



All of us at Ingleburn Veterinary Hospital would like to wish you a very Merry Christmas and Happy New Year. We thank you again for your business over the past year, and look forward to being able to help with all of your pet care needs in the year to come. The hospital will be open for business as usual through the holiday period, with the exception of these days:

Christmas Eve – 8am - 5pm

No routine surgery. Consulting 9am - 5pm

Christmas Day – Closed

Boxing Day – Closed

Christmas Day Holiday – 10am-12noon

(Monday, 27th December 2004)

Boxing Day Holiday – 10am-12noon

(Tuesday, 28th December 2004)

New Year's Day – 10am-12noon

New Year Holiday – 10am-12noon

(Monday, 3rd January 2005)

Australia Day – 10am-12noon

(Wednesday, 26th January 2005)

We ended up with so many articles for this newsletter, we couldn't possibly fit them all in this issue. Some of the additional material can be found on our web site (there's even some humour!) and we'll try to put some of it in our next newsletter too. - Peter

Staff News

We'd like to welcome Nicole Biggar to our staff. Nicole did some work experience with us earlier in the year, and impressed us with her enthusiasm and hard work. Nicole has just completed her HSC, and joins us as our fourth permanent nurse.

Flea Control

Don't forget that we're entering the worst time of the year for fleas. The products that we've always recommended are still very effective. But you need to be using them regularly! If you don't already have one, ask for a copy of our free *Flea Control* fact sheet.

Diabetes in dogs and cats

Did you know that dogs and cats can get diabetes just like people? In fact, we've diagnosed seven new cases in the last few months! Diabetes is a disease where the pancreas is unable to produce enough insulin to control the glucose (sugar) level in the blood.

Symptoms of diabetes include:

- Increased thirst
- Increased appetite
- Increased urination
- Weight loss

If you see any of these symptoms, you should have your pet examined by one of our vets.

Diabetes is a serious disease and must be treated.

Diagnosis of diabetes is based on recognition of some of the symptoms (see above) along with glucose in the urine and persistently high blood glucose.

Treatment of diabetes usually involves dietary changes and insulin injections. The recent development of *Hill's Prescription Diet Feline m/d* (see *Product News*) means that some cats may be able to be managed with diet alone. But for dogs and most cats, twice-daily injections of insulin remain an essential part of treatment. Many owners are initially scared by the thought of giving their pet injections, but they quickly learn how easy this can be. Treatment of a diabetic pet does however require a lot of commitment from the owner, who must be willing to continue this treatment for the rest of their pet's life.

We have just written a detailed brochure (8 pages) on the management of diabetes in dogs and cats. We'll be sending a copy to all of our current diabetic patients. If you'd like a copy, please let us know. - Peter

Puppy Preschool

Congratulations to our recent graduates: *Cassie McOrist, Chewbacca Ramnac, Chester Ivos, Teddy Ivos, Becky Whitford, Shauny Porter, Pepper Mills, Chester Gates, Ruby Ramondetta, Shadow Rumpel* and *Rocky Piefke*.



Puppy Preschool is an early socialisation and basic training program for young puppies and their owners. We recommend it for all young pups. Ask us for details.

Cat Fight Abscesses

This is by far the most common injury that we see in cats. We don't know why we haven't discussed them in our newsletter before now! As the title suggests, abscesses form in cats as a result of fights with other cats. Initially, the wounds that cause them are usually rather small – especially from bites or possibly from puncture wounds made with the claws.

Often these small wounds go unnoticed, or you might figure that they're small and not painful, so you don't do anything about them. Even if it's not a painful wound initially, that's a big mistake! Cat bites carry LOTS of bacteria into the wound. Treatment with antibiotics at this early stage can prevent formation of an abscess.

But without appropriate treatment, these bacteria will multiply. Within a few days, significant amounts of pus are produced. By this time the original puncture wound has closed over, so with nowhere to go, the pus builds up in the area beneath the wound. It becomes swollen, painful and the toxins produced by the bacteria will destroy the surrounding tissues (fat, muscle and skin). The infection may also cause your cat to run a high temperature, go off its food and become quite ill. At this stage, anaesthesia and surgery is often the only successful form of treatment. The pus must be drained away and infected tissues removed. Often a rubber tube will be placed in the wound to allow extra pus and fluids to escape over the next few days. Antibiotics will be used to clean up the remaining infection and analgesics given for the pain.

How can abscesses be prevented?

- Bring your cat in for treatment as soon as you notice a puncture wound – or if you see them in a fight with another cat. A consultation fee and a course of antibiotics (total cost around \$60) can prevent a lot of anguish for your cat (and a bill of perhaps \$300!).
- Keep your cat confined indoors, particularly at night. Or invest in one of the outdoor cat runs that can be erected in your yard.
- Have your cat desexed. This is particularly important for male (tom) cats, who are more territorial and get into a lot of fights, especially in the breeding season – which is now!

Cat fights are also a major source of infection with viral diseases such as FIV (Feline Aids), so preventing cat fights is important for this reason too. - Peter

It's time to be ticked off about ticks!

Summertime means heading outdoors with our pets in the great weather, but it is also the time when fleas, ticks and snakes are more likely to be sharing our space. Although paralysis ticks (*Ixodes holocyclus*) are not as common inland as in the coastal regions, it is still a concern for all our pets in this area. Ticks are especially of concern if you're planning to travel along the East Coast of Australia with your pet over the holiday period.

This was the case with "Missi", a three and a half year old Japanese Spitz, who presented to our clinic with complete paralysis, after being seen walking strangely the day before.

In determining why she was paralysed, we had to rule out causes such as snake bite, tick paralysis, toxins, and diseases of the spine ("slipped discs"). A key factor in identifying the cause of Missi's paralysis was finding out that she had recently travelled to the coast with her owners. This set us on the search for ticks. On close examination of Missi's skin, we found a tick attached in her armpit.

Tick paralysis usually occurs after infestation with one or more adult ticks. Adult paralysis ticks are grey in colour, with a long snout. Engorged ticks (full of blood) will be oval in shape and measure up to approximately 1cm in size. Ticks that have not fed will be much smaller and rounder. They need to be attached for 3-4 days before the toxins will have effect (and symptoms can occasionally take up to two weeks to appear!).

By the time we started treatment, Missi was beginning to have difficulty breathing as the muscles involved in breathing became paralysed and fluid began to build up in her lungs (this is called pulmonary oedema).

The signs of tick paralysis are:

- Initially weakness and a wobbly/drunken walk especially in the hind legs
- This will progress to paralysis of the hind legs, and later of the whole animal
- Difficulty breathing
- Drooling
- Change in the dog's bark
- Dilated pupils
- Vomiting

To treat the paralysis, we killed and removed the tick, and sprayed Frontline over her entire body to kill any other ticks she may have been carrying. We then administered tick anti-toxin to neutralise the toxins in her body. Finally, we sedated Missi and kept her in a dark, cool and quiet cage and provided supportive treatment.

Missi was lucky and after 4 days in hospital and a week of rest at home, she is now completely recovered. Unfortunately, even with the best care and treatment, tick paralysis can be fatal, therefore, prevention is the best cure!

If you are heading to a tick area, watching for symptoms and **daily search and removal of ticks is the best prevention**. The use of a tick-killing product such as Frontline Plus (applied every 2 weeks), Frontline Spray or a daily tablet (Proban) is also recommended. If you find a tick, it should first be killed with a product such as Frontline Spray. Next slide a pair of partially open scissors between its mouthparts and the animal's skin and gently lever it off, being careful not to break the mouthparts.

For more information on tick and flea prevention, please talk to our friendly staff or visit our web site. - Alison

Product News

Hill's Prescription Diet Feline m/d is a new high-protein, low-carbohydrate diet designed for 2 purposes:

Weight Loss – a low-carbohydrate diet is low in energy and alters your cat's metabolism to break down body fat and increase muscle mass.

Diabetes – *Feline m/d* can also be useful for the management of diabetes in cats. It improves blood glucose control and reduces the insulin dose needed (and in some cases eliminates insulin injections entirely).

These diets are not suitable for all cats. *Prescription Diet r/d* or *w/d* formulas may be more appropriate in some cases. Ask us for advice.

Cosequin DS is a nutritional supplement for the treatment of arthritis in dogs. It contains chondroitin from cartilage and glucosamine from crab shell. Cosequin is not a new product and there are several similar products on the market. But Cosequin has a unique formulation, and is the only one with extensive research proving its effectiveness. Cosequin may be of greatest benefit when used in combination with a course of anti-arthritic injections such as *Cartrophen*.

Breathalyser is a drinking water additive for dogs and cats, designed to freshen breath and improve oral health.

Heart Disease is a serious problem. Latest research shows that *pimobendan* (combined with *frusemide*) may be a better solution than the ACE-inhibitors we're using now. If you have a dog with congestive heart failure, and aren't happy with its response to treatment, make an appointment and ask our vets about the alternatives.

A vaccine will soon be released against Feline Immunodeficiency Virus (**Feline Aids**). We will review the data on this new vaccine when it becomes available, but what we've heard so far sounds good. We should be able to tell you more in our next newsletter.

Behaviour Books – we've consulted with behavioural specialists and tracked down the best books available for pet owners on dog and cat training and behaviour problems. We now have these on sale at the hospital:

- A Dog in Your Family – A guide to the Perfect Companion
- Dog Training – The Gentle Modern Method
- Dog Problems – The Gentle Modern Cure
- Training Your Cat

Refer to our web site for more details, or come in and have a look at the books for yourself. - Peter

Staff Training

Staff training is a continual part of our aim to provide our patients with high quality health care.

Mark has just been to a 1-day course on practice management.



Peter has recently attended all of the following courses:
Feline Diabetes & Obesity – an evening seminar covering the use of a low-carbohydrate, high-protein diet

for weight loss and diabetes in cats and a new synthetic insulin for the management of diabetic cats.

Surgery: New techniques and new ideas in soft tissue and orthopaedic surgery – a one-day course which included a variety of topics such as hip dysplasia, cruciate ligament rupture and lump removal.

Update on Pharmacology, Therapeutics and Anti-microbial Therapy – a one-day seminar at Sydney Uni covering bacterial infections and antibiotics, and a review of the uses and benefits of 11 'newish' drugs.

Management of Otitis – an evening on the treatment of ear infections, presented by a dermatology specialist.

Ros and **Bronwyn** have both completed a course, which makes them accredited microchip implanters. (Dani and all of our vets also have this qualification).

Ros passed the TAFE course she's been doing one day a week for most of this year. Congratulations Ros!

Dani attended an evening seminar on dentistry.

Continuing Professional Development was introduced this year as a national scheme. It requires that veterinarians maintain a minimum level of ongoing training – including both formal courses and personal study. The system is not compulsory – yet. We will have no trouble meeting (and surpassing) the requirements. The record keeping might be a minor annoyance! However, we see it as a positive thing that the veterinary profession is showing an ongoing commitment to maintain and enhance its skills.

- Peter

Do you have a favourite vet?

No, we're not running a popularity contest! We just wanted you to know that you can ask for a particular vet, if you prefer, when you make an appointment. We encourage you to do this when you are bringing your pet back for a **recheck**. It's usually better for everyone, if the recheck is done by the same vet who dealt with your pet's problem last time. (But if you'd rather see one of our other vets for a 2nd opinion that's fine too!).

If you'd prefer to *always* see the same vet, let us know and we can flag your records and try to meet your wishes. Please remember though, that with the hospital open from 8am to 7pm weekdays, plus weekends, your preferred vet can't be here all the time! Please phone in advance to make your appointment with your preferred vet. Our vets are Mark Fetterplace, Peter Harris and Alison Barker.

This roster is provided as a guide only and is subject to change.

Monday:	Alison & Mark
Tuesday:	Mark & Peter
Wednesday:	Peter & Alison
Thursday:	Alison & Peter
Friday:	Peter & Alison
Weekends:	Mark <i>or</i> Peter <i>or</i> Alison

If you don't have a preference, we will simply make your appointment to see the first available vet on the day. The choice is yours. - Peter

Snake Bite?

It was Sunday afternoon and I was sitting at home putting together some of the articles for this newsletter. My pager went off, and I quickly phoned one of our clients, who was worried that her dog may have been bitten by a snake. This article is the story of Lennie, an 11 year old crossbred dog and his tangle with a black snake. It contains some timely warnings about the dangers of snake bites.



Lennie was having a walk in the bush with a friend of his owner, when he tried to attack a red-bellied black snake. Details were a bit sketchy on exactly what happened. Lennie never yelped and no one actually saw the snake bite him. Twenty minutes had already passed and Lennie seemed fine, though he had vomited up his food. He'd also accidentally been fed twice this afternoon, so his owner hoped this was simply a case of overeating. But vomiting is also one of the first signs of snake bite poisoning, so Lennie needed to be examined.

I arranged to meet Lennie's owner at the hospital as soon as she could get him there. At this stage Lennie still looked fine, but the vomiting had continued. Examination found a reasonably bright, happy dog with only a slightly increased heart rate and no other symptoms of a snake bite. There was however a small wound on the side of his muzzle. With no pain or swelling, I wasn't sure that this was a snake bite wound. Just in case, I clipped, cleaned and applied suction to the wound to remove any unabsorbed venom. Antivenom is very expensive (\$560 per dose for a black snake) so I considered referring him to an emergency centre where they have venom detection kits but after a quick phone call, found that this would have cost \$290 itself. All things considered we had to assume that Lennie had been bitten, and prompt treatment was very important. He was still vomiting and starting to look unwell.

We put a catheter (like a rubber needle) into Lennie's front leg and ran in some IV fluids. I injected him with some antihistamines and adrenaline to reduce the risk of reaction to the antivenom. Then over the next 30-40 minutes I slowly injected the full dose of antivenom into his vein. I stayed with Lennie for about an hour after this to ensure that he wasn't going to react to the antivenom. Fortunately he didn't.

This whole process of examination, assessment, treatment and observation took only about 2 hours – though it probably seemed a lot longer to Lennie's owner! Lennie was looking much happier, the vomiting had stopped and he was showing no other symptoms. The sore on his muzzle was now looking much more like a snake bite wound though and in retrospect, I have no doubt at all that he had been bitten by the black snake. A relapse was still possible, and we transferred Lennie to the Animal Emergency Centre, where critical care specialists could observe him throughout the night.

He was fine overnight, but blood tests showed that the venom had started to cause damage to Lennie's muscles. He was returned to our hospital and IV fluids were continued for another 2 days to support his kidneys.

Lennie recovered completely, but he had been lucky! His owner had sought help promptly and (despite the expense) had agreed to my advice to proceed immediately with treatment. Not all snake bite victims do so well – many of them die!

So what lessons can you learn from this?

- Now is the peak time of year for snake bites. Do whatever you can to avoid contact with snakes. Keep your dog on a lead when in the bush. If you see a snake, keep the lead short and wait for the snake to pass.
- If you suspect that your pet may have been bitten by a snake, **seek veterinary help immediately**. Either call us (or the nearest vet if you're out of the area), or the Animal Emergency Service on 975 88 900.
- Brown snakes are one of the more common snakes in this area. They are even more deadly than black snakes, and their venom acts more quickly. We also have some tiger snakes and death adders in the area, which are just as deadly.
- If possible, identify the snake. Red-bellied black snakes are relatively easy to identify (although they don't all have a red belly!). Other species are more difficult. If your dog has already killed the snake then bring it with you, but never try to catch or kill the snake yourself. It's illegal, and you could end up getting bitten yourself!
- Brown snake antivenom is cheaper than other species, but where there's any doubt we have a combined antivenom that will work with most species. That's what we used on Lennie.
- Some of the **symptoms of snake bite** are: Vomiting, lethargy, trembling, dilated pupils with poor response to light, weakness, rapid breathing, collapse, blood in the urine, paralysis and death.
- You might want to consider pet insurance, as snake bite treatment can be very expensive!

We thank Lennie's owner for allowing us to tell you his story.

- Peter

Stop Press!

In the same week after seeing Lennie, we saw 2 more cases of snake bites from the local area – another dog bitten by a black snake, and a cat bitten by a brown snake. Be alert for the presence of snakes this summer!

Pet Insurance Update

We've recently been notified about a new pet insurance policy. With more than 25 years of experience insuring pets in the UK, Petplan is now available in Australia. I haven't had a chance to review the policy myself yet, but details can be found at www.petplan.com.au

Pet insurance provides peace of mind, knowing that you can afford whatever treatment may be needed for your pet after an accident or illness. We've written a review of all the other policies currently available. It's on our web site at www.ingleburnvet.com.au/insurance or you can phone us and we'll mail you a copy.

- Peter