

**October  
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# Rhodes Vet Clinic

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**Newsletter**

Rhodes Veterinary Clinic  
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#### **Nurses:**

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## CRUCIATE LIGAMENT REPAIRS

You may have heard about footballers with knee troubles that need a knee reconstruction after tearing their anterior cruciate. This is also a common injury in dogs. There are two categories of dogs that have this problem, those that are very athletic or those that are overweight. The athletic ones often injure themselves doing some kind of jumping whereas those that are overweight can rupture their cruciate without doing much at all.

The cruciate rupture renders the knee unstable so often the dogs will carry the leg. They often do not seem to be in pain but usually do not use the leg properly. If they weight bear on the leg it tends to give way somewhat so they tend to carry it. Diagnosis of a cruciate rupture is done by checking for a "drawer sign". Often this can be done in a regular consultation. Otherwise if the dog is too tense or active it may need to be checked and manipulated under sedation.

Most dogs that have a diagnosed cruciate rupture will require a surgery to stabilise the knee. There are different methods depending on the size of the dog. In larger dogs (over 15kg) we use a graft technique but smaller dogs require use of a synthetic replacement for the ligament. After surgery they are usually

hospitalised for a few days then go home for 6 weeks of very strict rest. They need to be in a cage/pen for all of this time to allow the graft to become strong over the time. The recovery period is usually several months but most return to normal activity in 6-12 months.

The best results are obtained with: early diagnosis followed by the surgery soon after and then VERY STRICT rest. Those that are not managed well often develop arthritis in the knee very rapidly and never return to their normal level of activity. The surgery is only as good as the after care!! We also occasionally do cruciate repairs in cats but they usually follow some kind of fall or accident.



### **We provide:**

- Surgery & Medicine for small and large animals
- Herd Health Advice
- Soft Tissue & Orthopaedic Surgery
- Dentistry
- Digital X-ray
- Ultrasound
- In House Blood Testing
- Nutrition
- Prescription Diets
- Microchip Identification

#### **Simpson Office:**

Our Simpson Office is open  
Monday, Wednesday, Friday  
10am to 3pm  
P: 03 5594 3257

#### **Colac Office:**

Our Colac Office is open  
Monday to Friday  
8am to 6pm  
Saturday 9am to 12 noon  
[www.rhodesveterinaryclinic.com.au](http://www.rhodesveterinaryclinic.com.au)

**We are available 24/7  
for emergencies.  
Our emergency number  
is:  
5232 2111**



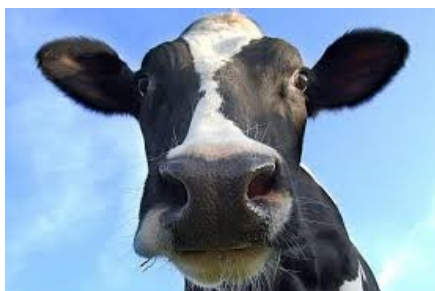
## VACCINATING LIVESTOCK



### Sheep, goats and alpaca

Sheep, Goats and Alpaca should be vaccinated with 5in1. This protects against 5 clostridial diseases: pulpy kidney, tetanus, blacks disease, malignant oedema and blackleg. These bacteria exist in the soil as spores that activate once they gain access to the animal. They are frequently the cause of sudden death. Two vaccines are given 4-6 weeks apart followed by **annual** boosters.

Additionally giving B12 and Selenium at the time of vaccination really helps the breeding ewes.



### Cattle

Cattle should be vaccinated with 7in1 which protects against the clostridial diseases with protection against 2 strains of leptospirosis. Leptospirosis causes urinary tract disease known as red water, however more importantly it is zoonotic and can cause serious disease in humans. So your relief milkers and you do not get this disease. Two vaccines are given 4-6 weeks apart followed by **annual** boosters.

It is recommended that breeding cows be they beef or dairy be vaccinated against causes of calf scours (E.coli, rotavirus, coronavirus, clostridium perfringins and salmonella) and IBR (bovine herpes virus which causes pneumonia) so as to provide protection to their calves through their colostrum against these diseases. These require 2 doses usually 4-6 weeks apart with the last dose 2-4weeks before calving, with booster vaccinations each year before calving.

### Horses

All horses should be vaccinated against tetanus and strangles, we do this with a 2in1 vaccine. These diseases are both life threatening and expensive to treat, however they are easily prevented. Tetanus lives in the soil, but strangles is caught from other horses, so it is particularly important to vaccinate for strangles if you compete or attended pony club. Initial vaccination is three vaccines each a month apart, followed by an **annual** booster. 2in1 vaccines can be purchased over the counter from us, many feed merchants and horse shops.

It is recommended that all horses who travel regularly, especially to any events in NSW, QLD or to competitions where horses from these areas have been trucked down, be vaccinated against Hendra virus. Although the chance of contracting this disease is low, this disease has proven itself to be fatal for humans and a horse can have it and be shedding it for up to a week before clinical signs are seen. Thus vaccination is recommended for the safety of you and your family. Hendra Vaccination is required for some competitions in NSW and QLD due to the increased risk in those regions. Due to the requirement to be able to trace which animals are vaccinated in the case of an outbreak, all horses must be microchipped and the vaccine must be administered by a veterinarian. Two vaccines 1 month apart are given followed by 6 monthly boosters. Testing is currently underway to discover if yearly boosters are sufficient to maintain protection.



Please note that Hendra is currently active with a 19 year old gelding near Murwillumbah NSW dying on the 20<sup>th</sup> of June 2015.

If you are breeding, your mare should be vaccinated again Herpes Virus as this commonly causes abortion.

## Footy Tipping

The annual Rhodes Veterinary Clinic AFL Football Tipping has come to a close for another year!

Thank you to all who participated in the weekly fun and congratulations to the winners.

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|----------------------|----------|----------|--------|
| 1. Alan              | 2. Cindy | 3. Colin | 4. Tom |
| 2nd to last. Peter R |          |          |        |