



The Carnegie Veterinary Biannual

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Passion, Pride and Perseverance in Service and Care

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*We wish you a safe
festive season.*

The Very Near Future

Carnegie Veterinary Clinic will soon be opening a brand new, state-of-the-art 32 bed cat boarding lodge. The cattery will be known as Carnegie Cat Cottage. The facility will be operational in early 2009. The date is yet to be finalised.

Your Clinic



Carnegie Veterinary Clinic, also known as Murrumbeena Animal Hospital has been providing service and care to the companions and clients of Carnegie, Murrumbeena and surrounds since 1989. The clinic originally operated from fairly small premises on the corner of Murrumbeena and Neerim roads. The ‘Veterinary Surgeon’ sign is still present at the old site. In 2000 the clinic re-located to a much larger double storey, purpose built facility with an old English terrace facade, on Rosstown Road. In 2005, Dr. Janet Stevens passed on the baton to Dr. Ketan Jivanjee to continue the tradition of service and care to the community of Carnegie, Murrumbeena and surrounds.

Your Team

Dr. Ketan Jivanjee (BSc, BVSc, MRCVS)



Ketan graduated Bachelor of Veterinary Science from the University of Pretoria, Onderstepoort, South Africa. Prior to that, he completed Bachelor of Science with majors in Biochemistry and Microbiology from La Trobe University, Bundoora. Ketan is a Member of the Royal College of Veterinary Surgeons, United Kingdom. In 2003, a passion for surgery led him to complete a one year post graduate course in Small Animal Surgery conducted by the University of Sydney.

Ketan has focused on small animal practice since graduation. He spent three years in a busy small animal hospital in Albury/Wodonga honing his medical and surgical skills. His time in Albury/Wodonga was undoubtedly the most fruitful and rewarding of his professional career. A further three years were spent treating companions in an outer eastern suburb of Melbourne prior to taking the reigns at Carnegie Veterinary Clinic. He enjoys the rigors, challenges and diversity that general practice has to offer.

He is passionate about continuing veterinary education and ongoing learning. All members of the Carnegie Veterinary Clinic Team partake in continuing professional development to further enhance their skills and ultimately provide better service to clients and better outcomes to patients.

Out of the clinic, Ketan partakes in an indoor soccer competition.

Dr. Kelly Wilkinson (BVSc Hons.)



Kelly graduated Bachelor of Veterinary Science with honours from The University of Melbourne. Kelly is passionate about feline medicine. In 2002, Kelly completed a one year post graduate course in Feline Medicine conducted by the University of Sydney. Over the years, Kelly has maintained a strong focus on continuing veterinary education. She is also a member of the European Society of Feline Medicine.

Prior to joining the team at Carnegie Veterinary Clinic, Kelly had worked in South Australia and the United Kingdom. Closer to home, she practiced in the north-eastern and eastern suburbs of Melbourne.

Kelly has travelled extensively throughout Africa, Europe and North America. Travelling aside, her interests away from the clinic are her two beautiful daughters – Natalie and Stephanie.

Amber Gillanders (Cert. IV [Veterinary Nursing])

Practice Manager



Amber qualified as a veterinary nurse in Queensland. She is an experienced nurse of nine years standing. She has gained a broad range of skills working in both Queensland and the United Kingdom. One of her highlights in the United Kingdom was working in a veterinary teaching hospital run by the Royal Veterinary College in London. Amber enjoys medical and surgical nursing and is judicious in carrying out her duties in veterinary practice management.

'Bubzy Boo' (A Jack Russell cross) is Amber's pre-occupation away from work. 'Bubzy' is Amber's shadow, day and night, and considers the clinic to be her very own.

Amber enjoys playing soccer and is an avid follower of a different football code – rugby league, in particular the Queensland Maroons.

Shonna Camilleri (Cert. IV [Veterinary Nursing])

Senior Nurse



Shonna is an experienced and qualified veterinary nurse. Shonna attained her qualifications here in Melbourne. She has been with Carnegie Veterinary Clinic for over 10 years and knows the community and clientele well. Shonna has a special interest in surgical nursing, and thoroughly enjoys her time in our fully equipped surgical theatre.

Shonna has a devilish Husky cross Boxer, aptly named 'Angel' and a reclusive feline named 'Tilly'. 'Angel' is currently undergoing psychological tests and further training for digging crater sized holes and disobeying Shonna.

Out of work, Shonna prides herself on being a dedicated disciple of the St. Kilda Football Club. She is a faithful supporter and religiously attends their matches - rain, hail or shine.

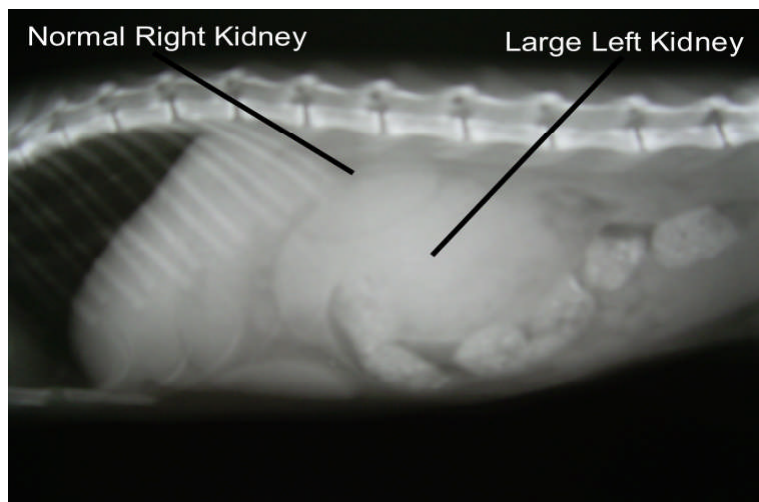
Case Report: Milly – The Inquisitive Feline With One Very Large Kidney



Milly presented to Carnegie Veterinary Clinic in mid-June for a recheck after spending some time at an emergency centre. She had undergone surgery at the emergency centre for suspected trauma to her abdomen. Given her ordeal and stay in hospital, Milly was understandably thin. She still had some mild abdominal discomfort and was sporting a temperature of 40.1oC – a fever in anyone’s book! We decided to continue with aggressive antibiotic and analgesic managements with regular rechecks scheduled. Two weeks down the line, Milly was quite bright and alert but still had a raging fever

and this time we could feel a very large mass on the left side of her belly. The mass was most likely her left kidney. Given her history, temperature and physical findings the possibilities included a severe kidney infection (pyelonephritis) or a blocked up kidney (hydronephrosis) or both!

Milly was admitted to Carnegie Veterinary Clinic for a full blood and urine work up and abdominal X-rays. The blood and urine test indicated that Milly’s normal kidney was working well. The X-rays confirmed a very large left kidney – three to four times the size of the right kidney.



Milly was scheduled for a belly exploration (exploratory laparotomy) and possible removal of her left kidney (left nephrectomy). An intravenous catheter was placed in Milly’s arm. Intravenous fluids, antibiotics and analgesics were administered via the catheter. Milly was anaesthetised with an injectable agent and then maintained on a very safe anaesthetic gas throughout her surgery. During her surgery Milly was constantly monitored

by a nurse as well as being hooked up to some computers to monitor her respiration, heart rate, pulse and blood oxygen levels.



The surgery revealed an abnormally large left kidney. Given the degree of pathology, removal of the left kidney was the only option. Post-operatively, Milly’s demeanour, appetite, temperature and plumbing were closely monitored. Milly’s sutures were removed 14 days after surgery. She was bright, alert, eating well at home and had put on good weight. Her temperature was 38.8oC. Milly turned 12 months old in November. Milly thanks her parents for doing everything possible for her. No doubt she has used eight of her nine lives!

Doggy Daycare @ Carnegie Veterinary Clinic



Does your companion fret when you are at work?
Do you worry about leaving him/her alone?

If so or you would like your companion to have company throughout the day then doggy daycare is for you. When your companion comes to day care they experience a day of fun with like minded day care patrons, and lots of cuddles from our nurses. There is a spacious back yard, sheltered area with heating and toys to play with.

All we require is proof of desexing, up to date C5 vaccinations, heart and gastro-intestinal worming and flea prevention. It is essential that your companion gets on well with other day care patrons.

This service is available Monday-Friday (excluding public holidays) 8am-6:30pm.

If you would like to find out more information or would like a tour of the doggy day care facility please feel free to call us and we can arrange a time.

Puppy Pre-school



For those who have a new puppy or are thinking of getting a new puppy we strongly recommend puppy preschool. Having a socialized well behaved puppy is a must for any owner especially as dogs live for a long time and that is a very long and stressful time to have an unruly companion

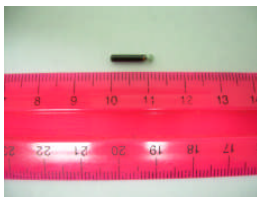
When a puppy attends puppy preschool it socialises them with the practice, other people, children and other puppies. People may say my puppy is fine at home but in some cases you take a puppy or dog out of their comfort zone and it is a different story. That is why from an early age you need to expose them to many different situations to prevent fear throughout their lives. This results in a happy and relaxed dog.

The classes are held on Wednesday evenings at 7:15pm for 4 weeks. We cover many topics over this period. Some of these include your basic commands sit, drop, come, stay and heel, preventing and treating those unwanted behaviour habits, healthcare, nutrition, grooming and first aid. We also conduct many socialisation exercises. This includes a game of pass the puppy which is always fun for all. At the end of the 4 weeks we have a graduation ceremony when each puppy gets a certificate and a showbag. Refreshments are provided for clients which thankfully does not consist of liver treats!

Please feel free to contact Amber if you have any questions.

MICROCHIPPING YOUR COMPANION

New legislation is in place that affects the way microchip (prescribed permanent identification device) implantation is performed on dogs and cats in Victoria. This new legislation and its associated regulations is an amendment to the *Domestic (Feral and Nuisance) Animals Act 1996*.



The legislation sets standards;

1. In the use of consistent technology to ensure microchips will be detected (only ISO microchips can now be utilised in Victoria),
2. For implantation including who can implant a microchip,
3. On data capture, scanning and the way information is handled, and
4. On licensing of registries (Microchip registries must now be approved and licensed by the Department of Primary Industries).

Microchipping is compulsory for the following groups;

1. Declared dangerous and restricted breed dogs,
2. Any dog or cat acquired from a pet shop, pound, shelter or commercial breeder (>10 breeding animals),
3. All new council registrations of dogs and cats as of May 2007.

The microchip is very small, the size of a grain of rice. It is implanted beneath the skin, at the back of the neck between the shoulder blades. On completion of the prescribed microchip form, the actual process of microchipping takes seconds and is well tolerated by most companions.

Carnegie Veterinary Clinic utilises ISO microchips only and have a multi-scanner capable of reading earlier non-ISO as well as ISO microchips.

Dr. Ketan and Dr. Kelly have completed the approved AVA Microchip Accreditation course. They have been assessed by the Department of Primary Industries and are authorised implanters of microchips in dog and cats.

Microchipping, which is permanent unlike a collar, is currently the gold standard in re-uniting lost or injured companions with their parents. For further information on having your companion microchipped please contact the clinic.

Itchy skin in your canine and feline companion

During Spring and Summer we tend to see a resurgence of itchy skin in our furry companions. We will outline the more prominent causes of itchy skin below, although this list is by no means exhaustive. The location of the lesions can vary hence will not be described below.

INFECTIONS

- Bacterial
- Fungal
- Demodectic and Sarcoptic Mange

ALLERGIES

- Contact hypersensitivity
- Flea Allergy Dermatitis (F.A.D.)
- Atopy
- Food allergy

Diagnosing the cause of itchy skin is made on;

- A thorough history,
- clinical examination,
- microscopic evaluation of pus and skin scrapings,
- Wood's lamp (check the skin under UV light – some fungal infections fluoresce under UV light)
- Blood testing
- Skin biopsy and
- 'Diagnosis by treatment'

Treatment is always aimed eliminating the primary cause of the itch. However, sometimes this is not possible, in which case we would alleviate the secondary symptoms whilst continuing to hunt for the primary cause.

Bacterial infections: The predominant culprit is *Staphylococcus intermedius*. It is important to note that bacterial skin infections in most cases are secondary to another underlying cause. These can include fungal infections, mite infestations and allergic causes to name a few. Treatment of the bacterial infection is important to break the cycle of inflammation, whilst also searching for the primary cause.

Fungal infections: The second most common fungal infection seen in general practice is ringworm (dermatophytosis). Ringworm can be passed on from animals to man (zoonotic). In most cases ringworm is seen in young kittens and cats most likely infected by direct contact with other infected cats or subclinical carriers.

Demodectic (not contagious) & Sarcoptic Mange (contagious and zoonotic): We tend to see demodectic mange in our juvenile companions or much older companions that may have some other disease process that impedes their immune status. The demodectic mite is a normal inhabitant of the skin. A clinical problem is only seen when the mite population flourishes. We are not exactly sure as to the reason for a surge in the mite population, but suspect that immuno-suppression or immunodeficiency may have a role to play. Sarcoptic mange on the other hand is highly contagious and spreads rapidly by direct contact.

Contact hypersensitivity (Allergic Contact Dermatitis): This condition is primarily caused by coming into contact with plants, home furnishings or medications. The hairless areas are mostly affected. By far the most common cause is exposure to Wandering Jew and Scurvy Weed. These are ground covering creeper weeds notorious for causing skin issues!

Flea Allergy Dermatitis: The name says it all!

Food Allergy (Hypersensitivity): This is a non-seasonal itchy skin disorder due to hypersensitivity reactions to antigenic material in the diet. In most cases the antigen is a protein. Some patients may show signs of concurrent gastro-intestinal disturbances (vomiting or diarrhoea). The use of a hypoallergenic diet is important making the diagnosis and alleviating the problem.

Atopy (Atopic dermatitis, Allergic inhalant dermatitis): This is a common, genetically programmed itchy skin disease, in which our companions are sensitized to mainly inhaled environmental allergens. Causative allergens include weeds, trees, grasses, moulds, mites and insects. Definitive diagnosis can be made with intradermal skin testing or a specific blood allergy test. The signs of atopic dermatitis may be seasonal or non-seasonal depending on the allergens involved.

Some Toxic Plants & Foods

Lilies are toxic to cats

(Members of the family Liliaceae)



Lilies are commonly found in flower arrangements and are also grown outdoors in our gardens. All parts of the lily are poisonous to cats. These include the leaves, flowers, stamen, stem and root. The toxic principle in lilies is yet to be identified, but toxicity is caused by ingestion of very small amounts of lily material. Lily ingestion will eventually lead to acute kidney failure. Signs of poisoning within the first couple of hours are vomiting, anorexia, lethargy and depression. Some improvement is noted once the gastric signs abate, but this is soon followed acute kidney failure with 1-3 days. Cats at this stage are critically ill, may drink copious amounts of water and appear dehydrated with belly pain on physical examination. Left untreated cats can pass away within a week.

Brunfelsia spp. Toxicity in dogs

(Also known as 'Yesterday, Today and Tomorrow', Morning, Noon and Night', Kiss Me Quick', and 'Paraguay Jasmine')

(Member of the Solanaceae [nightshade] family)



Brunfelsia spp. Are native to South America but are common and popular garden shrubs in Australia. Dwarf varieties are also present which are ideal for pots. Toxicities have been seen predominantly in

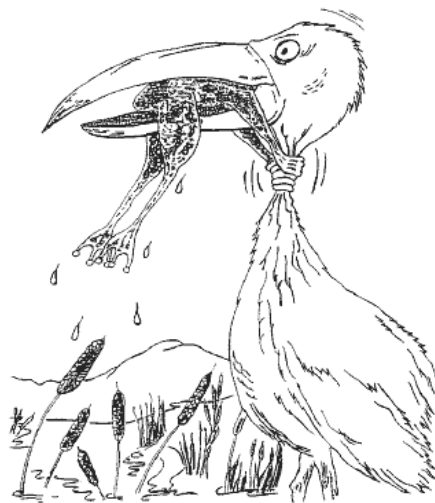
dogs due to their inquisitive nature. All parts of the plants are toxic, with the berries being the most toxic. The toxic principle is most likely a water soluble solanine type alkaloid. Signs of toxicity appear within 12-24 hours after ingestion. Clinical signs primarily affected the gastro-intestinal and nervous systems. These include vomiting, diarrhoea, increased salivation, wobbly gait, tremors and seizures. Gastro-intestinal signs usually precede the nervous signs. Treatment incorporates intravenous fluid therapy and other supportive care, gastric lavage, enemas and the management neurological signs.

Grape and Raisin Toxicity



This is primarily a toxicity of dogs. As yet the toxic principle has not been identified. Initial signs of toxicity include vomiting, diarrhoea, inappetence, lethargy and depression. Ingestion of grapes and raisins can cause acute renal failure in our canine companions.

What's New @ Reception?



Never ever give up !