



Paws, Claws and More

Mount Hutton
PET HOSPITAL

Mount Hutton Pet Hospital Newsletter
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Toucan Rescue Ranch



On a recent trip to Costa Rica, we (Dr Ray, Donna and Emily) discovered the Toucan Rescue Centre just outside the capital San Jose. It is a rainforest wildlife rescue, rehabilitation and release organisation focusing on the care, rehabilitation and study of Costa

Rican wildlife. Sick, injured or confiscated animals are brought to the centre from the government or members of the community. They are given medical treatment, rehabilitation and, if possible, returned to their native habitat. If not able to be released into the wild, the animal is kept at the rescue centre and taken care of as a new permanent resident. They are given a purpose built enclosure designed to meet all their physical, environmental and physiological needs.

Some goals of the rescue centre include:

- To establish a captive breeding program for all 6 Costa Rican toucan species

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- To accept, evaluate and treat rescued toucans, sloths, owls and other birds or animals in need
- To rehabilitate and release, when possible, any injured bird or wildlife back to its natural environment
- Provide educational programs, research sites and facilities as well as volunteer opportunities for local, national and international community members

After beginning with just toucans, the centre quickly expanded to accepting sloths, then other bird species (including birds of prey) and recently other types of mammals. Residents include sloths, toucans, scarlet macaws, owls, parakeets, kinkajou, oncilla, porcupines, otter and a spider monkey. This huge variety of animals ensures there is always food that needs to be prepared, cages that need cleaning or attention to be given.

While at the centre we decided to sponsor and adopt a few animals to help provide funding for food, enclosure maintenance and any medical bills. Over the next few issues we will introduce our new sponsor animals to you and share their stories.

Make sure you visit the website (<http://www.toucanrescuerranch.org/>) to read their story, meet some of the animals and understand more about the wonderful job this centre does.



Breed Bio - Blue Macaw

Quite different from your average pet bird, the blue macaw (also known as the hyacinth macaw) is the largest parrot species in the world. It is native to Central and Eastern South America and can have a wingspan up to 16.3 inches long. It is classified as an endangered species in its native habitat.

Blue macaws as pets in Australia are quite rare and can cost as much as \$150,000 for a single bird from a reputable breeder.

Their diet mainly consists of nuts and a seed, as their strong beak allows them to break them open. They can even crack coconuts, Brazil nuts and macadamias. Other parts of their diet include fruits, vegetable matter and nectar. Sometimes to acquire these foods they travel large distances in the wild. As a pet, these birds should be given a high quality pellet diet with a seed mix. Treats high in fat should be avoided.

Exotics birds like this are becoming increasingly popular as pets in Australia but they do require special care and knowledge from their owners. Large aviaries are a must – allowing them freedom to move, fly, climb and stretch their muscles to prevent boredom, stress and aggression. Training early to prevent biting is a must as their peaks are extremely powerful and have the potential for significant damage. Frequent interaction is a must to build a bond and affection for the bird. Lack of affection and interaction can lead to emotional disturbances and manifestations of stress like feather picking. Generally, they are considered a very gentle and even-tempered bird as a pet.



As with all other types of pets, ensure you do your research and adopt a macaw from a reputable breeder who can advise you on how to best look after your new friend. As they can live for up to 65 years, it is a long term commitment. Health checks should be performed annually or every 6 months to ensure the birds are in good health and deal with any potential problems.



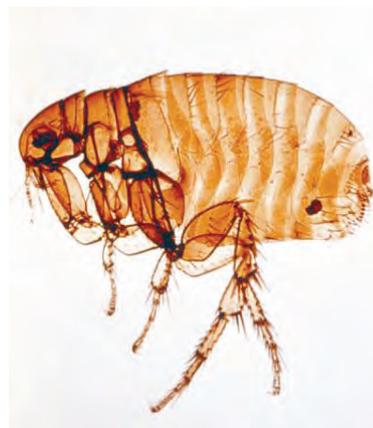
Fleas - they're still here! Just sleeping

As the cooler months approach, you may start to see a reduction in the amount of fleas around your house and on your pets. It is interesting to know however, that fleas do not die off over winter, they merely hibernate during the colder months.

It is vitally important to keep up with your flea preventions monthly over winter to stop an outbreak in spring. It can take up to 3 months to break a flea cycle.



Female fleas feed and breed on your pet, laying up to 50 eggs per day. The eggs fall off into the environment, particularly where pets rest and sleep. In warm, humid conditions (like your cosy home in winter), the eggs hatch into microscopic larvae in a few days. The larvae look for humidity, move away from light and feed on organic debris in the environment, especially faeces (flea dirt) produced by adult fleas.



Within a few days, each larva spins a cocoon, and then pupates to a new adult flea. When environmental conditions are optimal, the development cycle from egg to adult flea may be completed in 2 weeks, but fully formed adult fleas can survive in the cocoon for up to 6 months. These pre-emerged adults make up a large reserve of parasites in the environment that can immediately emerge to jump onto a passing host, like your pet. In this way, the cycle begins again and adult fleas can re-infest your pet.

Please don't forget to keep up to date with your monthly flea prevention this coming winter to prevent an uncomfortable outbreak of fleas in spring. If you would like to speak to one of our friendly nurses regarding flea prevention, don't hesitate to contact the clinic on 4947 1311.

Kidz Korner

AUTUMN WORD SEARCH

SCARECROW

OUTSIDE

FUN

WINDY

KITES

LEAVES

RAKE

AUTUMN

D V O A V E F K T N I I A B L P L O Q D
Y S N X I S B G U F T C Y Z G S Y S V A
H N O V P V L F G J G N Z D U L K C S S
E G N A R O X K N P Y B Q H X A U A M K
Z Y G M F S A N Q H R F Q E Z P U R A Z
H M X T X Y Q Z U M S Q J Y Q P M E M C
N W S T Q G M A Y R I B W H D A G C O U
N S E X X P Q V F T A F F B M N J R D D
O C E K E F L V G N U C O T M I I O S L
U G H E J A U S B H H F B U N J Q W C I
T P W V R U A P R I L W M W N Q P U F Z
S U U V E T N L O W D K P N F M C R V J
I B Z X L U Z N W A M H Y O M K R T V I
D J G D R M B S N H H C O W P K I T E S
E Z A D K N J D V M Y C T M O H C D Q T
F B T L L P M G A H G Q R M P L S T X J
E Q J J A I H W G T K V G A K R L L U P
F I L M J N Y Y E J D K B F M W O E Z O
P P V Q N E K A R F J Z C Y X F Q P Y C
K E S M Y R S E V A E L N M V L X B Z O

ORANGE

MAY

MARCH

APRIL

YELLOW

BROWN

TREES



Autumn

Ray's Reptile Report

Rather than discussing a common reptile problem in this edition, I thought that I would relate the circumstances surrounding the treatment of an interesting recent case. It typifies the challenges in treating reptile patients and the completely unique features that they possess.

On a busy Monday morning a client rang the clinic for some advice concerning a pregnant Australian Scrub python (*Morelia amethystina* or *kinghorni*) that had laid 3 eggs over the previous week but none in the last 4 days. In previous years she had laid up to 16 eggs, usually within a period of a few days. She was displaying no normal nesting behaviour and the owner feared that any retained eggs not laid could decompose within the oviduct and cause the death of the snake. His fears were definitely well founded since Scrub pythons usually lay up to 25 eggs in a clutch and, given her previous breeding history; it was very likely that she still carried up to 20 eggs inside her. If she was unable to lay them relatively quickly then she could indeed become sick or even die due to the toxic effects of decomposing eggs.



In terms of length, Scrub pythons are considered to be Australia's largest snake. In exceptional cases they have grown up to 6 metres in length but are relatively lightly built due to their mainly arboreal habits. Terrestrial pythons such as the Olive python will not grow as long as Scrub pythons but possess heavier bodies and weigh slightly more. In temperament, Scrub pythons have been known to be one of the more aggressive Australian python species and are willing to bite to defend themselves if they feel threatened. When questioned as to the dimensions of his python, the owner informed me that she was about 3 ½ metres in length, weighed about 16

Kilograms and was about 10 years of age. The snake was obviously a large mature female of considerable size. The thought of an angry 12 foot Scrub python was of concern since I had previously been bitten by a 2 ½ metre Scrub python and it had caused a lot of damage due to its mouth full of long recurved teeth. The snake's owner was advised that the snake needed to be checked as soon as possible and hopefully helped to deliver the remaining eggs. At the time I secretly doubted that the snake was over 2 ½ metres in length as most python owners greatly exaggerate the length of their snake by as much as 30% and the fact Scrub pythons of that size were relatively uncommon. To my surprise, when the snake arrived, it was contained in a large sealed plastic tub rather than the usual pillow case and it took two people to carry it into the consult room. When I slowly and carefully lifted the lid off the tub, a large fat healthy Scrub python was staring calmly back at me. I was somewhat surprised to judge its length at about 4 metres and about 20 kilograms in weight. Its girth was about 30 to 40 centimetres at its widest. Not as bulky as an Olive python of the same length but nevertheless a very impressive example of the species. Fortunately she proved to be a very mild-mannered and good tempered snake with no displays of aggression or attempts to bite at all. When weighed, she was 21 kilograms. She tolerated my examination calmly and proved to be in excellent health.

Unlike other pythons such as Childrens or Carpet, whose eggs can usually be palpated easily due to their small size, it proved to be impossible to palpate any eggs in this snake due to her large girth. Since I strongly suspected there were more eggs to come, I decided that an x-ray was the only way to confirm their presence and how many and where they were located. Reptile egg shells are not as calcified as bird eggs and do not appear as obviously in x-rays but it was obvious that this snake still held at least 10 eggs in her oviduct and that they were not close to being laid. This situation meant that two treatment options were considered to help remove the eggs – induce further labour with Oxytocin or surgical removal via caesarean. Given that the snake was showing no signs of ill health and, after discussing the options with the owner, it was decided to attempt to induce birth medically



and perform surgery if this was unsuccessful. Since the eggs that could be seen on x-ray were showing no signs of deterioration, induction was considered a safe option. Four doses of Oxytocin were prepared with the first dose given by me during the consult. A further 3 doses were dispensed to the owner, with instructions that they were to be given at 4 hourly intervals if all the eggs were not passed after the initial doses. Should less than 10 eggs be passed in the next 24 hours then the surgical option would be likely to be needed. Unfortunately only 2 further eggs were laid over the next 24 hours and she was re-presented on the

Wednesday for re-assessment.

I was of the opinion that induction was unlikely to be effective but thought it was worth a try since it represented the least dangerous option. Induction with Oxytocin could rarely result in oviduct rupture if administered too often or in excessive doses and, with this in mind, a 24 hour treatment course was deemed safe. Unfortunately, whilst it was safe, it also proved to be ineffective due to the decreased sensitivity of the muscles of

contraction in the oviduct this long after labour was first commenced. It was then decided that surgical removal of the eggs was the only remaining option—a caesarean.

As the snake was still in good health, surgical risk was minimal. It was also probably the largest snake that I had ever scheduled for surgery but this, as it turned out, was a definite advantage. Other than the anaesthetic, the biggest problem was accurately identifying the location of the eggs in the snake's abdomen. A series of labelled x-rays of successive areas of the abdomen allowed us to identify their position. They were located in the last 30 % of the body-the Oxytocin had moved them closer together but not enough to pass them. Twelve eggs were found to remain. For the surgery to be performed, it was necessary for the snake to be laid out in a straight line. This allowed for easier and unrestricted respiration throughout the entire right lung. Two operating tables were laid end-to-end to permit this and five heat mats were laid under the body of the snake. Anaesthetic was first administered by a modified gas mask and, when sufficiently relaxed, a special small breathing tube was passed into the snake's trachea through the opening in the mouth. The tube was connected to our anaesthetic machine and a mix of oxygen and anaesthetic gas (isoflurane) was used to keep the snake asleep. Extra breaths were added every 30 seconds to maintain good tissue oxygenation.

The anaesthetic proceeded very smoothly for the entire operation. With the snake laid on its side, an incision was made between the second and third rows of small scales on the side of the body, just above the wide belly scales.



This surgical site is chosen because of minimal wound tension, is less likely to be contaminated by crawling activity, and avoids the large vein that runs along the belly inside the abdomen. Under the scales is the thick muscle wall. A 20 cm incision was made and this allowed us to easily reach all the eggs when then oviduct was lifted to the level of the incision. Subsequent post-operative x-rays could find no sign of eggs remaining. The oviduct, muscle and scales were closed and antibiotics were given. Pain relief was given before the surgery began. Recovery from the anaesthetic occurred about 15 minutes after the anaesthetic was turned off. Voluntary head and body movement followed soon after.

This is an ideal anaesthetic recovery time and she was completely recovered within 24 hours post surgery. The success and ease of anaesthesia was due to the control that the tracheal tube gave in delivering accurate gas and oxygen levels. Interestingly, it took three nurses to carry the recovering patient to its post-operative enclosure.

This was a very interesting, challenging and unique case for many reasons but the experience gained was invaluable for future similar cases. The size of the patient was an obstacle but ultimately proved to be its biggest asset. Fortunately for us, she proved to be a co-operative patient and this made our job a lot easier. Locating the twelve retained eggs was a major challenge but was successfully overcome. The result was very satisfying and the snake has made a complete recovery. Unfortunately all the eggs proved to be infertile this time but there is no reason why she can't breed again in the future. Hopefully she has more success in laying them next time.

Staff Profile - Dr Ian Ashpole

G'day folks. I have recently swapped the cold, overcast skies of my home in the UK for the sunshine and beaches of NSW and I am looking forward to the challenges ahead.

I qualified as a veterinarian in 2008 and have spent time in small animal private practice as well as following my passion for zoo and exotic animal medicine. At home, I have a lovely Weimaraner dog and a 23 year-old iguana, Godzilla, who can be a bit cranky!



In my spare time, I like to keep fit by going to the gym and exploring new places on my mountain bike, alongside bush-walking, drawing and discovering new music.

I am keen to get involved with all aspects of life and work at Mount Hutton Pet Hospital and I look forward to meeting you and your pets at some point in the future.

