



LINWOOD
VETERINARY SERVICES

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24 Hour Emergency Vet Service

SEPTEMBER 2011 NEWSLETTER

Clinic News

We're pleased to introduce Brandi Murray, who joined the Linwood Vet team this summer. Brandi is a Registered Veterinary Technician who grew up on a dairy farm. Brandi has been working with Jenn and Michele and is looking forward to meeting all of Linwood's clients!

Hypocalcaemia, a.k.a. Milk Fever

The dairy industry has much to do before it moves on from milk fever. Milk fever clinically affect up to 6 percent of dairy cows at a cost of about \$300 per case despite improved management of the transition period. Furthermore, up to 60 percent of cows in some herds experience subclinical hypocalcaemia, which could be even more costly because of its higher prevalence.

The University of Illinois conducted a national survey including more than 1,400 dairy cows and found that 25 percent of first-lactation animals, 42 percent of second-lactation animals and 53 percent of third-lactation and high animals had blood calcium levels which met the definition of subclinical milk fever.

Nutritional strategies, like properly employed transition diets, and the addition of anionic salts to pre-fresh diets, have helped many dairies significantly reduce hypocalcaemia. You can cut cases even more with targeted use of subcutaneous and oral calcium supplements.

Focus on prevention

In addition to the traditional subcutaneous calcium, the oral calcium supplements in the form of drenches or gels are getting a second look, especially when it comes to milk fever prevention protocols. This tool is often associated with treatments during stage I of a clinical case or to prevent relapses following intravenous calcium treatment.

Identify the high-risk cow

The risks included:

- A pre-fresh locomotion score of three or four.
- A pre-fresh body condition score of 2.75 or less.
- A dry period longer than 60 days.
- Twin births or still births.

These criteria offered a way to predict post-calving problems.

MILK FEVER FACTS

Hypocalcaemia occurs when a cow's system is unable to maintain a stable, constant blood calcium level during the sudden outflow of calcium that occurs usually around calving. As a result, blood calcium levels drop and cows show physical symptoms that range from hypersensitive, nervous behavior, along with an increased heart rate, weakness and shuffling of feet in stage I to flaccid paralysis, fine muscle tremors, cold extremities and the cow's head most commonly turned into her flank in stage II. The symptoms for stage III cows include a loss of consciousness to coma, mild to severe bloat, and a very weak, rapid heart rate. Cows in this stage die within a few hours without treatment. Consult with your veterinarian for proper treatment protocols.

Risk factors include:

- Breed of animal. (Jerseys are generally more susceptible than Holsteins.)
- Age of animal. (The higher the lactation number increases the risk.)

- Milk production. (Higher production also increases the risk.)

Generally about 75 percent of clinical cases present within 24 hours of calving, 6 percent occur at calving and cause dystocia, and 12 percent occur more than 24 to 48 hours after calving. About 7 percent of milk fever cases occur later in lactation.

In addition, hypocalcaemia has been linked to many postpartum disorders and may have sluggish early-lactation milk production, low dry matter intake and higher incidences of displaced abomasum, retained placenta, ketosis, mastitis and other fresh-cow disorders.

DCHA tip of the week: Risk factors for heifer mastitis

The risk factors are numerous and they include:

- Calving during the summer time
- High herd somatic cell count (SCC)
- Presence of *Staph. aureus* and *Mycoplasma* species on the farm
- Lack of fly control
- Feeding calves mastitic waste milk
- Close contact among calves
- Absence of antibiotic therapy to heifers
- Contact between heifers and adult cows
- Inadequate milking procedure after calving
- Poor housing/environmental conditions

This underscores the importance of focusing on mastitis prevention and control well before heifers freshen.

Equine Vaccination Protocols

Vaccination of horses helps to minimize the risk of disease. Choosing what to vaccinate for involves considering the disease impact on the horse and risk to humans. Each farm has different needs and, by consulting with your veterinarian, an annual vaccination plan can be tailored to your situation.

General recommendations can be made for our area.

Minimum Recommended (Core) Vaccines for Southern Ontario include:

- Rabies
- Tetanus
- Eastern and Western Equine Encephalomyelitis (EEE and WEE)
- West Nile Virus (WNV)

Rabies is a fatal disease and present in the wild animal population of Ontario. It is recommended to always vaccinate for Rabies. Tetanus is caused by a bacterium that lives in the horse's bowel and the soil. It can cause a fatal paralysis when given the opportunity and may enter and infect wounds, the uterus at foaling or the navel of newborn foals. EEE, WEE and WNV are viruses spread by mosquitoes. They have a high mortality rate and are seen consistently in Canada and the USA.

Additional Suggested Vaccines for our area include:

- Strangles (*S. equi*)
- Equine Herpes Virus (EHV-1, Rhinopneumonitis, or "Rhino")

Strangles is a highly contagious upper respiratory infection that produces nasal discharge, fever and enlarged lymph nodes. It is easily spread from horse to horse. Rhino is a virus that may cause respiratory disease but may also cause abortion in pregnant mares. Clients may wish to vaccinate the mares they expect to breed. Strangles vaccine may cause adverse reaction in horses that have been naturally infected before.

Vaccine Schedule

For a foal or adult which hasn't been vaccinated before, they will require a primary series of two shots about four to six weeks apart. In most cases, healthy foals born to vaccinated dams may be initially vaccinated at four to six months of age.

Adults are usually vaccinated annually. We want to vaccinate 4-6 weeks before foaling and colostrum production in mares to protect newborns, and consider our annual boosters before mosquito season begins. It then makes sense to do annual vaccinations in March.

In this cycle, foals born between April 1st and June 1st will be four to six months old in October and may be given their first shots followed by a booster 4-6 weeks later in November. The following March, they will be yearlings and may be given an annual booster at the same time as all other adult horses.