For Veterinarians

Tropical troubles and orthopaedic advancements

Presenters:
Dr Peter Irwin
Murdoch University
Dr Kim Smith
Veterinary Specialist Services

For Veterinary Nurses

Anaesthetics: from basics to best practice

Presenters:
Anita Parkin
Veterinary Specialist Services
Dr Kim Smith
Veterinary Specialist Services
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If you would like to share some of your interesting stories, pictures and achievements with your colleagues please send your information by email to the AVA office: avant@ava.com.au

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BULLETIN

ADVANCING VETERINARY SCIENCE

February 2011

If you would like to share some of your interesting stories, pictures and achievements with your colleagues please send your information by email to the AVA office: avant@ava.com.au
2010 has been a very big year for the NT Division and we are proud in what we have achieved.

The NT Division’s Annual Conference was a great success with the topic being Critical Care. It was well supported and everyone learnt a great deal at the conference and then enjoyed themselves at the NT Division’s Annual Dinner at the renowned restaurant ‘Hanumans’. Later in the year, we had a follow up event with the inaugural NT President’s Reception. This was held upon an old ketch, the “Cape Adieu”, sailing on Darwin Harbour and included magnificent drinking and dining.

We are looking forward to this year’s upcoming conference which will be held at SKYCITY Darwin. This year the NT Division’s conference will cover topics on Orthopaedics and Tropical Diseases. We believe this event will be even bigger and better than last year.

On the divisional development front, the First Round Discussions regarding the NT Veterinarians Act occurred last year. The NT Division had great input and sounded out thoughts from within the membership. Second rounds of discussions will be coming out this year and we encourage every NT vet to voice their opinions.

The NT Division has been busy in a number of other avenues. Last year, our focus had been on Disaster Preparedness. In the May Policy Council Meeting, we had our policy ratified regarding Animal Disaster Management. The NT Division followed this up with the creation of a set of brochures regarding cyclones and floods for Vet Practices and Clients of Small Animals, Large Animals and Horses. In November, the NT Division did a disaster preparedness media blitz which featured on many newspapers, and radio stations. We continue to work further in disaster preparedness due to the cyclone and flood risks that are continually posed on the NT. We are looking forward to having AVA’s first Disaster Medicine Conference in March 2012.

Another area of work last year included Indigenous Community Animal Medicine and Management. It was a great honour for the AVA to be invited as an advisor to FaHCSIA regarding Animal Health Programs in Remote Indigenous Communities. This has helped our division form stronger ties with the Federal and Territory Governments. The AVANT continues to work hard to help develop better management and understanding in the field of Indigenous Animal Health (IAH) and we are proud to hold the first of many IAH Summits at our March conference. This will help the AVA develop better policies, guidelines and practices that AVA members can look to when implementing these health programs.

Other services and developments that the AVANT has had involvement in include the creation of a facebook group for NT Division Members, the continual publications of the quarterly Bulletins, the regular publication of E-Lines, representation at the Animal Welfare Advisory Council, representation at AVA’s Policy Council, representation at the Primary Industry Training Advisory Council, and continual lobby of government regarding a number of issues.

I would like to thank our previous president, Dr Claire a’Beckett, for all her work over the previous two years. I would like to give a big thanks to the committee consisting of Dr Bree Clisby, Dr Sam McMahon, Dr Alex Hesford, Dr Katie Powell, Dr Leah Wright, Dr Susan Gurry, and Dr Laurelle Bates. I would also like to thank outgoing committee members including Dr Siobhan Egan, Dr Brian Heim, Dr Lara Bettink and Dr Sarah Alexander. I would like to send a huge thanks to our Division’s office for all of their hard work this year, including Sam Mead, Barbara Gill and Sam Windler. I’m looking forward to continue serving the division and addressing the coming year’s challenges.

Alex Burleigh
AVANT President
You are invited to the

AVA NT DIVISION
ANNUAL CONFERENCE

5-6 March 2011
SKYCITY Darwin, GIlruth Avenue
The Gardens, Darwin

For Veterinarians:
Tropical Troubles and Orthopaedic Advancements

For Veterinary Nurses:
Anaesthetics: From Basics to Best Practice

President’s Welcome:

On behalf of the AVANT, it is a great pleasure to welcome you all to the NT Division’s Annual Conference. We are very excited this year with the conference’s theme and location. Our theme or the vets will be the latest in orthopaedics and tropical disease, while for the nurses, it will be the best in anaesthetics and bandaging. We are lucky to have a great range of excellent speakers including Dr Kim Smith, Dr Peter Irwin, Dr Richard LeStrange and Ms Anita Parkin.

The conference will be held in Darwin’s renowned SKYCITY Darwin, which offers an excellent setting to help us learn the very latest in the veterinary field. After the happy hour, the Saturday evening will continue on, with the Veterinary Ball where everyone can relax, enjoy fine dining and then dance the night away with our DJ. This event will be an excellent way to catch up with old friends, past colleagues, and to meet new ones.

If you have time on Saturday morning, the AVANT will also be hosting the first Indigenous Animal Health Summit for AVA members. This summit will help drive the AVA forward to help us advise government and vets on the best options in care and management of animals in remote Indigenous communities. We are looking forward to hearing from as many voices from within the AVA, so come along and contribute. I am personally looking forward to this great event and look forward to seeing you all there.

Dr Alex Burleigh
President AVANT.

AVA NT DIVISION SPONSORS FOR 2011
Dr Peter Irwin
BVetMed, PhD, FACVS, MRCVS
Associate Professor of Small Animal Medicine

Peter Irwin joined Murdoch University in 1998 after teaching at the veterinary schools at the University of Melbourne and in Malaysia. Peter is a registered specialist in Canine Medicine and sees referral cases by appointment in the Murdoch University Veterinary Hospital. Peter's research interests are in infectious and parasitic diseases of dogs, cats and native mammals; he oversees Honours and Doctoral studies of vector-borne diseases of these species in Australia and in SE Asia.

Dr Kim Smith
BSc (Hons), MACVS, FACVS
Specialist Small Animal Surgeon

Dr Smith completed his veterinary degree in 1975 with Honours from the University of Queensland. After completing residencies at the University of Queensland and Colorado State University, Dr Smith went on to become a Fellow of the Australian College of Veterinary Scientist in 1995. Dr Smith combines his passion for small animal surgery with his enthusiasm for rural Australia to provide surgical services both within Veterinary Specialist's Brisbane Hospital and within various Northern Queensland and Northern Territory veterinary clinics. Within the surgical realms, his special interests include hip and stifle surgery, fracture repair and urinary tract surgery.

Anita Parkin
ANV Dip (Surg) VTS (Anaesthetics)

Anita has been a veterinary nurse for over 20 years. Anita joined Veterinary Specialist Services in 2001 working as a medical and surgical nurse. She completed her diploma of surgical nursing in 2007. In 2009 Anita completed her Veterinary Technician Specialty of Anaesthesia in America and became an Accredited Veterinary Nurse in Australia. In 2010 Anita was invited by the Academy of Veterinary Technician Anesthetists to present an anaesthetic case study in San Antonio, Texas, on craniotomy/cranectomy for olfactory meningioma removal. The skills and experience that she has gained over the last 20 plus years are now being passed onto veterinary nurses throughout Australia through workshops and in-clinic hands-on training.

AVA Indigenous Animal Health Summit
5th March

On the Saturday morning of this year's conference, the inaugural AVA Indigenous Animal Health Summit will be held on Saturday 5th March at SKYCITY Darwin.

As concerns over the overpopulation of dogs in rural and remote indigenous communities increases, and the presence of aggressive dogs in these communities increases, the need for effective Animal Health and Control Programs (AHCP) is recognised. It is important for the AVA, the largest representative group of veterinarians, to listen to its members' views so that a best-practice model can be created for an AHCP. The aim of this model is to compile and summarise all the scientific, ethical and anecdotal arguments for AHCPs, so that the AVA can properly advise various government platforms.

We invite all interested AVA members to attend the summit, which includes an introduction and question time with the Hon. Malamndirri McCarthy, MLA. This event is free. To attend, please RSVP by ticking the Indigenous Animal Summit box on the conference registration form.
### Saturday 5 March

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<th>Time</th>
<th>Veterinarians</th>
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<tbody>
<tr>
<td>8:30am-12:00pm</td>
<td>Indigenous Animal Health Summit</td>
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<td>11:45-1:00pm</td>
<td>Registration: Light Lunch and Trade Display</td>
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<tr>
<td>1:00-1:40pm</td>
<td>Dr Kim Smith: Tibial osteotomies: TWO, TPLO, TLO, TTA, TTO</td>
<td>1:00-1:40pm</td>
<td>Anita Parkin: Pre-op patient evaluation—Pt 1</td>
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<td>1:45-2:30pm</td>
<td>Dr Kim Smith: Interpreting elbow radiographs</td>
<td>1:45-2:30pm</td>
<td>Anita Parkin: Pre-op patient evaluation—Pt 2</td>
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<td>2:30-3:00pm</td>
<td>Afternoon Tea and Trade Display</td>
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<td>3:00-3:40pm</td>
<td>Dr Peter Irwin: Update on vector-borne diseases with special reference to Babesiosis.</td>
<td>3:00-3:40pm</td>
<td>Anita Parkin: Post-op care—Pt 1</td>
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<td>3:50-4:30pm</td>
<td>Dr Peter Irwin: Interesting Tropical Disease</td>
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<td>4:30-5:00pm</td>
<td>AGM</td>
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<td>Industry Presentation</td>
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<td>Happy Hour in Exhibition Hall</td>
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<td>7:30pm</td>
<td>Dinner SKYCITY Darwin</td>
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### Sunday 6 March

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<tr>
<td>9:00am-9:15am</td>
<td>Registration and Tea/Coffee</td>
<td>9:15am-10:00am</td>
<td>Dr Kim Smith: Elbow and Stifle Radiographs Workshop</td>
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<td>10:00-10:40am</td>
<td>Dr Peter Irwin: Getting the most out of in-clinic haematology</td>
<td>10:40am-11:00am</td>
<td>Morning Tea</td>
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<td>10:35am-10:55am</td>
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<td>11:00am-11:40am</td>
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<td>10:55am-11:35am</td>
<td>Parkin and Smith Bandaging Workshop—Pt 2</td>
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<td>11:40am-12:20pm</td>
<td>Richard LeStrange: Peri-operative pain relief</td>
<td>11:35am-12:30pm</td>
<td>Dr Penny Dobson: Canine GI health—workup, assessment and practical tips</td>
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<td>12:20pm-1:00pm</td>
<td>Pfizer Lunch</td>
<td>12:30pm-1:20pm</td>
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<td>1:00pm-2:00pm</td>
<td>Dr Kim Smith: Mammary tumours</td>
<td>1:20pm-2:00pm</td>
<td>Anita Parkin: Pain management</td>
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<td>2:00pm-2:40pm</td>
<td>Dr Peter Irwin: Anaemia cases</td>
<td>2:16pm-3:05pm</td>
<td>Richard LeStrange: Fleas and their associated zoonoses</td>
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<td>2:40pm-3:10pm</td>
<td>Dr Lorna Melville (Barriolah Laboratories): Emerging disease in the NT</td>
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<td>Afternoon Tea</td>
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<td>3:30pm-4:30pm</td>
<td>Joint Session: Smith and Parkin Tubes Workshop—Feeding tubes, nasal oxygen and urinary catheters.</td>
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<td>Afternoon Tea</td>
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<td>8:30am</td>
<td>Registration</td>
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<td>8:40am</td>
<td>Welcome: Dr Samantha Mead AVANT Executive Officer</td>
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<td>8:45am – 9:00am</td>
<td>Introduction Format of Day and Goals: Dr Alex Burleigh</td>
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<td>9:00am – 9:30am</td>
<td>Guest Speaker: The Honorable Malarndirri McCarthy MLA</td>
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<td>9:30am – 10:10am</td>
<td>Animal issues discussions:</td>
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<td>10:20am – 12:00pm</td>
<td>Indigenous Animal Health Programs Discussions:</td>
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<td>Parasite control methods</td>
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<td>Euthanasia of animals in communities</td>
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Monday morning was looking like most Mondays—very busy from post-weekend traumas—when in walks a client off the street with one of her native green frogs with fishing line hanging out of its mouth. It was otherwise in good body condition and had no obvious lesions or abrasions.

We admitted the frog for radiographs and possible surgery, thinking that it may have a fishing hook attached to the other end. Luckily, radiographs revealed there was no fishing hook attached.

Once the frog was anaesthetised, we were able to manipulate the coiled up fishing line out through his mouth.

He then had a thorough washing and soaking in clean water and went home with no ill affects.

*Article and photos by Dr Laurelle Bates*

We anaesthetised the frog (with the help of the members of the UEP SIG) using a vaccine box and a blood tube. We drilled holes in the serum tube and packed it with isoflurane soaked cotton wool.
Keeping stress at bay

After a festive season of indulgence, attention across the nation turns to New Year’s resolutions. According to a recent survey of almost 3,000 people by realestate.com.au, losing weight is the most common resolution (a goal for 60% of respondents), with quitting smoking (28%) also popular.

While maintaining a healthy diet and exercising regularly are great strategies for losing weight, they can also work wonders in helping to manage stress. Almost everyone gets stressed from time to time, and effectively managing this stress can mean the difference between a happy and prosperous 2011 or a year you’d rather regret.

Research consistently demonstrates that maintaining a healthy lifestyle by exercising, eating well and getting plenty of sleep is critical to dealing with life’s stresses. A healthy lifestyle helps in a number of ways, giving you the energy to face problems as they arise and promoting effective brain function.

Finding the time to lead a healthy lifestyle, and in particular to exercise regularly, can be a challenge in today’s busy world. Some strategies you might find helpful are:

- Taking a walk during your lunch break
- Trading in the virtual sports for the real thing
- Walking rather than driving to the local shops

Regular, incidental exercise can make a big difference in your life, and not just to your waistline. If you find that you don’t seem to have the time to exercise regularly you might need to take stock and assess how you spend your time. It might even help to speak with one of Converge International’s counsellors to help you get a clearer picture of your priorities. Counselling is free, and can be arranged by calling the AVA Telephone Counselling Service anytime on 1800 337 068.

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www.convergeinternational.com.au
INTERESTING CASES FROM BERRIMAH LABORATORIES

Lumps and bumps on the face of horses – parasites, fungi and cancers

We had a case of habronemiasis in a horse recently. The horse presented with a mass on the third eyelid, which was removed and sent in for histopathology and culture. Histologically, the bulk of the mass was dense, collagenous connective tissue stroma with abundant diffuse eosinophils throughout. There were several granulomatous foci consisting of macrophages (and sometimes giant cells), lymphocytes and eosinophils, of which surrounded single or multiple parasite sections and others that just had a central core of degenerate eosinophils. Some of the parasite sections showed mineralisation.

Larvae of the Habronema species nematodes are deposited on the skin by transmitting flies (usually Stomoxys or Musca sp.) in moist, exposed areas, where they can produce nodular, friable, brown/red, granulation tissue lesions. The flies particularly target mucocutaneous junctions, conjunctiva and third eyelid in horses.

Horses in the Top End are prone to a variety of skin diseases that can cause nasty lumps and bumps on the face. Swamp cancers are common. These are fungal granulomas, caused by either Pythium or the Conidiobolus/Basidiobolus group, and we get these commonly through the veterinary lab for histology and fungal culture. In general, Pythium tends to cause large granulating oozing masses on the ventral abdomen and legs, while Basidiobolus and Conidiobolus have more of a predilection for the lateral trunk, neck and face, but this is not definitive. The causative fungus can be cultured and identified to genus. Vaccination against Pythium, but not the other fungi, is used as a treatment option, so knowing which fungus is involved is important.

Sarcoids are the most common skin tumour of horses and can occur anywhere on the body, but with a predilection for the head. They can be very variable in appearance grossly. Squamous cell carcinoma is another common cause of ulcerating skin nodules, which can occur anywhere on the body, including the face.

Enteric septicaemia of catfish

Enteric septicaemia of catfish, caused by the bacterium Edwardsiella ictaluri, is a national reportable disease, and was confirmed to have caused deaths of a few hundred black catfish held in an aquarium in Darwin in March, 2010. This is the first detection of the bacterium in native fish species in Australia, although the bacterium had been detected in several imported exotic ornamental fish species in Australia previously. In the case in Darwin, about 5000 black catfish, Neolissochilus ater, were originally collected from Manton River area and mortalities of 5-20 catfish/day/tank commenced approximately 1 week after stocking of these fish. The affected catfish developed slow and erratic swimming behaviour, a reddening of the ventral pale abdominal skin, and eventually died. Laboratory examination of the moribund catfish revealed enlarged spleen and kidney, and some had small white foci in livers. The suspected bacterial septicemia was confirmed by histopathology and bacterial culture. Several bacterial isolates were also forwarded to Australian Animal Health Laboratory for confirmatory testing. Immediate disease control measures included antibiotic treatment, disinfection, quarantine and movement restriction. Following confirmation of the disease outbreak, further testing of additional catfish samples from the Manton River as well as a range of healthy native and exotic fish species from the aquarium facility were conducted. However, the source of the infection could not be established. It was suspected that the infection might have come from exotic fish species present in the aquarium facility. Stress from catching, transporting, and holding probably had increased the catfish’s susceptibility to the accidental introduction of the infection.

Severe cutaneous leishmaniasis in an Agile wallaby

As most veterinarians are by now aware, the only form of leishmaniasis that occurs in Australia is the cutaneous form due to a novel Leishmania sp. in macroops in the NT. The disease was first described in a captive red kangaroo (Macropus rufus) in the Darwin region in 2004, and has since occurred in captive Northern wallaroos (Macropus robustus woodwardi) in the same area. The only known previous cases in agile wallabies (Macropus agilis agilis) involved mild self-limiting lesions in captive juveniles. Recently, a free-ranging adult male agile wallaby from the Darwin rural area with suspected severe cutaneous leishmaniasis was submitted. Grossly, there were numerous 0.5–1.5 cm variably ulcerated and coalescing nodules involving the skin of the distal limbs, ear pinnae and bridge of the nose (Fig. 1). Cytological examination of impression smears made from cut sections of the lesions revealed masses of prolozoa, consistent in morphology with Leishmania sp. amastigotes, within macrophages (Fig. 2). Efforts are ongoing by investigators at the Menzies School of Health Research to elucidate the epidemiology and natural reservoir associated with this disease.

CVO note: As leishmaniasis is listed with the World Organisation for Animal Health (OIE), the disease in any species (including this cutaneous form in macroops) is listed in the Australian national notifiable diseases of terrestrial animals and is notifiable in the NT. Exotic species of Leishmania cause serious clinical diseases in various species of mammals including humans. Occasionally there are cases in imported dogs from endemic areas and in humans returning to Australia from endemic areas. Vigilance is needed to avoid establishment of the "nasty" Leishmania species.
Dermatophilosis in farmed crocodiles

Cutaneous dermatophilosis, or “brown spot disease” is not uncommon in Northern Territory farmed crocodiles, and usually presents as multiple 2-4 mm brown cutaneous foci particularly at the interscalar margins. Occasionally, a crocodile presents with more severe and extensive lesions. In one recent case, in a 6 month-old crocodile, the skin of the entire caudal abdominal region and ventral surface of the hind legs exhibited flaking of keratin with yellow-brown friable exudate beneath the keratin with serosanguineous fluid exuding from the interscalar margins. Histology revealed variable epidermal hyperplasia and oedema or erosion and ulceration accompanied by a serocellular crust composed of proteinaceous exudate, necrotic superficial epidermal cells and heterophils. There was mild to moderate heterophil and lymphocyte infiltration of the underlying dermis. Various organisms, including fungi and mixed bacteria were visible in the superficial necrotic debris; however, by far the most abundant organisms were tangled masses of thin beaded filaments, consistent in morphology to *Dermatophilus* sp., growing down from the surface to immediately adjacent to viable remaining epidermis. In a second case, in a 2-3 year-old crocodile, there was extensive erosion and ulceration involving primarily the head (Fig. 3). Histological lesions were similar to those noted above, and the only organisms present deep within the lesions in large numbers were *Dermatophilus*-like filaments. In this case, using selective culture techniques, a *Dermatophilus* sp. was isolated from all three lesions in which culture was attempted (Fig. 4).

The relatively common occurrence of dermatophilosis in crocodiles is thought to be related constant wetting of the skin and/or reduced shedding of keratin, plus possibly environmental factors favouring the growth of the organism.
Cryptosporidiosis, circovirus and suspected spironucleosis in wild corellas

Several wild corellas (*Cacatua pastinator*) in a Darwin suburb were noted to exhibit progressive weakness over a few days. The one bird submitted for necropsy was thin, dehydrated and had dried faecal material surrounding the vent. Histologically, the most notable findings were numerous small round protozoa closed associated with the intestinal epithelium, consistent in morphology with *Cryptosporidium* sp., as well as abundant small tear-drop shaped *Spironucleus*-like protozoa within intestinal crypts (Fig. 5). Histology also revealed scant intracytoplasmic inclusions within the cloacal bursa and feather follicles suggestive of infection with circovirus (psittacine beak and feather disease virus). Although the feathering was grossly normal in this bird, circovirus infection may cause immunosuppression which could have contributed to susceptibility to the intestinal protozoal infections. Of particular interest is the probable spironucleosis, which has been described in only a few species of wild parrots in Australia, notably as a cause of significant mortality in Australian king parrots (*Alisterus scapularis*). Antemortem diagnosis can be achieved by faecal wet preps demonstrating large numbers of motile flagellated protozoa. We have received unconfirmed reports of ongoing mortalities in wild corellas in the Darwin area, and would welcome additional submissions of either freshly dead or moribund live birds.
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Late last year I was fortunate enough to have a friend talk me into going on a Veterinary Safari tour to Zimbabwe and Botswana with the SAVE Foundation of Australia. The SAVE Foundation is an Australian non profit charity that is dedicated to saving endangered species in Africa from extinction. One of their main projects is saving the Black Rhino, in 1972 there were 65,000 black rhinos roaming the plains of Africa; in 1993, the numbers were down to 2,300. With good management and international interest, they have now built back up to about 3,600. In Zimbabwe there had not been any rhino poaching since February 1994, but, sadly, many have been killed since early 2003. The project also works with elephants, lions, Painted Dogs, hyenas and gorillas. The SAVE foundation conducts numerous trips to Africa to raise money and awareness however this was their first safari specifically for veterinarians. This trip was at the suggestion of past AVA Presidents Drs Ian Fairnie and Helen Jones who led our group. This group of 12 veterinarians, partners and friends met at the airport in Johannesburg having travelled via various routes, mine was after having spent 5 days in Dubai.

Our first stop was Harare where we were welcomed to dinner by the Zimbabwe Veterinary Association, a small but dedicated group of small animal, wildlife and production animal veterinarians. Whilst in the capital we visited the veterinary school which was a very sobering experience. Whilst the staff and students are keen and dedicated, the infrastructure is abysmal. Nearly every piece of equipment they showed us was broken and without the funds to repair or replace it, the library was bare and outdated with the most recent journal over 20 years old and there were few computers and no internet access. The teaching clinic was very basic and the staff toilets have to remain locked so the students don’t steal the toilet paper (they can’t afford paper for the student toilets). We all left vowing to try to assist them in various ways.

Our next stop was the Imirie Safari lodge to get up close to some Black Rhinos. These guys have armed guards follow them around 24 hours a day and are locked up under guard at night. In the past even this hasn’t saved them from poachers with brutal night time attacks resulting in the deaths of the defenceless animals. We then spent a few relaxing days in Hwange National Park doing some game viewing. Here we were shocked to learn that taking beer on 9am game viewing drives has never been done before and after us they changed their rules so that Aussies now no longer have 24 hour access to the bar! The real work was next to come as we travelled South to the Matopos National Park. Here we were to participate in a rhino dehorning operation along with three Zimbabwean wildlife vets and their assistants. A fixed wing aircraft was used as a spotter to locate the rhinos in the sometimes dense and rocky scrub. The information was then relayed to the chopper pilot Barney, in his old yellow helicopter held together with loads of gaffer tape. Barney is one of Africa's best wildlife chopper pilots and has featured on heaps of documentaries. It is his job to get the vet with the dart gun close to the galloping rhino for a good shot and then follow the darted animal till it goes down, then land as close as possible. Our group along with the other two vets and helpers would then follow the chopper in vehicles, get as close as possible, then sprint the rest of the way to the downed animal. The rhinos eyes and ears were then covered, extra anaesthetic administered if needed and then the team swung in to action. The list of jobs to be performed included spraying the animal with water to keep it cool, monitoring the pulse oximeter, administering nasal oxygen, collecting blood, collecting faeces, photographing the rhino, taking measurements and writing all the details down. The horn is removed with a chainsaw and then bagged and tagged by government officials, each adult horn is worth between $20 000 and $40 000 USD. Notches are also cut in the toenails to identify the animals to trackers as being dehorned as poachers will often kill a dehorned rhino that they’ve tracked so they don’t waste time tracking it again. It is dangerous work and traumatic for the animals and sad that such extremes have to be taken in an attempt to save their lives.

By Sam McMahan
Our group then spent a few days relaxing in Botswana and were then stranded in Victoria Falls by an airline strike, a few brave souls took a bus back to Harare while I chose to wait it out as there are far worse places to be stranded. Finally the plane was running again and I joined the last of the remaining vets in our group, Dr David Jones, in Harare. Here we spent a day at the Lion and Cheetah Park where our job was to dart the captive lions and then implant them with Suprelorin to control breeding and treat minor ailments. It is a sad fact that there are many overcrowded lion breeding facilities in Africa where lions are bred for canned hunts in South Africa. This is where captive bred tame or semi-tame lions are released into enclosures where they are shot by hunters who pay for the privilege of killing these magnificent creatures. Permanent sterilisation is often not allowed by the government in these overcrowded facilities, so Suprelorin is an alternative.

Our three week safari was now at an end but we discovered one last twist as we were leaving: the Zimbabwe Government was considering the introduction of “green” hunts. This is where animals including rhinos are darted instead of shot by the hunter, who can then pose for photos with the sedated animal and presumably feel good about themselves. This practice is allowed in South Africa but currently banned in Zimbabwe. If this is allowed to occur it will be on top of, not in place of the large numbers of all but the most endangered animals that are allowed to be legally hunted in the country. The Zimbabwe Vet Association is opposed to this but they have a lot of work ahead of them and we wished them all the best as we left and promised to help where we can.

(Above) Dr Sam McMahon administering Suprelorin to anaesthetised lion. (Left) Administering oxygen to a just-dehorned rhino

ADELE FEAKES... ASKED ONTO AVA BOARD OF DIRECTORS

Background
Adele graduated from the University of Melbourne and was joint owner of a rural mixed veterinary practice for 24 years in Naracoorte. After graduation, she worked in the first Animal Emergency Centre in Melbourne, undertook a short period of postgraduate work on ticks and cattle in Queensland, and followed this with six months in small animal practice in Geelong while waiting to begin a Masters at Melbourne University.

Adele’s main clinical interest for the first decade was large animal production and equine reproduction. Later, her interests expanded to include small animal geriatric medicine, anaesthesia and soft tissue surgery. More recently she worked as an On Plant Veterinary Officer with AQIS. In April 2010, Adele joined the School of Animal & Veterinary Science, University of Adelaide.

Why did Adele agree to be nominated to the Board of Directors of the AVA?
“This is a chance to give back to my profession. Since selling my practice and moving into the educational sphere, I have been able to take a look from the outside in. I would like to contribute to the AVA as our peak professional body. I believe that I have the skills and experience to contribute to governance and policy. The perspectives that I bring to the position are that of a female rural practice owner, a production-based veterinarian, a small animal medicine veterinarian, a female who has worked in public health, and now most recently, as an academic involved in research and teaching.

There are a multitude of opportunities for professional and personal success the veterinary degree can underpin. My university teaching role gives me the chance to bring this passion to the undergraduates. I am fortunate with my research to be exposed to the development of the veterinary profession in other parts of the world. This new role with the AVA fits well with my perspective on the profession and the opportunities for the professional and personal success of its members.”
AVA Membership: What’s in it for you?

Some of you reading this edition of the Bulletin are not current AVA members. In South Australia we have 559 registered veterinarians and 348 are members. This compares quite favourably with other states but is less than it used to be. There are 152 vet students at our new veterinary school of whom 125 are members. This may be partly due to the free online membership but a significant number opt to convert to a paid membership after a short period. The student support and enthusiasm for the AVA is remarkable.

In 2011 we are aiming to increase the numbers of members. There are numerous advantages to belonging, sometimes not obvious until there is a crisis of some sort. During the bushfires two years ago the AVA set up a crisis fund, liaised with affected practices and vets, helped coordinate wildlife rescue and treatment and represented the profession at the enquiry. This year the devastating floods in three states will occupy a lot of resources.

The AVA is ready to help any member affected by this disaster. Already we have been recognised as the representative body on the Queensland Animal Welfare Flood Control Group. The Benevolent Fund, the Counselling Service and the Veterinary Emergency Taskforce are all AVA bodies that will be working hard to help affected members and animals. The AVA is coordinating donations of medical supplies and equipment through Provet Supplies. Fortunately, thanks to the hard work of Rachel Westcott, Nancy Bombardieri and Sam Mead, South Australia now has a workable and comprehensive disaster plan. We all hope that we shall never need it but if we do then the AVA will be there organised and prepared at the front line.

If for no other reasons consider your membership subscription as your way of helping colleagues through these disasters.

Briefly I want to highlight three other services the AVA offers that are often mentioned as being the most important to members:

- Advocacy—at Federal, State and Local Government level the AVA is making inroads with representing and promoting the profession where it matters. There is no other organisation equipped to respond as immediately, professionally, credibly and appropriately as the AVA.
- Continuing Education—now that many Boards have CE as compulsory the AVA can help you track your CE programme, help you with formulating a plan, offers discounts at many conferences, seminars and for subscriptions and provides a comprehensive calendar of events. The AVA Conference is right here in Adelaide this year. Your AVA membership saves you $500 on the cost of registration. No airfares or accommodation costs required so quite a bargain.
- HR—many members rate this as the number one benefit. Free, timely, accurate advice on any HR issues. This member benefit is for both employers and employees and not just those in private practice. Talk to someone who understands our profession and can interpret the complexities of the new Award, OHS and other compliance issues.

Have you looked at the new AVA website recently www.ava.com.au? It is completely redesigned and has many new features to give you instant access to most of the information you need for your professional life. The numerous additional benefits of membership are there plus the various categories and generous discounts for those either starting out, slowing down or taking a break.

Julia Nicholls
AVA Board member

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Hello, happy New Year and welcome to a new edition of the AVA NT Division Bulletin.

You may notice this edition has arrived in your mail earlier than normal. The reason for this is that it contains important news about the conference and AGM on the 5-6 March—that's less than a month away!

On pages 4-6 of this Bulletin, you'll find information about the conference, our speakers and the program for both veterinarians and veterinary nurses. I’d also like to draw your attention to the Indigenous Animal Health Summit on 5th March, to be held at SKYCITY, and I encourage all members to come along and contribute. As part of the summit, the Hon. Minister Malarndirri McCarthy will be speaking and answering some questions, so even if you’re not convinced you have anything to contribute to the summit, it'll be a worthwhile session to attend and listen in on.

I’d like to take this opportunity to thank Alex Burleigh for all his hard work and support as NT Division President in 2010—the Indigenous Animal Health Summit is just one example of his many efforts and successes—and I am delighted that he has agreed to stay on for another term as Division President in 2011. There are a number of executive positions on the NT Committee available and I encourage you to nominate yourself or another member for election at the AGM. Information about which positions need to filled, as well as a copy of last year’s minutes, are available below and over the page. Please don’t hesitate to contact me if you’d like to discuss anything to do with nominating or serving on the committee.

That’s it for now, I hope to see you all on the 5-6 March!

Samantha Mead
AVA NT Division

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Samantha Mead
AVA NT Division
Registration Form / Tax Invoice

AVA NT Division Annual Conference
5th & 6th March 2011
SKYCITY, Darwin, Gillruth Avenue, Darwin

Attendee details

Title........................................ First Name........................................ Surname...................................... Member Number..................
Practice Name.................................... Practice Address..........................
Suburb........................................ Post Code........ Email:..........................
Phone ( ) ........................................ Fax ( )..........................
Second Attending Vet’s full name.................................... Member Number........
Third Attending Vet’s full name.................................... Member Number........
Veterinary Nurse Name.................................... Second Vet Nurse name....... Member Number........
3rd Veterinary Nurse Name.................................... 4th Vet Nurse Name........ Member Number........
Any Dietary Requirements........................................

Registration

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<th>Non Member</th>
<th>Vet Nurses</th>
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Yet, I’m an AVA member and yes, I would like to attend the Community Dog Summit on Saturday 5 March. ☐ ☐ $_________ (Free)

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