



Pride of place

Soon all clients will be invited to an open day

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MAKING A DIFFERENCE

The revamped TAH Kenridge now boasts improved facilities to match the superb care at the practice.

A new and much larger parking area in Mildred Road facilitates client parking. And with the new clinic entrance on the opposite side to the 'old' entrance, clients now have direct access. Dr Stephen Smith detailed the interior changes, "There is a new reception and retail area, with separate dog and cat waiting areas, plus separate dog, cat and exotics hospital wards. Importantly, we now have a new state-of-the-

art theatre, prep room, dental/non-sterile procedure room, laboratory and pharmacy."

As before, this branch has special heated snake/tortoise cages, heating pads and special anaesthetic facilities for rodents, reptiles and fish.

Assisting Smith at the practice are veterinarians Drs Liesl Shaw and Franci Swart, plus seven staff. Smith has a special interest in reptiles, rodents and fish, while Shaw has a special interest in reptiles and rodents.

Soon all clients will be invited to an open day.



Dr Stephen Smith prepares for surgery in the high-tech theatre.



Luxury awaits every pet in the air-conditioned wards.

Clean and calm décor in the revamped reception area ensure that clients enter a pleasant atmosphere.



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Good architecture lends professionalism to the new exterior look.





quotable quotes

"There is no faith which has never yet been broken, except that of a truly faithful dog." - Konrad Lorenz

"Our dogs will love and admire the meanest of us, and feed our colossal vanity with their uncritical homage." - Agnes Repplier

"I have studied many philosophers and many cats. The wisdom of cats is infinitely superior." - Hippolyte Taine

"After scolding one's cat one looks into its face and is seized by the ugly suspicion that it understood every word. And has filed it for reference." - Charlotte Gray

"Dogs look up to you. Cats look down on you. Give me a pig. He just looks you in the eye and treats you like an equal." - Winston Churchill

Ahhh!



Don't dominate

A *Science Daily* article reports that in a year-long University of Pennsylvania survey of dog owners who use confrontational methods to train aggressive pets, veterinary researchers have found that most of these dogs will continue being aggressive unless training techniques are modified. Published in the *Applied Animal Behavior Science*, the study also showed that using non-aversive or neutral training methods such as additional exercise or rewards elicited very few aggressive responses.

The No 1 reason why dog owners take their pet to an animal behaviourist is to manage aggressive behaviour. Lead author Meghan Herron said, "Many confrontational training methods, whether staring down dogs or intimidating them with physical manipulation, do little to correct improper behaviour and can elicit aggressive responses.

"This study highlights the risk of dominance-based training, which has been made popular by TV and books. These techniques are fear-eliciting and may lead to owner-directed aggression."

Common use of dominance-based training may have grown from the idea that canine aggression is rooted in the need for social dominance or a lack of dominance displayed by the owner. Therefore, advocates of these methods suggest owners establish an alpha or pack-leader role. Herron emphasised that gentle reward-based training was by far the best approach.

The term *Fading Kitten Syndrome* (FKS) is purely a descriptive one. Neonatal mortality is a more appropriate term, covering death around the time of birth (peri-natal) and during the first few weeks of life when the kittens are still highly dependent on their mother.

Because neonates are relatively tolerant of hypoxia (low oxygen), it's worthwhile persisting for some time in efforts to revive kittens which appear reluctant to breathe. Kittens have little thermoregulatory control over the first few weeks of life and depend on the warmth from their mother's body and a dry, warm nesting environment.

Chilling will lead to depression of the suckling reflex with consequent hypoglycaemia (low blood glucose) and death. As neonates are vulnerable to hypoglycaemia, regular feeding is necessary. Suckling in the first few days of life is also important to ensure that good levels of maternally derived immunity (MDI) are achieved. Negligible levels of antibodies are usually obtained by placental transfer prior to parturition and kittens depend on colostrum for MDI. It's vital that the kittens suckle well during this period. Regular vaccine boosters for the queen also will assist in ensuring good MDI levels.

Fading kittens



There are limited ways in which young kittens demonstrate distress, irrespective of the underlying cause. They may be more restless than normal, fail to sleep contentedly for prolonged periods and may cry excessively. They tend to wander aimlessly, pre-disposing themselves to chilling. The queen then may neglect sick kittens. They cease feeding and the suckling reflex becomes depressed.

The queen also may predispose the kittens to infectious disease because of her carrier status. She also may play a role in umbilical infections. Another quite common infection source in pre-weaning kittens is infected milk from mastitis in the queen. In acute mastitis the queen will show clinical signs, but in chronic mastitis she may seem well and her mammary glands appear normal. Mastitis leads to gastroenteritis in the kittens with diarrhoea and occasionally vomiting. The kittens must be separated from their mother and hand-reared.

Generally, major causes of death in young kittens are environmental and maternal factors, infections and congenital conditions. Therefore, management of the queen is crucial over the neonatal period.

Canine distemper is a multi-systemic viral disease of dogs. It's highly contagious and attacks a large number of animal species. In about half the cases, it's fatal. Most often the disease is transmitted through contact with respiratory secretions. Contact with faecal material and the urine of infected dogs also can cause infection. Fortunately, vaccines have made canine distemper a rare disease among vaccinated dog populations.



The virus belongs to the *paramyxovirus* group, of which human measles also is a member. Disinfectants, sunlight and heat can kill the virus quickly. In the body, canine distemper virus attacks and grows within the white cells of the blood and lymphatic system, as well as the cells that line the intestinal tract.

Young puppies between three and six months of age are most susceptible to the disease and are the most likely to die from it. However, non-immunised adult dogs are also highly susceptible to distemper. These older dogs often develop mild cases.

Canine distemper virus is passed rapidly through coughed or sneezed droplets of saliva. It then invades the lymphatic tissue. Within two to five days lymphatic tissue throughout the body is infected. By the sixth to ninth day, the virus is present in the blood. It then spreads to the surfaces of the lungs, intestine and bladder and, on occasion, to the nervous system.

Distemper is seen most frequently in older puppies that are losing their protective maternal antibody. Once an animal is infected, the virus is shed in all body secretions. The virus shedding onset begins about a week after infection. Once outside the host animal the virus dies rapidly. Animals that are infected incubate the virus without signs for 3-6 days. About the seventh day of infection, most dogs develop a fever and become depressed. During the next two weeks, dogs either develop antibodies against the disease that protect them and kill the virus or they gradually go downhill. There is much variation in the duration and severity of the clinical disease.

Dogs that go downhill develop a cough, secondary bacterial pneumonia and inflammation of the intestines. Many of these dogs show infection and damage to the brain with central nervous system signs of tremor and convulsions. Laboured breathing and an unkempt appearance are common. By the third week most dogs have either died from the infection or recovered. Exceptions are the

A horrible disease

Young puppies between three and six months of age are most susceptible to the disease and are the most likely to die from it.

cases in which damage to the brain is delayed for up to three months. These delayed cases often show no respiratory or intestinal signs before delayed nerve damage occurs. In a few cases, the virus persists in the eyes, footpads and nervous system.

Signs vary from case to case. Mortality from the disease is about 50% with mild cases showing few or no disease signs. Most dogs that die from distemper die from neurological complications. In dogs in which the brain is attacked, incoordination, stumbling, seizures and paralysis occur. Both the grey and the white brain matter are destroyed. Some dogs become blind during the course of the disease as the virus attacks the retina. Neurological disturbances that may be seen are aggression, disorientation, convulsive head and paw movements and aimless wandering.

Because the virus attacks the cells that produce immunity, dogs are always immuno-suppressed early in the disease. As the disease progresses through days six to eight, dogs that are destined to recover produce strong antibody responses that neutralise the virus. The virus-neutralising antibody produced by the 10th to 20th day protect the dog from reinfection for years and sometimes for life.

No antiviral drugs for canine distemper are available. Therefore, the disease is treated symptomatically with antibiotics, intestinal coatings, antispasmodic agents and emollients. Dehydration brought about by diarrhoea is corrected with intravenous electrolyte fluids. Debilitated dogs, unable to eat, benefit from injections of essential vitamins and nutrients. Once dogs develop nervous system signs there's no effective treatment unfortunately.

Excellent vaccines are available to protect dogs from canine distemper virus. Ideally, puppies should receive a combination measles virus/canine distemper virus when they are six to eight weeks old. Then, every three to four weeks they should receive a modified live virus distemper shot for an additional two vaccinations. Thereafter, annual booster vaccinations are sufficient in dogs with a normal immune system.

Fish stress

There are many potential stresses to fish, but some of the more common causes are:

- Elevated ammonia or nitrate
- Improper pH level
- Temperature fluctuations
- Improper salinity
- Low oxygen levels
- Harassment from other fish
- Lack of hiding places
- Lack of enough fish to provide schooling
- Inadequate tank size
- Overstocking the tank
- Medications and water treatments
- Improper nutrition
- Disturbance of the tank
- Harvesting and shipping of fish



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Eukanuba

Feline boot camp

Key to cat training is to make sure that whatever you want your cat to do is rewarding and pleasurable. What you don't want your feline to do must never be rewarding or fun.

At times we unintentionally reward our cats for inappropriate behaviour. A case in point is when the cat pounces on the owner at four in the morning, meowing for dear life. So, the owner dutifully gets up and feeds the cat. Thus, the cat learns that his behaviour gets him exactly what he wants.

Reprimands don't work when training a feline. If you catch him in the act, he'll simply misbehave when you're away. If you punish the cat later, he won't associate the reprimand with the crime. And so the misbehaviour continues. Some cats misbehave to get attention and the attention is sufficiently rewarding to continue the bad behaviour.



Here's a three-point training plan:

1. Stop all reprimands. Concentrate on making your relationship fun, rewarding and interesting. Sometimes this change alone will solve your problem. Cats become overly active and destructive when bored. Daily play sessions and relaxing massages help calm kitty down.

2. Rewards. The most effective method of cat training is through rewards. Set up the cat's environment so he can succeed and it will give you the opportunity to reward and praise him for good behaviour. For instance, when he uses his litter box, give him a nice chunk of tuna as reward.

3. Change the environment so that misbehaviour is not rewarding. When the misbehaviour involves furniture scratching, make the furniture unattractive as a clawing item. Find something your cat doesn't like. Each cat is different. However, most cats don't like to snag their claws when scratching, so drape some netting over the furniture. Some cats don't like the feel of aluminium foil or two-sided sticky tape. A mild menthol or citrus scent repels some cats. Once your cat realises that these places aren't fun to scratch, he'll have wonderful times at his scratching post (which of course you'll reward!). Soon, the problem of inappropriate scratching will disappear.

Remember, all animals learn best through rewards, praise and positive reinforcement.

Making a difference



Contributing to people's lives, coupled with a science aptitude and love for animals set Dr Kathryn Knipe on her veterinary career path.

She grew up in Pretoria and fresh from qualifying at Onderstepoort last year, TAH After-Hours Clinic is her first job.

Knipe said her primary love was definitely small animal work, but after the stint at TAH she might venture into a mixed practice. "Knowing that I've helped someone is the most rewarding aspect of veterinary work," she said.

With her husband, graphic designer Jeffrey, Knipe lives with her pride and joy, felines Strepies and Smudge. During rest and relaxation time, she's a keen crafter.

Person who had biggest influence on your life: My mother

Philosophy of life: Do your best and spread joy

Sport (self): I try to avoid it

Sport (spectator): Cricket

Favourite actor(s): Hugh Jackman and Reese Witherspoon

Favourite time of day: Bed-time

Favourite food & drink: My husband's lasagne and rosé

Best reading: Fantasy novels

Favourite TV programme: Sci-fi series

Best holiday: Any seaside holiday, especially my grandparents' place in Gansbaai

Biggest extravagance: Clothing

Hobbies: Scrapbooking, making teddy bears, knitting



WHO'S WHERE BELLVILLE Dr Ater McDonald Dr Colin Levitan Dr Ian Campbell Dr Frank Kettner Dr Nolan Moss Dr Sam Pillay Dr Michelle Adam Dr De Wet Barnard Dr Cicilia Muller Dr Kathryn Knipe

DURBANVILLE Dr John Adam Dr Izak van der Vyver Dr Bradley Hodgson

GOODWOOD Dr Paulina Crous **PAROW** Dr Pieter Human **SONSTRAAL** Dr Sophia Frick

KENRIDGE Dr Stephen Smith Dr Liesl Shaw Dr Franci Swart.

Although each branch handles all species, Kenridge is our exotics (reptiles, wild animals, etc) branch.