectal temperature also be monitored and should range from 36 – 37 °C.

As far as immobilising drug protocols are concerned, there are species-specific considerations to keep in mind. For African elephants in a free-ranging setting, opioid-based protocols have always been preferred for the quick and reliable knockdowns they provide. It is specifically essential when entire family groups or an individual in a family group is darted, often from helicopters. In general, African elephants respond well to etorphine, but azaperone is often added to the dart mixture because they are prone to developing hypertension. Azaperone is a butyrophenone that results in peripheral vasodilation, thereby reducing blood pressure. It also improves induction and the quality of immobilisation. However, care must be taken not to use excessive doses as this will hinder recovery, and animals may remain disorientated and unwilling to get to their feet after the reversal

of the opioid. Thiafentanil also works well in African elephants and produces a quicker induction but is shorter acting. It reportedly results in a shallower breathing pattern that should be monitored; however, the quality of immobilisation it produces is excellent. In a recent study, the use of thiafentanil and azaperone in wild African elephants was investigated, and the MAP was stable at around 153 mmHg with only mild hypoxaemia (mean PaO_2 of 68 mmHg) and hypercapnia (mean $PaCO_2$ of 52mmHg) reported [4].

The choice of opioids will depend on the situation. Mixtures of thiafentanil and etorphine have also been used, combining the quick inductions provided by thiafentanil with the longer immobilisations provided by etorphine. Both opioids can be reversed with naltrexone alone. When reversing elephants that have been loaded in transport crates, however, to is advisable to use a mixture of naltrexone and diprenorphine as this will result in animals that can get up but are still somewhat sedated [1]. While naltrexone is a complete, highly selective opioid antagonist, diprenorphine is an opioid antagonist with some agonistic activity.

If respiration is compromised due to the use of etorphine or thiafentanil, the opioid agonists/antagonist butorphanol can be administered incrementally; similarly, hypertension can be controlled with IV infusions of azaperone.

Asian elephants are more sensitive to alpha2-adrenergic drugs than African and forest elephants. In this species, medetomidine and xylazine are capable of producing profound sedation. While etorphine has been successfully used in Asian elephants for short-term immobilisation, the availability of potent opioids in Asian countries does not always make this a feasible protocol. Instead, a combination of either xylazine or medetomidine with ketamine is used, with immobilisation further maintained with IV boluses of ketamine. Immobilisation is reversed with either atipamezole or yohimbine. Recently, the combination of butorphanol-azaperone-medetomidine (BAM) was used for longer immobilisations in captive Asian elephants. Once the animal was appropriately sedated in a standing position with BAM, it was immobilised into recumbency and maintained by administering IV ketamine. Further research will hopefully shed light on the efficacy of this protocol.

The elusive forest elephant requires similar drug protocols used in African elephants. This species is reported to be more sensitive to etorphine, although both etorphine and thiafentanil-based protocols have been used successfully. Azaperone is generally added to the dart to reduce the risk of hypertension and improve induction times. The highly aggressive nature of this species and the thick vegetation in which they are found means that rapid inductions are critical. Therefore, thiafentanil may be preferred. They are also susceptible to opioid-induced respiratory depression and, in most cases, require IV butorphanol (1 mg per mg opioid) upon handling.

In all cases, hyaluronidase may be added to the dart to improve the induction time. Hyaluronidase is an enzyme that breaks down hyaluronic acid and has long been used to increase the absorption of drugs into tissue. Although no research has been done on its use in elephants, its inclusion in the dart has become standard protocol for many veterinarians, particularly those working with African elephants. V

To watch their free webinar from 2021 entitled "The art of immobilising elephants: Case studies on different subspecies" or for more information on the chemical immobilisation of elephants and to hear about specific case studies on each species, feel free to visit the Wildlife Pharmaceuticals webinar website at: www.wildpharmwebinars.co.za.

Alternatively, you can contact them at vetsupplies@wildpharm.co.za



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Wildlife Group of the SAVA Young Members

Jenna Wright
(veterinary nursing student)



The Wildlife Group of the SAVA Young Members is a student-run organisation of veterinary and veterinary nursing students committed to providing fellow students more opportunities to interact and gain work experience with wildlife and the field of wildlife veterinary medicine.

Having been established in 2018, our group has provided many students with unforgettable opportunities and experiences in the wildlife field and practical work over the years. Our main aim is to bring together students with a keen interest and passion for wildlife veterinary medicine and offer them opportunities over and above the practical experience they gain during their degree studies. A favourite event organised by our dedicated committee is our biannual helicopter dipping and darting trip. We open the event up to, on average, about 20-25 students.

The registered veterinarian hosting the weekend gives the students a brief session on the basic pharmacological methods and drugs needed for wildlife relocation. After that, students can assist in the ectoparasite management of large herds of animals (giraffe, nyala, sable, roan and zebra) on the farm or reserve where the weekend is held. Students are equipped with a generic paintball gun, loaded with Afrivet's Flumethrin tick-balls. The students are then flown in pairs over the farm or reserve in an R44 helicopter, from which they are given a feel for what wildlife darting from a helicopter entails and how much expertise and practice are required. The students provide invaluable help with ensuring most of the animals in the herds are hit with the Flumethrin tick balls, therefore assisting in the ectoparasite management and control on the reserve while allowing the students to learn and engage with veterinarians in the field. On such weekends, students are often lucky enough to assist in other odd jobs that were not necessarily planned.

A very kind veterinarian once took our students to perform rectal pregnancy examinations on buffalo and taught them about the different stages and indicators in their reproductive cycle (something not necessarily discussed in lectures). Students are often also allowed to administer injections, complete microchip scanning, perform horn measurements and evaluations, and attend game drives with passionate veterinarians and game rangers eager to teach our students. Other events we have organised include a Venomous snake handling course run by the African Snakebite Institute. This event enabled our students to differentiate the different species of South African snakes, how to handle them, and the basics of snake bite-related first aid. The course was held at Onderstepoort, and each student who attended the day received a certificate and course material from the ASI. We are also big into the community engagement side of things, with our most recent initiative being the "Cup of Hope" project. This project was launched on our social media platforms in May 2022. We designed and sold branded travel mugs to raise funds for our project beneficiary, the Pfunanani Trust of the Sabi Sands. These travel mugs not only support the Pfunanani Trust but also reduce the number of disposable coffee mugs polluting the environment; therefore, the project contributes to a cleaner, less-waste environment and outlook that we would like to encourage others to embrace too.

On the more informative side, we run "Wednesday Wildly Webinars", a weekly, online collaborative webinar series with specialists in wildlife veterinary medicine and wildlife veterinary nursing. Our students can simply log in online, interact with the speakers, and ask about specific topics and research in the field that interests them. An exciting upcoming event we have planned is a nest building project supporting the Mabula Ground Hornbill project. Students will be able to assist in constructing artificial Southern Ground Hornbill nests and therefore assist in conserving and preserving this endangered species.

As we advance, we know there is always room for improvement and more that can be done to conserve our wildlife and environment.

We as a committee aim for growth in the upcoming years and would like to ask any veterinarians, veterinary nurses or para-veterinary professionals that feel they may be able to help our committee in any way; please do not hesitate to contact us at our email address ymwildlifegroup@gmail.com.









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As professionals working in the Veterinary Sector - What should the Science and Experiences of Covid have taught us? *Part 2*

Dr Neil A Forbes BVetMed DipECZM(avian) FRCVS

ABSTRACT

Covid has focused many minds on infection control, biosecurity, zoonosis and nosocomial infections, which is undoubtedly good. If anything positive can come from the pandemic, perhaps it might act as a 'light bulb moment', just as cleanliness was to Florence Nightingale so many years ago, as well as in teaching us all some valuable and uncomfortable home truths. Covid was not the first, nor will it be the last global pandemic.

All of us in health care sectors have a duty of care to patients, staff and populations alike to undertake basic infection control procedures. As references demonstrate, we cannot rely on human cleaning and disinfection in busy clinical settings. We must use methods and techniques that can run simultaneously with 'on-going clinical activities', that are proven safe (for patients, staff and the environment) and appropriate (to national or international standards) to match the requirements of that specific clinical setting. We must test and measure outcomes and record and investigate nosocomial and zoonotic incidents. We must continue to learn and improve.

INTRODUCTION

Now that it seems most likely that the infection was derived from bats in a 'wet market' in Wuhan, China (Haider *et al.* 2020), we are reminded that differing inpatients and out-patients each carry a variable endemic contagion risk to our facilities, staff and other patients (Wright *et al.* 2008). Patients should be assessed and managed on a contagion and infection risk control basis at all stages of their journey through our facility.

As veterinarians – clinicians, and business owners, we have a duty to our clients and businesses to maintain effective control of contagious infections (both those we know about now, as well as those that are unknown). Such infections are not only a danger to our clients, patients, staff and business, but sick animals are accepted to be the source of 75% of new emerging infectious diseases in humans (MSD 2021).

Whilst we have all been focusing on Covid-19, Laximinarayan (2022) reminds us of the 'forgotten pandemic of anti-microbial infection'. Laximinarayan quotes Murray (2022) in estimating 1.27 million human deaths globally due to Anti-Microbial Resistance in 2019, a figure which is almost identical to the combined global deaths over the same period caused by HIV and Malaria, whilst WHO figures (November 2019 to January 2022) for Covid-19 are four times higher, all be it over a more extended period.

DISINFECTANT EFFICACY AGAINST COVID AND WHY?

In these challenging times, any disinfectant used in veterinary practice must have proven efficacy against Covid-19 and all common veterinary pathogens relevant to the practice.

Corona is part of a large family of viruses. Some coronaviruses that infect animals can be spread to people and then spread between people, but this is rare. It happened with SARS-CoV-2 (i.e. Covid-19), which likely originated in bats. Such infections may cause cold-like illnesses in people. Others cause disease in certain types of animals, such as cattle, camels, and bats.

The Centre for Disease Control (2021) has shown that many animals worldwide have been infected with COVID-19, including pets like cats and dogs, farmed mink, large cats, gorillas, and otters in zoos, sanctuaries, and aquariums. Reptiles and birds have not been affected by this virus.

The UK Government has reported that Covid can infect a range of animals. Their published advice is as follows:

Animals can catch SARS-CoV-2. It is rare, and they may show only mild clinical signs and recover within a few days. We don't yet know all of the animals that can get infected. There is evidence that the following species can catch the virus that causes COVID-19:

- big cats
- coatimundi
- domestic cats
- dogs
- ferrets and polecats
- fruit bats
- hyenas
- mink
- primates
- pangolins
- pigs (these are less prone to catching SARS-CoV2)
- raccoon dogs
- rodents, including hamsters
- white-tailed deer

There is growing evidence that mink, cats, white-tailed deer and hamsters can spread the virus through close contact with their species in captivity.

Animal fur can act as a carrier (known as fomite transmission) for the virus that causes COVID-19 for short periods, in the same way as other surfaces.

Limited evidence suggests that COVID-19 can pass:

- from infected humans to the listed animals after close contact or sharing their equipment or airspace; this is referred to as reverse zoonosis; a good case example is described by Koeppel (2022)
- between mink kept in captivity and then transferred to humans in close contact
- between ferrets, raccoon dogs, white-tailed deer and mice infected by experimental testing
- from infected hamsters to humans in close contact
- between ferrets infected by exploratory testing and transfer to humans

Veterinarians must always be aware of the danger of spreading covid by in-hospital and out-patient patients contracting the virus and taking it home. They must reassure and protect pet owners, staff and business owners by doing all possible to reduce the risk of infection by domestic, farm animal or wildlife patients.

In the article above, we have described the need for detergent cleaning of surfaces before disinfection. Likewise, we have highlighted references to the typically poor outcomes achieved when cleaning and disinfection are left in the hands of clinical staff. Still, the aerosolised (fogging) disinfection method (after cleaning) is the infection control method of choice.

FOGGING

Fogging is applying an anti-microbial disinfectant solution (of external, quality controlled government licensed laboratory proven efficacy) which sanitises large

areas of a building quickly and effectively. It can kill off the virus and other biological agents in the air and on surfaces. The task involves spraying a fine mist from a spray gun which is then left to evaporate. Some fogging solutions require the air space to be cleared by patients and staff and for the operator to wear a chemical suit, gloves, air-fed ventilator, a sealed mask, etc. The product used must be safe on all equipment. The mist is exceptionally fine but is still effective in penetrating all areas to control the virus; this is particularly important when attempting to prevent air-borne infections, e.g. Coronaviruses (including Covid-19), Kennel Cough, Cat Flu, Equine Influenza, Strangles, Psittacine Beak and Feather Disease, Newcastle Disease, Avian Influenza, Mycobacterium, Foot and Mouth Disease, Psittacosis, Distemper, Mycoplasma and many more. After the fogged solution settles on surfaces, rendering them slightly damp, although the aqueous carrier will dry, the chemical ingredients remain on the surface and continue to act. However, the duration will vary from disinfectant to disinfectant.

FOGGING IN THE VETERINARY ENVIRONMENT

First, check the efficacy of your disinfectant, and request a copy of the efficacy test certificate. e.g. Microsoft Word - BT-HAH-02 EN14476 Vaccinia Report 03 Sep 20 LM CW (healthandhygiene.co.za)

Foggers can be plug-in electrical, battery-operated electrical, plugged-in compressed air or static compressed air (typically ceiling suspended). Equipment can be staff operated or automated, i.e. to go off at certain times of day/night and to run for a particular duration. Generally, a droplet size of 5-10u is optimal in achieving a dry mist and dampness to surfaces without creating surface fluid and thereby risk to electrical equipment.

The pre-requisites for a successful outcome from disinfection by fogging:

1. The disinfectant must be effective against all 'pathogens of interest'.
2. The disinfectant should be non-corrosive to metal so that it can be delivered through appropriate fogging equipment.
3. The disinfectant should be safe to use through the fogging method whilst patients and staff remain in or walk through the area being fogged.
4. The disinfectant applied must be effective at the concentration at which the fogger administers it (bear in mind, if a disinfectant is effective against pathogen A when used at 1:250, but is only recommended for use by fogging at 1@2000, then whilst it may be safely used by fogging at that concentration, it is not anticipated to be effective).

Few veterinary disinfectants meet the above criteria; a critical review of the literature will be required to ensure that a safe and effective agent is being used.

CONCLUSION

It is clear that;

1. Infection Control is more important than ever.
2. Any disinfectant must have proven efficacy against Covid and all relevant veterinary pathogens.
3. Disinfectant delivery by the fogging method is the most effective delivery form for control of both Covid and all other pathogens which remain pathogenic on any solid surface, although prior detergent cleaning is essential.
4. Fogging is pointless if the disinfectant used is not efficacious at the concentration recommended.
5. Few veterinary disinfectants have proven efficacy against all relevant pathogens and can be safely delivered by fogging; however, there are exceptions.
6. Cleaning and regularly removing the lipid-surface layer to maintain disinfectant efficacy remains essential.
7. Measuring and monitoring the outcomes of cleaning, disinfection, infection control, and the prevalence of nosocomial infections is essential.

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Animal Rehabilitation: Alternative Therapies

Animal rehabilitation is a fast-growing sector of veterinary medicine. As the client demand for treatment choices and alternative possibilities increases, veterinarians need to be able to provide clients with resources, options and information on complementary modalities that a few years ago may not have even been thought of! Fortunately, in South Africa, at least four Medical Orthotists and Prosthetists companies can assist veterinarians, namely: *Animal Care Division, Ani-Motion, Rehab-a-Pet and Orthopets Africa*.

In this care category, a wide variety of musculoskeletal conditions can be treated. External bracing supports the affected joints, thereby preventing further joint stress, re-injury and minimising discomfort while allowing healing to occur. Braces are handcrafted devices that will improve the functioning of patients and therefore enhance their recovery and quality of life. As vets become more aware of the effectiveness of veterinary rehabilitation and physiotherapy, prosthetics and bracing are something that should be discussed in consultations when patients are post -surgery or struggling to regain mobility or use of a limb for whatever reason.

Animal bracing was first used in America around 2003 when Martin Kaufmann started 'Orthopets', using animal orthotics and prosthetics in the veterinary world. Antois Ferreira and Casper Steenkamp of *Animal Care Division,* in Johannesburg, expanded their human medical prosthetic services in 2010, introducing veterinary bracing to South Africa. Human Orthotics and Prosthetics is now an Honours degree at Tshwane University of Technology.

Who needs a brace?

Although not every musculoskeletal condition can be corrected with bracing, many animals will benefit from bracing as this will allow a return to normal biomechanical function and prevent other conditions from arising. This is especially true of animals with permanent disabilities such as amputated limbs. By offering bracing and support of the contralateral limb, this limb no longer bears the full weight of the animal and therefore overuse and degenerative changes in this supporting limb will be limited. As the rupture of the cranial cruciate ligament is the most represented cause of hind limb lameness in a dog, bracing gives veterinarians and owners additional treatment options especially if the patient is aged or has other health conditions that may limit surgery. A stifle brace will firstly enhance proprioception; the injured limb is able to relax, thus reducing fatigue. The brace provides mechanical protection against impact and further slows down movement. All these changes aid in healing of the injured limb. Surgical outcomes can be improved with post- surgical bracing of an operated joint, allowing the joint to heal safely, with the range of motion protected. With patients where extended and prolonged cage resting is not possible, external bracing can be a very viable treatment alternative.

Documented animal case studies and supporting veterinary literature are not widely available, yet as many musculoskeletal conditions are common to human and animal, there is ample evidence that bracing is highly effective for humans. Relating human anatomy and injuries to animal cases, one can certainly appreciate why bracing is becoming a more commonly accepted treatment option for veterinarians.

The evidence of successful animal case outcomes further lends huge support for this treatment modality.

How does the process work?

The vet should evaluate the patient and decide if a brace would support healing and improve quality of limb function. Client education is important so that anticipated outcomes can be managed accordingly. Owners cannot expect to put a brace on the pet and go to work for the day! The brace does need some looking after and patient management in this regard is important. Owners need to understand that once the pet has the brace on, the pet will need to be monitored and checked up on regularly, and the braced limb should be 'released' at night to allow normal sleeping positions. The device must improve the animal's function and mobility as far as possible and therefore bio-ethics are a big consideration.

A simple plaster of Paris cast of the affected limb is made. This cast is then thermomoulded into a plastic shell and lined with a soft pliable lining of anti-microbial EVA (ethylene vinyl acetate). The lining is very important as it keeps the skin clean and reduces pressure sores from developing. The cast is fitted with hinges and joints to allow the brace to move biomechanically, thus supporting or correcting musculoskeletal conditions. Velcro straps hold the brace in place. Each brace is uniquely manufactured according to the species being treated and production takes about 5-7 days. The clients are encouraged to bring their pet in to the manufacturing site so a good fitting cast can be made. However should vets further afield wish to have a brace made, the casting kit and detailed instructions will be couriered to the practice. The orthotists are skilled and are happy to explain the process to the vet and will help with any queries as getting the cast right will ensure that the brace is the best fit for the patient.

What would benefit from a supporting brace?

Bracing can be used on many different musculoskeletal conditions and as each prosthetic is custom made, literally anything can be treated. The most common conditions treated are:

Are wildlife really candidates for bracing and prosthetics? Unfortunately this is not a simple answer as while it may seem as the ideal solution, it is fraught with practical problems, such as who will fit the device and how will the animal be supervised with a non-natural device attached to its' body while it moves about. Keeping the affected limb clean, pressure sore free and preventing re-injury are all major concerns. Each case should be selected after careful consideration - but this certainly gives wildlife vets treatment options.

Costs

The brace costs approximately R3000- 5000 depending on the affected area and species. For some owners this might be a very viable option when compared to surgical costs and the difficulty of managing a physically challenged pet around the house. Once the patient accepts the brace and does not chew the device, simple cleaning and maintenance will allow the brace to be used successfully for a very long time.



Canines and Felines:

- ruptured of strained CCL
- sub-luxating patellas
- dropped Hock
- torn Achilles tendons
- fractured Toes
- hyperextension of the carpal joint
- osteoarthritis in Joints with medial lateral instabilities
- elbow braces
- hip dysplasia
- spinal Problems : back braces
- neck Braces

Equines:

- assist with fracture management of radius/ulna, cannon bone and tibia/fibula
- angular limb deformities
- ligament injuries
- hyperextension of carpal, tarsal or fetlock joints

Wildlife:

- prosthesis and bracing as needed on a case by case basis

The braces are sturdy and as they function biomechanically they will withstand the wear and tear of a playful or active pet, while supporting the affected area. The braces often get used during underwater treadmill sessions. Replacing the lining and Velcro straps is easy to do and is a minimal cost.

Braced, now what?

Most animals with braces will benefit from additional therapies and this will improve quality of limb function and in some cases further reduce pain. Underwater treadmill exercising, swimming, physiotherapy, massaging and rehabilitation home exercises will all be of great help.

Animal Care Division www.animal-care.co.za

Ani- Motion www.ani-motion.co.za

Rehab-a –Pet www.rehabapet.co.za

Orthopets Africa www.orthopetsafrica.co.za

For further reading:

https://pubmed.ncbi.nlm.nih.gov/25103884

Exotic Animal Drug Dosage Chart

Dr Coetzee de Beer

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

DRUG	RABBIT	GUINEA PIG	RAT	FERRET
Acetylcysteine	Nebulise 50mg as a 20mg/ml solution over 30-60 minutes *Dilute with saline*	Nebulise 50mg as a 20mg/ml solution over 30-60 minutes *Dilute with saline*	Nebulise 50mg as a 20mg/ml solution over 30-60 minutes *Dilute with saline*	
Alfaxalone **- 10/mg/ml**	Unpremedicated: 1mg/kg IV slow to effect 0.5-1mg/kg IM For additional sedation *May cause respiratory depression*	40mg/kg IM *Not commonly used in my practice*	2-5mg/kg IV mean duration <15min	5-15mg/kg IV/IM
Amikacin	5mg/kg SC q24h *Increased efficacy and decreased toxicity when SID*	15mg/kg IM q12h *Maintain hydration during use to reduce renal toxicosis*	15mg/kg IM q12h *Maintain hydration during use to reduce renal toxicosis*	8-16 mg/kg ISC/IM/PO q12h/q24h (10) *Potentially ototoxic and nephrotoxic*
Amoxicillin Clavulanic Acid **– 83.3mg/ml**	*DON'T USE*	*DON'T USE*	20mg/kg PO q12h	13-25mg/kg PO q8h/q12h
Amphotericin B – 5mg/ml		1.25-2.5mg/kg SC q12h *Cryptococcosis*	1.25-2.5mg/kg SC q12h *Cryptococcosis*	
Azithromycin (Zithromax) – 40mg/ml	15-30mg/kg q24h (20) *Effective against syphilis; pulmonary infections*	15-30mg/kg q24h (20)	50mg/kg PO q12h x14d	5mg/kg PO q24h x5d *Helicobacter*
Bromhexine **– 0.8mg/ml**	0.3mg PO q24h 0.15mg/ml nebulisation	0.5-1mg/kg PO q24h / q12h 0.15mg/ml nebulisation	0.5mg/kg PO q24h /q12h 0.15mg/ml nebulisation	0.3mg/kg PO q24h /q12h 0.15mg/ml nebulisation
Calcium EDTA **– 100mg/ml**	27.5mg/kg SC q6h/q12h prn (5d on 5d off, rpt)		25-30mg/kg SC q12h (5d on 5d off, rpt)	20-30mg/kg SC q12h (5d on 5d off, rpt)

DRUG	RABBIT	GUINEA PIG	RAT	FERRET
Cartrophen – 100mg/ml	3mg/kg SC once weekly for 4 weeks, then once monthly	3mg/kg SC once weekly for 4 weeks, then once monthly		
Celecoxib			10-20mg/kg PO q24h	
Ceftazidime – 100mg/ml	100mg/kg IM q12h			
Chloramphenicol Ocular ointment	Commonly used	Commonly used	Commonly used	Commonly used
Cimetidine – 20mg/ml	5-10mg/kg PO q12h (5)	5-10mg/kg PO q12h (5)		5-10mg/kg PO q12h
Cisapride – 5mg/ml	0.5mg/kg PO q12h/q8h (0.1-1mg/kg)	0.5mg/kg PO q12h/q8h	0.1-0.5mg/kg PO q12h/q8h	
Convinan – 100mg/ml				50mg/kg SC once rpt if needed in 7 days
Diphenhydramine				0.5-2mg/kg PO/ IM/IV q12h/q8h
Doxycycline - 50mg/ml	2.5mg/kg PO q12h (2.5-4mg/kg PO q24h)	2.5-5mg/kg PO q12h (5)	2.5-10mg/kg PO q12h (7)	10mg/kg PO q12h
Enalapril	0.5-1mg/kg PO q24h/q48h	0.5-1mg/kg PO q24h	0.5-1mg/kg PO q24h	0.25-0.5mg/kg PO q24h/q48h
Enrofloxacin – 50mg/ml	5-20mg/kg PO q12h/q24h (10) *Highly alkaline can cause injection site necrosis* *Pasteurellosis 14-30 days*	5-20mg/kg PO q12h(10) *Highly alkaline can cause injection site necrosis*	5-20mg/kg PO/SC/ IM q12h (10) *May use in combination with combination with Doxycycline for CRD;* *Highly alkaline can cause injection site necrosis*	5-10mg/kg PO/SC/ IM q12h 10-20mg/kg PO q24h
EnroFlush 16ml Otoflush/4ml Baytril	0.3ml into affected ear q12h			

DRUG	RABBIT	GUINEA PIG	RAT	FERRET
Fenbendazole **– 50mg/ml**	20mg/kg PO q24h x 28 days *Treatment for encephalitozoonosis, failed to clear parasite*	20-50mg/kg PO q24h (20)	20-50mg/kg PO q24h (20)	20mg/kg PO q24h for 5 days
Fennel Tea **- ?**	1tbsp into 80ml water, change daily	1tbsp into 80ml water, change daily		
Furosemide **- 10mg/ml**	2-5mg/kg PO/SC/IM/IV q12h prn	1-5mg/kg PO/SC q24h / q12h	1-5mg/kg PO/SC q24h / q12h	1-4mg/kg PO/SC/ IM/IV q8h / q12h
Gabapentin **– 20mg/ml**	3-5mg/kg PO q24h / q12h (5)		30mg/kg PO q8h	3-5mg/kg PO q8h
Hydrochlorothiazide **1 tab/2ml H_2O = 25mg/ml**	1-2mg/kg q24h	1-2mg/kg q24h		1-2mg/kg q24h
Itraconazole **– 10mg/ml**	10mg/kg PO q24h x15d		2.5-10mg/kg PO q24h	15mg/kg PO q24h
Ivermectin **- 10mg/ml (ivomec inj.)**	0.1-0.4mg/kg SC, rpt in 7-14 days (0.2)	0.2-0.5mg/kg SC, rpt in 7-14 days (0.4)	0.2-0.4mg/kg SC, rpt in 7-14 days (0.4)	0.05mg/kg SC, rpt in 7-14 days
Ketaconazole **- 10mg/ml OR 200mg/g**				10-50mg/kg PO q12h / q24h *Dermatomycosis*
Levetiracetam	20mg/kg PO q8h	20mg/kg PO q8h		
Miconazole	Topical q24h x 14-28 days *Localized dermatophytosis*			
Medetomidine **– 1mg/ml**	0.06mg/kg			0.04mg/kg
Meloxicam **– 1.5mg/ml** **- 5mg/ml (inj.)**	0.6-1mg/kg PO q24h/q12h (0.6)	0.3-2mg/kg PO q24h/ q12h (0.6)	1-2mg/kg q24h/ q12h (1)	0.3mg/kg PO q12h
Metoclopramide **– 5mg/ml**	0.5-1mg/kg SC q8h/q6h (0.5)	0.5-1mg/kg SC q12h/ q8h (0.5)	0.2mg/kg SC q12h	0.2-1mg/kg PO/ SC/IM q8h/q6h

DRUG	RABBIT	GUINEA PIG	RAT	FERRET
Metronidazole **– 200mg/ml OR 40mg/ml**	20mg/kg PO q12h *Compounded to reduce unfavourable taste, which may result in reduced food consumption*	10-20mg/kg PO q12h (20) *Compounded to reduce unfavourable taste, which may result in reduced food consumption*	20-40mg/kg PO q24h (30)	10-20mg/kg PO q12h *Can be used with amoxicillin and bismuth (Pepto-bismol 0.25-1ml/kg QID/TID) for Helicobacter*
Milk Thistle (Silymarin) **– 2000mg/ml**	20-50mg/kg q24h	50-200mg/kg PO q12h/q8h	50-200mg/kg PO q24h	50-250mg/kg PO q24h
Nystatin **– 100,000 IU/ml**	100,000IU/kg PO q12h	60,000-90,000IU/kg PO q12h x7-10 days *No systemic absorption across GIT*	60,000-90,000IU/kg PO q12h x7-10 days *No systemic absorption across GIT*	
Pimobendan **- 3.5mg/ml**	0.1-0.3mg/kg PO q12h/q24h		0.2-0.4mg/kg PO q12h	0.5mg/kg PO q12h
Potassium Citrate **– 200mg/ml**	33mg/kg PO q8h	10-30mg/kg PO q12h		
Prochlorperazine	0.2-0.5mg/kg PO q8h *Torticollis*			
Procaine Penicillin (Duplocillin)	0.25-1ml/kg SC q48h (0.25) *NO ORAL*			0.25-0.5mg/kg PO q24h (0.25)
Ranitidine **– 15mg/ml**	2-6mg/kg PO q12h (3)	5mg/kg PO q12h		3.5mg/kg PO q12h
S-Adenosylmethionine (SAMe)		20-100mg/kg PO q24h		20-100mg/kg PO q24h
Selamectin **– 60mg/ml**	20mg/kg topically 1 puppy/kitten tube	20-30mg/kg topically 1 puppy/kitten tube	Lge rats- 1xpup/kit tube Sm rats- ½ tube	6-18mg/kg topically- 1 puppy/kitten tube
Simethicone **– 100mg/ml**	0.4ml/animal PO q4/6hrs	0.2-0.4ml/animal PO q4/6hrs	0.2ml/animal PO q4/6hrs	
Sucralfate	25mg/kg PO TID/BID			25-125mg/kg PO q12h/q8h

DRUG	RABBIT	GUINEA PIG	RAT	FERRET
Terbinafine – 30mg/ml	10mg/kg PO q24h *Dermatophytosis* *Little activity when used as a single agent*	20g/kg PO q24h *Dermatophytosis more effective than Itraconazole*	10-30mg/kg PO q24h	15mg/kg PO q24h
Theophylline – 5.3mg/ml		10-20mg/kg PO q12h/q8h	10-20mg/kg PO q12h/q8h - can use in nebuliser also	4.25mg/kg PO q12h/q8h
Trimethoprim-Sulfamethoxazole -40mg/ml	15-30mg/kg PO q12h (20) *May cause tissue necrosis if given SC*	15-30mg/kg PO q12h (20)	50-100mg/kg PO q24h (50)	5mg/kg PO q24h
Toltrazuril -18mg/ml	2.5-5mg/kg PO q24h for 2-3d days, rpt in 7-14 days (5) *Prefer to repeat in 5 days for younger/severe coccidiosis rabbits* *Combine with Cimetidine and Milk Thistle*	10mg/kg PO q24h for 2 days, then rpt in 5 days	10mg/kg PO q24h for 2 days, then rpt in 5 days	
Tramadol -50mg/ml	11mg/kg PO q8-12hrs	5-10mg/kg PO q8h/12h (10)	10-20mg/kg PO q8h/12h (10)	5mg/kg PO q8h/12h
Ursodeoxycholic Acid -50mg/ml	AVOID			10-15mg/kg PO q24h/12h (15 SID)
Vitamin C suspension -100mg/ml		Maintenance: 10-30mg/kg PO/SC/IM q24h Treatment of deficiency: 50-100mg/kg SC/PO q24h Hypovitaminosis C: 100-200mg/kg PO q24h		
Vitamin K Syrup – 10mg/ml Inj. – 10mg/ml	1-10 mg/kg IM prn	1-5mg/kg SC q12h/22h	1-10 mg/kg IM PRN	5 mg/kg SC, then 2.5 mg/kg PO q12h x 3 wk

DRUG	RABBIT	GUINEA PIG	RAT	FERRET
Atipamezole	**Give same volume SC, IV, IP as medetomidine or dexmedetomidine**			**0.4mg/kg IM**
Buprenorphine - 0.3mg/ml	0.03mg/kg IM/SC	0.05mg/kg IM/SC	0.01- 0.05mg/kg IM/SC	0.03mg/kg IM/SC
Butorphanol - 10mg/ml	0.1-0.5mg/kg IM/SC	0.2-2mg/kg SC	1-5mg/kg SC	0.05-0.5mg/kg SC/IM q8h/12h
Fentanyl	12.5mg patch/3kg q3days 3-9mcg/kg/h IV CRI			1.25-5mcg/kg/h IV CRI
Ketamine – 100mg/ml	8mg/kg IM	2-4mg/kg IM *Combination with Medetomidine*		2.5mg/kg IM *Combination with Medetomidine*
Medetomidine	0.06mg/kg IM *Induction/maintenance when combined with Ketamine*	0.025mg/kg IM *Combination with Ketamine*		
Midazolam – 5mg/ml	0.5-2mg/kg IM/IV 0.25-0.5mg/kg IM *Antianxiety; may also stimulate appetite*	0.4-2mg/kg IM	1-3mg/kg IM	

Keys:

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





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SAVA Community Veterinary Clinics

An initiative of the SOUTH AFRICAN VETERINARY ASSOCIATION

Non-profit Company: 1998/016654/08
Non-profit Organisation: 000-234 NPO
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Subsidize A Pet Sterilization Project

With the first hard COVID19 lockdown in 2020, we had several reports of families that have been attending CVC clinics that could not afford to feed their pets anymore. Since their income was affected by the lockdown, we started a project called "Adopt A COVID19 Pet Project" which appealed to the public to sponsor the food, deworming and tick and flea treatments. In spite of a lot of effort previously, we just weren't able to achieve public sponsorship but posting photographs and details did the trick and 47x animals were sponsored!

The MARS Homelessness Index published in 2022, shows a higher than average number of animals in shelters in South Africa compared to 9 other countries including the UK. We believe this is due to most animal owners not being able to afford primary veterinary care. If we can provide affordable veterinary care for low income animals owners, we should be able to prevent the problems that animal shelters unfortunately have to respond to. Our CVC work is affordable veterinary care (not charity) and therefore the owner always has to pay something for the veterinary care provided.

Applying the knowledge of the Adopt A COVID19 Pet Project, we started a project called "Subsidize A Pet Sterilization Project" which enabled the public to choose a particular pet that they would like to subsidize to be sterilized. Except for the public, we have received support from the Scheinberg COVID19 Relief fund which has sponsored 225 sterilizations to date! BusinessCom recently came on board as well and will subsidize 200 sterilizations so our CVCs are hard at work

With the much higher volumes now being done through the project, we have changed from a manual system to an online website which ensures immediate payment for a pet to be sponsored. A big thank you to Dr Joubert Viljoen and The Code Company for their continued support of our system development.

If you would like to see the list of pets requiring assistance with their sterilization, please go to www.savacvc.co.za.

Please remember that all donations qualify for an 18A certificate to ensure that your sponsorship is tax deductible.



Example of an advert: Layla can be subsidized to be sterilized and she lives in Ashton in the Western Cape

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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.**

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CREDO

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

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

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

- Ons professie in ere te hou en die Eed na te kom
- 'n Hoë professionele en wetenskaplike peil te handhaaf en te onderhou
- Ons professionele kennis, vaardigheid en hulpbronne aan te wend ter beskerming en bevordering van die gesondheid en welsyn van dier en mens
- Die status en beeld van die veearts te bevorder en die veeartsenykunde te verryk
- Die belange van ons Vereniging en die genootskap tussen sy lede te bevorder.

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If you're a first-time user of our platform, this demo video will show you exactly how to sign up to the LocumBaseVETS platform. It takes just 5 minutes!

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SAVA Member Benefits

As a SAVA member, you are entitled to the following benefits if you own a Vet Practice:

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- Pay-as-you-book reduced facilitation costs by 15%.

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In Memoriam

Dr Nadine Pappas



Nadine qualified in 1981 and initially worked in Johannesburg for 18 months. She went to work in the UK for a year and returned to South Africa in 1984 to get married.

After working in Middelburg and Pietersburg, she moved to Pretoria in 1987 and co-founded Menlyn Animal Clinic in 1988. During this time, she also studied for her honours degree and took many post-graduate courses, becoming an external examiner at OP for many years. During this time, the practice thrived by offering a very high-quality clinical service to the community.

During 2007 her health deteriorated, and she was forced to take a 2-year sabbatical, after which she returned to full-time practice.

Nadine was a keen sportswoman, and when her ill health made it difficult for her to jog, she took mountain biking passionately. She took part in many multiday events, visiting out-of-the-way places throughout SA and enjoying nature as well as our country's more rural communities. Although being on chemotherapeutics for the last 15 years of her life, she never let her difficulties show, always being cheerful and making the most of what she was still able to do.

In 2014 she realized a lifelong dream: together with her family, she purchased a portion of a property in the Waterberg, which became a gazetted nature reserve in 2018. After transferring the practice to her three colleagues in 2017, she spent more and more time in the Waterberg, moving there permanently in 2019. The enthusiasm she had shown for her work and life, in general, transformed her hobby of botany, zoology, and photography into a full-time vocation.

Even though her health steadily deteriorated, she could often be found walking in the mountains, lying on the ground photographing the tiniest of plants or animals or taking school children from local communities around the bush, imparting her knowledge and filling them with enthusiasm for nature.

She never came to terms with humanity's rush for material goods or the disdain humanity shows for the natural environment.

She leaves behind a husband and life partner, two sons and their partners, two grandchildren and her mother, but also the many clients she touched, vets and para-vets she influenced by her extremely high standards of care and empathy. She taught many young (and older people) to be inquisitive about the natural world and to respect nature as the only resource we humans have, should we want to survive as a species.

She leaves Swebeswebe, her most loved nature reserve, as a legacy to the world.

Dr Pieter Vervoord

In Memoriam

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

Dr Schalk Willem Janse van Rensburg: 16/04/1972 – 22/05/2022
Dr Nadine Elizabeth Pappas: 28/06/1957 – 24/07/2022
Dr John Duncan Prinsloo: 24/12/1947 – 30/07/2022
Dr Peter Frederick van der Merwe: 10/09/1966 – 31/07/2022
Dr Gregory Leo Shear: 14/09/1956 – 16/08/2022

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

THE ELEPHANT IN THE VETERINARY PRACTICE ROOM: WHAT HAPPENS WHEN A VETERINARIAN DIES?

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. Neither SAVA nor Dr Trudie Prinsloo is responsible or liable for any advice or other information provided herein.

In the past few weeks, we have faced the passing of some of our very dear colleagues. This sad occurrence has again reminded me how short and uncertain life can be and how important it is to be prepared for our own death. Facing the reality of our mortality is something that few of us are comfortable doing. This oversight means that proper planning for this inevitable event is often neglected, leaving loved ones to deal with their grief and manage a complex legal situation. This scenario is particularly true for one-vet practices or where a single veterinarian owns the registered company or closed corporation. Apart from the usual considerations for estate planning, it is to understand the legal requirements regarding the ownership of veterinary practices as set out in the Veterinary and Para-Veterinary Professions Act, No 19 of 1982 "("Veterinary Act), its Regulations and Rules.

What does the Veterinary Act and Regulations Require?

It is a well-known fact that only a registered veterinarian may practice as a veterinarian. Where the legal owner of a veterinary practice is a juristic person, only a registered veterinarian may have a 'member's interest in a corporation or be a director of a company. means that a veterinarian can effectively not bequeath a'member's interest in a veterinary corporation or shares in a veterinary company to non-veterinary family members since lay persons are not allowed to have shares or interests or ownership of such businesses.

Upon the death of a person, the estate may hold the member's interest for 12 months and in the case of a company for 6 months, or a longer period if an application is made to the SAVC and approved; this provides for interim arrangements until the estate has been finalized.

Suppose the veterinarian who passed away was the principal of a registered veterinary facility. In that case, the SAVC must be informed immediately, and the necessary arrangements must be made with the SAVC to appoint an interim principal or close the facility and refer the current cases.

Another essential aspect that needs immediate attention is the control of medicines that falls under the Medicines and Related Substances Act, No 101 of 1965. If there is not a veterinarian at the practice that can take responsibility, another veterinarian must be appointed to take possession of and responsibility for the medicines.

Putting a Plan in Place

As a professional person with a business or business interest, it is highly recommended that you obtain professional assistance with estate planning and putting interim measures in place. A financial advisor and attorney who deals with estates will be able to assist you. Before you consult with such a professional, here are some things to consider:

- Compile a complete list of all your assets.

- Think of how you could allow your spouse or children to benefit from the practice you have built up, even if they are not veterinarians and cannot inherit the practice.
- Think of who you want to appoint as the executor of your estate. It is a hefty burden to place on a surviving spouse. An executor should preferably be a professional person.
- Have copies of your will and living will to take with you and ensure that both documents are updated when necessary.
- Draw up a Standard Operating Procedure that staff in the practise, as well as your next-of-kin, know about and will guide them through what needs to be done if you unexpectedly pass away.
    - Include the fact that the SAVC needs to be contacted. Provide a contact number for the SAVC and perhaps the contact person's name.
    - If you are the only veterinarian in the practice, it would be good to have an agreement with another veterinarian or practice who would be willing to take over your cases in such an event. Put this information and contact details in this document too.
- Consider what will happen to your employees if you are a single practitioner and if you could make plans to accommodate them in such an unfortunate event.
- When you consult with the professionals, make them aware of the Veterinary Act requirements so that they can give you sound advice. Do not expect them to be aware of these special requirements.

Sometimes the most challenging things we must do could be the most meaningful. Thinking of what will happen once we are no longer here is not easy, nor is planning for it. But knowing that it will ease the stress for those who stay behind and that you leave the legacy that you intended to should be enough to get you started with the process if you do not already have a plan in place.

You are welcome to contact me at trudie@legalvetservices.co.za if you have any specific questions that you would like to have answered.



Influential Life Coaching

CONSIDER A SCULPTURE



Dr Mats Abatzidis

B.Sc. B.V.Sc.

New Insights Certified VIP Life Coach
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Author of the published book "Life outside your comfort zone. Better and beyond all expectations".
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http://www.life-coach-directory.co.za/mats-abatzidis

I hope this article finds you and your families well and safe!!! Last month we discussed various concepts using the iceberg phenomenon as an analogy. This month I would like us to use the analogy of a sculpture and learn some important lessons. Look at the picture below and think about the process of creating this statue.

We often marvel at the skill required to produce such magnificent works of art. If we ponder a little deeper, we may be inspired by the commitment and passion of the person who created it, especially when we realise that it all started with a chunk of rock.



(https://pixabay.com/photos/angel-statue-figure-graveyard-2403401/)

It all starts with a vision in the sculptor's mind. Next, we use a hammer and chisel to chip away everything that does not belong in our vision of the result. Every time we begin working on a new project/goal/objective, we must first **get a clear picture in our mind of the outcome we desire**.

That will ultimately put us in a position to successfully navigate the distractions and obstacles we encounter as we "chip away" at those things that do not form part of our vision/goal.

Take a few moments to think about what you find truly fulfilling and rewarding in life five, ten, twenty, or thirty years from now. How do you define a life of significance and not just success? **In the same way, as success is not the same as significance, money is not the same as wealth**. Don't just see yourself as comfortable and free of pain. See yourself accomplishing goals that matter, including the challenges you meet and overcome within those. Your daily choices will depend on the clarity of the vision in your mind.

Forming a picture in your mind can be difficult sometimes. If you are struggling, go back to a vision you had earlier about what your life would be like. Maybe when you graduated or got married. Maybe when you were in school and chose your future career. That early dream is likely to be your current dream, but it may have just faded a bit.

Alternatively, develop a brand-new vision now. Imagine living in a specific home surrounded by family and friends; imagine achieving a particular goal; imagine working in one specific career or field of interest. Define your sense of purpose and value.

One of my visions that came true has to do with a particular car that I envisioned owning. I secured the finance for the vehicle gradually and steadily over time. I remember visiting the dealership and physically sitting in the desired vehicle to ensure that my vision of the result was clear. I could feel the seat, the leather steering wheel in my hand; the controls were at my fingertips, and I memorised their positions around the driver's seat. I felt the outside of the car with my hands and appreciated the contours of the car, the smooth, clean surfaces and even the smell of rubber on the new tyres.

I was so excited by this goal that I put a picture of the desired vehicle in the chosen colour on my phone as a background image so that I could visualise it every day long before I even decided with the car salesperson. The car eventually arrived in South Africa, and the dealership sent me the invoice. I noticed a mistake. The invoice said the colour of the vehicle was charcoal grey. I seemed to have remembered ordering a silver car.

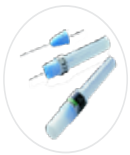


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I questioned the dealership, and they sent me my original request form I completed pointing out that I did indeed order a charcoal grey vehicle. I reviewed all my stored images of my dream car, which were of the charcoal grey variety. My vision had certainly become my reality.

Similarly, I envisioned becoming a veterinarian when I was in school. Long before the concept of job-shadowing was introduced to schools, my father suggested that I spend some time at our local veterinarian's clinic to help me with my career choice. Indeed, spending time in private practice confirmed my desire to become a veterinarian, gave me an inside perspective into the daily life of a veterinarian, prepared me for what was to come, and answered many of my questions.

A lot of those memories served as my guide as I went through my various levels of education up to the point of graduating as a veterinary surgeon. They kept my vision clear and helped me overcome obstacles and distractions along the way, like putting a puzzle together while having the box cover in front of me as a reference.

The sooner we have a picture of what you want to be and do in your life, the clearer that image is, the simpler your life will become.

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



Symphyseal separation treatment in cats: Part 1

Prof. Gerhard Steenkamp

Cats often present with skull or jaw fractures due to road traffic accidents, bite wounds or falling from heights. The conformation of the cats' mandible (short and stocky) contributes to the increased risk of the symphysis tearing. As the symphysis consists of fibrocartilage, the tearing of this structure is not a symphysis fracture but rather a symphysis separation.

The diagnosis of a symphysis separation is usually made during a clinical examination. Excessive movement of one mandible with respect to the other mandible and tearing of the oral mucosa/gingiva are the two most common clinical signs seen in these cases (**Fig. 1**).



Figure 1. An anaesthetised cat with a symphysis separation. There is step formation between the left and right incisors, and the gingiva is torn.

Intraoral radiographs are indicated as these separations may sometimes be in conjunction with a parasymphyseal fracture of the mandible, alveoli of an incisor or even canine teeth. The tongue should also be evaluated for trauma when there is a symphyseal separation.

Treatment of the separation aims to rapid functionality restoration and pain relief. Once the clinical and diagnostic evaluations are complete, cleaning the wound and suturing the mucosa/gingiva is the first step. The oral mucosa heals rapidly and, therefore, is a monofilament synthetic absorbable suture material that loses its tensile strength over a shorter period, like poliglecaprone (Monocryl, Monosyn, Monozyl) is recommended. In cats, a 5/0 size is preferred.



Figure 2. A malocclusion is caused by overtightening the orthopaedic wire while repairing a symphyseal fracture in a cat.

The most common method employed to treat a separation is using orthopaedic wire circumferentially around the symphysis, just caudal to the canines.

An incision is made ventral to the symphysis, and the wire is introduced, lateral to the mandible, and exits into the oral cavity caudal to the canine teeth. It is then curved over the symphysis and introduced in a ventral direction, behind the opposite mandibular canine and aimed to exit through the ventral incision.

The wire is then twisted until accurate apposition is achieved and should not be over-tightened. By overtightening the wire, the mandibles lose their angular rostrocaudal orientation and become more upright. This misalignment will lead to malocclusions and pain in the temporomandibular joints (due to stretching of the TMJ capsule and abnormal positioning of the condylar head of the coronoid process) (**Fig. 2**)

The wound ventral to the symphysis is left to granulate. Since the wire knot is present, it will stay patent for the three weeks required for the symphysis to heal. Wire knots should never be placed in the oral cavity, as this will cause pain and discomfort for the patient (**Fig. 3A and B**).



Figure 3A. A wire knot is present in the oral cavity of this cat, which caused trauma to the ventral surface of the tongue (B).



Figure 3B

The wire is usually removed three weeks post-operative by cutting it intraoral and pulling it through the original ventral mandibular wound while the cat is sedated/anaesthetised. Since the wire is placed blindly, some soft tissue is always trapped between the wire and the mandibular bone. The pressure of the tightened wire leads to soft tissue necrosis, which leads to loosening of the wire by 7-14 days post-surgery.

Next time we will cover alternate ways of symphysis stabilisation in cats.



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Ask Your Pharmacist



Pharmacovigilance – a big word for an important topic

by Khadija Mayet (Responsible Pharmacist at Zoetis) and Dr Susan Dawson (Technical Manager, Pigs and Poultry, Zoetis)

A vital part of a Technical Manager's job is handling pharmacovigilance cases that come through on products. Pharmacovigilance (PV) is a topic around which there is quite a bit of confusion and apprehension. I sat down with Khadija Mayet, the Responsible Pharmacist at Zoetis, to review some of the main questions around this important topic.

Why is it done, and how does it add value?

Undesirable or unexpected reactions experienced with the use of a health product may result in significant morbidity and mortality. The ultimate goal of vigilance is to ensure the product's safe use: minimising the risks related to the product and maximising the benefits.

During the development of a health product, it undergoes testing to establish its safety and efficacy in the relevant species before permission to market is granted by the Health Authority. However, clinical trials are conducted on a small number of patients, up to a few thousand, in controlled environments. Data generated during clinical trials will provide information about the common adverse events.[1]

Once the product is marketed, a large number of patients will receive it. Some may have comorbidities (including medically significant conditions) or a broader spectrum of disease severity; others may be taking more than one product. Thus, animals administered with the product in real-world settings differ from the highly selected individuals in clinical trials.

A Vigilance program discovers previously unidentified or insufficiently understood undesirable or unexpected reactions that could not have been identified in the pre-approval period. These reactions can occur due to any of the following reasons:

- Unrecognised pharmacological effects of the drug
- Drug-drug interactions
- Drug-food interactions
- Drug-disease interactions
- Factors related to specific patient populations
- Individual patient factors
- Medication errors

Therefore, it is essential to monitor safety during the marketed period and throughout the entire lifecycle of the health product to arrive at the product's actual risk-benefit profile and take the necessary measures to minimise risks.

An ideal Vigilance system helps quantify the risk of adverse reactions in a population treated with the product,

take appropriate regulatory action to prevent or minimise risk, and communicate these findings to healthcare professionals and customers.

Zoetis' purpose is to nuture our world and humankind by advancing care for animals. Vigilance plays a vital and influential part in developing new health products and future therapies along the Continuum of Care.

Pharmacovigilance is quite a big word with a scary aura. What exactly is Pharmacovigilance?

Pharmacovigilance (PV) is concerned with only two outcomes: safety and efficacy. Does a health product work, and is it safe? It touches on almost every aspect of the product's lifecycle - from preclinical development to post-market surveillance - making it one of the most fundamental functions within a company like Zoetis.

PV is a big word, and in South Africa, our regulators prefer using the word Vigilance, which represents all health products, not just pharmaceuticals.

Vigilance is said to be the science and activities relating to monitoring the safety of health products to contribute to a better understanding of their possible adverse events when used outside the controlled conditions of clinical trials, where monitoring includes detection, assessment, awareness and prevention of adverse effects.

Companies like Zoetis must keep a tab on the undesirable or unexpected reactions of a product after it is launched in the market; this is the heart of Pharmacovigilance.

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Is PV a legal requirement for companies? Is it a legal requirement for prescribing individuals?

"Each country has its vigilance system mainly based on World Health Organisation (WHO) guidelines. Let's look at how some countries maintain their vigilance systems.

1 **South Africa**
The South African Health Products Regulatory Authority (SAHPRA) coordinates and maintains a vigilance database for all health products, including veterinary medicines, medical devices, in vitro diagnostic medical devices (IVDs) and complementary medicine and complementary medicines. SAHPRA has stringent guidelines for companies to follow regarding their vigilance processes to ensure that companies monitor the safety and efficacy of products marketed in South Africa.

2 **Europe**
In Europe, the European Medicines Agency (EMA) coordinates and maintains the pharmacovigilance database called EudraVigilance, which contains the records of all suspected adverse drug reactions. It also includes a separate database for veterinary adverse drug reactions.

3 **The United States of America**
The United States uses a multi-faceted approach to maintain pharmacovigilance systems that includes the Food and Drug Administration (FDA), pharmaceutical manufacturers, academic/non-profit organisations, and regular citizens. The US FDA collects and manages case reports related to adverse drug reactions.[2]"

I think I have a PV case – what is the first thing I should do? How do I handle a possible PV case?

"Should you come across a case where you have a health product that has potentially caused an undesirable or unexpected reaction in a patient or person, the dutiful thing to do is to report the incident. The incident can be reported directly to the life science company responsible for the product in South Africa (details of the company can be found on the product label or package insert of the product) or on the South African Health Products Regulatory Authority website (https://www.sahpra.org.za/health-products-vigilance)."

What counts as something that might need to be reported?

"Zoetis policy is for customers and staff to report all cases where any undesirable or unexpected reaction took place in a patient or person after using a Zoetis product. These can be reported to our representatives, the Technical or Product Manager or via the head office at 0800 998 969. Zoetis also encourages our customers to report all product quality-related issues to us through our representatives or PV mailbox (Email: PVZA@zoetis.com). My advice is: when in doubt, report the case."

Who needs to do it? Who is involved?

"Anybody can report a Vigilance case as long as they can identify the four pillars of a potential case.
- A **person** who reports the incident is called 'the 'reporter' (details will be requested for future communication)
- An **incident** where a health product was involved in an undesirable or unexpected reaction, safety issue or product quality issue (provide as many details as you can when describing the incident)
- A **patient** who was affected by the health product/s: this could be an animal or human
- Name of a health **product/s** (details such as batch number; expiry date is always helpful to add to your case narrative)"

Is it anonymous?

"The patient or person who had the reaction can stay anonymous, and only details of the incident are required. The reporter, the person reporting the case, would need to provide their contact details should further information be needed regarding the incident and/or feedback."

What does Zoetis do with the information?

"In addition to analysing individual case safety reports and aggregate reports, risk management is undertaken by data mining the Vigilance safety databases, signal detection, and implementing risk management programs."

Who receives the PV case information? Do we report it and leave it there?

"All cases reported to Zoetis get placed on a Zoetis global electronic database. This database monitors all Zoetis product reactions, from preclinical development to clinical trials and finally gathers real-world evidence (RWE) of cases reported by health care professionals and patients post-launch to market.
This data is analysed regularly for any safety or efficacy issues; this data is also supplied to Health Authorities as required."

Can I request feedback?

"You may request feedback from Zoetis. It will be provided through the representative, Technical Manager or the responsible Product or Marketing Manager."

References:
1. Pharmaceutical Medicine and Translation Clinical Research; https://www.sciencedirect.com/science/article/pii/B9780128021033000274
2. https://www.medindia.net/patientinfo/pharmacovigilance-the-key-to-drug-safety.htm#why-is-pharmacovigilance-important

Useful contact details:
1. Reporting cases to the South African Health Products Regulatory Authority: https://www.sahpra.org.za/health-products-vigilance
2. Zoetis head office phone number 0800 998 969. 3. Zoetis PV mailbox PVZA@zoetis.com

Further information or full product information available from Zoetis South Africa (Pty) Ltd, Co. Reg. No.: 2012/001825/07, 6th Floor, North Wing, 90 Rivonia Road, Sandton, 2196. Tel.: 0800 998 969. www.zoetis.co.za.
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CT : "It's a Fabulous Slice"

Bethany Walsh, BSc Diagnostic Radiographer, Application Specialist

Computed tomography(CT) is a diagnostic tool which was created by British engineer, Godfrey Hounsfield in 1972. This fundamental innovation was the beginning of new a diagnostic imaging modality that enabled medical professionals to assess organs within cavities in a 3D view, rather than using x-rays which creates a 2D image.



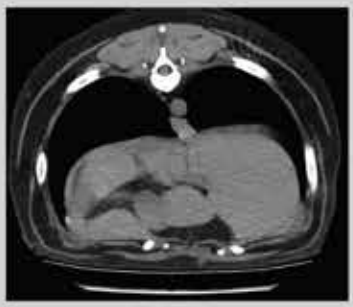
The first model was a single detector scanner with a pencil beam, and performing a brain scan would take around in 30 minutes. CT has since developed in its diagnostic ability, speed, and specificity. The modality was introduced into the UK veterinary market in 2007. Today, the CT scanners available in the market can acquire a complete CT scan of a dog's head in approximately 13-17 seconds in comparison to original 25-30 minutes.

One of the largest differences between viewing x-rays and CT images is that CT images are acquired in 'slices' called axial slices. This gives you a 360-degree view inside the patient's body. Due to the increased detail in anatomy from the images acquired during a CT scan, an increased range of pathologies can be diagnosed, from vessel disease to fractures and neoplastic conditions. Images can be quickly acquired and reconstructed using different window widths and levels. This enables assessment of soft, bony and aerated tissues using one dose of radiation.

Below are some examples of the reconstructions that occur with every scan. A CT package will contain several thousand images that can be then loaded into software to examine the images in several planes. The three planes that CT images are typically examined in are sagittal, coronal and axial slices.



Bone reconstruction



Soft tissue reconstruction



Lung reconstruction



Axial slice



Coronal



Sagittal

The ability to view the images in the three planes enables the reporting radiologist to accurately interpret pathology within body systems and their neighboring structures. The software also enables us to manipulate images that are based on the user's specific needs. For example, 3D reconstructions are very valuable when interpreting orthopedic disease and measuring for proposed implant placement in cases of fracture management.



What is CT used for?

CT is an invaluable tool for veterinary medicine and the majority of installations in the UK go into first opinion hospitals. Some of the benefits of using CT in veterinary practice include: reducing the need for exploratory surgery, improving diagnosis, and guiding tailor-made treatment plans for the individual patient. Every diagnostic tool has its strengths and CT is a fantastic imaging modality especially for orthopaedic, oncology and soft tissue patients.

CT scanners are now able to acquire 0.625mm slices of the patient's anatomy, which allows for an incredible amount of anatomical detail. Orthopaedic patients who previously would have had plain radiographs are now able to have a CT scan providing the surgeons with more accurate information prior to surgery.



Patients undergoing CT scans are typically sedated or placed under general anaesthesia during a CT scan, which is a key element for making the scan truly diagnostic. When under general anaesthesia, the patient's breathing can be adjusted to allow images to be acquired at maximal inspiration, improving image detail. Another factor is the patient remaining completely still, a challenge of course in veterinary patients. It also enables the team to do any other investigations or interventional radiography like biopsies or extra bloods.

In most clinical settings, the diagnostic investigation in cases of abdominal disease typically includes radiographs and abdominal ultrasound. Both imaging modalities are readily available and inexpensive tools, however, they both have limitations when looking at fine detail, especially in larger breeds of dog and this is where CT shines, providing excellent image detail even in these larger patients.

CT also has its limitations as with any imaging modality, and its close imaging companion Magnetic Resonance Imaging (MRI) is the gold standard for investigating neurological conditions. CT can image these areas and identify tumours, strokes and potential disc abnormalities, however MRI is much more sensitive.

Historically, CT scanners have felt 'alien' to most veterinary practices. However, recent models are more user friendly, and with the correct training and guidance they can be an invaluable tool to add to your diagnostic imaging equipment.



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

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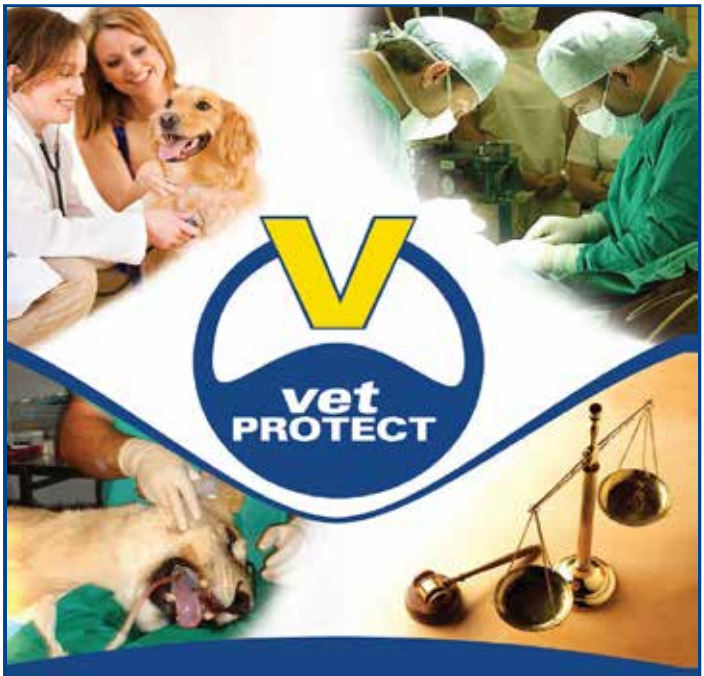
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Location: Sydney – Australia

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We are looking for an enthusiastic, positive and happy full-time vet to join our friendly team. Our hospital is all about team work and servicing our clients in the best possible way. We will look after all the immigration required and obtain you a 4 years visa with the view to become permanent residence of Australia. We pride ourselves in providing outstanding pet care services to our customers. We have an iconic three level building which offers boarding for cats and dogs, grooming and day-care in addition to our brand new hospital.

We have a friendly, happy and energetic team and would love someone with the same personality to join us.

We are ideally looking for a minimum of 2 years' experience. We can provide you with lots of support and you get to use a range of equipment such as in-house blood machine, DR Radiography System, Ultrasound, IM3 Dental machine, Endoscope, Laser machine, Dental X-ray unit etc.

We are looking for:

- A Veterinarian doctor who has a minimum of 2 year working experience as a Vet in South Africa, Singapore, Australia, USA or UK.
- Commitment to provide first-class and premium care to our patients
- A friendly team players who is positive, happy and resourceful
- Ability to work independently and make decision if need be
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Salary is negotiable and commensurate with experience.

Please email your resume to omid@vetsoncrown.com.au or contact Dr Omid Sadeghpour +61 0414 801 458 if you have any question regarding the position.



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FREE STATE

PARYS

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GAUTENG

JOHANNESBURG

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

KRUGERSDORP

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

MULDERSDRIFT

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

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

HERMANUS

Hermanus Animal Hospital is under new management and is looking for a full-time veterinarian. It is mainly a small animal and equine practice. New grads are welcome. Please send a CV to hah@hermanus.co.za Ref22AU01

EASTERN CAPE / OOS-KAAP

GRAHAMSTOWN

Well equipped mixed practice clinic in Grahamstown, Eastern Cape is looking for a passionate veterinarian to join our team, full time or long term locum. Attitude and strong work ethic are more important than years of work experience. Small animal bias, with a growing large animal client base and opportunity for wildlife work if the candidate is interested. Please email a covering letter and CV to manager@ikhalavet.com to apply! Ref22SP03

KWAZULU-NATAL

NOTTINGHAM ROAD, KZN MIDLANDS

We are looking for a veterinarian to join our well-equipped practice in the beautiful KZN Midlands. An interest in equine reproduction and sports horse injuries would be beneficial. Please contact Dr A. Béchard on 083 300 6038 or email almiray@bundunet.com Ref22AU05

KLOOF, DURBAN

Are you a qualified Veterinarian who is passionate about animal welfare? Are you wanting to work with a dedicated team at our Kloof & Highway SPCA in Kloof Durban? Are you a compassionate team player, able to remain calm and work under pressure? If you want to take the challenge and make a difference in animals' lives daily, email us at hr@kloofspca.co.za and tell us more about yourself. Ref22SP01

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VETERINARY NURSE / VEEARTSVERPLEEGSTER

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GEORGE

Eden Small Animal Hospital: Dedicated and enthusiastic vet nurse needed for small animal practice in George. Fully equipped 3 vet practice, competitive salary and package, full or flexible part-time position available. Send CV to susi@edenvets.co.za or contact 0840212427. Ref22AU02

PRACTICE FOR SALE / PRAKTYK TE KOOP

KWAZULU-NATAL

DURBAN

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

DURBAN

Fifteen-year-old small animal practise and property for sale in an upmarket western suburb of Durban. This is a busy 1-man practise with a large fully computerised database of clients. Equipment includes a Carestream CR Scanner and Xray 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

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
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- Premises leased. Lease transferable
- POA

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

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Aohua Veterinary Videoscope VET-1330 and Endoscope Imaging Processor VET-OR1200HD for SALE. R250K neg. Please contact Dr F Lampen 0313288231, flampen@seaworld.org.za for more information. Ref22AU04



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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.

I have battled to find a topic for this month's article then, low and behold; the SAVC gave me a topic.

We received a note from them discussing complaints they have received and their suggestions as to how we deal with these problems.

All very good and sound advice; however, being one of the vets available for stress counselling, I may have seen a slightly different side to this story from that of a very depressed veterinarian. When like this, it is very easy to get a little uptight and to be rude. Also, when you quote for a dental job and when the animal is under anaesthetic, you find the situation is far worse than initially assessed. Do you get on and complete the job to help the animal, or do you stop everything and phone the owner, who is not always readily available? Catch 22.

Recently there has been a definite increase in the call for support from vets in practice. A large amount of this is due to the drop-off in the general economic climate in South Africa, and many of the vets are somewhat overextended, and then there are school fees, medical aid and other such likes that have to be met. Not at all easy when times get tough.

And then the SAVC puts pressure on in various ways. A senior vet has been denied services from drug suppliers because she was forced to change her practice address because of landlord complications. The new address, a few doors down, has not been inspected, and as such, she cannot be supplied with her medical requirements.

I cannot advise on stress control because I stress like crazy when things don't go to plan. Fortunately, at a relatively advanced age and when kids are no longer part of the equation, my financial load is a lot less, making financial problems far more manageable.

What does one see when chatting to these stressed-out practitioners?

Firstly, many are highly responsible in how they go about their work and have very high standards of ethics and work. One can never say too high in this regard – that's impossible. But they now have to compete with the veterinary discount houses - practices that take much of the bread and butter work such as vaccinations, neuters and spays away by marked discounting. I admit admiring these discount houses and cannot but wonder how they can do these operations at such low prices and still maintain a suitable and required standard. Dog and cat castrations can be had for under R500; yes, less than a quarter of a tank of petrol at today's prices.

Or is this a form of prostitution of the profession? You can decide; to spend five years at university to discount your fees?????????

The final words of the Investigating Committee are, "We issue this alert to veterinary professionals to advise of worrying trends and pitfalls emanating from complaints received, to improve not just client experience and to protect patients and more importantly the veterinarians".

Good sound advice but not easily taken when it's 6.30 at night after a very stressful day and the client is not hearing a single word you are saying and probably does not believe you anyway.

RUVASA
CONGRESS 2023
8-10 MAY 2023



THE MISTY HILLS COUNTRY HOTEL, MULDERSDRIFT, GAUTENG

RuVASA
Ruminant Veterinary Association of South Africa

The 2023 RUVASA congress will be held over three days, Monday, Tuesday and Wednesday from 8-10 May 2023 at the Misty Hills Country Hotel, Muldersdrift, Gauteng. The venue is situated conveniently 15 km from Lanseria Airport. The theme of the congress will be as follows:

One Degree Difference – Is it achievable?

Water is hot at 99 °C and boils at 100 °C. The focus of the congress will be at that one degree change we as veterinarians can bring about in our daily activities to enable our clients to optimise their businesses and at the same time enable ourselves to thrive in our businesses

The congress will be structured around dairy cattle, small stock, and beef cattle.

The theme will focus on the following

- Increasing productivity of grazing and nutrition
- Increasing productivity in a beef operation
- Increasing productivity in a dairy operation
- Increasing productivity in your personal life
- Increasing productivity in a small stock operation
- Increasing productivity in a veterinary practice

Authors wishing to submit abstracts must be able to present in person on any day of the congress.

IMPORTANT DATES
Deadline for abstract submission: 30 November 2022
Full manuscripts must be submitted by: 1 February 2023

The Congress committee of RuVASA invites abstracts for presentation as free communications as well as case studies and research results. Presentations can be either as oral presentations or posters. Papers reviewing recent advances, or relating to research into matters concerning relevant topics that may be of interest to ruminant veterinarians, will be considered. Private practitioners, State Veterinarians, Agricultural Scientists, Academia as well as veterinary and agricultural students are encouraged to submit abstracts. Papers relating to the main theme will get priority if an oversupply occurs. Single case reports will be accepted if of exceptional interest.

GUIDELINE TO AUTHORS: The abstract must be a complete but concise synopsis of the content that will be both informative and useful to the potential audience. The format for the abstracts is flexible, but should contain a clear objective, methods and results (where applicable) and a logical conclusion. Two independent people will review abstracts and successful authors will be notified within two weeks, following the deadline for submissions. Authors must accept the terms and conditions for speakers. Abstracts that do not comply with the following format will be returned to the authors for corrections.

To submit an abstract please go here: https://bit.ly/ruvasa2023ABSTRACTS

Dr. Schabort Froneman & Paul Reynolds
For the Scientific committee: Ruvasa

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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
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WHAT IS CPD?

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

HOW DOES CPD WORK?

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

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

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

MANAGING YOUR CPD COMPLIANCE

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

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

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

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