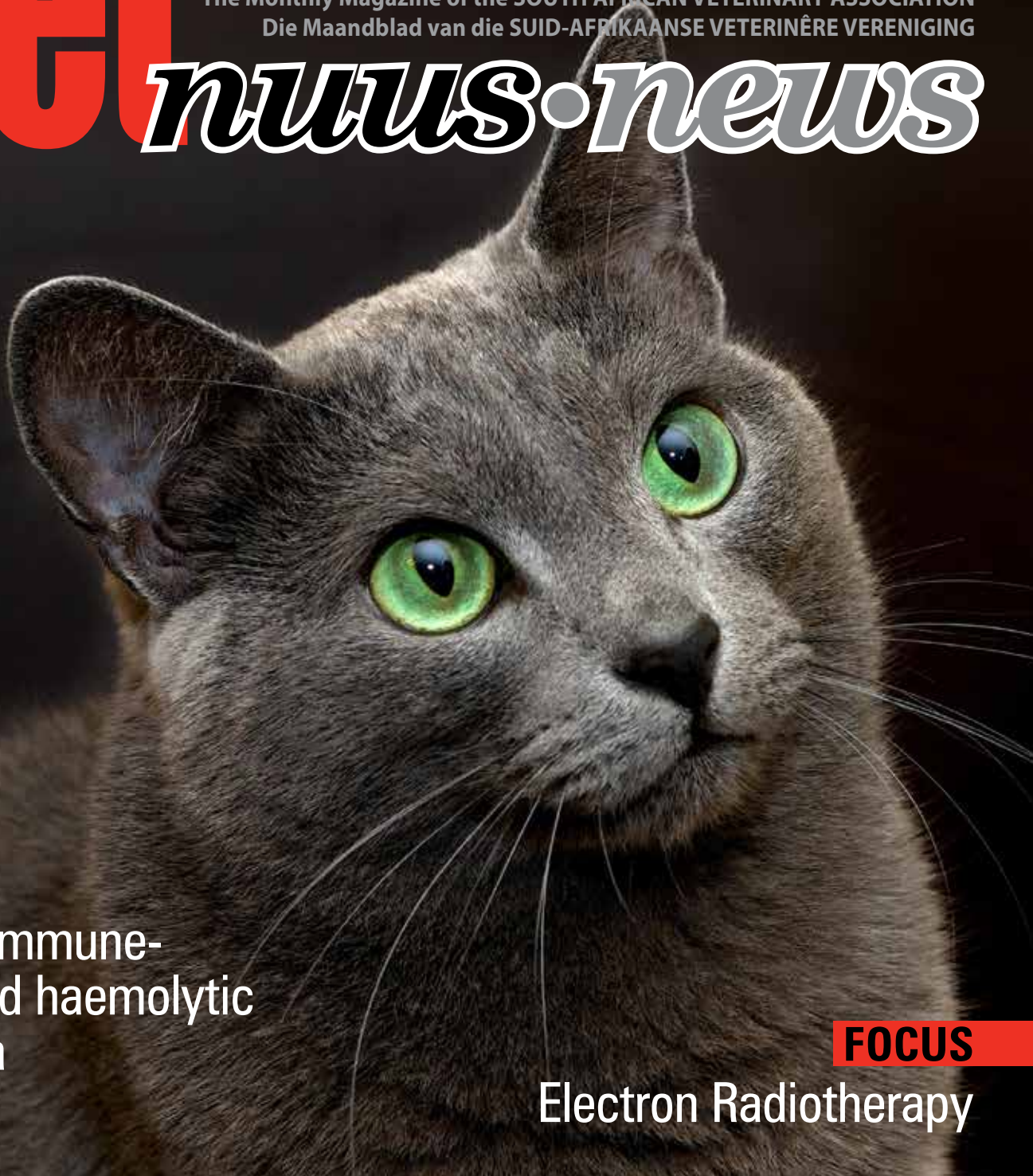


MEI / MAY 2015

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

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Contents | Inhoud

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Articles | Artikels

- 5 The practical application of electron radiotherapy as a cancer treatment for dogs and cats
- 8 NEXT! vs "Please come in, Mrs Smith."
- 13 Why do dogs and cats need protein?
- 14 Time to say Goodbye? Know how to provide a peaceful death
- 18 Can we save our wildlife from going to the dogs?
- 19 Skills Laboratory launched

Regulars | Gereeld

- 2 Van die President /
- 3 From the President
- 4 From the Editor / Van die Redakteur
- 16 Briefly / Kortliks
- 17 Letters / Briewe
- 20 Fast mail / Blitspos
- 21 Story: The flying syringe (Part 1)
- 23 Royal Canin: Nutritional Insights
- 24 Congresses / Kongresse
- 25 CVC News
- 26 Maxi
- 27 Prof Philip Boyazoglu turns Eighty
- 28 Influential Life Coaching
- 29 In Memoriam
- 32 Merial pages
- 34 Zoetis: Production Animal Column
- 36 Reunie / Reunion
- 37 From the Journal of the SAVA
- 38 Eye column
- 44 Classified advertisements / Snuffeladvertensies
- 47 Diary / Dagboek
- 48 Life plus 15 with no parole



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Henk Basson

Positiewe denke

Daar is 'n sê-ding in Afrikaans propvol waarheid, naamlik dat die gootste gif in die kleinste botteltjies kom. As mens die tong as 'n botteltjie beskou, is dit besonders waar. Kyk, die tong kan baie mooi woorde spreek en baie mense ophef en seën, maar dit kan ook baie skade veroorsaak. Soms wonder ek of die rede hoekom die hond 'n mens se beste vriend is, nie is omdat hy nie kan praat nie!

Ek doen 'n dringende beroep op elkeen van u om u woorde te tel voor u praat. Oppas om nie in woede op te tree en dan dinge te sê wat mense seermaak nie. Wees gewaarsku dat, wanneer jy altyd ander afkraak, jy dikwels jou eie karakter ook afbreek. Ek besef dat elke mens êrens wil ontaai en dat dit maklik (en dikwels onskuldige bedoel) is om in groepe of vergaderings te kla oor die dinge wat nie werk nie of wie jou pla. Soms is sulke uitlatings selfs noodsaaklik, maar onverantwoordelike of onnodige opmerkings kry dikwels stertjies by, of lei tot aannames en ontaard dan skielik in reuseprobleme.

Onlangs was Me Madaleen Schultheiss van Vetlink ook aan die ontvangkant hiervan. Namens die SAVV bied ek verskoning aan vir verkeerde persepsies wat geskep is, meestal gegrond op aannames. Ons was in gesprek met Madaleen hieroor, en hoop om nou weer positief saam te werk tot voordeel van die professie. Kom ons maak eerder seker dat ons positief ingestel is. Pak probleme waagmoedig, maar sensitief aan en sorteer dit uit. Sien nood raak en

gee uitkoms. Raak entoesiasies oor veranderinge. Soek die goud in ander, ontwikkel dit en praat dan dááror! Ek kan aan 'n paar brokkies uitstekende nuus dink wat u kan versprei!

Daar is baie goeie nuus op die gebied van die verpligte gemeenskapsdiens. Dit is nou 'n werklikheid en begin in 2016 begin. Die afsnydatum vir aansoeke vir 2016 is reeds verby (dit was 8 April). Baie dankie aan diegene wat reeds aansoek gedoen het. Indien u nog die kat uit die boom wil kyk en eers 'n bietjie later besluit, doen dit asseblief. Daar sal in 2016 weer geleentheid wees om aansoek te doen vir die 2017-siklus. Ek is besonders opgewonde oor hierdie verandering, veral in die lig daarvan dat daar nou veeartseny-dienste gelewer kan word in areas waar dit nie voorheen moontlik was nie. Dit bied ook 'n wonderlike geleentheid vir opleiding in alle gemeenskappe en 'n kans om siektes as 'n span te kan beheer.

Nog 'n aspek om baie opgewonde oor te raak, is die werk wat op die gebied van welstand gedoen word. Hieroor kan die tonge losraak en sulke "bekke mag jê" kry! Diegene wat by die SAVV-noodlyn betrokke is en wil wees, sal gedurende die naweek

voor ons kongres, by Champagne Sports Resort, inligting gegee en vaardighede geleer word. Dit is 'n uitstekende geleentheid om seker te maak dat die aspekte rondom die welstand van veeartse met verantwoordelikheid, eties en korrek aangespreek word. Indien u hierby of by die algemene welstand betrokke wil raak, kontak asseblief vir Dr. Paul van Dam (md@sava.co.za).

Op hierdie noot is ons ook besonders opgewonde oor die komende kongres in Julie in die Drakensberge! Dit is nou iets om oor huis toe te skryf! Die kongres belooft verskeie interessante onderwerpe en aanbiedinge. Dit is 'n fantastiese area van ons land met hope skoon vars lug en stilte. Kom kuier saam met kollegas en herontdek jou passie vir hierdie fantastiese beroep! En boonop kry jy CPD-punte!

Kom ons vat hande, span ons tonge reg in en bou onself, ons kollegas en ons beroep saam op! Dit is die moeite werd om positief te wees en na goud te soek. Jy mag dalk baie meer waardevolle skatte vind as waarop jy gereken het. **U**

Henk Basson

CREDO

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

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

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

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



Positive thinking

There is a saying in Afrikaans that “the strongest poison comes in the smallest containers”. In the case of the tongue, this is very true. I have seen the tongue speak beautiful, uplifting truths and truly bless people, but I have also seen it cause severe damage. Sometimes I wonder if the reason why a dog is man’s best friend, is because dogs can’t talk!

appeal to each and every one of you to carefully pick your words before you speak. Take care not to speak in anger and, by doing so, hurt your listeners.

Be warned that, by denigrating others, you often also break down your own character. I realise that we all need to unload somewhere and that it is easy (and often meant without malice) to complain in a group or at a meeting about people and issues that bother you. Sometimes it is necessary to speak your mind. But irresponsible and unnecessary comments often grow a tail or lead to assumptions that cause massive problems.

Recently Ms Madaleen Schultheiss was on the receiving end of this. On behalf of the SAVA, our apologies for the wrong perceptions that were created, mostly as a result of assumptions. We had a long talk with her on this and hope to work together positively in advancing the profession.

Let us make sure that our outlook on life is positive. Approach problems with boldness and sensitivity and resolve them. Recognise need and provide an outcome. Be enthusiastic about

change. Look for and recognise the gold in others, develop it and rather talk about that! I can think of some great news items that can be shared with others!

In the area of the compulsory community service I can share truly exciting news. This is now a reality and will commence in 2016. The closing date for applications for 2016 has already passed. Thank you to those who applied! If you are still considering, please take your time to think about it. There will be another call for applications during 2016, for the 2017-cycle. I am very excited about this change, as it will lead to the provision of veterinary services to areas where it was not possible before. It will create an opportunity to educate all communities and a great opportunity to control disease as a team.

Another aspect to be excited about is the work done in the area of veterinary wellness. Join these discussions and help to build our profession! The vets involved in the SAVA-hotline, as well as others who are interested in becoming involved in either the hotline or mentorship, will be provided with

information and taught some skills during the weekend before the SAVA congress, at Champagne Sports Resort. This is a great opportunity to make sure that aspects of veterinary wellness will be approached with responsibility, ethical consideration and excellence. Should you be interested to become involved, please contact dr. Paul van Dam (md@sava.co.za)

On this note, the upcoming SAVA congress in July in the Drakensberg is also worth getting excited about! Various interesting topics will be covered. It is a great area of our country, quiet, with an abundance of fresh air. Join us there, spend time and have fun with colleagues and rediscover your passion for this great occupation. As a bonus, you will earn CPD-points!

Let us take hands, control our tongues and take ourselves, our colleagues and our occupation to even greater heights! It is worth to be positive and dig for the gold in others. Your positive digging might bring you much more than you bargained for. **■**

Henk Basson

SOUTH AFRICAN VETERINARY ASSOCIATION NOTICE TO MEMBERS ANNUAL GENERAL MEETING AND AWARDS/GALA DINNER

Notice is hereby given that the 110th Annual General Meeting of members of the South African Veterinary Association will be held at 16:30-17:30 on Tuesday 28 July 2015 at the Champagne Sports Resort, Drakensberg, Natal.

The Awards/Gala Dinner will be held on Wednesday 29 July 2015 at 19:30. Dress Code: Formal

For further enquiries regarding the Gala Dinner, contact Petrie Vogel petrie@savetcon.co.za /

Tel: 012-346 0687 or 012-346 1674

By order of the Board

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April 2015

SUID-AFRIKAANSE VETERINÊRE VERENIGING KENNISGEWING AAN LEDE ALGEMENE JAARVERGADERING EN GALA-TOEKENNINGSDINEE

Kennisgewing word hiermee gegee dat die 110de Algemene Jaarvergadering van lede van die Suid-Afrikaanse Veterinêre Vereniging om 16:30-17:30 op Dinsdag 28 Julie 2015 gehou word te Champagne Sports Resort, Drakensberg, Natal.

Die Gala-Toekenningsdinee word gehou op Woensdag 29 Julie 2015 om 19:30. Dragkode: Formeel

Vir verdere navrae aangaande die Gala-dinee, kontak Petrie Vogel petrie@savetcon.co.za /

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In opdrag van die Direksie

Geregistreeerde kantoor: Gemsboklaan 47,
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April 2015



Paul van Dam

Op die Damwal

Generally speaking, I do not like meetings. In my opinion one can often achieve as much (or more) through direct communication, informal liaison, chatting around a campfire. But I accept that some meetings are essential.



Time is a valuable commodity. Time management is a precious skill that some become masters of, whilst others (most of us?) remain apprentices. On a daily basis we rush from one place to the next, from one task to the next, from one thought to the next, often not even finishing one thought before moving on to the next one. We use the noble “paper-less approach” as an excuse to respond to e-mails during a meeting (“No, I was typing some notes on the discussion!”).

We cannot fight the urge to read and respond to messages (e-mail, sms, mms, WhatsApp, etc) received on our phones and in doing so, loose track of the discussion around us. We insist on being provided with minutes of meetings as soon as possible, “to allow us to

take action on the discussions” – but the real reason probably is that we did not concentrate during the meeting and need the minutes to see what was actually discussed...

Some attend all meetings and have an opinion on everything that is tabled. But they never take it beyond this. Nothing is done between meetings. Tasks assigned are not attended to, despite reminders. Input towards matters is not submitted. Comes the next meeting, they spend (waste?)

time commenting on matters that everyone else commented on by e-mail, or criticising documents that were circulated for comments prior to the meeting, documents that should only be approved (not discussed) at the meeting.

Than there are the lame excuses. “Sorry, but I just did not have the time...” (during a six-month period?), or “I never received the minutes...” (you did have the date for the next meeting; why did you not ask for the previous minutes), or “I cannot recall that this task was allocated to me...” (and you never bothered to query this when you read it in the minutes), or “I gave this more thought, and no longer agree with the decision made during

the previous meeting...” (actually, you never gave it another thought and are now trying to talk your way out of it).

It is true that I am privileged to be involved in SAVA affairs on a full-time basis. It is part of my job to implement decisions made at meetings. It is also true that everyone else who serves on committees or management structures of the SAVA does so on a voluntary “spare-time” basis, a position that I was in before and understand. We all know and accept that there will be

times when you really can not get around to doing. We also do not mind accepting an apology (as long as it is not habitual).

We all need to change our approach to meetings:

- By accepting the responsibilities that go with the election/ appointment to a committee.
- By coming to the meeting prepared.
- By giving the matter at hand our full attention, participating in meaningful discussion.
- By not catching up on other work during the meeting and by ignoring messages.
- By standing by decisions made (even if you were part of the minority in decisions that were not unanimous).
- By executing tasks, sticking to deadlines, responding to requests for input or comments.

“We all know and accept that there will be times when you really can not get around to doing. We also do not mind accepting an apology (as long as it is not habitual).”

Henry Ford said:

“Coming together is a beginning; keeping together is progress; working together is success”.

Enjoy this issue of VetNews!

Paul van Dam



The practical application of electron radiotherapy as a cancer treatment for dogs and cats

Dr Georgina Crewe

Cancer is considered to be the leading cause of death in geriatric patients. These days our companion animals, like us, live longer than previous generations. This is due to advances in nutrition, infectious disease control, oncology treatments and specialist surgeries being available. Cancer is described as a disease of ageing and/or inflammation. Oncologists in the US estimate that 50 percent of geriatric dogs and 33 percent of geriatric cats will die of cancer.

This article is a brief, incomplete explanation of a complex subject. It covers the normal cell, damage to the DNA, change into a mutant cancer cell, leading to uncontrolled mitosis, eventually forming a clump of cancer cells and finally radiotherapy as one of the options for treatment.

The DNA is the same in every cell in each individual's body. Certain genes are "switched on/off" so, although both liver and skin cells have the same DNA, they have different shapes and function. Normal cells become cancerous when their genetic control (tumour suppressor genes) becomes damaged and the cells divide out of control. These cancerous cells also do not respond to the process of cell suicide (apoptosis) and the clump of damaged cells grows larger. Sometimes one or more of these cancer cells travel via the lymph or the blood vessels to other areas of the body and colonise the new tissue, referred to as metastasis.

The pain that is caused by the clump

of cancer cells is due to pressure on the nearby nerve endings. It can range from irritation to excruciating pain, depending in the cancer's location and the rate of mitosis.

Different cells in the body have different rates of innate mitosis but, if the tumour suppressor gene is damaged, these cells increase their mitotic activity uncontrollably and the tumour grows alarmingly. Cancer can grow in one place and just increase in size and/or grow and metastasise in other organs.

There are three basic forms of therapy for treating cancerous growths with many variations. The treatments are; surgery, chemotherapy and radiation. They can be used as single therapies, or in conjunction with each other. All cancer treatments try to remove every cancerous cell; if any remain



Exponential rate of growth in two months, with major increase in pain.

the cancer might recur. Surgery is the direct removal of the tumour. Chemotherapy works by exposing the cells with mutant DNA to chemo-toxic drugs during mitosis and likewise radiation using electrons. The potential cancer cells can lie dormant from months to years. Remission is that period in the patient's life during which the cancer does not recur.

This article will focus on electron radiation therapy.

The practical application of electron radiotherapy.

Linear accelerator radiation machines cost R30 million and produce electrons or photons. Electrons penetrate the

>>> 6



UV-Blocking body suit

skin to a depth of 4/5 cm. Practically this means that tumours that you can see and feel can be treated with electrons. The electrons suffice for cutaneous tumours and tumours found in the muscles of the limbs and trunk. Primary tumours that might metastasise are usually treated together with the closest lymph node as a prophylactic measure. Photons are usually used for human cancers and can penetrate very deeply into the body. Very expensive imaging is necessary for photon radiation therapy and a dedicated animal linear accelerator machine would be necessary if internal organs were to be treated with photons, consequently this kind of radiation is rarely used in South Africa by veterinarians.

Before choosing electron radiation as treatment the following facts must be considered; the type of cancer, its sensitivity to radiation, location, size, stage, prognosis and cost. Dividing cancer cells are more sensitive to radiation than normal dividing cells. The treatment is therefore designed to kill off the cancer cells while giving a reasonable number of healthy cells a chance to survive and recover.

Different kinds of cancers have different sensitivities to radiation, the broad categories are determined by the rate of their cells' normal life cycle.

- High: Cells of haemopoietic (Mast Cell Tumour) and lymphoid origin.
- Moderate: Cells of epithelial origin (carcinomas).



Eosinophilic Granuloma

On 13 Apr 2005 this patient was in extreme pain and unable to eat or groom. The second photograph shows the same patient seven months later (24 Nov 2005). (The cat died 43 months later from a non-related disease; the lesion did not recur)



Linear accelerator radiation unit.

- Low: Cells of mesenchymal origin (sarcomas).

Fractionated low dose radiation is extremely important for tumour consolidation. The damaged DNA that you do not hit today hopefully will be undergoing mitosis at the next treatment.

The clinical application of radiation

During the last fourteen years I have treated more than 1500 clinical cases referred by veterinarians for radiation therapy. Some of these cases have been treated pre-operation, others post-operation and some both pre- and post-surgery. There is a 50/50 ratio dogs to cats.

The clinical cases recorded in this study of dogs show:

- 50% Squamous cell carcinoma (SCC)
- 26% Mesenchymal Cell Tumour (sarcomas)
- 24% Mast Cell Tumour (MCT)

The clinical cases recorded in this study of cats show:

- 95% SCC
- 5% "others".

These figures may serve as useful pointers to other veterinarians.

Although there is no pain associated with electron radiation, the animals do have to be immobilised for the duration of the treatment (1-2minutes), after which the sedation is reversed.



Histiocytoma

The first photograph shows the tumour at presentation, patient not eating. Treated with radiation therapy (12 x 2 Gys). Second photograph taken 80 months later, no recurrence.

Squamous cell carcinomas (SCC) in dogs and cats

This cancer is caused by high levels of exposure to the B-fraction of ultra-violet radiation (UVB), on susceptible non-pigmented animal skin. South Africa has one the highest UV levels recorded in the world. Factors that influence UVR levels across the globe include altitude, intensity and duration of sunlight, and the thickness of the ozone layer. The UVB energy enters the basal cell of the epidermis and mutates the DNA, which results in the uncontrolled proliferation of the squamous cells. The normal histology of the well-ordered squamous cell tissue changes from its regular pattern to one of disintegration, ultimately leading to the development of a SCC. Typically the clinical lesions are treated with linear accelerator electron radiation therapy with/without surgery. The earlier this condition is recognised and treated the better the prognosis. To prevent the solar exposure in dogs, ultra violet Lycra body suits are worn



Mast Cell Tumour, Grade 3

The first photograph shows the MCT at presentation; the second photograph was taken three years later, after radiation, surgery and post-surgery radiation (total radiation 10 x 3 = 30 Gys)

(9 different sizes and male/female are available) together with a long acting 8 hour sunscreen. Cats are naturally nocturnal animals, so the cats that are at risk should be confined to the sunniest room

in the house, with a special plastic film that blocks the UV, but allows the visible light and infrared energy to pass through. The cats are fed in this room at 08:00 and released at 17:00.

Cutaneous Mast Cell Tumours (MCT)

MCT are visibly the most difficult tumours to judge and a fine needle aspirate of any suspicious "lump" should be examined; confirmation using a biopsy may be needed. The pathology report is useful for understanding how aggressive the tumour is, by its mitotic index and the description of the cells. Often the pathologists do not grade the tumour, as the prognosis and the eventual outcome are vastly different. Radiation for the primary cutaneous tumour is a most effective way to consolidate the tumour before surgery. If the tumour has metastasized (detected by use of ultrasound examination) both radiation for the primary and chemotherapy for the secondary tumours is necessary.

The MCT patient shown in the photographs was graded as Grade 3 and yet did not metastasise; some of the Grade 2 MCT did metastasise.

Soft tissue sarcomas are derived from the mesenchymal cells

There are many tumours in this category, e.g. liposarcoma, chondrosarcoma, fibrosarcoma, peripheral nerve sheath tumours and more. Biologically they generally behave in a similar way; usually they are found in the subcutaneous tissue, they grow slowly, usually do not metastasise, but often recur after surgical excision. These tumours require very wide surgical margins as they are surrounded by a pseudocapsule that allows the cancer cells to escape. If they are radiated pre-operation (consolidation), they are easier to remove in their entirety. It is easy to make the radiation field very much larger than the surgical field and if the area is also radiated post-surgery, the success of the treatment is greatly enhanced. Because these tumours grow more slowly than carcinomas, they require a higher total dose of radiation.


Although in humans the radiation doses have different limits for the different types of tissue, this has not yet been described in the dog and cat.

For successful treatment of cancer in dogs and cats remember the following:

- Early diagnosis is essential
- Educate pet owners to recognise the following
 - small non-healing skin lesions specially in non-pigmented skin
 - lumps in abnormal locations

The most gratifying effect of radiation for the animal and their owner is that of the palliation of pain. The previously depressed animals start eating, playing and grooming again.

Acknowledgements

- Colleagues for your referrals and the care of your patients.
- Liesl du Raan (radiation therapist) for expertise, interest and unfailing care for each patient.
- Scientists whose work I have read.
- You, the reader for your interest. 

NEXT! vs “Please come in, Mrs Smith.”

Dr Aileen Pypers

Survey results of the use of appointments in South African veterinary practices



How many veterinary practices in South Africa make use of an appointment system? For those that do, what are the advantages and disadvantages? For those that don't, what is the reasoning behind the thinking?

These were some of the questions I discussed with colleagues at lunch one day (that elusive time in the middle of the day when one should be providing one's body with sustenance of some sort).

Not knowing how else to get these answers other than asking the vets, we threw together a quick survey on Google forms and sent it off to Vethouse with the request that they distribute it to the members. We were flabbergasted when we received 79 responses within the first day of the link going out! By the time the survey closed, there were 155 responses representing at least 97 practices.

The majority of practices that responded were multivet (three or more veterinarians) followed by practices with only one veterinarian (see Figure 1). Because of the nature of the survey (spur of the moment, no research proposal submitted) we made a few rookie mistakes – for example not providing definitions for terms like rural, city, generalist and specialist and expecting that everyone will have the same understanding of them.

The majority of practices that responded were general practices situated in city areas. (Figure 2) Categories were not defined and practices were allowed to choose whichever categories they fell into and this was not restricted to a single

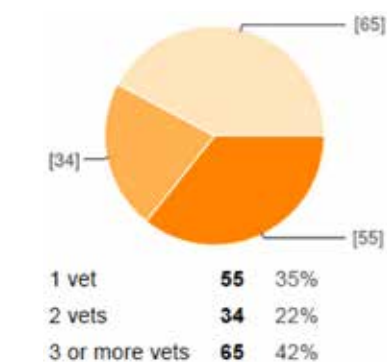


Figure 1: Number of practices grouped by number of vets



Figure 2: Practices characterised by type

selection, so a practice could choose city and then both specialist and general for example.

To try and capture all the possible variations of an appointment system, respondents were given free choice of the following statements:

- Appointments are compulsory
- I only see emergencies without an appointment
- Walk-ins get the next available appointment
- Clients with appointments are given priority over non-emergency walk-ins
- I prefer clients to make appointments but allow walk-in clients too
- I never use appointments
- I try to use appointments but it doesn't work in my practice
- Clients late for an appointment may lose it and have to take the next available appointment
- Other

36 practices (23% of respondents) chose 'I never make use of appointments' and provided the following reasons:

If you don't make use of appointments, why not?

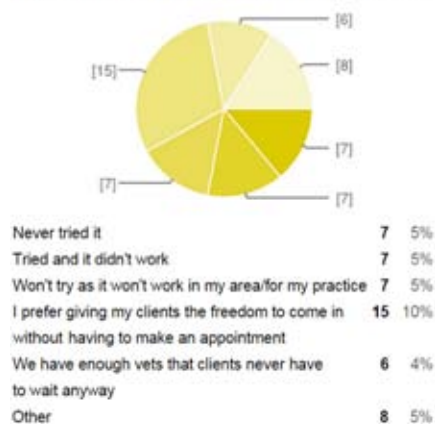


Figure 3: Reasons selected for not making use of appointments

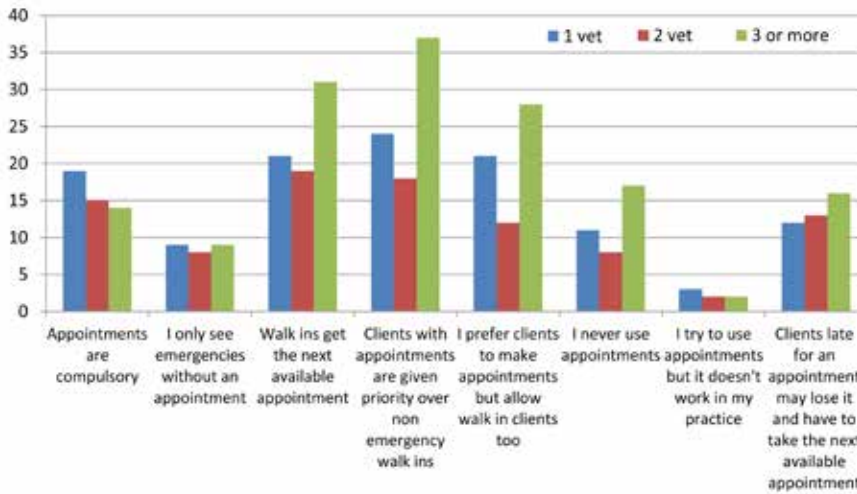


Figure 4: Size of practice correlated to different appointment system options

'Other' reasons provided included:

- Surgical appointments only
- Only if client wants to see a specific vet, the rest see the available vet
- Callouts only; always by pre-arrangement
- Clients are attended to as they arrive at the hospital and settle in a queue as it forms. Waiting time may be 0 to twenty minutes!
- Don't refuse a client who has not made an appointment if there is space, but may have to wait for available spot and remind them to please book appointment next time, except if it's an emergency.
- After hours hospital that sees emergencies and prioritises depending on severity
- Two vets dealing with appointments and two vets dealing with walk-ins

Finally space for comments was allowed at the end of the survey and the following comments were made:

In favour of using appointments

- Allows a lot more order to the day and proper time for case work-ups and time management control and ultimately better client and patient service. Clients need to be educated that a vet's time is valuable too, especially in the case of non-emergency consults.
- Professional people like vets should have an appointment system. It makes sense not only to organise one's own time but to allow the client to organise their days rather than waiting in a queue

- This is one aspect of vet science that needs to become the norm. Not insisting on an appointment makes vets little different from a take-away. We are prostituting ourselves and reducing our apparent value.
- Appointment systems can work in any practice; once the clients are used to it. It reduces time wastage and allows planning.
- Appointments are the only way I am able to provide a service.

The benefit of appointments

- If clients can just come in without an appointment they will have to wait for too long in the waiting room and animals can mess it up. Clients that arrive with an appointment never have to wait for their turn and it creates a more professional approach towards the veterinarian that can assist them without having to wait and get frustrated.
- No appointments (or surcharge) on weekends or public holidays, can result in these days being very busy and clients waiting a long time. It puts the vet under pressure.
- Clients prefer appointment consults over waiting during busy times
- With an appointment system you don't waste your client's time or your own and you can plan your day and procedure schedule so much better. It works very well even in a rural town.
- Helps to regulate the flow of clients (most of the time), and you are able, to a certain point, to plan your day.
- Being a mixed practice I have to use the appointment system to plan

my day efficiently. An emergency is unavoidable but if this occurs I am able to notify my appointment clients and reschedule. Farmers need fair warning and appreciate that time is valuable and appointments promote efficient time management.

- It is essential to manage your time by appointment only so as to ensure your day is organized, even when very busy. 95% of clients I see are by appointment.
- Gives us the best opportunity to do the work-up of more involved cases.

Some rail against the prevailing system

- In (some little dorp) clients make appointments for their hairdresser, but not give the vet the same recognition. The rural vets in town have set a precedent and, retiring from the city where we worked strictly by appointment, I have had to adapt. If I am away, or have to break surgery, I surcharge walk-ins R 50-00.
- One of the reasons we battle to be taken seriously as a medical profession, is that we do not perceive ourselves as one and act like one. What medical profession of any kind whatsoever does NOT work by appointment?

The issues encountered when trying to implement appointments

- We started moving over to an appointment system 1 year ago, but most clients still just walk-in. We try to give clients that have made an appointment priority, but this is not always possible.
- Despite the policy of appointments, clients do not always adhere to that and we do not show them away if they don't.
- Large animal call-outs throws your whole appointment schedule out of the window.
- Our software does not handle the appointments the way we want it to.
- Things can go haywire if there are a few emergencies.
- It is difficult for receptionists to know how long a case will take and thus what appointment time to book. A skin case will take much longer

>>> 10

NEXT!! <<< 9

than a mild gastro. Once you go over time it is very hard to catch up and clients get more irritated waiting if they expected to be seen at a specific time rather than expecting to wait, if there is no appointment system.

Methods practices use to try to instil the ethos of using appointments

- Owners are encouraged to phone in ESPECIALLY with emergencies and ESPECIALLY after hours: Sign on the door reads to the effect that the bigger the emergency, the more it makes sense to phone and alert the team before you leave home so that we are ready when you arrive.
- Could not run our clinic without appointments. We do not close for a surgical time – we are open for appointments all day. Walk-ins are seen as soon as possible, but sometimes the animals are

admitted and seen later.

- Clients have to be aware that they may still wait even if they have made appointments as there are emergencies. If there are two emergency walk-ins, then we call the client due for the next appointment and try cancel or explain so that client doesn't come and wait. As long as the situation is explained to clients and they are aware, they tend to understand emergencies happen and are very understanding.

For certain types of services appointments are the norm

- Complementary medicine
- Specific species work (e.g. Avian)
- Behaviour consultancy

The disadvantages of not using appointments

- With walk-in system, you tend to have lots of clients coming as practice opens and you tend to try work fast, not giving the time that is deserved.

And our personal favourite

- "I once spent an hour waiting with my young child for an appointment with a human doctor who must have triple booked. In the end I chewed him up for insulting everyone who was still waiting and sent him an account for my time! He paid half of it!"
Someone give that vet a Bells!

So it appears that the use of an appointment system is not a clear cut issue and as a dynamic profession with diverse professionals, practices, clients and systems, each practice must choose what works for them.

If the results seem to indicate that appointments are preferred, we should consider the possibility that the respondents who responded did so because they had more time. Could this perhaps be as a result of using appointments and managing their time? **U**



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Nominations

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Adjudication procedure

All nominations will be evaluated by

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Criteria

Contributions in the fields of veterinary research, veterinary education or veterinary services (i.e. regulatory services and/or veterinary clinical services) will be considered, and evaluated against the following criteria:

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Closing date for submissions
25 May 2015

All correspondence may be addressed to

The Secretary, Theiler Memorial Trust,
Private Bag X05, Onderstepoort, 0110
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Past recipients of the Theiler Memorial Trust award are:

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| 1996 | Dr Alain Provost |
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** Published information on leading pet food brands*

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3. HOW MANY?

Consider the variety in the natural diet: a nest of eggs today; a duck or goose tomorrow; fresh fish the next. Mother nature provides a diversity of proteins and fats essential to the peak health of dogs and cats.

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** Published information on leading pet food brands*



Why do dogs and cats need protein?

The truth is that dogs and cats do not need any protein in a healthy state at all. What they do need is the building blocks of proteins. Even if animals ingested their exact daily requirements of protein in their diet, their alimentary tract would still break the proteins down to individual amino acids through the process of digestion.



Dr Martin de Scally

Once absorbed, these amino acids are reconstituted in the cells of the body to the exact proteins the animal requires or, if in excess, are utilised for energy. There are 22 amino acids that their bodies require. They can synthesise 12 of them. The remaining ones, essential amino acids, must be ingested. Under certain conditions of disease and stress other amino acids can become conditionally essential. During liver disease, the animals ability to synthesise amino acids and proteins may become severely diminished.

Proteins are used in the animal as structural components in skin, hair, muscle and organs. They are the major components of enzymes and some hormones essential for maintaining life. Proteins are able to provide carnivorous animals with energy. They also form a vital part of an animal's immune system. The by-products of protein metabolism yield other essential components such as L-carnitine and glutathione.

The most consistent way of ensuring an adequate amount of all the essential amino acids is to ingest adequate amounts of food sources that contain them. Dogs and cats, being

carnivorous animals, are well adapted to digestion of meat sources, which contain all their essential amino acids. An alternative way is to supplement food sources that contain inadequate amounts of these essential amino acids. The most well known example of this is taurine supplementation to non-meat based cat foods. As a general rule, the further a diet is from an animal's natural diet, the more areas it will need supplementing and the more chance there is for something to be overlooked. This



applies to other essential nutrients such as essential fatty acids as well. Deficiencies, such as taurine deficiency, caused heart failure in many cats before the cause was linked to a dietary deficiency of this essential amino acid in this species.

Kittens, puppies and aging dogs and cats actually have the highest requirements of essential amino acids. The best examples of inadequate essential amino acid and caloric ingestion can be seen in older animals, where the shapes of their bones start to be visible because of a loss of muscle mass. The body will utilise its own muscle mass for essential amino acids if ingestion of these nutrients is inadequate. This loss of lean muscle mass is best seen over

the head, spine, shoulder blade and hip area. Sometimes these animals even have excess body fat, this is a condition called sarcopaenic obesity. The actual protein requirement of the cat is higher than that of the dog. This is a result of cats' greater need for protein for the maintenance of normal body tissues and the inability to down-regulate certain catabolic enzymes in the liver used to convert protein to energy, regardless of what other source of energy are provided in the food (fat, carbohydrate). The metabolisable energy of protein in dogs' and cats' diets is 3.5-4 kcal/g, approximately the same amount of energy supplied by dietary carbohydrate. Animals are unable to store excess amino acids; they are either used directly for energy or are converted to glycogen and fat for storage.

As mentioned earlier, animals also gain important by-products when proteins are broken down for energy. Another example of this is the molecule, phosphotidyl choline, which protects an animal's biliary tract from the caustic action of its own bile. Bile is important in food digestion and if the biliary tract, which is also food, is not adequately protected, biliary tract damage will ensue.

The amount of protein that an animal needs to ingest, in order to obtain adequate or optimal amounts of essential amino acids and energy,

>>> 15

As a teen, I watched my pet Sam die from complications of renal failure – a painful and protracted death, on a weekend, in the middle of the night, without access to medical services. Sam’s death played a key role in my understanding of death and dying and reminded me that although death is inevitable, suffering need not be.



Time to say Goodbye? Know how to provide a peaceful death

Jennifer Brandt, PhD, LISW-S
Ohio State University

Reprinted with permission from Veterinary Team Brief, October 2014

I have had the privilege of being present for hundreds of deaths throughout my veterinary career in emergency and critical care, hospice, palliative care, and social work. (And I do consider it a privilege.) I have learned that a natural death does not guarantee a good death, and that there is no universal blueprint for discussing death that ensures all parties will be comfortable with the topic. The following are lessons learned through personal experience and from patients, clients, and veterinary professionals.

A good death

The word “euthanasia” comes from the Greek “eu,” meaning goodly or well, and “thanatos,” meaning death, and literally means “good death.” Providing a good death for a patient is not “quitting” – it is an essential treatment option.

Consider the way your client hears, *We can continue to do all we can medically, or we can stop treatment and euthanise*, versus the way the same client hears, *We always want to offer our patients the best medical care available. In Joey’s case, the best treatment we can offer and you can choose for him is euthanasia, which will allow him to die in peace and end his suffering.*

Death is not optional

Talking about it is not, either. Some veterinary professionals effectively normalise the topic of death with clients in a pet’s early years, setting the stage for more in-depth conversations later. For example: *We are here to help provide the best care for Joey throughout his lifetime, including recommended vaccinations, exercise, nutrition, and wellness plans. We’ll also talk about how to maximise his health for as long as we can, and the benefits of euthanasia and end-of-life care planning when a healthy life is no longer possible.*

When a client elects a natural or unassisted death for his or her pet, you should educate the client regarding the signs that may indicate the pet is dying. For example, say, *In some instances, a pet may die in his sleep, and it may be difficult to notice the transition from living to dying. In other instances, you may see signs such as head stretching, paddling, and even seizures that may indicate your pet is in the final stages of dying.*

Speak clearly

Initiate an explicit conversation

when euthanasia is the best medical treatment. We do not expect clients to formulate a list of differentials and treatment options in any other situation – that is our job. The same is true when euthanasia is a patient’s best option. The conversation can start with a simple open-ended question such as, *What are your thoughts about euthanasia?*

Early, not late

There is no magical time to advise clients that a good death is the best medical treatment for their pet. However, when circumstances allow, talk about death, dying, and euthanasia before a patient is suffering. I have been with many clients whose hearts were not ready to accept what their brains knew. Having time to process their pet’s medical realities before a crisis allows clients to balance their reasoning and emotions during decision-making. Consider saying, *At some point, Joey will die from this illness. As veterinarians and owners, we have certain signs we can look for to learn when pets are suffering. You know Joey better than anyone. What are some of the signs that would indicate*

>>> 15

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TIME TO SAY GOODBYE <<< 14

that Joey is having more bad days than good days?

Embrace discomfort


Some clients may react strongly to references of "death," "dying," and "euthanasia." However, their strong reaction means they are hearing, and are affected by, what you are saying. This is a healthy, appropriate reaction

in most cases. Have the conversation, knowing that it may be uncomfortable: *I know that euthanasia is difficult to talk about. Tell me more about what you are thinking.*

The Veterinary Oath

Euthanasia is an emotionally charged topic for both veterinarians and clients. The key difference is that veterinarians take an oath and have the privilege of relieving patients'

pain and suffering. We are charged with advising clients that providing a peaceful death may be as essential to responsible ownership as all other aspects of a patient's medical care.

Dr Jennifer Brandt is a leader in the effort to provide veterinary professionals with the communication, interpersonal, and teamwork skills essential to quality veterinary care and veterinary career success. 


PROTEIN <<< 13

varies with the protein source's digestibility and with the protein's actual content of all of the essential amino acids (quality of the protein). As the protein digestibility and quality increases, the minimum level of protein that has to be included in the diet to meet the animals' needs decreases. The protein in dogs' and cats' food can be supplied by animal sources (chicken, fish, lamb, eggs, chicken meal), plant sources (corn, wheat, soy) or a combination of the two. In general, high-quality animal source proteins provide superior

amino acid balances for companion animals when compared with amino acid balances supplied by grains or other plants.

The protein in grains is not as balanced or available, but it is more consistent in quality when compared to poorer-quality animal protein sources (by-products, meat and bone meal).

Additionally the presence of protein, like fat, is a source of flavour in pet foods. In general, as the protein content of dog or cat food increases, so does its palatability and acceptability.

Historically, protein intake that was greater than the animal's requirement was theorised to have a detrimental effect on kidney function, especially in senior animals. Contrary to popular belief, there is no research-based conclusive evidence that protein contributes to the initiation or progression of kidney dysfunction in dogs and cats. Moreover, recent studies have shown that geriatric dogs actually benefit from a higher level of high-quality protein and that the increase in dietary protein can help to ameliorate age-associated loss of lean body mass. 

Cape fires

It was a very busy time for the Cape of Good Hope SPCA's Wildlife Unit after the recent devastating Cape fires broke out. The fires started above Muizenberg on Sunday 1 March and spread at a rapid pace, leaving behind absolute devastation. The areas affected were Chapman's Peak in Hout Bay, Boyes drive, Muizenberg, Cape Point, Silvermine all along Ou Kaapse Weg, Constantia and Tokai. 13 structures were burnt down and many animals unfortunately did not make it out.

"I remember thinking on the Tuesday evening (when the fire got really bad), while watching the fire from the balcony of the Lakeside Fire Station: 'Oh my goodness-our ENTIRE mountain is on fire'; it was the saddest yet most spectacular sight" recounts, Wildlife Unit Supervisor, Megan Reid. "We all felt absolutely helpless in those moments as there was unfortunately little we could do until the fire fighters were able to bring the blaze under control and give us the go-ahead to go into the affected areas".



The Wildlife Unit offered their support to members of the public who were having to evacuate their homes and animals. Unfortunately one troop of baboons were affected by the fire. They decided to climb up a thicket of bluegum trees. The bluegums began burning from below leaving little escape for the troop. Sadly 4 baboons were euthanized to prevent any further suffering as they had sustained serious burn injuries. 7 charred bodies were also found. The troop continues to be monitored by the various authorities as well as ourselves. In the aftermath, they seem to be coping quite well and have been seen foraging, grooming and playing. In terms of food, there are plenty of toasted pine nuts for them to enjoy as well as exposed roots and new shoots that have begun to push through the charred areas already, leaving plenty to forage on.

As expected, many tortoises were not able to make it out of the fire and many charred remains could be counted along the Ou Kaapse Weg stretch of the Silvermine section of the national park.

The busy time for the unit really only began about two weeks after the fire was controlled. During one single Saturday, the unit collected three porcupines and a grysbok who had all sustained burn injuries. In each case, treatment commenced immediately on arrival at our on-site Animal Hospital in Grassy Park, however, amongst a total of five porcupines collected to date, only two survive and continue to make progress. Despite our best efforts, three porcupines and the grysbok succumbed to their injuries.

During our many search and rescue attempts, the team was shocked to discover some funnel traps, in which a porcupine had been caught and burnt to death, leaving behind only a few quills and bones. Upon further inspection, a number of snares were also found. This matter is still under investigation with the land owners.

The Unit continues to keep an ear to the ground for any animals with burn wounds, or who are simply displaced as a result of the fire. Those that are in our care, continue to receive treatment and care until they can be safely returned home to their beloved national park. Our Wildlife Team remains committed to speaking for, protecting and caring for all animals. **U**

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Letters | Briewe

••• LETTER FROM ...

Dr Steve Wimberley

Dear Colleagues

Recently some of our colleagues approached the South African Veterinary Council with a concern that some Animal Welfare Organisations have started to run private veterinary clinics from their premises, servicing any member of the public in order to generate more income. The Welfare organisation employs a veterinarian full time and registers the clinic in that veterinarian's name.

The Opinion from the SAVC was twofold:

- As long as the clinic is registered in a veterinarian's name and that veterinarian takes responsibility for meeting minimum standards there is no problem.
- No person may be refused a service.

The Ethics and Mediation Committee of the SAVA is greatly disturbed by this opinion from the SAVC. Our feelings are expressed below and we would greatly appreciate input from the profession in this regard. Please e-mail your responses to Dr Paul Van Dam, Managing Director of the SAVA at md@sava.co.za.

1. In our opinion it is totally unaccept-

able for animal welfare organisations to run private clinics on their premises. All income the welfare organisations receive by way of donations from private benefactors and government donations of tax payers' money is meant to help truly indigent animal owners and stray animals. Helping non-deserving members of the public who can afford private vet fees is a total betrayal of the people who donate in good faith and of us, the tax payers. Being able to charge low fees to any member of the public because the facilities are subsidised by donations is unfair competition and prejudicial to the veterinarians in private practice in the area. We strongly believe that all animal owners must undergo a means test before receiving veterinary care at any animal welfare organisation.

2. Private practice is difficult enough and stressful enough without the public getting the message that no-one can be refused a service. All those bully-boy, rude, obnoxious clients who arrive with no money and demand the best treatment will have a field day. In our opinion the SAVC needs to

send an urgent and clear message to the public that owning a pet is a privilege not a right. The pet owner alone is financially responsible for the well-being of the animal... no-one else, especially not the vet. Expecting or demanding credit from a veterinarian and emotional blackmail such as 'Because of you my pet will now die' is totally unacceptable. In our opinion the only service that vets can legally be obliged to offer to owners with no money (or who have money but are not prepared to pay for their pet's health care) is euthanasia. We strongly suggest that this fact be put in writing by the SAVC so that veterinarians have something official to show to this type of client. It is our belief that failure to protect the veterinarians in private practice will result in more depression and more suicides amongst our colleagues. Our colleagues are already battling with impossible clients like these on a daily basis. The feeling that the SAVC does not have their backs makes the stress far, far worse. **V**

*Dr Steve Wimberley BVSc (Hons)
Ethics and Mediation Committee
SAVA*

SAVC CPD requirements for veterinary para-professionals

Employers of, and persons working as veterinary nurses, veterinary technologists, laboratory animal technologists and animal health technicians are alerted to the latest developments relating to the implementation of the CPD requirements for the respective professions. All veterinary para-professionals registered with, or persons authorised by Council and who practise or render veterinary para-professional services, are required to comply with the CPD system.

- All veterinary para-professionals registered or authorised on, or before 1 April 2015 will have to commence their first CPD cycle on 1 April 2015. This cycle will end 31 March 2018, and ten (10) structured and ten (10) unstructured CPD points must be achieved for this period. They must achieve fifteen (15) structured and thirty (30) unstructured CPD points during the second CPD cycle (2018 - 2021), and fifteen structured and thirty five (35) unstructured CPD points are required for their third cycle (2021 -2024). The CPD requirement will remain like this thereafter.
- Veterinary para-professionals, who register after 1 April 2015, will enter the CPD system on 1 April following the date of registration with Council.
- Veterinary para-professionals who are not rendering services or do not practice, are exempt from CPD requirements.
- The first random selection for the annual CPD audit for para-veterinarian professionals will be done in March 2018. Only members selected for the audit will be required to submit proof of their CPD activities to Council. However, all members must keep record and proof of the activities they took part in during their respective CPD cycle.

More information is available at http://www.savc.org.za/pdf_docs/CPD%20requirements%20for%20Veterinary%20Para-professionals.pdf **V**

Can we save our wildlife from going to the dogs?



Ms Angelika Loots & Dr Emily Lane


Canine Distemper Virus (CDV) infection is a well-known life-threatening disease affecting the domestic dog population worldwide.

The past two decades have seen the emergence of mass mortalities in African wild dog, bat-eared foxes, lions, spotted hyenas, silver-backed jackal, palm civets and many others. In 1994 an epidemic swept through the Serengeti National Park, Tanzania, killing 30% of the lion population and causing deaths in

several other species. More recently, CDV was the suspected cause of neurological symptoms in bat-eared foxes and lions in the Kgalagadi Transfrontier Park (2009), killing at least 4 lions in the span of 3 weeks. Since 2011, more instances of CDV cases have been seen in captive caracal, snow-leopard, African wild dog and black-backed jackal.

logical form) and the high symptomatic overlap of CDV with other diseases such as rabies, feline panleukopenia, toxoplasmosis, canine parvovirus, coronavirus and bacterial enteritides make reliance on clinical signs problematic. Ante-mortem diagnostic tests that have been developed for the detection of CDV in domestic dogs often do not work very well or at all in wildlife, and there is no accurate validated diagnostic method for CDV detection in wildlife. In the case of endangered animals such as the African wild dog, this lack of early stage diagnosis causes life losses we cannot afford. A fast, sensitive, specific and rapid molecular test is needed for the detection of CDV infections in wildlife.

The National Zoological Gardens of South Africa (NZG) and the University of Pretoria (Department Veterinary Tropical Diseases, Faculty of Veterinary Science) are currently conducting molecular and pathological research on CDV infections in wildlife. Parvo- and corona viruses are also included due to their high symptomatic overlap with CDV.

To support this, we request samples of any confirmed or suspected cases of CDV, parvo- or corona viruses in wild carnivores. If you are interested in participating in this research, please contact Dr Emily Lane (emily@nzg.ac.za) or Ms Angelika Loots (angelika@nzg.ac.za) at the NZG and we will gladly provide you with further information as well as sampling kits. 

References are available on request

Canine distemper has a high mortality rate and is readily transmitted between susceptible hosts. Initial diagnosis of CDV is mostly reliant on identifying the clinical symptoms including diarrhoea, respiratory congestion, fever, nasal and conjunctival discharge, immunosuppression and neurological damage. However, the many varied clinical presentations of the disease (particularly in its neuro-



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Skills Laboratory launched

Students at the Onderstepoort Faculty of Veterinary Science now have access to a new "Skills Laboratory", where they can hone their clinical skills before performing them on live animals.

The new Skills Lab was formally launched on Thursday, 16 April. Under the passionate leadership of Dr Annett Annandale, supported by Dr Elrien Scheepers, the facility provides students with teaching and learning opportunities that vary from the very basic, such as neatly laid out surgical instruments with a catalogue explaining what each instrument is used for, to advanced training models used to teach students the technique of rectal examination (as recently reported on – "Breed 'N Betsy vs Proefplaas Polly, VetNews, Jan 2015).

In his welcoming address, Prof Darrell Abernethy, Dean of the Faculty, explained that the new facility provided students with the opportunity to practice techniques on mannequins and models, thereby reducing student stress (knowing that they were not putting a live animal at risk or distress), allowing them to focus on the actual technique. This also reduced the pressure on the teaching animals kept at the Faculty.

He also applauded the initiative taken by Dr Annandale in sourcing local talent and establishing a well-equipped workshop at the Skills Lab,

where various disposable models and components are manufactured. This workshop, managed by Ms Liezl Kok, employs members of the local community, creating job opportunities and providing them with skills that can form the basis of a future career.

After the opening ceremony, guests were encouraged to view the various models on display. Enthusiastic veterinary students explained the various workstations and models to the group, and some guests made use of the opportunity to determine whether their own skills had stood the test of time (we'll rather not report on the success of this...). The students explained that practicing on models made them feel more confident about clinical techniques that they would have to use on real patients in the near future.

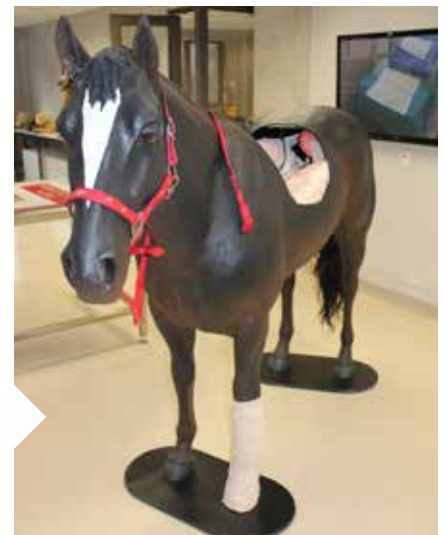
Veterinarians who will be attending the SAVA Congress at the Champagne Sports Resort in July are encouraged to specifically attend the talk by Dr Annandale, entitled: "Meet the Patients in the Onderstepoort Skills Lab", where she will provide more information on this new innovation. **U**

A calm and quite Quarterhorse, ready to teach students more about his gut



Guests being guided by one of the enthusiastic students

Below: Is she pregnant?



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Does cat poop parasite play a role in curing cancer?

Toxoplasma gondii is a single-celled parasite that is happiest in a cat's intestines, but it can live in any warm blooded animal. Found worldwide, *T. gondii* affects about one-third of the world's population. A healthy immune system responds vigorously to *T. gondii* by producing natural killer cells and cytotoxic T cells, the same cell types that wage war against cancer cells. Cancer can shut down the body's defensive mechanisms, but introducing *T. gondii* into a tumour environment can jump start the immune system.

Since it isn't safe to inject a cancer patient with live replicating strains of *T. gondii*, researchers created "cps," an immunotherapeutic vaccine. A *Toxoplasma* gene needed to make a building block of its genome was deleted, creating a mutant parasite that can be grown in the laboratory but is unable to reproduce in animals or people, even when the host is immune-deficient.

Researchers at the Geisel School of Medicine at Dartmouth laboratories have tested the cps vaccine in extremely aggressive lethal mouse models of melanoma or ovarian cancer and found unprecedented high rates of cancer survival.

More study is needed before cps leaves the laboratory, but preliminary results are promising!


Source: ScienceDaily, 15 July 2014. <www.sciencedaily.com/releases/2014/07/140715095515.htm>. 



FAST MAIL • BLITSPOS

Global snapshot of infectious canine cancer shows how to control the disease

A survey of veterinarians (a questionnaire was sent to 645 veterinarians and animal health workers around the world) confirmed that Canine Transmissible Venereal Tumour (CTVT) has a global reach. The replies showed that CTVT is endemic in dogs in at least 90 of 109 countries surveyed. CTVT is the oldest and, by being transmissible, also the most widespread and prolific cancer known in nature. It causes tumours of the genitals, and is spread by the transfer of living cancer cells between dogs during sex. CTVT is one of only two known transmissible cancers – the other has ravaged the wild Tasmanian devil population. It was found that the countries and areas with the lowest rates of the disease also had strong dog control policies. These include managing the number of street dogs; spay and neuter practices; and quarantine procedures for imported dogs.

(Source: Andrea Strakova and Elizabeth Murchison. *The changing global distribution and prevalence of canine transmissible venereal tumour*. BMC Veterinary Research; 3 Sept 2014). 




FAST MAIL • BLITSPOS

Hazardous waste

With dwindling landfill space and higher environmental consciousness, the correct disposal of waste items has become more important than ever in South Africa. With the growing supply of buy-back centres and kerbside collection facilities, South Africa is moving towards separation at source to ultimately reduce pressure on landfill sites and to promote better waste disposal practices.

Hazardous waste should not end up on a landfill site as it is potentially extremely harmful to the environment and citizens' health. These items include electronic waste, batteries, CFL light bulbs, health care waste which includes syringes and old medicines, paint, pesticides and oil. The Consumer Protection Act (Act 68 of 2008) recognises that some consumer goods, on reaching the end of its lifecycle, can not be disposed of in common waste collection systems and places a responsibility on suppliers and producers of consumer goods to implement take-back schemes at no charge to the consumer.

A number of retailers already provide drop-off facilities for batteries, e-waste and light bulbs, while some municipalities also provide drop-off facilities at garden sites for this purpose. There are various recyclers that collect certain hazardous waste streams, so that it can be disposed of in an environmentally friendly manner. Consumers should start to separate their waste at source to contribute to a cleaner environment. To find out where your nearest waste recycler is, visit www.mywaste.co.za.

Health care waste should be removed by a registered contractor. The originator of this waste (i.e. you, as the veterinarian) remains accountable for the waste until it was legally disposed of; should the contractor not lawfully dispose of the waste after removing it from your practice, you still are accountable and can be prosecuted. Please make sure that you only make use of a reputable contractor! 



The Flying Syringe (Part 1)

Dr Raoul van der Westhuizen

Reprinted with permission from the book "Veld Stories" (ISBN 978-0-620-55784-9), published by and available from Kejafa Knowledge Works (www.kejafa.co.za). "The Flying Syringe" is Chapter 4 in the book, and will be published in VetNews in three parts.



Tn 1963 a UK veterinarian, Dr Tony Harthoorn, came to the Kruger National Park in South Africa to test a new drug that could be used to immobilise wildlife. It was called M99 and turned out to be a wonder drug. He later published his experiences in his book "The Flying Syringe".

In the same year of 1963, my old friend Dave Longland and I were fourth-year veterinary students at Onderstepoort, the world-famous veterinary research institute and faculty. We did not have the luxury of free holidays and had to work with veterinarians in various fields. That year we had to work with a government veterinarian. Dave and I went through the list of state veterinarians.

"Look!" said Dave, "there is a state veterinarian at Skukuza."

"Wow, let's go there!"

Skukuza was and still is the main camp and administrative centre of the Kruger National Park. Our field service period was in December and part of January, when a large part of the Park was closed to tourists because of malaria. So we applied to go to Skukuza. The faculty bosses were very reluctant to comply with our unusual choice and claimed that it was not typical government veterinary work. We countered that it was of international importance, at least because of the presence of foot-and-mouth disease in the national park, which bordered on major cattle ranching areas. So in the end they had to accede.

Dave and I worked as technical

Picture above: Dr Johan van Niekerk, who was the first veterinarian stationed in the Kruger National Park, with the first wild zebra to be immobilised with the wonder drug M99 (etorphine)

assistants to the veterinarian, Dr Johan van Niekerk. We came to know the technical staff of the Park – young scientists such as Dr U deV (Tol) Pienaar (whose sister Annelise was also a vet), Neil Fairall, Piet van Wyk (who had a "tame" spitting cobra in his office) and Peet van der Walt.

They have since become internationally recognised for their break-through work in various fields of science and conservation, and they have authored several books and countless scientific publications.

The park head was Mr Dolf Brynard, a courteous and kind man but a solid scientist and very competent manager whose "yes" was "yes" and "no" was "no". He also hailed from my town of birth, Calvinia in the Hantam Karoo, and I got on very well with him. In later years he was a driving force in the establishment of several national parks in which I was involved, including the Karoo Park at Beaufort West.

Johan van Niekerk showed us how to immobilise wild animals with various tranquillizers and hypnotic drugs. The drugs were not simple to work with and most had severe side effects and a slow recovery time. On one occasion the working staff stole the meat of an impala which had been immobilised and kept for post mortem and ate the meat. Later Johan van Niekerk received an urgent call for help because the staff had been paralysed from the tainted

meat and had to be rushed to hospital in Nelspruit!

Dave and I had the privilege of viewing the release of rhinos from the Natal Parks Board in the



Dr Dave Longland

presence of the son of the legendary Harry Wolhuter, who was the first game ranger in the Park and who, back in 1904, killed a lion with a knife. Dr Dave Longland remembers: "In 1900 there were only a hundred rhino left in South Africa. As a result of one of the most successful conservation programmes of all times by the Natal Parks Board, the population of this magnificent animal had by 1960 recovered from the brink of extinction and the Board could start relocating rhinos to the Kruger National Park, where they had meanwhile become extinct.

This relocation was done under the most difficult of circumstances. How the Natal Parks staff managed to capture these animals with the available drugs is mind-boggling. The drugs they used included Scoline and Themalon. How they manoeuvred the half-paralyzed rhinos into a truck was in itself a special feat! They captured them in the afternoon, then transported them during the night and the next morning they were released in the Kruger National Park.

When the drugs started wearing off (and in the absence of modern tranquillizers) the animals became very aggressive and to release them safely from the transport truck was a

>>> 22



major operation. In Skukuza, the veterinary team waited anxiously and on the arrival all of us went out to witness the unloading (in open veldt). Raoul and I perched on the roof of the truck roof to observe the historical event. The rangers opened the gate of the truck but meanwhile the aggressive animals tried their best to destroy the inside of the truck and refused to come out into the unfamiliar environment.

This is where the bravery and bush sense of Henry Wolhuter came to the rescue. He stood at the open gate and did a dance and waved his arms to entice the animals to attack him and so they charged out. As they emerged, Wolhuter quietly stepped to the side next to the truck. What followed was a brief but potentially deadly game of hide and seek through and around the

trees, until Wolhuter had enticed the rhinos out and away from the truck. As they moved into the open area they ran blindly into the bush.

On another occasion Dr Johan van Niekerk enlisted us, the two veterinary students, to assist with a post mortem on a rhino that had run into a river and drowned – an unforgettable experience!

Witnessing the current slaughter of these magnificent animals, we are at a loss for words at the greed of people and the inability of governments to take decisive action..."

Dr Raoul van der Westhuizen continues: With most of the Kruger National Park closed to tourists at the time, Dave and I were privileged to witness events in the wild that very few people ever get to see. In the absence of tourist traffic, the wild animals ventured near and even "camped" on the roads. On




Sundays, we drove along the Sabie River to fish for tiger and bream in the clear pools (with permission, of course). One afternoon, we heard rustling in the wild fig tree above us. We were worried that it might be a leopard, until we became the target of wild figs being pelted at us from above by a troop of vervet monkeys! They were very upset at our invasion of their territory and swore horribly at us!

The monkeys and, more importantly, the baboons were a problem on the roads near the tourist camp, begging from tourists and becoming dangerous if they did not get what they demanded. The park management eventually appointed the local traffic cop to catch the troop leaders. They issued him with a gas pistol which can shoot a syringe filled with anaesthetic. He had to catch most of the ringleaders and drop them off miles away so that they could not find their way back to the land of snacks and goodies. He drove out in his car and shot a ringleader at point-blank distance, but the others scattered. By the third or fourth attempt, the baboons scattered at first sight of his painted police car approaching. Needless to say, the staff in the Park teased him about this mercilessly.

>>> 23

Billy, die koedoewesie

Billy, 'n koedoewesbul, word deur twee Arabierperd-voogma's gesoog. Susan Smit van die Tahillah-boerdery, het hom in die veld gevind waar hy honger rondgedwaal het. "Billy se ma was nersens in sig nie. Dit is vreeslik droog en die diere kry swaar. Ons weet nie hokeom hy alleen in die veld was nie, maar hy was honger en net vel en been. Sy naelstring was nog vars." Sy en haar man, Charl, boer met Arabierperde, boerbokke, wild en skape aan die Oranjeriver in Namibië, oorkant die Suid-Afrikaanse grensdorp Onseepkans. Sy het hom huistoe gebring en gehoop dat haar Arabierperdmerries sal toelaat dat hy aan hulle drink. Hul eie vullens was pas gespeen. Die Arabierperdmerries in hul stoetery is baie goeie ma's wat hul vullens goed teen roofdiere beskerm. Haar hoop is nie beskaam nie, en Billy drink nou lustig aan sy surrogaatma's. Wanneer hy dik gedrink is by Zara, die een merrie, gaan hy na Marie, een van die ander merries. 



Nutritional Insights

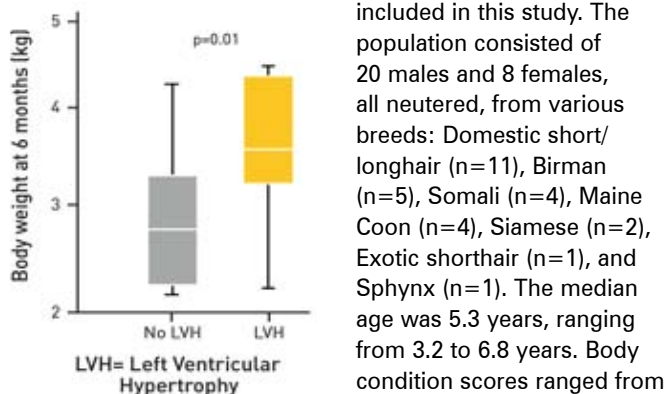


Does early growth affect Hypertrophic Cardiomyopathy in adult cats?

By Dr Louis Boag, Royal Canin South Africa

This retrospective study on 28 adult cats of various breeds showed that left ventricular hypertrophy was related to early growth patterns.

Cats' early nutrition and growth may interact with their genetic predisposition for hypertrophic cardiomyopathy (HCM) and modify their phenotypic expression of this disease. To better understand the relationship between early growth and HCM, the objective of this study was to assess echocardiographic findings in a colony of adult cats with respect to their early growth patterns and metabolic variables. Twenty eight adult colony cats over 3 years of age, with recorded growth curves during their first year of life, were



included in this study. The population consisted of 20 males and 8 females, all neutered, from various breeds: Domestic short/longhair (n=11), Birman (n=5), Somali (n=4), Maine Coon (n=4), Siamese (n=2), Exotic shorthair (n=1), and Sphynx (n=1). The median age was 5.3 years, ranging from 3.2 to 6.8 years. Body condition scores ranged from

4 to 9 (median 5.5) and body weight at the time of the study ranged from 2.7 to 7.2 kg (median 4.8kg).

A clinical examination and echocardiography were performed on all cats as well as body weight, body condition score (on a 9-point scale), and head length and width were assessed. Blood analysis including circulating glucose, insulin, NT pro-BNP* and insulin-like growth factor (IGF-1) was also carried out.

The following cardiac abnormalities were detected: cardiac murmur (n=7), gallop (n=3) and arrhythmia (n=1). 50% of cats (14/28) had echocardiographic evidence of left ventricular hypertrophy. These findings of left ventricular hypertrophy were significantly associated ($p < 0.05$) with bodyweight at 6 and 12 months, head width at adulthood, as well as circulating concentrations of NT-pro-BNP and IGF-1. Left ventricular hypertrophy was common in this population, affecting 50% of adult cats. The results revealed an association between echocardiographic findings and the growth patterns such as heavier body weight at 6 and 12 months of age. **U**

Freeman LM, Rush JE, Feugier A, van Hoek I. *Early growth is related to metabolic markers and cardiac hypertrophy in cats. Proc. of the WINSS 2013; October 1-4, Portland, Oregon (USA), 87*

* NT pro-BNP is a biomarker that can be used as an evaluation tool for cardiac disease.

THE FLYING SYRINGE <<< 22

He then borrowed a car from one of the other staff members, but soon enough the baboons got to know his uniform with all those shining stars and stripes. The camp staff in Skukuza found this hilarious: "The speedcop can't even ticket a baboon!", the story went around. He then had to dress in plain clothes, but the baboons were on to that too and the people laughed even more. Eventually, he perfected the use of a large wire cage trap,

baited with fruit and baboon delicacies. The baboons could not resist the temptation and he caught entire troops of troublemakers. He basked in the success and told everybody how wrong they had been to mock him and praise the clever baboons.

Then another big tourist camp in the park asked him to repeat the exercise in that camp's vicinity. So he loaded the big wire cage trap on the back of a bakkie (light truck) and drove to

that camp. On the way, he needed to get something from his luggage which was placed inside the cage trap because of lack of space... And yes... it happened: The trap door fell shut and he caught himself!

Eventually he had to ask help from a passing official and the story was out: The traffic cop had caught himself in his own trap! **U**

To be continued in the June issue of VetNews

SAVA Wildlife Group Annual Congress

The SAVA Wildlife Group held its annual congress and AGM at the Blades resort in Pretoria from 20-21 March. There were 109 delegates, 18 talks and 10 trade exhibitors. It was the most well-attended congress to date, possibly because the programme included something for everyone!

Topics included genetics and colour variants (Dr Cindy Harper), new and past *Mycobacterium* spp (Drs Michelle Miller and Sven Parsons), brucellosis diagnostics (Dr Jacoba Wessels), electrical immobilisation of crocodiles (Dr Silke Pfitzer), handling of antelope for surgery (Dr Gareth Zeiler) and minimum reversal dosages for M99 (Dr Jacques O'Dell).

Immobilisation and its consequences were covered in the talks by Dr Leith Meyer on muscle tremors in rhinos, Dr Peter Buss on butorphanol in rhinos and elephants, Dr Roxanne Buck on propofol-ketamine-medetomidine infusion in impala and Dr Agustina Fite on capture and cooling consequences. Dr Peter Caldwell from the Endangered Wildlife Trust gave an eye-opening talk on cheetah mortalities during immobilisation and how to prevent them, while Dr Gavin Hudson-Lamb followed with interesting serum and urine parameters in cheetah.

Fertility testing in wildlife bulls was the topic of an entertaining talk by Dr Morné de la Rey, while Dr Rick Last did an educational presentation on lion sarcoids and pansteatitis. Dr Jacques du Preez presented an interesting way to estimate weight of rhinos by measuring their foot circumference.

To remind us of the dangers of working with drugs, Dr Kathryn Wright, an emergency medicine doctor, discussed the treatment of opioid and other toxicities in humans.

There was a fantastic trade turnout with V-Tech, Elanco, Lomaen, Kyron, Sonorite, Anaesthetic Equipment Supplies, Energy X-Ray Trading Company, Midlands Veterinary



All the delegates

Wholesalers, Champion Petfoods/Packleader and the SAVA. Great mingling of delegates and trade representatives occurred during all the breaks. A special thanks to all the trade representatives and Vetlink for their hard work!

During the spit-braai there was ample opportunity for friendly chatter, sharing of experiences and exchange of information. These social events always form an important component of each congress! For more information on the AGM, please visit <http://www.vets4wildlife.co.za/>. We hope to see you all there next year in February. **V**



Drs Marius Louw, Stuart McKernan (Chair of the Wildlife Group) and Chris van der Walt



Drs Frans Erasmus and Olaff Marais

SAVA WG committee

SAVA WG committee

SAVA WG committee



**The South African
Alpaca Breeders' Society**
presents an



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17-18 June 2015
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Are you a progressive large animal veterinarian, para-vet, veterinary student, animal nutritionist, alpaca owner or breeder? Then this is an event not to miss! Our keynote speaker is Dr Chris Cebra from Oregon State University, a specialist with over 20 years working with camelids.

Topics will include neonatal health care ● routine health and vaccinations ● biosecurity ● G.I. disorders ● alpaca nutrition ● interpretation of bloodwork ● Ricketts, vitamin D and phosphorus ● liver diseases ● skin disorders ● infections and antibiotics ● case studies on Eimeria maculanseniensis and Salmonellosis ● practical sessions on ultrasound as a diagnostic tool, administering vaccinations, drawing blood and inserting microchips ● open discussion forum

**The SAABS is applying to the SAVC for
Continuing Professional Development accreditation.**

For further information, and registration details contact Alison Notley,
SAABS President
at alpacas@helderstroom.co.za
or phone 028 840 0158 or mobile 082 662 9670.






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Hermanus & Overberg CVC

By Dr Sandy Waddingham

This new SAVA – Community Veterinary Clinic (SAVA-CVC) has been running for six months now. Dr Sandy Waddingham, the principal of this CVC, has worked in Hermanus for the past 28 years and started the CVC because she would like to give back to the town that has supported her business all these years.

Our focus is mainly on education and sterilisations. We have ongoing educational classes about animal care, presented in collaboration with Hermanus Animal Welfare. We lecture at all the schools in the indigent communities, both at Grade 5 and Matric level. The Grade 5 learners receive basic education on handling, worms, mange, etc. With the Matrics we do a post-mortem and show them how the body works. To raise funds for the sterilisations, we had a cabaret show and dinner where we also ran a raffle. Together with donations, we raised R96 000.00. Since October 2014, we have spayed 160 animals. We run dipping and vaccination clinics in Hawston and are also actively involved with many wildlife sanctuaries and projects. 



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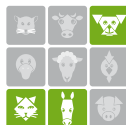
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Health & Beauty For All Animals®



Carien Human

I owned a dog called Maxi, a beautiful, all-black Staffordshire terrier. The bad guy in this story came along and forced us to relocate to a new house, where no pets are allowed. Maxi thus also relocated and was welcomed at my brother-in-law's, on a beautiful farm in Lindley in the Free State.

Maxi

The moral of this story is not the fact that I suffered a moderate depression when Maxi left, neither is it about how I desire to live on a farm in the Free State. The moral of this story is that Maxi is extremely happy on the farm. And a wise vet assured me that bringing her back to Jozi will cause her to be really depressed. I know this to be true, because I know that depression is a reality. Depression is a well-known diagnosis, word and expression of how you might be feeling. It is of major concern that so many people use anti-depressants, even from a very young age. Yet, I don't think that we always understand what depression really is and how serious we should be about it once we realise that it is the problem. Therefore, I thought it best to zoom in on what a depressive episode really is. Should you, while reading this, realise that it is something you are struggling with, please do not hesitate to contact a professional counsellor in your area or phone the SAVA-hotline for support or a referral.

The Diagnostic and Statistical Manual of the American Psychiatric Association (fifth edition), lists certain criteria that are required for the diagnosis of a major depression episode. These include depressed mood or loss of interest in daily activities, for more than two weeks (i.e. your mood being different than usual). During these two weeks or more you will also find that your functioning in many important areas, e.g. occupational or social environments, is impaired. It is a good idea to also consider how your friends perceive changes in your social functioning. There are also more specific symptoms, of which five of the following nine symptoms have to

be present and be experienced almost every day:

- Feeling sad or irritable most of the day, nearly every day;
- Decreased interest or pleasure in most activities (this can't only be work...);
- Significant weight changes, both ways;
- Changes in sleep – also both ways;
- Feeling much more or much less active;
- Fatigue or loss of energy;
- Feelings of guilt or worthlessness;
- Difficulties to concentrate or think as always; and last but not least
- Suicide ideation or thoughts of death

There are many things that can cause us to be distressed and later even depressed. For some it is relocating, for some it is unaddressed burnout, severe loss or disappointments. Genetics or growing up in difficult circumstances can also trigger a diagnosis like depression. Or maybe you feel like Maxi might have felt, coming from beautiful Free State landscapes, where you felt free and happy and suddenly you find yourself in a grey, dirty city (metaphorically of course, at least a part of me really loves Johannesburg). The most important thing to remember is there is no need to stay in the grey dirt! You are allowed to go to the free-roaming fields of the Free State if you just choose to do so. Make sure that you get there by getting the kind of help you need as soon as possible.

May we all find ourselves in our "happy fields!" **V**

Regards

Carien

Carien Human is a psychologist in Johannesburg.

Professor Philip Boyazoglu turns Eighty



Born in Thessaloniki, Greece on 9 March 1935, Philip Boyazoglu always has had a passion for animals. His father was Director of Agriculture in Northern Greece and often took him along on trips to the country side, instilling in Philip a love for open spaces. His grandfather gave him a lamb, which he kept on the vacant plot next his parent's house, together with his bunnies and a hen which was given to him as a day-old chick. During 1940 his family emigrated to South Africa. During his youth, Philip spent many happy hours on his parents' farm "Modderfontein" in the Heidelberg district. While he was away at boarding school, his mother would look after his animals, including a German Shepherd, whose puppies he sold during the school holidays. With money so raised he bought his first horse, starting a love affair with these noble animals that still continues. This first horse was Nickie, a Basuto pony, which was unschooled and naughty (as ponies can be) when he bought her and taught him his first lessons in horse behaviour. Philip tells of his first attempt at training her: "Nickie had to be tamed and schooled. I thought I knew how and planted a pole in the ground, slid a ring over it and tied a long riempie to the ring. Poor Nickie was tied to the other end and all was set. I cracked my whip and Nickie, instead of trotting in a lovely circle around the pole, came galloping full steam ahead, passing me where I stood. As the riempie snapped I grabbed it. Nickie gallantly carried on with me hanging on for dear life bouncing across the veld on my belly." But he succeeded and, when he married Irene and moved

to Centurion, Nickie joined them, to rule over their Arab and Anglo-Arab horse stud and eventually became a school master who taught the four 4 children to ride.


In 1966 he established the Al Gamila Arabian Horse Stud, breeding top quality Arabian and Anglo-Arabian horses – an ongoing endeavour. He bred numerous in-hand and under-saddle champions and national champions and was twice awarded Supreme Inter-breed Championships. He also served as councillor and vice-president of the Arab Horse Society of SA and as South African representative on the World Arabian Horse Organisation. While at Medunsa, he established the Medunsa Anglo-Arabian Stud and a dairy goat herd, used for undergraduate and post-graduate teaching and outreach programmes.

His academic and research career started with his graduation as veterinarian from Onderstepoort in 1960. As newly qualified veterinarian he joined the Nutrition Section of the Veterinary Research Institute at Onderstepoort. He was awarded a post-graduate scholarship and joined the University of Minnesota Graduate School as research assistant, where he worked and studied until 1964. He was awarded a PhD (his thesis was on "Sulphur-Selenium-Vitamin E relationships in the nutrition of sheep"). He returned to Onderstepoort as Head of the Nutrition Section at the Veterinary Research Institute, a post he held until 1974. During this time he also was a part-time senior lecturer at the Faculty of Veterinary Science. In 1974 he joined Panvet (Pty) Ltd, an animal health company, as managing director,

and stayed with them until 1982. He then joined the Faculty of Veterinary Science at Medunsa as Professor and Head of the Department Animal Health and Production. During his career he established the Veterinary Nutrition Laboratory and also established the curriculum for the "Equine Nutrition" module at the than Pretoria Technikon and the "Animal Health" curriculum for the than University of the North-West. On his retirement, the Faculty of Veterinary Science bestowed him with the title "Professor Emeritus".

He is a Life Vice-President of the Witwatersrand Agricultural Society and a member of the SAVA, SAEVA and the SA Society of Animal Science. He also is a director of the National Horse Trust. He has always played an active role in the community and was the founding chairman of the Centurion Hospice Association and a founder and President of the Centurion Rotary Club, where he was the recipient of the Paul Harris Award.

Professor Boyazoglu has supervised numerous postgraduate students enrolled for MMedVet (Nutritional Pathology), MMedVet (Aves) and PhD. He was author or co-author on many articles published in scientific journals and the lay press, making contributions both to scientific knowledge and education of the community. He also was co-author (with JW Groenewald) of the book "Animal Nutrition" published in 1980, and author of the revised edition published in 1997. An active and full career indeed!


VetNews congratulates Prof Boyazoglu on his 80th birthday! 



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Whenever we are going to make substantial changes in our lives we will need to draw heavily on our strengths. It is important to correct our perceptions about, and the level of appreciation we feel for, the many resources - both internal and external - that we have at our disposal.

Do you remember when you took the decision to become a veterinarian or veterinary nurse? Chances are that one of the biggest questions in your head was... "Can I do it?" If so, then you will appreciate that when we confront the issue of tackling much needed change, the latter unconscious/ conscious fear will be the same for almost all of us, if not all of us. Whenever we plan to bring about a change or accomplish something, we take these basic steps:

- First, assess where you are (covered in the previous three issues of this series of life coaching articles).
- Second, gather your available resources (will begin this process in this issue).
- Third, map out your route to achieving your objectives(s) and get started!

A resource is anything that can assist you in achieving your goal(s). It can be something internal or external. There are many wonderful resources available to us, but many seem

inapparent to us until we really start to think about the subject.

Here are some examples of people resources – individuals, groups or networks that can be drawn on to impart strength, information, and provide momentum when the going gets tough: family members, old friends, new friends, a supportive teacher, a personal coach (life coach, business coach, sports coach, gym trainer, etc.), a mentor, experienced individuals (people who have done what you want to get done), influential people, social contacts or networks (Facebook, Twitter, Instagram, LinkedIn, Pinterest, Google Plus+, Tumblr, VK, Flickr, Vine, Meetup, Tagged, Ask.fm, MeetMe, ClassMates), etc. An alternative more comprehensive list of social websites and a brief description of each can be found on the following link: http://en.wikipedia.org/wiki/List_of_social_networking_websites

This is a very subjective process. In order to help you further I would like to prompt you and facilitate your brainstorming session by asking you

the following questions:

- "Do you think that this article is a resource you can draw on?"
- "Do you have friends that will help you?"
- "Do you have friends that have already achieved what you are attempting?"
- "Who else could help you?"

In the article that will follow on part four of this series of articles on resources, I will help you put together a time-sensitive plan with intermediate milestones leading up to the achievement of your goal. Combining your list of resources with the latter will give you the blueprint to successfully meeting your objective. Achievement of your goal will immediately become easier and far more likely to happen, giving you the confidence and self-belief to pursue other goals and continue growing purposefully in the future. **▼**

Anybody wishing to get more assistance with the concept of "people resources", please feel free to contact me on mats.abatzidis@yahoo.co.za

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In Memoriam

A list of veterinarians, both SAVA members and non-members, who passed away recently. Non-veterinarians who made a positive impact on the profession are also included. Please provide us with information you might have in this regard.

The following colleague passed away recently:

Dr Rudolf Visser

24/04/1935 - 15/04/2015

We honour his contribution to our profession and society in general. Our sincerest condolences to his family and loved ones. **🇺🇹**

Nigel Robert Bryson

3 September 1950 - 13 December 2014

Nigel Bryson belonged to a unique family in that three generations of the Bryson family qualified as veterinarians. Nigel's father Bob worked in the Bulawayo area in Zimbabwe, subsequently relocating to Pietermaritzburg, whilst Nigel's daughter, Danielle, qualified as a veterinarian at the Onderstepoort Faculty. Nigel went to school in England where he excelled in sport, particularly athletics and we are told that some of the records he established in those days are still standing today.

After completing his schooling in England, Nigel enrolled for a BSc degree at Rhodes University where he majored in Entomology. He was thus well-equipped to study ticks and tick-borne diseases, a field of study that was a deep-seated passion with him and would prove to be of inestimable value in his subsequent career-path.

He enrolled for the veterinary science degree at the Faculty of Veterinary Science, University of Pretoria and, after qualifying as a veterinarian, entered into practice in the Durban and surrounding area, where he was well-known for his interest in nature and wildlife, often visiting game reserves in his leisure moments. Many colleagues will remember him for his unique game-watching vehicle, which was a red "bakkie" with a metal garden bench welded on the roof of the cab.

It was after he joined the staff of the Veterinary Faculty at Medunsa that Nigel began to exhibit his research acumen. His research for the

MMedVet degree was meticulous and a number of publications followed. His research project "Trapping of free-living, unfed adult and nymphal *Amblyomma hebraeum* in heartwater endemic regions of South Africa, and the prevalence of *Cowdria ruminantium* in a sample of adult ticks" was widely acclaimed and in the words of a colleague "set a fine example of what a research veterinarian should be, applying himself and his knowledge to projects that had real meaning for the animal world." His dissertation can be accessed through the University of Pretoria system. Nigel was also involved in directing and assisting other post-graduate students.

He also had a heart for the under-privileged and for many years was involved in the organising and running of the community veterinary clinic in Maboloka and Lethlabile, where the indigent population was assisted with veterinary services every Saturday morning.

With the amalgamation of the Veterinary Faculties of Onderstepoort and Medunsa, Nigel moved across to the Onderstepoort campus where he resumed his friendship with former colleagues and established many new friendships. Many colleagues have attested to the in-depth discussions, jokes and chats in the tea-room. There were a number of colleagues (among whom I was privileged to be numbered) who were members of the various lift clubs to which Nigel also belonged and it is of interest to note that, without exception, our memories of those daily trips to and from

Medunsa (and subsequently Onderstepoort) are vivid with the range of subjects that were hammered out and the sparks our different personal attitudes brought to the party, with never a cross word to spoil the debate.

Nigel will always be remembered for the good and lasting friendships he established and when he left the employ of the University for health reasons, many university staff members felt the void that was created by his departure.

I too share in the words of a colleague who wrote on hearing of Nigel's death from a heart attack: "His illness became progressively worse, but he retained his courage and determination to keep independent for as long as possible."

Yet another colleague wrote: "Nigel certainly enriched my life", whilst yet another, at his memorial service, sent a tribute saying: "Like many others, I will miss the unforgettable goodness and generosity what shone through his pain and misfortune. His originality and strength of conviction were stimulating and enriched the lives of those of us who shared some privileged years together."

Nigel Bryson, we salute you. **🇺🇹**

Colin Cotton (with contributions from Ned Donkin, Ken Pettey, Dennis Schäffler and Jim Robinson).



Leslie Malcolm Orsmond 11 April 1940 – 3 March 2015



Leslie Malcolm Orsmond, who was born in Rhodesia on 11th April 1940, passed away on 3rd March 2015 as a result of a brain tumour.

Leslie attended Prince Edward School in Salisbury, Rhodesia and obtained the Cambridge Certificate with South African Matric exemption.

Leslie came to South Africa in 1958 and finished his first year and gained entrance to the Veterinary Faculty at Onderstepoort in 1960. He qualified in 1963 and joined the Rhodesian Government Veterinary Field Service where he eventually became "Professional Assistant to the Director". He was involved with Trypanosomiasis-protocol implementation, Foot-and-Mouth control, extension work on commercial and rural farms and the control and training of veterinary lay staff.

In 1965 he met his wife, Jean, in Gwelo during his time in the Government there. They married on 20 April 1968 and had two sons - Bruce (1971) and Ryan (1974).

He left the government service and in 1973 opened a one-man mixed-practice in Que-Que where he began a life-long passion for wildlife immobilisation and translocation. In 1976 he moved to Salisbury and joined a four-man mixed-practice in Avondale. He continued with his passion for wildlife work and helped train National Park personnel in capture and translocation, being one of three vets (Drs Orsmond, Cock and Condy) that initiated the precursor courses of

the current Zimbabwe Wildlife Capture Course. He was very active in veterinary politics and played a major role in the establishment of a Veterinary Faculty in Zimbabwe.

In 1985, he left Rhodesia and became the resident veterinarian at Kanhym Estates, with the responsibility of disease control, treatment and local abattoir inspections for the 3 cattle feedlots, 2 piggeries and 2 sheep feedlots. The feedlot also ran a 500 cow dairy unit, a bull breeding unit and a 4000 head ranch unit.

In 1988 Leslie became a partner in a five-man practice in Middelburg, Mpumalanga where he was involved with small animal consultation and surgery, especially orthopaedic surgery. He continued working with wildlife immobilisation and translocation.

He left practice in 1996 and opened the Central Vet Franchise cc., which was a new concept to help veterinarians in rural areas remain there by adding a shop to their practices. He took care of the veterinary drug distribution to the franchisees. He negotiated favourable prices and sourced products from multinational and local companies and worked tirelessly to develop and train franchisees. He developed business plans, including cash flow forecasts, budgeting and practice management. He continued to consult to cattle and sheep feedlots and piggeries and provide locum support to Middelburg Animal Hospital and other practices in the area.

Leslie Orsmond was a member of the South African Veterinary Association, the Royal College of Veterinary Surgeons and the New Zealand Veterinary Association. He was a Life Member of the Zimbabwe Veterinary Association and chairman of the Mpumalanga branch of the SAVA from 1989 – 1991. He was a member of various committees, including the Practice Inspection Committee of the South African Veterinary Council, for which he conducted numerous practice inspections.

Les was a humble man and greatly admired and respected by his veterinary colleagues and his friends for his honesty and integrity. His years of experience in Rhodesia, with Kanhym and as a practitioner, as well as with wildlife immobilisation and translocation made him a colleague who could give sound advice and counsel. He had a gentle way of making people commit to tasks they did not necessarily want to do, his home was always open to colleagues and friends and he was wonderfully supported by Jean, whose devotion to Les was very obvious. He leaves behind his wife Jean, his two sons Bruce and Ryan, their wives Jacqui and Chantelle and grandchildren Kyle, Ashleigh and Chelsea. Leslie Malcolm Orsmond will be greatly missed. **U**

Rob Sykes

At the mention of Dr Les Orsmond's name, the immediate response is one of respect. Les has been an integral part of the veterinary profession for so many years that he has become synonymous with the essence of what it is to be a veterinary practitioner. He has seen all aspects of the veterinary field, having worked for the state service in Zimbabwe, then moving into private practice and finally starting a franchise. He has partnered many vets in practice and has left a mark wherever he has gone. The response to an e-mail sent out when his condition became obviously terminal, reflected the many paths he has crossed during his career, and the level of influence he has had on so many

people's lives.

I first met Les as a new graduate and before I knew it, he had voted me onto the Mpumalanga Branch committee. Les had a gentle way of making people do what they didn't necessarily feel inclined to do! From that day on, I was always welcomed into Les and Jean's home, no matter what time of day or night. I just knew that if I travelled through Middelburg, there was always a bed, a meal and some wholesome conversation to look forward to. Les's generosity often cost him, but was a trait integral to his nature. He also had the courage to think differently. He opened new doors and explored new paths, always with the intention of creating a positive difference. The Centralvet Franchise is Les's legacy

and his contribution to securing a profitable retail market for veterinary professionals. His persistence and dogged determination to make this work kept him focused on making a success of this business, until he could no longer. Jean has stood by Les through everything, and after 48 years of marriage, the adoration she has for her husband is still very obvious. Truly, we have lost a great gentleman. When Jean told me that Les was not likely to recover after his surgery, my first response was disbelief – 'But Jean – Les is immortal!' Perhaps in my mind, Les will always be immortal – his values, his courage and his gentle manner, will never die in me. God bless you Les. We will miss you. **U**

Anthony Davis

Raoul van der Westhuizen

1941.01.21 – 2015.03.14



Dr Raoul van der Westhuizen, in lewe seker een van ons kleurvolste en interessanste kollegas, is onlangs in die ouderdom van 74 jaar na 'n lang siekbed oorlede.

Raoul was 'n seun van die Karoo. Hy is aan die voet van die Hantamberge te Calvinia, waar sy vader toe staatsveearts was, gebore. Hy was 'n natuurkind van besondere formaat, lewenslank verknog aan die Karoo. Een van sy grootste lewensideale was om 'n verskil aan die bewaring daarvan te maak, wat hy later help verwesenlik.

Toe Raoul maar 9 jaar oud was, is sy vader op 45-jarige ouderdom onverwags oorlede en moes sy moeder, Miems, met haar twee kinders die mas opkom.

Raoul het in 1965 aan die Onderstepoort Fakulteit as veearts gekwalifiseer.

Reeds as student toon hy tekens van sy merkwaardige veelsydigheid.

In 1963 bring hy sy verpligte vakansiepraktykblootstelling by dr Johan van Niekerk, staatsveearts te Skukuza, in die Kruger-wildtuin deur. Sy talent vir fotografie en paraatheid om 'n gulde geleentheid te benut, kom hier tot uiting want hy had 'n kamera byderhand om proewe met die nuut-ontwikkelde wonder-verdowingsmiddel M99, onder leiding van die (destydse) Keniaanse veearts Tony Harthoorn, vir die nageslag te verewig. Hierdie verhaal, geïllustreer met daardie geskiedkundige fotos, verskyn in *Veld Stories*, een van twee boeke wat hy die lig laat sien het (*lees 'n gedeelte uit hierdie boek elders in hierdie uitgawe van VetNuus – red*)

Raoul se loopbaan begin in 1967, eers as staatsveearts te Vryburg en vandaar te Ovamboland (tans Namibia). Daar ontmoet hy en trou met die Duitse Dagmar Heinzelmann. Daarna word hy na Beaufortwes in die Karoo verplaas. In 1968 maak hy 'n taamlik radikale loopbaanverandering deur by Bayer 'n pos te aanvaar.

In 1971 neem sy loopbaan 'n groot wending toe hy as Uitvoerende Bestuurder van die SA Natuurstigting, plaaslike been van die World Wildlife Fund aangestel word. In noue samewerking met die Stigting se president, Dr Anton Rupert, en voorsitter, Dr JG van der Horst, word meer as 'n



miljoen rand (in detydse geldwaarde) vir verskeie natuurbe-warings-projekte geën. Namens die SA Natuurstigting loods Raoul

ook die hoogs suksesvolle Buy an Acre of Karoo fondsinsamelingsveldtog met die ge-assosieerde Karoo seëlveldtog waarby bykans 300 000 skoolkinders betrokke is. (*Ek was een van hierdie skoolkinders – 'n foto van die seël wat ek destyds gekoop het, is hiernaas – Red*). Met verdere bydraes van die publiek, privaatsektor, buitelandse borge en staatsinstansies word R350 000 bekom (destydse waarde) om van die nodige grond aan te koop. Die munisipaliteit van Beaufort-Wes het ruimskoots van die dorpsmeentgrond toegevoeg, en 'n lewensideaal realiseer: Die Karoo Nasionale Park word in 1979 geproklameer. Ander soortgelyke projekte volg, soos die versekering van die voortbestaan van die unieke munisipale reservaat, insluitende die Vallei van Verlatenheid, by Graaf-Reinet, deur dit te koop en aan die provinsie oor te dra. Verskeie bevorderings by die Rupertbelange volg, wat in Raoul se aanstelling by Rothmanns International as Sekretaris van Bemaking in Londen kulmineer.

In 1980 keer Raoul terug na Suid-Afrika en aanvaar die pos van Algemene Bestuurder: Dieregesondheid by Bayer. In 1984 stig hy sy eie kommunikasie- en bemakingsmaatskappy *Advisory Bureau for Development* en benut sy rekenaarkundigheid en kunsvaardighede om skakeling van kliente soos Barlow Rand, Old Mutual, Investec en Anglovaal met openbare sektor-instansies te fasiliteer.

In 1986 word hy as deelydse uitvoerende direkteur van Die Suid-Afrikaanse Veterinêre Vereniging (SAVV) aangestel. Benewens modernisering van die vereniging se bestuur en finansiële beheer, word die SAVV se nuusbrieff *VetNuus* 'n glanspublikasie deur Raoul se persoonlike bemeestering van *Desk Top Publishing Technology*.

In 1996 is hy 'n medestigter van die bekende *Southern African Wingshooters*

Association.

Ten spyte van 'n aanvanklike nulbegroting vir hierdie vereniging sonder winsbejag, skep hy 'n geïntegreerde kommunikasie- en werwingsprogram met 'n stigtersklub, glanstydskrif, webwerf plus aanlyn databasis en volkleur-handboek.

Raoul het nooit gehuiwer om self 'n finansiële opoffering te maak om 'n inisiatief te loods ten bate van 'n saak waaroor hy sterk gevoel het nie. Voorbeelde hiervan is waarskynlik legio maar min op rekord. 'n Voorbeeld hiervan is die loodsing in 1998 van 'n internet-gebaseerde fondsinsamelingsinisiatief om, met betrokkenheid van die Veterinêre Stigting en Universiteit van Pretoria, navorsing op tuberkulose van leeus in die Nasionale Krugerwildtuin te borg. Teen aansienlike persoonlike koste, het Raoul twee pragboeke boeke laat publiseer. In 2009 verskyn Miems Botha – *Nuusbriewe uit Londen*. Dit is 'n ryklik geïllustreerde, geredigeerde weergawe van sy moeder se radiopraatjies wat vanaf Londen op die program Vrouerubriek uitgesaai is.

In 2013 verskyn sy magnum opus: *Veld Stories*. Dis nie 'n outobiografie nie, weliswaar op besondere gebeurtenisse in sy lewe geskoei, maar die leser kry nogtans 'n goeie idee van Raoul se lewenverhaal en veral ook sy veelsydigheid. Inleidend skryf hy onder meer treffend as volg:

“About snowball’s chances and lost causes and realists who believe in miracles

Some of the events described in this book arose from highly improbable connections – Some were the result of sheer chance, one-in-a million odds. Some were clearly unfeasible, completely unexpected, even incredible. They were not momentous or grand events on the world stage – but were small happenings and modest moments, like small etchings rather than large murals, or pieces of slow chamber music rather than grand symphonies. Even the dramatic events had small beginnings in the South African veld – but all were memorable. And they did happen. Oh yes, they certainly did.”

>>> 33

Parasite control programs - Part 2

(Part 1 was published in the April 2015 issue of VetNews)

Dr Sheelagh Lloyd,
Dr Byron Blagburn and
Dr Michel Levy



TARGETED DOSING WITH ANTHELMINTICS

Worm the wormy horses

- Based on the principle that some horses carry few worms and are consistent low egg shedders (≤ 200 epg for adults, ≤ 100 epg for foals and yearlings) while other horses are susceptible and carry heavy burdens (> 200 epg).
- Preferably begin in late winter.
- Initially consider faecal egg counting every 2-3 weeks.
- Low egg shedders: ≤ 200 epg re-examine 2-3 weeks later. After several counts these can be identified as consistent low egg shedders and can be examined less frequently (every 3-6 months spring and autumn).
- High egg shedders:
 - > 200 epg treat (carry out a faecal egg count reduction test particularly for benzimidazoles at the first treatment).
 - Perform faecal egg count at egg reappearance period for the drug (4-5 weeks benzimidazoles and pyrantel; 6-8 weeks ivermectin; 10-13 weeks after 5-day fenbendazole and moxidectin).
 - If < 200 epg, re-examine at 2-3 weeks intervals (some horses, even though susceptible, will have a longer egg reappearance period, young horses usually have a shorter egg reappearance period).

When starting this program remember that the proportion of low egg shedders may depend on the previous control program used within the herd. A very efficient control program would have produced low pasture challenge that will manifest as low egg counts even in susceptible horses for several months to a year or more after that program has ceased.

Advantages

- Fewer anthelmintic doses required:
- Reported to be cost effective in adult horses; faecal egg count costs paid for by reduced anthelmintic usage.
- Should reduce rate of development of anthelmintic resistance.
- Parasites in untreated horses are in refugia, unselected for anthelmintic resistance and available to dilute emerging resistant genes.

Disadvantages

- Anthelmintics are used in susceptible horses, so promoting worm resistant genes.
- Bots will not be controlled – preferably cut off or pluck out hairs with eggs while grooming or drug treat in the late autumn/early winter.
- *Anoplocephala* tapeworms will not be controlled – anticestode treatments may be targeted after blood samples (taken late autumn/early winter) have identified individuals using the ELISA antibody test. However, serologic

tests may only confirm exposure.

- Time consuming – requires regular quantitative faecal egg counts by knowledgeable, trained personnel.

ANNUAL ROTATION WITH INTERVAL TREATMENTS

Annual rotation using the same class of drug for a year

- The same class of anthelmintic is used regularly throughout a year, and then substituted with a different class in the following year, i.e. alternate year's macrocyclic lactone and pyrantel, or a 3 year rotation with macrocyclic lactone, pyrantel and benzimidazole if benzimidazole resistance is absent.
- The treatment interval will vary with the class of drug (4-5 weeks for benzimidazoles and pyrantel; 6-8 weeks for ivermectin; 10-13 weeks for 5-day fenbendazole and moxidectin).
- Advantages: slows development of multiple drug-resistance but not as much as other methods; easy to implement; user-friendly.
- Disadvantages: doesn't take into account efficacy of drugs against different worm populations. May have to include additional drugs for parasites not removed by selected drug, e.g. bots and benzimidazoles/pyrantel – may have to add macrocyclic lactone that year – preferably manually

>>> 33

OFTEN, THE MERE TELLING OF YOUR STORY IS BOTH HEALING & MOTIVATING



The **SAVA**
Stress
Management
Hotline

is there to assist members who are experiencing personal problems by offering access to professional counselling/advice.

The hotline can assist with referrals or simply offer much needed emotional support when anxiety, depression, anger, grief, loneliness and fear are at their highest.

The following SAVA members are available on the SAVA stress management hotline. If required, they will refer you to professionals.

| | | |
|-----------------------|--------------------|------------------------------------|
| Prof Ken Pettey | Cell: 082 882 7356 | Email: ken.pettey@up.ac.za |
| Dr Sunelle Strydom | Cell: 083 287 2196 | Email: drsunelle@vodamail.co.za |
| Dr Aileen Pypers | Cell: 072 599 8737 | Email: aileen.vet@gmail.com |
| Dr Willem Schultheiss | Cell: 082 323 7019 | Email: willem.schultheiss@ceva.com |
| Dr Henk Basson | Cell: 082 820 4810 | Email: hjbasson1@gmail.com |
| Dr Joseph van Heerden | Cell: 083 305 6474 | Email: doretha@global.co.za |
| Dr Stuart Varrie | Cell: 083 650 3651 | Email: stuartvarrie@gmail.com |

IN MEMORIAM <<< 31

Tydens die Dankdiens wat op 21 Maart 2015 vir Raoul gehou is, is daar onder meer getuig dat hy 'n baie vol lewe gelei het, inderdaad alles in die oortreffende trap gedoen het: of dit nou was as 'raconteur' van formaat, uitgewer van tydskrifte en boeke, musiekversamelaar, toegewyde jagter

van veral jagvoëls, gulle gasheer vir vriende, vreeslose, wydbelese argumenteerder, en bowenal sy liefde en waardering vir sy vrou Dagmar, seuns Cornell en André, hulle gades en sy drie begaafde kleinkinders.

Raoul se uitverkore C Louis Leipoldt gedig se eerste vers lui:

*Hier wil ek rus op ons vaal Karoo –
Hier, waar die veld 'n leegte is –
Hier, by die slang en die akkedis –
Hier, met die hemel blou daarbo.*

Mag hy die welverdiende rus in ons land se veld wat hy so intens gekoester het, geniet. **V**

Rudolph Bigalke

MERIAL <<< 32

remove bot eggs while grooming.

- Tapeworms and macrocyclic lactone – may have to add double dose pyrantel or praziquantel that year – preferably blood sample for tapeworm ELISA to see if treatment required.

Rapid rotation with more than one class of drug within the year

Should not be used as it promotes multiple anthelmintic resistance

- Different anthelmintic classes are used throughout a year at intervals of 1-2 months and will cover all types of parasites.

- Requires frequent post-dosing faecal egg count reduction tests to monitor resistance (but as the test is insensitive, resistance will already have established).
- Disadvantage: likely to select for multiple drug resistance.
- Advantage: all parasites are targeted during the same year. Classes of drugs may be selected for their activities at certain times of the year, e.g. encysted small strongyles, bots.

Seasonal/strategic dosing

- Use of anthelmintics at specific times of the year, aimed at disrupting the seasonal cycle of

transmission, i.e. at turn-out and at intervals through spring and summer.

- Advantages: reduces pasture contamination; most effective on farms where few new horses are introduced.
- Disadvantages: problems may arise with abnormal seasons (eggs can develop in mild winters in temperate climates); breakdown if heavily infested horse in introduced; does not take into account age groups. **V**

Further reading available on request.



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Production Animal Column



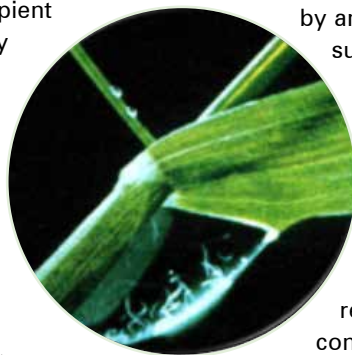
FOR ANIMALS. FOR HEALTH. FOR YOU.

Worm Resistance: A threat to industry

Dr BB van Houten, Zoetis™

Resistance to anthelmintics is becoming a big problem for sheep farmers around the world and should be addressed very quickly to help prevent its further development. In South Africa, 96% of farm samples tested showed resistance to at least one anthelmintic product, while barbers pole worm (*Haemonchus contortus*) resistance is now common in many countries.

This is according to Dr David Bartram, Director, Marketing & Integrated Solutions - Ruminants, Zoetis, recipient of the British Veterinary Association's Chiron Award 2013 for outstanding contributions to the veterinary profession, and a veterinary scientist and author. Resistance is the heritable (and therefore genetic) ability of the worm to survive a dose of anthelmintic which would normally be effective. It could also be described as 'drug tolerance' in worms. A worm is said to be resistant if it survives exposure to the standard recommended dose of the anthelmintic and can then pass this



ability on to its offspring. Managing resistance is important since production losses can occur even when the parasitism caused by anthelmintic resistance is subclinical. By using an effective anthelmintic growth performance is increased and the benefits can greatly exceed the costs of the anthelmintic. Dr Bartram cautions that resistance is inevitably a consequence of good worm control and could emerge within two to four years with some products. "Once resistance has emerged in a flock, the worms can no longer be controlled effectively using a particular anthelmintic class. However, in most flocks or herds, worms can still be adequately controlled when resistance

is present. Resistant worms do not cause more serious disease than susceptible worms."

In order to use anthelmintics sustainably the following guidelines are important:

Dosing strategy

- Plan a dosing strategy
- Don't use blueprints or a set recipe. Tailor the planning for the individual farm.
- Use an effective, multiple active wormer, such as Startect (Derquantel and Abemectin).

Quarantine

It is important to quarantine and treat all introduced sheep on arrival. Hold these sheep off new pastures for at least 24 to 48 hours before turning them out into contaminated pastures. No matter how expensive the animal... it could still carry resistant worms.

TIMELINE FROM ANTHELMINTIC INTRODUCTION TO FIRST RESISTANCE

| Symbol | Anthelmintic group | Compound | Launch | First report of AR |
|--------|-------------------------------|---------------|--------|--------------------|
| 1-BZ | benzimidazoles | thiabendazole | 1961 | 1964 |
| 2-LV | imidothiazole | levamisole | 1970 | 1979 |
| 3-ML | avermectins | ivermectin | 1981 | 1988 |
| | milbemycin | moxidectin | 1991 | 1995 |
| 4-AD | amino-acetonitrile derivative | monepantel | 2009 | 20131 |
| 5-SI | spiroindole | derquantel | 2011 | none |

Administer wormers effectively

- Dose at an appropriate time.
- Weigh the animals – do not guess the weight.
- Use the correct dosing technique when administering the product.
- Ensure that products are stored correctly and are within the expiry date.
- Do not mix wormers together – unless specifically specified on the bottle.
- Use wormers only when necessary and use grazing management to reduce the challenge.

Target treatment

- Target the correct worms by taking egg counts in dung.
- Test to find out if wormers are effective. One way is to drench the sheep and take an egg count 7 -14 days later.
- Ensure that some susceptible worms survive treatment.
- Do not move animals directly onto new pastures.

Dr Bartram warned that global warming would affect parasitism. Most

of the worm population live free on pastures and thus escape anthelmintic treatment. He also advises farmers to use techniques such as the Famacha® test.

“Avoid grazing goats and sheep together. Goats do not become fully immune and worms develop resistance in goats faster than in sheep.”

Other methods of worm control include breeding for resistance.

“Also make sure that you don’t use long acting wormers continuously on the farm. Use these in conjunction with other wormers.”

According to Dr Bartram the current thinking is that annual rotation is not necessary the best thing to do. “Use different effective anthelmintic classes within the same year to slow resistance development. **U**



Medunsa reunion

On March 7, 2015, a long-anticipated reunion of Medunsa personnel occurred at the home of Professor and Mrs Colin Cotton. Twenty-four people, all former personnel of the Veterinary Faculty at Medunsa and their partners, attended.

This was the first reunion of Medunsa personnel since the amalgamation with the veterinary faculty at Onderstepoort – just on sixteen years. Sixty former personnel were originally invited to attend – some as far away as Sedgelyield. Many, sadly, could not attend.

Festivities began at 14:30 in Valerie Cotton's lovely garden with afternoon tea, snacks and lots of conversation. A few hours later, braai fires were started and everyone was able to braai and enjoy the assorted salads, breads and desserts provided by the ladies attending the event.

Small, tastefully decorated tables were set under a covered veranda for an intimate atmosphere. Everyone moved freely about and there were lots of smiles, laughter and "remember when" stories. The wonderful evening finally came to an end at about 23:00.

A note of profound thanks goes to Colin and Valerie Cotton for offering the use of their beautiful home and gardens. There have been numerous requests to hold another reunion in the future.

The attendees were: Prof and Mrs Neville Owen, Prof and Mrs Philip Boyazoglu, Prof and Mrs Colin Cotton, Prof and Mrs Ken Booth, Prof and Mrs Morkel Terblanche, Prof and Mrs Ned Donkin, Dr and Mrs Jan Still, Dr and Mrs Mervyn Campbell,

Dr Gerhard Harmse and Sonja, Dr June Williams, Prof Ed Green, Mrs Walda Van Niekerk, Prof Collin Stewart and Prof and Mrs Moritz van Vuuren. **V**



The lovely venue for the reunion at Colin and Val's home



Foreground: Gerhard Harmse, Phillip Boyazoglu, Antoinette and Moritz van Vuuren, Martie Campbell, Sonja and Val Cotton
Background: Beryl Donkin, Ed Green and Ken Booth



Cheryl Booth, Colin Cotton, Dot and Neville Owen



Host and hostess, Colin and Val Cotton

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From the Journal of the SAVA

Establishment of baseline haematology and biochemistry parameters in wild adult African penguins (*Spheniscus demersus*)

Nola J. Parsons, Adam M. Schaefer, Stephen D. van der Spuy, Tertius A. Gous

Journal of the South African Veterinary Association;
Vol 86, No 1 (2015), 8 pages. doi: 10.4102/jsava.v86i1.1198

<http://www.jsava.co.za/index.php/jsava/article/view/1198>

Abstract

There are few publications on the clinical haematology and biochemistry of African penguins (*Spheniscus demersus*) and these are based on captive populations. Baseline haematology and serum biochemistry parameters were analysed from 108 blood samples from wild, adult African penguins. Samples were collected from the breeding range of the African penguin in South Africa and the results were compared between breeding region and sex. The haematological parameters that were measured were: haematocrit, haemoglobin, red cell count and white cell count. The biochemical parameters that were measured were: sodium, potassium, chloride, calcium, inorganic phosphate, creatinine, cholesterol, serum glucose, uric acid, bile acid, total serum protein, albumin, aspartate transaminase and creatine kinase. All samples were serologically negative for selected avian diseases and no blood parasites were detected. No haemolysis was present in any of the analysed samples. Male African penguins were larger and heavier than females, with higher haematocrit, haemoglobin and red cell count values, but lower calcium and phosphate values. African penguins in the Eastern Cape were heavier than those in the Western Cape, with lower white cell count and globulin values and a higher albumin/globulin ratio, possibly indicating that birds are in a poorer condition in the Western Cape. Results were also compared between multiple penguin species and with African penguins in captivity. These values for healthy, wild, adult penguins can be used for future health and disease assessments. **U**

The efficacy of a generic doxycycline tablet in the treatment of canine monocytic ehrlichiosis

Josephus J. Fourie, Ivan Horak, Dionne Crafford, Heidi L. Erasmus, Ockert J. Botha

Journal of the South African Veterinary Association;
Vol 86, No 1 (2015), 10 pages. doi: 10.4102/jsava.v86i1.1193

<http://www.jsava.co.za/index.php/jsava/article/view/1193>

Abstract

The objective of the present study was to evaluate the therapeutic efficacy of a generic doxycycline tablet (Doxy-Vet®) against *Ehrlichia canis* infection in dogs. Canine monocytic ehrlichiosis is caused by the bacterium *E. canis* and transmitted by the brown kennel tick (*Rhipicephalus sanguineus*). Six disease-free and tick-free dogs were infested with *E. canis* infected ticks. Once diagnosed (with polymerase chain reaction [PCR] analysis and platelet counts) as positive for infection, doxycycline tablets were administered orally once a day for 20 consecutive days, at a target dose level of 10 mg/kg. The actual dose administered was calculated as ranging between 10 mg/kg and 11.7 mg/kg. The PCR analysis, 28 days after the first administration of the tablets, failed to detect *E. canis* in any of the dogs. On Day 56 of the study, four of the dogs were diagnosed with *E. canis* for the second time and a fifth dog was diagnosed on Day 70. The platelet counts of the sixth dog remained within normal levels and it was discharged from the study on Day 84. Doxycycline tablets were then administered to the remaining five infected dogs for 28 consecutive days. Four of these dogs had no positive PCR results during the following 3 months. The fifth dog was diagnosed with *E. canis* for the third time 58 days after the last tablets of the second treatment had been administered, after which it was rescue treated (doxycycline for a further 28 days). The results indicate that doxycycline administered in tablet form (DoxyVet®) at 10 mg/kg – 11.7 mg/kg body mass once daily for 28 consecutive days clears most dogs of infection. The importance of a concomitant tick-control programme is therefore stressed. **U**

FOR THE INDEX OF ARTICLES PUBLISHED IN:

2014: <http://www.jsava.co.za/index.php/jsava/issue/view/64?>
2015: <http://www.jsava.co.za/index.php/jsava/issue/view/65?>



Treatment of non-healing corneal ulcers with diamond burr debridement

Spontaneous chronic corneal epithelial defects have been well described in the dog. In affected patients, these corneal defects are characterized by varying degrees of blepharospasm, corneal ulcers with non-adherent epithelial margins and prolonged wound healing.

Dr Antony Goodhead, Dr Izak Venter & Dr Lo-An Odayar

Specialist Veterinary Ophthalmologists, Johannesburg Animal Eye Hospital (www.animaleyehospital.co.za)

A plethora of treatments are available for these ulcers. These include epithelial debridement, needle stromal puncture, or grid and superficial keratectomy. Amongst these surgical treatments the diamond burr debridement (DBD) has been widely advocated in the treatment of recurrent erosions in people and may be considered as an alternative therapy for recurrent non-healing ulcers in animals.

DBD has several advantages in that it produces no scarring in the cornea and may be safer than needle stromal puncture. It is also a procedure that can be performed under local



Fig 1. Chronic non healing superficial ulcer with a loose epithelial rim (Equine eye)

anaesthesia. Like epithelial debridement and stromal puncture, DBD is easily repeated in patients that have not healed after a single procedure. Based on results of a recent study of 36 dogs with non-healing ulcers, DBD



Fig 2. Diamond burr used for corneal epithelial debridement

with placement of a bandage contact lens (BCL), may be a safe and effective treatment of canine superficial chronic corneal erosions and may be associated with a faster healing time compared to a grid keratotomy. **V**

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Ref15MY02

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Our 74-cage small animal hospital is well equipped with digital XR, endoscopes, ultrasound, ECG, clinical pathology machines and more. Excellent salary. Contact Dr Willem van Niekerk 016 423 1104 or email CV to vets@threerivers.co.za

Ref15MY03

MIDRAND

Kitty & Puppy Haven in Midrand needs a full time vet who works well under pressure & has a good work ethic. It's a sole charge position treating mainly abandoned & neglected animals. Experience in small animal surgery & medicine (esp contagious diseases in immune compromised kittens and puppies) is essential.

Please send CV to info@kittyhaven.co.za

Ref15MY05

WESTERN CAPE/WES-KAAP

MILNERTON

Assistant Vet required for COASTAL VET clinics in Blaauwberg region (Milnerton, Parklands).

1-6 yrs. experience required, no after-hours, SAVA salary rates apply. This is a modern well-equipped hospital with other veterinarians and large support staff. Start date March/Apr.

Interested candidates please contact us at

coastvetgroup@gmail.com

Ref15FE01

CAPE TOWN

Veterinarian with 1 - 5 years experience required for Sunningdale Animal Hospital, Cape Town. No after-hours, reasonable hours, SAVA salary. Well-equipped hospital with existing

3-vet team. Position available immediately. Please email sunningdalevet@gmail.com for further information
Ref15FE02

CAPE TOWN

Cape Town, Panorama After-hours Vet Clinic needs another full time veterinarian. Well-equipped full spec hospital with excellent nursing and support staff, friendly rota with attractive salary, contact chrisdheever1@gmail.com
Ref15AP02

HERMANUS

Hermanus Dierehospitaal benodig die dienste van 'n voltydse veearts en verpleegster. Ons is 'n besige, goed-toegeruste praktyk en doen hoofsaaklik klein diere en dan ook perde. Stuur CV na hermanusvet@telkomsa.net
Ref15AP04

PLETTENBERG BAY

Robberg Vet in Plettenberg Bay is looking for a vet as well as a vet nurse to join our mixed practice. New grads welcome. Phone 044 533 0124 or email robbergvet@vodamail.co.za
Ref15AP05

EASTERN CAPE/OOS-KAAP PORT ELIZABETH

Dis lekker by die see! Newton Park Animal Hospital in Port Elizabeth requires a 3rd vet to start as soon as possible. We are a well-established, well-equipped small animal practice with special interests in orthopaedics. X-rays, V-test, Autoread & AO-instruments are available on the premises. Sonar, specialist support and many advanced techniques in close proximity. Verblyf kan gereël word.

Salaris onderhandelbaar volgens SAVV aanbevole skale plus na-uurse betalings. E-mail CV to drt@npah.co.za, Thys Terblanche 082 718 6200
Ref15AP08

LOCUM / LOKUM DURBAN

Locum required for 3 months between June and November 2015. Preferably 4 years or more experience. Small animals only. Duties are one weekend in three and four out of five weekdays. No after-hours. Clinic situated within a few minutes of the beach. Accommodation available if required. Remuneration at SAVA rates. Tel: 083 271 2919
E-mail: swavv@mweb.co.za
Ref15MY10

VETERINARY NURSE/VETERINÊRE VERPLEEGSTER DOHA, QATAR

To join our fun, friendly expat team, the Canadian Veterinary Hospital in Doha Qatar is looking for dedicated, compassionate qualified veterinary nurses. We are a progressive hospital, with Avimark software, Idexx lab, Digital X-rays, Surgical suite and more. Qatar is a fascinating, open, progressive, multicultural

place to live, with concerts, sports, nature and shopping. Air tickets, continuing education, accommodation, transportation, health care, paid leave, and a great tax-free salary included. Please send a cover letter and resume to hr@canvethospital.com
Ref15MY07

GAUTENG JOHANNESBURG

Johannesburg SPCA is looking for a motivated veterinary nurse or animal-health technician to join our veterinary team. Should have genuine interest in animal-welfare work. Duties involve predominantly companion-animal and a small percentage of livestock. Great opportunity for new graduates to gain experience with our veterinary team. Kindly forward CV and SAVC registration to Dr A.F. Suleyman at jhbspca@jhbspca.co.za or vets@jhbspca.co.za
Ref13SP13

TSHWANE

Val de Grace Animal Hospital has a full day position available for a friendly, motivated, caring animal-loving vet nurse at our hospital from April 2015 to share nursing duties. We have a well-equipped practice with emphasis on a high standard of veterinary care. Ons bied ondersteunende kollegas, opleiding en aangename werksomstandighede vir die regte kandidaat. Salaris volgens SAVV onderhandelbaar. Epos CV na jacobsj@netactive.co.za of faks 086 608 6517
Dr Jaco Jacobs
Ref15AP11

CENTURION

Pierre van Ryneveld Veterinary Clinic needs the services of a veterinary nurse to assist our team of veterinarians. Duties include patient care, theatre preparation and assistance, client interaction, weight loss clinics. Please send your CV to dr.ampie@mweb.co.za
Ref15MY06

NORTHERN CAPE/NOORD-KAAP KIMBERLEY

Belgravia Vet Clinic is looking for a vet nurse to join our 3-vet team in Kimberley. Please send your CV to belgraviavet@gmail.com. New grads are welcome.
Ref14NV03

WESTERN CAPE/WES-KAAP CAPE TOWN

The Animal Welfare Society of Cape Town is seeking the services of a registered veterinary nurse to join our team of three. Duties involve predominantly companion-animal treatment and care and theatre work. No after-hours work but weekends and public holidays are on a rotational basis. Great opportunity for a new graduate to gain experience with our dynamic veterinary team. Kindly forward CVs and SAVC registration to Carmen: admin@awscape.org.za / Carmen@awscape.org.za
Ref14DC08

HERMANUS

Hermanus Dierehospitaal benodig die dienste van 'n voltydse veearts en verpleegster. Ons is 'n besige, goed-toegeruste praktyk en doen hoofsaaklik klein diere en dan ook perde. Stuur CV na hermanusvet@telkomsa.net
Ref15AP15

PRACTICE FOR SALE/TE KOOP

EAST RAND

Busy East Rand Practice in excellent position. Owner wishes to retire. Contact Bernadette on 083 263 4301
Ref15FE09

PRETORIA

Two-vet small-animal practice in Pretoria Moot for sale. Owner wants to relocate. Please phone Dr. Malan 082 554 7312
Ref15MA09

DURBAN

Small Animal Veterinary Practices for sale in Durban, KwaZulu-Natal. Well established, loyal client base, situated in Durban West vicinity (15mins from the coastline). Two practices available either separately or as a unit. For more information please email: vetpracticekzn@gmail.com
Ref15MY01

FOR SALE/TE KOOP

ANAESTHETIC MACHINE

New Vet Anaesthetic Machine with refurbished TEC4 vaporiser R35,500 or with NEW MSS3 Forane vaporiser R41,500. We convert your Mk3 Halothane Vap to Forane. All servicing and calibrations done by retired chief anaesthetic technician ex Groote Schuur Hospital. Call Cassim 021-705-2880 / 082-681-9742 email encass@telkomsa.net www.cvanaesthetics.co.za
Ref13JA01

HAEMATOLOGY MACHINE

Heska Haematrue Haematology Machine for sale. Less than 1 year old, in perfect condition. (Reason for sale is operational). Excellent support from supplier. Price R100 000.00 excluding VAT. (R145 000.00 new). Contact Carmen at (021) 790 4777 or email penzancevetinfo@gmail.com.
Ref15MA13

ULTRASOUND

Esaote Technos ultrasound machine with 4 probes - cardiac, linear, convex, and micro-convex with range from 2.5-15.5 MHz. Price R130 000.00 neg. Contact Bryanston Veterinary Hospital at bvh@global.co.za
Ref15MY08

VETTEST

Idexx Vet Test machine for sale. The machine is 4 years old, has been serviced in January 2015 by Idexx technicians. Price R 30 000.00, not negotiable. Contact: Parklands Vets 011 788 4748
Ref15MY09 

VETS' GOT TALENT



South African Veterinary Association

Suid-Afrikaanse Veterinêre Vereniging



**CHAMPAGNE SPORTS
RESORT, DRAKENSBERG**

**IT'S HERE! YOUR CHANCE TO SHOW YOUR VET
COLLEAGUES WHAT YOU'VE GOT!**

Vets got talent is a talent show that will feature singers, dancers, magicians, comedians, acrobats and other performers from the veterinary profession, competing for the top prize of R10 000.00

Anyone in the veterinary profession, including students, with any form of performing talent can audition for the show. Acts compete against each other in order to gain the support of the audience while trying to win the title of "The Winner of Vet's Got Talent".

Contestants must upload a recent video of their performance on the SAVA website. This will serve as your first audition and finalists will be informed by the 15th of June 2015.

The final will take place on Tuesday, 21 July 2015 at the SAVA Congress to be held at Champagne Sports Resort, Drakensburg. The final contestants must perform in front of a live audience in order to impress them.

Submit your videos now on www.sava.co.za



Dagboek | Diary

May 2015

Diseases of Zoo and Wild Animals,
13 – 16 May, Barcelona, Spain.

Info: www.zoovet-conference.org

Eastern Cape Branch Congress, 15 –
16 May. Fish River Sun, East London.

Info: Madaleen Schultheiss, Vetlink, 012-346-1590, www.vetlink.co.za

WSAVA Congress, 15 – 18 May, Bangkok,
Thailand.

Info: www.wsava2015.com

ABIG of the SAVA Congress: Theme
– Myths, Methods & Medicine,
16 – 17 May, Onderstepoort, Faculty of Vet
Science, Pretoria.

Info: Madaleen Schultheiss, Vetlink,
012-346-1590, www.vetlink.co.za

Southern Cape Branch Congress,
23 – 24 May, Oubaai Hotel (old Hyatt
Hotel), George.

Info: Madaleen Schultheiss, Vetlink,
012-346-1590, www.vetlink.co.za

“What Works With Worms” Congress,
24-26 May 2015, Farm Inn Pretoria.

For more information please
contact Petrie Vogel, SAVETCON,
Tel 012-3460687 petrie@savetcon.co.za

4th African Symposium on Zoological and
Aquaria Medicine, 29 – 31 May,
uShaka Sea World, Durban.

Info: Francois Lampen,
flampen@seaworld.org.za

June 2015

JHB SAVA Soccer Day, 7 June.

Info: Dr Colin van Rensburg
colinvr@yebo.co.za (for the JHB Branch
Committee)

RuVASA Congress, 8 – 10 Jun, Goudini
Spa, Rawsonville, Western Cape.

Info: Madaleen Schultheiss, Vetlink,
012-346-1590, www.vetlink.co.za

The South African Alpaca Breeders’
Society presents an ALPACA HEALTH
CONFERENCE, 17-18 June 2015,
at Drakenstein Veterinary Clinic,
Wemmershoek, near Paarl, Western Cape.

Info: Alison Notley, SAABS President at

For an up-to-date calendar, visit “SAVA Events”
on the member section of the SAVA website.

alpacas@helderstroom.co.za or phone
028 840 0158 or mobile 082 662 9670.

IVPD Congresses, Dr Lowell Ackerman:

Johannesburg: 19 – 20 June;

Cape Town: 23 – 24 June;

Durban; 26 – 27 June 2015.

Info: ericadeg@iafrica.com for more
information or to book.

July 2015

Rhino Workshop, 27 Jul, Champagne
Sports Resort, Drakensberg, KZN.

Info: Christelle Fourie, SAVA,
marketing@sava.co.za

NVCG Pre-Congress Day 27 Jul,
Champagne Sports Resort, Drakensberg,
KZN.

Info: Petrie Vogel, SAVETCON,
012-346-0687, petrie@savetcon.co.za

8th SA Veterinary & Paraveterinary
Congress. 28 – 30 Jul, Champagne Sports
Resort, Drakensberg, KZN.

Info: Petrie Vogel, SAVETCON, 012-346-
0687, petrie@savetcon.co.za

SAVA AGM. 28 Jul, Champagne Sports
Resort, Drakensberg, KZN.

Info: Elize Nicholas, 012-346-1150;
elize@sava.co.za

SAVA Gala Dinner. 29 Jul, Champagne
Sports Resort, Drakensberg, KZN.

Info: Petrie Vogel, SAVETCON,
012-346-0687, petrie@savetcon.co.za

SAVA Wellness Days (during the congress).
28 – 30 Jul, Champagne Sports Resort,
Drakensberg.

Info: Petrie Vogel, SAVETCON,
012-346-0687, petrie@savetcon.co.za

August 2015

25th International Conference of the
World Association for the Advancement
of Veterinary Parasitology (WAAVP),
16 - 20 Aug, Liverpool, United Kingdom
<http://www.waavp2015.com>

Mpumalanga Branch Congress,
29 – 30 Aug, Pine Lake Inn, White River,
Mpumalanga.

Info: Madaleen Schultheiss, Vetlink,
012-346-1590, www.vetlink.co.za

September 2015

19th World Veterinary Poultry Congress,
7 – 11 Sep, CTICC, Cape Town.

Info: Petrie Vogel, SAVETCON, tel 012-
346 0687, Email: petrie@savetcon.co.za
<http://www.wvpc2015.com>

Free State Branch Congress, 11 – 12 Sep,
Bloemfontein (venue to be confirmed).

Info: Madaleen Schultheiss, Vetlink,
012-346-1590, www.vetlink.co.za

Western Cape Equine Congress, 19 – 20
Sep, Cape Town (venue to be confirmed).

Info: Madaleen Schultheiss, Vetlink,
012-346-1590, www.vetlink.co.za

Complementary Veterinary Medicine Group
Congress, 19-21st September, Veterinary
Research Station, Skukuza, Kruger Park.

Info: Jane Fraser fraserjm@mweb.co.za / 031 2614847 or Suzanne Hayes
drsehayes@gmail.com / 021 5310477.

October 2015

Western Cape Branch Congress, 2 – 3 Oct,
Cape Town (venue to be confirmed).

Info: Madaleen Schultheiss, Vetlink, 012-
346-1590, www.vetlink.co.za

Federal Council of the SAVA, 17 Oct,
VetHouse, Pretoria.

Info: Elize Nicholas, 012-346-1150;
elize@sava.co.za

Intensive Care Seminar, 24 – 25 Oct,
Menlyn, Pretoria (venue to be confirmed).

Info: Madaleen Schultheiss, Vetlink,
012-346-1590, www.vetlink.co.za

Pig Vet Society: Annual General Meeting
(AGM). Wednesday 28th – Thursday 29th
October 2015, Vethouse, Pretoria.

Info: Dr Peter Evans on peter@csvet.co.za

November 2015

Northern Natal Branch Congress, 7 – 8 Nov,
Midlands, KZN (venue to be confirmed).

Info: Madaleen Schultheiss, Vetlink,
012-346-1590, www.vetlink.co.za

December 2015

Inaugural Africa Livestock, Meat & Fishe-
ries Summit, Business Opportunity Fair &
Expo, 3-4 December 2015, Durban, SA.

Info: Calvin Ncube, 011 056 9493,
072 157 0076, calvin@mcgroup.co.za or
visit www.mcgroup.co.za

2016 WSAVA Congress,

27 – 30 Sep 2016, Cartagena, Columbia



Wildlife conservation 2015: Quo vadis?

We continue with the amazing thoughts of Erik Verreyne on Wildlife Conservation.

During the last week of 2014, in anticipation of 2015, I jotted down MY twelve commandments for wildlife conservation. It is based on philosophies formulated over a number of years, making mistakes, doing things right and more importantly learning from others. This makes me tick and it will change as I learn more. Because I change and I learn. This is me. It is not intended to attack people or stir debate, but simply to show the world what I stand for, that I have made a choice. It is there for you to think about and accept or discard. This is ME!

1. **The bigger picture.** The ultimate objective is ALWAYS biodiversity conservation
2. **Common Heritage of Mankind.** Even though we may buy wildlife, commercialism of wildlife remains a privilege and as such, only a tool for sustainability. We are merely custodians of wildlife for the future. The world must punish those not acting responsible with our heritage and reward those that do. On the same token countries should receive conservation outcome-based incentives rather than effort-based incentives.
3. **Balance, pragmatism and holism.** Conservation must be based on unbiased research. Hypocrisy, bureaucracy, egocentrism and corruption are enemies as threatening to conservation as poaching. Emotional animal rights activism can be just as dangerous as cold-blooded killing. Conservation of small and seemingly "unimportant" species must gain the same conservation priority status as more pragmatic species. Research should be unbiased and outcome driven, legislation should be the same. Science, and not politics or funding, should be the determining factor on conservation policies.
4. **Use it or loose it.** There are very few true pristine and completely natural areas left. Trying to retain pristine areas (through preservationism) amidst pressures of a growing human population and shrinking resources, may result in us losing it all. Sharing land use combined with sound wildlife

management practices is better than no wildlife conservation areas at all.

5. **Africa for Africans.** Conservation in Africa and other developing continents requires a more locally adapted approach considering the complicated interfaces. Too many conservation policies are Western orientated and enforced.
6. **Charity begins at home.** We must find ways to co-exist with wildlife and conserve most species around our daily activities. Biodiversity conservation begins at home and involves more than thinking of a wilderness afar or shouting or pointing fingers from our cosy lounges and air-conditioned offices. It involves farming practices, industry, mining and at our homes.
7. **Consumptive or non-consumptive?** Conservation is in essence the slowing down or reversal of negative effects by often profit-raising activities, and as such has become an expensive activity. Utilisation of natural resources and wildlife products will always be a reality. Mining, hunting, harvesting, fishing or non-consumptive photographic safari activities all potentially provide the same financial sustainability to biodiversity conservation in the absence of other less biased sources of revenue. Irresponsible actions and wrong motivations render it equal in its detrimental potential on biodiversity conservation. Individual motivations for utilisation of natural resources become irrelevant as long as it is sustainable, can be merged with objectives of biodiversity conservation, and be aligned with the best welfare requirements of the animals involved. We are therefore all equal when it comes to wildlife utilisation, whether by destroying habitats, removing species, killing animals or leaving a foot print effect. Pointing fingers are counter-productive unless you can prove your actions to result in no loss of biodiversity, or even in an increase in biodiversity.
8. **Hunting and/or culling?** Culling of animal populations detrimental to other wildlife species is a necessary and unavoidable management tool which should be used wisely and with

respect. At the same time, trophy hunting of critically endangered species, unless genetically, ecologically or socially redundant, makes no sense and play little role in conservation. "Endangered" status will have to be re-defined on both local and international terms. Impacts of locally abundant but internationally endangered species need to be accepted and mitigated accordingly.

9. **Community health and the health of their livestock in and surrounding wildlife management areas are a vital part of ecology health.** Communities should be involved in sustainable ways by taking responsibility of the natural resources around and next to them. They should therefor also be assisted with wildlife/livestock conflict to benefit directly, albeit ALWAYS in a sustainable way.
 10. **Euthanase or relocate?** Predators in captivity for now remain a welfare and ethical issue with very little conservation value. Only when their numbers have dwindled to the degree that captive individuals need to donate genetic material to supplement the few individuals left in the wild will the status change. Rehabilitation of and/or relocation of predators from problem areas to existing populations should be science-based and not emotionally driven. History has shown more detrimental than beneficial effects to predator relocation and must be very carefully considered.
 11. **Playing God for wrong reasons!** Genetic manipulation of commercially desirable traits of wildlife can and will result in less desirable evolutionary survival traits which can mean the end of the species.
 12. **Sound genetic management to survive climate change!** Rapid climate change and emerging diseases in wildlife and livestock have a bigger potential to wipe out wildlife populations with limited genetic diversity compared to poaching and even habitat fragmentation.
- Real food for thought and something we can all do in our lives to give our daily efforts more purpose and direction! **U**
- Erik



Ruminant Veterinary Association of South Africa Annual Congress 2015



RuVASA, a group of the South African Veterinary Association

Goudini Spa, Rawsonville, Western Cape

PRELIMINARY SCIENTIFIC PROGRAMME

MONDAY 8 JUNE 2015: DAIRY

| TIME | | PRESENTER | TOPIC |
|--|------------|--|--|
| 08:00 | ONE HEALTH | Dietmar Holm | Welcome and Opening |
| 08:10 | | Mpho Maja | Discussion of GAP Analysis |
| 08:50 | | Lucille Blumberg | Introduction to One Health |
| 09:30 | | Marietjie Venter | One Health programme |
| 09:40 | | Fafsa Malan | Trade Exhibition |
| 10:00 – 10:30 TEA AND EXHIBITIONS | | | |
| 10:30 | DAIRY | Pete Orpin | Practical approaches in BVD and IBR control from a UK perspective |
| 11:10 | | Danie Odendaal Jackie Tucker Jaco de Bruin | Overview of a structured lameness management plan, modern hoof care and using the information recorded during hoof care. |
| 11:35 | | Neil Chesterton | Innovative techniques to combat lameness |
| 12:15 | | Zoetis | Industry Promotion |
| 12:30 – 13:30 LUNCH AND EXHIBITIONS | | | |
| 13:30 | DAIRY | Arturo Gomez | Modern Digital Dermatitis Control and Prevention Strategy. |
| 14:10 | | Neil Chesterton | The veterinarian's role in the lameness management plan. |
| 14:50 | | I-M Petzer | Investigating the effectiveness of a mastitis vaccine in a <i>Staphylococcus aureus</i> positive herd |
| 15:30 – 16:00 TEA AND EXHIBITIONS | | | |
| 16:00 | | Martin van der Leek | When good things go bad on a dairy farm |
| 16:30 | | Will Gratwick | Colostrum Management in Dairy Herds – An Opportunity for Veterinary Involvement in Herd Health |
| 17:00 | | Daniel Zalduendo Franco | STARTCHECK® HIPRA's Diagnostic Tool for the Detection and Quantification of Pathogenic Bacteria (Staph aureus, E.coli, CNS and coliforms) in Bovine Milk Samples from Dairy Farms in South Africa. |
| 17:15 | DAIRY | Provinces/Ruvasa | SV/PP Discussions |
| 17:30 | | Students | Poster presentations |

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SINGLE DAY Early Bird R 2 390 Standard R 2 780

PRE-GRADUATE STUDENT Early Bird R 1 550 Standard R 1 655

Prices (ex VAT) 20% Discount for retired vets & full time post graduate students. PIs enquire Early bird registration close on 30 April 2015. Accommodation bookings: www.vetlink.co.za

Post congress WORKSHOP Early Bird R 1 850 Standard R 2 180

ENQUIRIES:
Tel: 012 346 1590
Email: admin@vetlink.co.za
www.vetlink.co.za



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TUESDAY 9 JUNE 2015: SMALL STOCK

| TIME | | PRESENTER | TOPIC |
|--|------------|---|--|
| 08:00 | ONE HEALTH | Trudie Prinsloo | Legalities and requirements for private vets dealing with controlled, notifiable and exotic diseases. |
| 08:40 | | Moshe Mathonsi | How Compulsory Community Services for new graduates will be implemented |
| 09:00 | | Sue van der Walt | Packing and dispatching diagnostic samples - the rules and requirements |
| 09:30 | | Gerhard Verdoorn | The Vets responsibilities to ensure the safe and effective use of pharmaceuticals |
| 10:00 – 10:30 TEA AND EXHIBITIONS | | | |
| 10:30 | | Pete Irons: Faculty of Veterinary Science | Changes to Veterinary Education and how this affects practitioners |
| 11:30 | | Abdalla Latif: Onderstepoort Veterinary Institute | Introduction, Specific measures, Questions |
| 12:00 | SHEEP | Santiago Casademunt | Progress towards a much improved heartwater vaccine |
| 12:15 | | Otto Szenci | BVD fetal protection provided by Hiprabovis vaccines (Hiprabovis 3) and seronegative heifers |
| 12:30 – 13:30 LUNCH AND EXHIBITIONS | | | |
| 13:30 | | Sewellyn Davey: WC Province | Issues and Problems encountered with implementing control measures for OJD |
| 13:50 | | Gareth Bath | Current progress and initiatives in improving control measures of OJD |
| 14:10 | | Panel Discussion | Questions and Answers session on current problems like footrot, ophthalmia, peestersiekte & epididymitis |
| 14:45 | SHEEP | Zoetis | Industry Promotion |
| 15:00 | | Students | Poster presentations |
| 15:15 | | Provinces/Ruvasa | State Vet/Private Practitioners: Problems & Solutions |
| 15:30 – 16:00 TEA AND EXHIBITIONS | | | |
| 16:00 | AGM | Gareth Bath | Practical diagnoses of skin conditions in sheep |
| 16:30 | | Dietmar Holm | RuVASA AGM (members only) |

WEDNESDAY 10 JUNE 2015: BEEF

| TIME | | PRESENTER | TOPIC |
|--|------------|-------------------------|--|
| 08:00 | ONE HEALTH | Hein Nel | Seven ways for the private vet to contribute to food safety. |
| 08:30 | | John Grewar | The power and use of disease reporting and data analysis. |
| 08:50 | | Joule Kangumba | Brucellosis test discrepancies and the way forward. |
| 09:10 | | Duncan Mitchell | Livestock farming and climate change |
| 09:40 | | John Adam | What food security means for veterinarians: Our role. |
| 10:00 – 10:30 TEA AND EXHIBITIONS | | | |
| 10:30 | BEEF | Peter Chenoweth | Male Effects on Cattle Reproduction |
| 11:10 | | Darrell Abernethy | Key issues to address in effective Bovine Brucellosis control. |
| 11:40 | | Dietmar Holm | How to best harness 'Bull power' |
| 12:00 | | Santiago Casademunt | Poster: IBRV,BVDV, BRVSV determination by Nasal swab on beef |
| 12:15 | | Provinces/Ruvasa | State Vet/Private Practitioners: Problems and Solutions |
| 12:30 – 13:30 LUNCH AND EXHIBITIONS | | | |
| 13:30 | BEEF | Peter Chenoweth | Bulls, Bugs, Sex |
| 14:10 | | Baltus Erasmus | Update in Understanding Lumpy Skin Disease |
| 14:35 | | Peter Chenoweth | Common and Uncommon Bull Problems |
| 15:15 | | Zoetis | Industry Promotion |
| 15:30 – 16:00 TEA AND EXHIBITIONS | | | |
| 16:00 | CLOSE | Danie Odendaal | Disease Reporting: Where are we now? |
| 16:30 | | Dietmar Holm and others | Conclusions, Recommendations |

THURSDAY 11 JUNE 2015

REPRODUCTION WORKSHOP by Prof Peter Chenoweth (Australia)
TOPICS FOR DISCUSSION: Male Anatomy & Physiology. Tutorial: The Pathogenesis and Interpretation of Damaged Sperm. Show & Tell: Equipment used for bull breeding soundness evaluation. Genetic effects on Bull Fertility. Basic Semen handling. Preparation of stained and fixed semen smears. Selection and Management of Dairy Bulls. Electronic Bull certificates (Prof Dietmar Holm)





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