

NEWSLETTER

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Seasonal reminders:

- Early removal of eye cancers is much easier and more likely to be successful. If you are not sure if an eye problem is cancer or not get the eye checked promptly.
- Check “at risk” autumn calving cows for uterine infections 2 to 4 weeks after calving. These include assisted calvings, twins and cows with retained afterbirth.
- One important cause of us running late is “while you’re here” as in “while you’re here could you have a look at this lame cow or sick calf”, If you know that you might have extra animals, please ring the office to let us know so that we can adjust our plan of attack.



Managing calves after difficult calvings

Traditionally after we had pulled a calf, we would hang the calf up by its back legs as it was thought this would help remove fluid from the calf’s lungs. We now know that most of the fluid that comes out of the mouth shortly after birth comes from the stomach and does not need to be removed.

If a calf is hung up by its back legs the contents of the abdomen are pressing on the calf’s diaphragm making it more difficult to breathe.

So, save your back and do not lift calves up and over the fence railings. Simply sit the calf up on its chest and rub the ribs with a towel or a handful of hay. Sometimes it is useful to clear fluid from the mouth and nose with a towel. A stalk of hay or a small stick up the nostril can also help to stimulate breathing.

High cell count cows (Subclinical mastitis)

A cow with subclinical mastitis is a cow that appears to have normal looking milk but has a persistently high somatic cell count (> 250, 000 cells/ml -> often > 400,000 cells/ml)

Subclinical mastitis occurs when an infection of the udder has not been cleared, and the bacteria reside in the udder stimulating an immune response by the cow.

Common mastitis bugs include:

- *Staphylococcus aureus*
- *Streptococcus uberis*
- Coagulase negative *Staphylococci* (CNS)
- *Mycoplasma bovis*
- *Trueperella pyogenes*
- *Pseudomonas aeruginosa*
- *Norocardia* spp

Some of the mastitis bugs are incurable, and the cow should be culled.

For most cows, the best chance of curing subclinical mastitis is over the dry period with the use of antibiotic dry cow therapy and a teat sealant.

Treatment of subclinical mastitis during lactation is often unrewarding. Eight to 10 subclinical mastitis cows would need to be treated to achieve one additional cure.

If treatment during lactation is considered, the aim is to improve milk quality and production. However, candidate selection is important. Good candidates: Younger cows in early lactation (<100 DIM) with a recent infection (no history of chronic ICC) by a non-invasive pathogen. Poor candidates: chronic cases (palpable changes in the quarter), repeat clinical cases, late lactation cows (>100 DIM) and cases that yield no growth on culture.

A targeted approach would include determining which quarter(s) are affected. This can be done by using the California Rapid Mastitis Test (a cow-side test).



Treatment of subclinical mastitis usually involves an injectable antibiotic course (such as Penethaject or Tylan) with intramammary antibiotics (if affected quarters are known).

The treated cows should have their somatic cell count checked approximately 14 days post treatment/post calving (if the cow was dried-off) to see if they have responded to treatment. If they fail to respond, they most likely will need to be dried off (if not done previously to manage the subclinical mastitis) or culled.

Lame cow crush

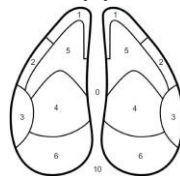
Treating lame cows can be very rewarding. If we use a cowslip or wooden block, the cow walks away in a lot less pain than before treatment and makes a full, productive recovery.

Treating lame cows can also be difficult, dirty, back-breaking work. In our ideal world we would like to see:

- The dog tied up
- At least one person to help
- The leg that is lame clearly identified preferably with a splash of paint
- An area to watch the cow walking around before she is restrained
- A crush designed to reduce the risk of injury to the cow, the farmer, and the vet
- A non-slip surface in the crush (a rubber mat)
- Running water
- Good lighting and a power source
- Split gates that open all the way on both sides of the crush (to help with front feet)
- Somewhere to hook up lame cow pulleys
- Somewhere to hook up a belly strap

Several farms have made simple modifications to their crush to make it easier to treat lame cows. This has usually involved welding some rings to the side of the crush so that a steel pole can be pushed through just behind the cow. The feet can then be tied away from the side of the crush and worked on more safely and effectively.

Please speak to one of the vets when they are on your farm to work out the best way to modify your crush.



Lame cow facts

- A cow takes 60% of her weight on her front feet
- In front foot lameness the inside claw is more likely affected
- Hind legs are involved in propulsion
- Propulsion causes more foot stress than weight-bearing
- The outside claws of the hind feet bear the burden of continuously changing weight load
- Hind feet have a smaller weight bearing surface than front feet
- 85-90% of all lameness in dairy cows occurs in the feet
- 85% of foot lameness occurs in the hind feet
- Two-thirds of hind foot lameness occurs in the outside claw

Heifers are much more likely to have front feet lameness than older cows. We think that this is due to heifers having to go backwards more often because older cows boss them around. When cows go backwards the front feet are the main source of propulsion.

BVDV- What's your herd status?

Already this season we have had several BVDV outbreaks in dairy herds leading to PI calves being born.

A simple test to assess your milking herds status is a bulk milk antibody test. Depending on the results, further testing of other herd animals (newborn calves, yearling and heifers) may be required.

If the results show little or no exposure to the virus you need to consider how you will protect your herd from the virus.

BVDV Lab samples

We normally send our BVDV ear notch and bulk milk samples to Swans in Esperance, WA on Tuesday afternoons. Due to experiencing delays with Australia Post, we are now going to send them on Monday afternoons to ensure the samples arrive by the end of the week and get processed in a timely manner.