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INSIDE THIS ISSUE:

President's Desk	1
CPD Review	2-3
New VAN Members	4
VAN News	4
Case Study	5-8

Presidents Desk

Time is flying past so fast, another year has already past for our VAN EXCO with the next AGM coming up in a few weeks. This also means that it is time to elect committee members for those whose term of office is coming to an end.

It is an honour to get the vote of confidence from the members of an Association and to be elected onto the committee. It is a great opportunity to serve the profession and to give something back to our profession. But it is also a big responsibility to serve on a committee, it does not only mean to attend the regular meetings and participate in meaningful discussions. There is much more responsibility on every committee members shoulders. Every committee member must actively participate in the various tasks and decisions taken at meetings.

Personally I don't like meetings, these should be held as effective and short as possible. This can be achieved if all committee members come to the meetings well prepared. All tasks discussed and allocated must be fulfilled diligently as soon as possible. Most things can be dealt with between meetings, and fellow committee members can be informed on the progress regularly.

Within VAN all committee members are doing the task voluntary in their spare time, which is often difficult within our veterinary profession. This makes it even more difficult at times to fulfil all tasks for VAN efficiently.

I want to thank the outgoing committee for all their commitment and hard work during the past year, we are looking forward to all the new challenges for the coming year.

Anselm Voigte

CPD Review

On 10th July 2015 VAN hosted an African Horse Sickness CPD at CVL. Prof. Allen Guthrie, the director of the Equine Research Centre at Onderstepoort, was the main speaker.

The CPD was well attended, 40 veterinarians participated.

After the CPD VAN published guidelines on AHS vaccination and forwarded them to their members via email.

Fotos taken by Dr. Ada Schmidt-Dumont.



The Dental CPD/Workshop took place 30th July-1st August 2015. The CPD was organized by DIAG and Boehringer Ingelheim in collaboration with VAN.

It was split up into Small Animal and Equine groups consisting of about 13 participants for each group. There was a lecture and practical component for each species group.

Dr. Cedric Tutt from South Africa was presenting the CPD. It was also fully booked and much was learnt, especially at the practicals. Fotos taken by Dr. Anselm Voigts.



New VAN Members

VAN would like to welcome their new members:

- 1) Dr. Detlef Marggraff (Windhoek Animal Hospital)
- 2) Dr. Marie-Louise Hesse (Southern Cross Veterinary Practice)
- 3) Dr. Stefan Gerhard Beukes (State Vet Epukiro)

VAN News

As Saara Uusiku's studies are coming to an end, VAN will once again sponsor a bursary for a veterinary student from next year onwards. Adverts have been placed in the news papers (Republikein and Namibian) . The advert and application form can also be viewed on the VAN webpage (www.van.org.na).

VAN would like to announce Christiane Hass as their new book keeper and at the same time thank Gisi Hassel for her years of hard work as book keeper of VAN.

VAN has finally found office space again. The new office is on the first floor at the Meat Board. VAN would like to thank Dr. Spaeth for storage of office furniture and Dr. Hassel for Café Schneider where all previous VAN meetings took place.

Just a quick reminder that the VAN Congress will take place 15-17 October 2015 at Swakopmund. It is essential that each and every participant fills in the registration form well in advance, including state vets. This is very important for catering purposes, otherwise you will not be able to attend the social functions. If you wish to obtain printed proceedings, please indicate so on the registration form. Application forms have been mailed to all VAN members. The form can also be downloaded from the VAN website www.van.org.na.

Tuberculosis in Meerkat: A Case Study

In recent years, Meerkats (*Suricata suricatta*) have increased in popularity as pets on farms and in suburban households in Namibia. Meerkats have been documented to be susceptible to tuberculosis (*Mycobacterium tuberculosis* spp), a fact that may have significant zoonotic implications in people.

A young pet Meerkat originating from the Gobabis district was presented at the Rhino Park Veterinary Clinic, Windhoek with severe respiratory signs and widespread granulomatous cutaneous lesions. A provisional diagnosis of a Mycobacterial infection was subsequently confirmed by laboratory tests.

Case Study

History:

A 5 month old female Meerkat was presented at Rhino Park Veterinary Clinic for second opinion with history of dyspnoea, weight loss and inappetence for about 3 weeks and non-healing, progressively worsening widely distributed granulomatous skin lesions which were non responsive to antibiotic treatment. According to the owners the sibling of this Meerkat died 3 weeks earlier with similar symptoms.

Clinical examination:

Dyspnoea, pink mucous membranes, heart sounds were muffled, mild tachycardia was detected and lung sounds were not audible. Ulcerative granulomatous skin lesions found on the eyelids, between the toes and on the abdomen varied in size between 2mm to 7mm. Chest X-rays were taken, blood smear was done and cytology was done on the skin lesions.



Figure 1, 2, 3: Ulcerative cutaneous skin lesions.

Blood smear:

Blood smear showed severe inflammation with neutrophilia, monocytosis, lymphocytosis and eosinophilia.

Cytology:

Diff-quick staining was performed on the smears taken from the skin lesions. A severe granulomatous reaction (monocytes, lymphocytes and plasma cells) inflammatory with an abundance of neutrophils was evident. On closer examination non-staining banana shaped rods were noticed intra-cytoplasmic in the macrophages. Samples were then sent to the Idexx lab in South Africa and Central Vet Lab in Windhoek for confirmation with acid fast Ziehl Neelsen Stain. Resultantly the cytology yielded numerous acid-fast bacilli bacteria, mostly within cell cytoplasm but also scattered in between.

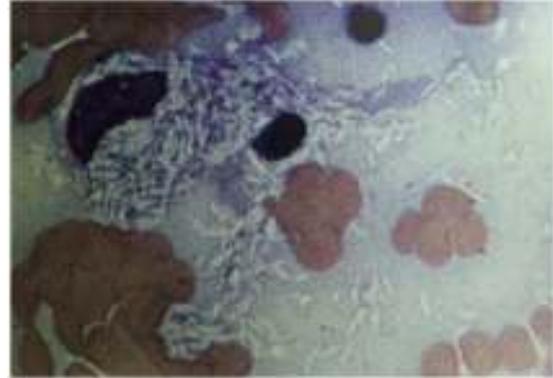


Figure 4,5,6: Banana shaped non-staining intracytoplasmic rod bacteria of *Mycobacterium spp* in smears from granulomatous skin lesions (Diff-quick stain)

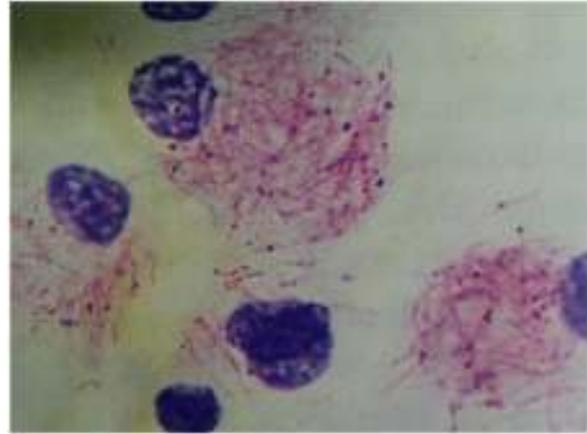
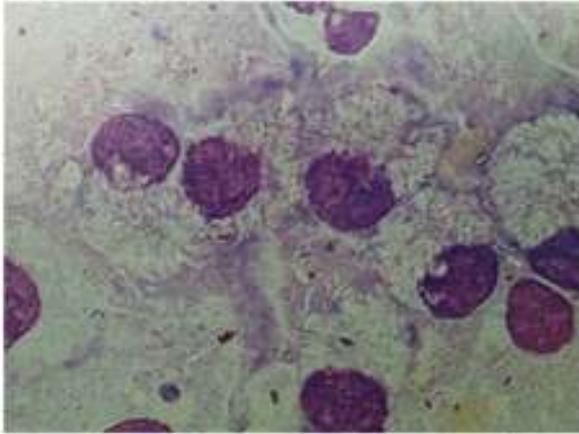
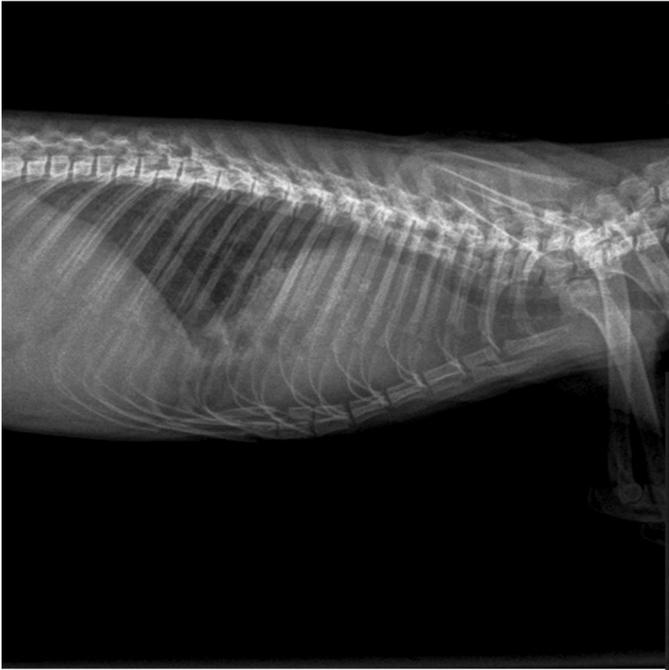


Figure 7: Intra-cytoplasmic rod bacteria from *Mycobacterium spp* (Zeilh-Neelson Stain)

Radiology:

On X-rays virtual complete obliteration of the cranial lung field with dorsal and right sided displacement of the trachea and main stem bronchi. Provisional diagnoses included a granulomatous mycobacterial pneumonia with involvement of sternal and bronchial lymph nodes and likely also the thymus with differential diagnoses being a cranial pleural effusion (unlikely to be bilaterally limited to the cranial chest and unlikely to cause tracheal displacement; Intrathoracic abscess or neoplasia involving intrathoracic lymph nodes and thymus. (Figures 8 and 9)



Post Mortem:

The Meerkat was subsequently euthanased due to zoonotic risk and extreme progression of disease and the carcass was sent to Central Vet laboratory for post mortem and some biopsies were taken from skin lesions and sent to Idexx Laboratory in Pretoria. Skin showed regions of caseous necrosis, lungs presented with Granulomatous pneumonia, severe, multifocal to coalescing.

Histopathology:

The skin samples all showed the presence of granulomatous to pyogranulomatous inflammation in the dermis and extending into the subcutis. Large numbers of macrophages were present and some appeared epithelioid and binucleate, and they were accompanied by lymphocytes and plasma cells and in areas also few neutrophils. Neovascularisation and mild spindle cell presence were also visible. The overlying epidermis was moderately hyperplastic.

Histopathological Examination of the lung tissue after post mortem revealed a severe multifocal to coalescing pneumonia characterised by a cell infiltrate of mainly macrophages and Langerhans Giant cells together with lesser numbers of lymphocytes and plasma cells. Examination of the lymph node revealed near complete obliteration of the node architecture with just the occasional lymphoid nodule remaining. The central areas were characterised by caseous necrosis.

Microbiology:

Samples were sent to Idexx Laboratories in Johannesburg in South Africa for anti-biogram and culture but the culture was negative for *Mycobacterium spp*, Due to mycobacteria being relatively slow growing bacteria that are difficult to culture this finding does not exclude this diagnosis.

Diagnosis:

A systemic, wide spread mycobacterial infection based on *Mycobacterium spp*. Demonstrated both on cytology and histopathology. Unfortunately the species was not confirmed on the cultures that were performed.

Discussion:

Mycobacterium tuberculosis is a pathogen of extreme zoonotic importance. It has been documented in wide range of species. When suspected, a provisional diagnosis can easily be made by specifically looking for the banana shaped non-staining rods in the cytoplasm of the macrophages on diff quick cytology. The next step in the diagnostic workup should then be confirmation on cytology with the aid of acid fast stains (ZN).

For an ultimate diagnosis with species identification PCR and culture are the gold standard. Mycobacterium are slow growing bacteria to culture and hence in this case a conclusive diagnosis to species level was not achieved.

Over the last 10 years at least three similar cases have been diagnosed in this clinic. In one case *Mycobacterium tuberculosis* was isolated on culture.

Due to the serious zoonotic implications in cases like this we urge our colleagues to be vigilant of this possible infection whenever a patient with granulomatous lesions is presented for diagnosis (esp. if non-responsive to anti-biotic treatment) make use of diagnostic cytology as described to aid in the diagnosis.

Ulf H. Tubbesing, Alexandra Marko, Minty V. Soni

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