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Clinic information

The clinic will be closed Friday, December 25 for Christmas Day, Saturday, December 26 for Boxing Day and Friday, January 1 for New Years Day. Please try to plan ahead for your pharmaceutical needs during the holiday season.

Upcoming meeting

Waterloo Cattlemen's Association Annual Meeting
Wednesday January 20, 2010, 11:00 am
Linwood Community Centre
Beef dinner and guest speakers
more information call Steve Foster 519-746-0258

SHEEP AND GOATS

Sheep and Goat ultrasound pregnancy testing is now being offered by Jennifer Major, RVT and Michele Steeves, RVT. The ideal time to ultrasound goats for accurate pregnancy testing is 45 – 75 days, whereas the ideal time for sheep is 55 – 100 days.

It is helpful to fast animals several hours prior to scheduled appointment, and have a clean, dry area for preg testing. It is also beneficial to know the date of the ram/buck entry and removal. Knowing which ewes/does are open in your herd can only help increase your chances at success.

Please call the clinic to set up an appointment!!

BOVINE

Mycoplasma Bovis - Opportunist

This small bacteria was first isolated in mastitis cases in 1961 and then pneumonia cases in the 70's. Mycoplasma bovis (Mb) is responsible for chronic pneumonia, middle ear infection and septic arthritis in calves and is the agent responsible for polyarthritis syndrome resulting in decreased weight gain and carcass quality in finishing cattle. Mb mastitis has been found in 2% of herds in Prince Edward Island and reported in outbreaks in Quebec. Mb can be found on healthy animals and is probably on most farms. Therefore, infection occurs via feeding contaminated milk, nose to nose as well as placenta contact, in utero and contact with contaminated environments. Development of clinical signs requires risk factors like a concurrent viral infection such as BVD, any type of stress and /or environmental factors related to housing and ventilation.

The clinical signs for pneumonia, otitis media (ear infection) and septic arthritis are well known. Infection can also cause endocarditis, meningitis, abscesses and pinkeye. In general, suspect Mb if there are no specific signs with a chronic and weakening condition where the use of antibiotics results in no response to treatment. Confirmation of an infection is via necropsy and culture of the Mb.

Treatment requires antibiotics since Mb is a bacteria. There is a lot of antibiotic resistance and poor response to therapy. Good choices are Draxxin, A180, LS100 and Tetracyclines. The length of treatment has to be 10-15 days to be effective and therefore effects the selection of which antibiotic is practical.

Prognosis is guarded and depends on early diagnosis and treatment. The presence of concurrent diseases play a large role in response to therapy. Remember, Mb is everywhere so prevention and control is through the reduction of infection pressure and decrease potential risk factors. Try to avoid overcrowding, limit nose to nose contact between age groups, segregate ill animals, provide adequate ventilation and provide a clean environment. Decrease risk of concurrent disease by providing adequate colostrums at birth and employ a vaccination program to reduce the impact of viral diseases such as BVD. Purchasing Mb free animals is not a practical prevention option at this time.