



TOPVETS

Moosletter

June 2014

Brief News

New Staff Member

This June we have welcomed a new member to the TopVets Team. Karyn is a new graduate veterinarian hailing from Rotorua. She will be working in both the large and small animal areas. Welcome Karyn.

Breaking News—Calf Euthanasia

As a result of a recent review of calf euthanasia practices, it is now illegal to use blunt force to euthanase calves. It is now essential to use either firearm or captive bolt when euthanizing calves.



Lepto Vaccinations and Blood Profiling

Josh our veterinary technician is making good progress on the annual lepto vaccinations and blood profiling rounds. Please get in touch with him to book in your leptos and blood profiles if you haven't already. It is important for the protection of yourselves and your staff to vaccinate your spring calvers prior to calving.

Calf Debudding

It's that time again, just a reminder that the ideal age for debudding is 2-6 weeks old. We have the options of full anaesthetic plus local or alternatively using the calf crush with local anaesthetic. Please contact us to book in.

Welcome to the June newsletter and the beginning of winter.

Calving is underway for many of you and it is time to stock up on calving supplies, metabolic treatments etc.

If you ring up for calving assistance, useful information to provide includes is it a cow or heifer? How long has she been calving? Is the calf alive? And what can you see/feel?

Lloyd recently attended a BVD update in Whangarei and has all the latest information on the disease and it's management.

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Bovine Digital Dermatitis

Bovine digital dermatitis (BDD) is a new and emerging problem in NZ. It is an infection of the foot caused by bacteria. BDD spreads from cow to cow through the paddock, races and feed pads especially when it's muddy. Once it is found in a herd, it is virtually impossible to eradicate.

The first sign of BDD is usually a moist, raw sore, often appearing light grey/brown in colour at the back of the feet between the heels. It has a foul odour and when cleaned looks red raw and is severely painful to touch. Unlike footrot there doesn't tend to be swelling in the tissues surrounding the lesion. Often it will be the rear feet affected. Affected cows are not always that lame when walking but are often reluctant to put the foot down fully when standing and may flick the foot out for no apparent reason. Over time the sores tend to harden up and become less painful however the cow will remain a carrier and be a source of infection to other cows.

Control of BDD is by regular foot bathing and good hygiene. Active lesions respond to antibiotics.

BDD is usually introduced by buying in affected cows. It can also be transmitted via hoof paring tools that might have been used on affected animals so good hygiene is important.

So keep an eye out for suspect lesions, if you do find them let us know.



Merial Ancare Winter Promotions

Eprinex 3 + 1 Free Deal

When you purchase 3x 5L Eprinex pour-on you will receive one 5L FREE.



Genesis Pour-on 1,2, FREE

Purchase 2x 5.5L Genesis Pour On and receive a third one free.
Until 30th June



Winter Travel Package Promotion

Purchase \$1000 worth of qualifying Merial Ancare products to get in the draw to win one of two travel packages worth \$10,000 each.
Ends 31st August 2014.

Winter Cattle Promotion

Purchase qualifying Merial Ancare products and receive a 60L Koru Macpac Bag worth \$399.
Ends 31st July 2014 or while stocks last.

Check Them Early, Check Them All

Dirty cows cost \$\$\$\$. Cows affected by endometritis (a post-calving uterine infection) have reduced fertility, with lower submission and conception rates causing lost days in milk and a higher chance of being empty. Some herds may have around 10% of cows affected.

Using the metrichecking tool to collect a sample from around the cervix, we can identify affected animals rapidly and treat them on the same day.

The best time to check cows is 7-21 days post-calving. After the 4 week mark uterine involution will have occurred and infection is therefore likely to be missed. Checking cows in batches works well to allow optimal timing.

Previous emphasis has been on checking “at risk” cows (those with assisted calvings, retained membranes, twins, inductions, milk fever or dead calves) however research has shown that about two thirds of endometritis cases occurred in cows NOT in the “at risk” category. Therefore it is recommended to check the whole herd.

In summary:

- There are more dirty cows out there than we can pick up by only looking at the at-risk cows. Metrichecking the whole herd is best.
- The earlier we treat affected cows the better their fertility and the less negative impact on submission and conception rates.



The Latest on Theileria

MPI's vets have warned recently that Theileria will be more severe this spring and it could well be a testing time for North Island farmers. Ticks are prolific, with adults capable of laying up to 2000 eggs each. While droughts kill them, many can survive dry conditions. The larvae peak occurred during mid summer, nymphs in winter and early spring and adults over late spring and early summer months.



To date 565 farms have reported clinical case to MPI. 429 of these were dairy farms. Farms in North Waikato were hit hard with reports of up to 60 cow deaths on certain farms. Signs of Theileria were varied e.g. yellow vulva and 3rd eyelid mucous membranes, poor body condition, constipation, dullness and lethargy. All of these relate to the anaemia. Once a herd has been hit it seems decreasing the stress was the single most important action, e.g. cows on once a day milking and reduced walking distance to the shed.

Treatment with BPO containing drugs has not proved successful in all cases. Problems around very long withholding times for milk and meat has caused concern. Treated animals have to be carefully recorded against lifetime ID'S. Some meat works don't actually want to kill these animals as the meat is only good for rendering.

Feline AIDS

Feline AIDS is caused by infection with feline immunodeficiency virus (FIV). FIV causes a potentially fatal viral disease that interferes with the cat's immune system.



The virus lives in the blood of the infected cat and is carried in its system throughout its life. Infected cats may expose healthy cats with which they come into contact, most often through biting. Even though the feline aids virus is related to human immunodeficiency virus (HIV), no human has ever been reported to be infected with FIV.

While some infected cats show no obvious signs of disease, others may display some of the following symptoms: weight loss, painful gums and dental disease, eye lesions, chronic infections, cancer and neurological disease. As happens in AIDS, the immune system becomes too weak to fight off infections eventually resulting in death.

New Zealand is a country with high levels of FIV in the cat population ranging from 7% in healthy cats to 27% in sick cats.

All cats with outdoor access are ultimately at risk of contracting FIV. Cats that fight regularly are at a particularly high risk. There is no treatment or cure for an FIV infected cat.

Vaccination is the only way to help prevent feline AIDS. There is a vaccine available which requires three doses at 2-4 week intervals to build immunity, which must be followed up with annual boosters to maintain the best chance of protection.

A blood test may be required before vaccination to check for pre-exposure to the virus, however it is not typically required before your cat is 6 months of age.

The FIV vaccine is a safe and effective vaccine. Only occasional reactions to the vaccine have been reported, typically loss of appetite and lethargy for the first 24 hours after vaccination.

Cattle Abortion

We have been seeing a few cases of abortions lately in cattle herds. Although a low rate of abortion e.g. 1-2 per 100 cows can be normal, abortions that occur in clusters or at a higher rate are not.

The most common causes of abortion in New Zealand cows are Neospora, BVD, fungal causes (e.g. eating mouldy silage/hay), leptospirosis and Macrocarpa ingestion.

The cause of abortion is often difficult to diagnose. The more information we can get, the more chance we have of finding the cause. For investigation of aborted fetuses we ideally need the foetus itself, along with the placenta. A blood sample from the dam can also be helpful.

Even with all of these samples, a diagnosis is reached in only about 50% of cases.



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