

CVC CLINIC NEWS

Welcome to the May edition of the CVC Dairy Newsletter! We hope everyone is well with the start of all this cold weather. With Autumn calving well underway, this issue will focus on calf scours and how to diagnose causative agents as well as treatment and management. This edition will also provide information on herd health checks to assist you in getting your cows ready for the mating period.

We are available
24 hours for emergen-
cies on 5593 1077.

Follow the prompts
to speak to the
veterinarian on call.

CALF SCOURS

Calves are especially susceptible to scours in their first 28 days of life. There are a range of pathogens which can cause scours in calves, including bacterial or viral infections as well as parasites. Generally these pathogens attack the lining of a calf's intestine resulting in diarrhoea and limiting your calves ability to absorb nutrients. Calf scours can lead to weight loss and dehydration.

DIAGNOSIS : Diagnosis is difficult to make based on clinical signs alone. Often additional diagnostics are required including rainbow-6 scour tests, faecal culture, smears and/or post mortem examinations.

TREATMENT: Treatment will vary depending on the pathogen involved and the clinical state of the calf.

Calves that are able to stand and are still suckling can be provided with oral electrolytes as supportive therapy. Calves that are unable to stand and will not suckle require intravenous fluid therapy administered by a veterinarian. Scouring calves may also require antibiotics, however a vet will be able to assist you with antibiotic choice when consulted.

ELECTROLYTE SELECTION: Electrolyte solutions containing bicarbonate should not be fed within 2 hours of feeding milk as it can affect the casein clot formation of milk in the stomach of the calf. This can contribute to further scouring.

VetreLYTE-ZB is an electrolyte mix which can be given with or without milk as it does not disrupt milk clot formation. This electrolyte mixture can be purchased through Camperdown Veterinary Centre.

2kg = \$55.91, 4kg = \$91.21 and 10kg= \$171.50

Pathogen	Common age of Onset	Clinical Signs
Rotavirus	1-6 days	Watery brown faeces with blood and mucus
E.coli	1-7 days	Yellow to white faeces
Coronavirus	7-10 days	Watery yellow faeces
Clostridium perfringens	7-28 days	Sudden death, blood tinged diarrhoea
Cryptosporidium	7-21 days	Watery brown to light green faeces with blood and mucus
coccidia	7 days and after	Blood-tinged diarrhoea with straining
Salmonella	1-7 days	Yellow to white faeces



DAIRY HERD HEALTH VISITS

With calving well under way on most farms, it is time to start thinking about getting prepared for joining. Reproductive management is the cornerstone of dairy production and early planning for “at risk cows” is essential for ensuring your herd achieves the best results come preg testing time.

It is normal for cows to have vaginal discharge for 12 days after calving - this is part of the normal process as the uterus recovers from pregnancy. Vaginal discharge that is malodorous or persists longer than 14 days after calving is considered abnormal and may indicate either endometritis or metritis. Both metritis and endometritis can significantly affect a cows ability to get back in calf.



Metritis is an infection of the deep muscle layers of the uterus and generally results in a clinically sick cow. Illness can range from mild to life threatening and most commonly occurs shortly after calving.

Endometritis is an infection of the inner layers of the uterus and is most commonly what we consider a ‘dirty cow’. Affected cows generally have minimal signs of clinical illness. The main clinical sign is the presence of purulent material (pus) in the vagina. Endometritis is a common cause of poor reproductive performance in dairy cows. The major risk factors for developing endometritis include:

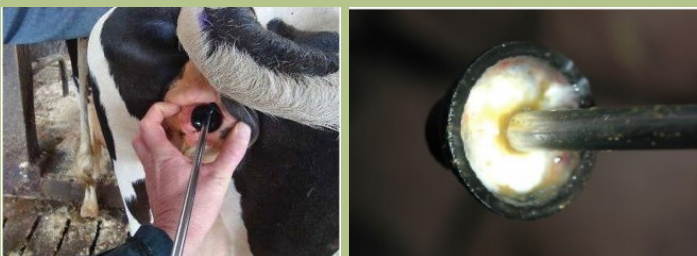
- Dystocia (difficult calving)
- Premature calving (including abortion and induction as well as twin calving)
- Retained fetal membranes (RFMs)
- Inadequate transition period nutrition including metabolic conditions such as hypocalcemia (milk fever), hypo magnesia (grass tetany), ketosis and fatty liver syndrome.

It is recommended to get your cows checked well before the start of joining to ensure cows are cycling. We offer herd health visits to all dairy clients which include metrichecking, rectal palpation of reproductive organs in any abnormal cases and treatment of endometritis or metritis.

WHAT IS METRICHECKING?

“**Metrichecking**” is a procedure in which a Metricheck® device is inserted into the cows vagina to sample any discharge sitting near the cervix or cranial vagina. The identification of pus in this discharge is highly indicative of endometritis. Therefore metrichecking can be used to identify cows which require treatment prior to joining.

Metrichecking can be performed on the whole herd post-calving or for high risk cows only. Metrichecking is a quick procedure that causes minimal discomfort and can be performed at milking on most dairies.



WHAT IS METRICURE?

Cows can be treated for endometritis with an intrauterine antibiotic called “**Metricure**”. The antibiotic is placed directly into the uterus using a catheter (like semen during artificial insemination). Treatment of infected cows can improve 6 week in calf rates by up to 15%. Cows with mild cases of endometritis may self cure, therefore we recommend waiting until 3-4 weeks after a cow has calved before getting her checked and treated.

Metricure has a 0 day milk withhold and therefore treatment with Metricure will not impact on milking.

If you would like to book a herd health visit for your cows, please give us a call on 5593 1077 to organise!

