

# NEWSLETTER

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**Seasonal reminders:**

- Cows joined to calve in the autumn should be preg tested soon. We are better able to age pregnancies early on



- Treat dirty cows with metricure early. Dirty cows treated with metricure two weeks after calving are twice as likely to get in calf as those not treated.
- Time to disbud the spring born calves. The ideal age for disbudding is 2 to 8 weeks
- If you have used a bull at the end of the autumn joining watch out for the possibility of early spring calving cows and heifers getting pregnant when they have only been calved as little as 3 weeks.

**Disbudding calves**

We are disbudding more calves each year and our technique is improving all the time. We are now using a big gas bottle to heat the dehorner as the small hand-held dehorner were not able to heat up quickly enough to do a good job.

Disbudding is a stressful and painful procedure and can be detrimental to the calf's welfare. It is important to provide a painless procedure that has a minimal affect on the calf's welfare and growth.

We prefer to disbud calves between 2 and 8 weeks of age. Younger calves are a little easier to do so if calving is dragged out we prefer to do the calves in batches.

The procedure can be carried out by the vets and you do not have to be present. Just let the vets know which calf group they will be disbudding on the day.

Our procedure to disbud calves is: -

1. Sedate calves with xylazine so that they look as if they are sleeping
2. Inject local anesthetic to block the nerves that supply the horn bud
3. Administer a dose of long-acting anti-inflammatory (Metacam)
4. Burn the horn buds
5. Apply a topical antiseptic spray to the burnt horn bud

At the time of disbudding we also examine calves for umbilical issues, pink eye infections and to remove extra teats.

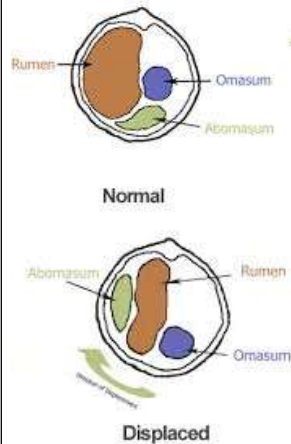
We can also ear notch calves for pestivirus (the cost of the ear notch test is not included in the disbudding program).

Veterinary disbudding will aid in getting your calves through a stressful period with minimal effect on growth

rates and milk intake. **Cost per calf: \$7.70 (GST inc.)**

## LDA's (twisted stomach)

LDA or left displacement of the abomasum (the 4<sup>th</sup> stomach) is a common condition of dairy cattle that generally occurs in the first 3-4 weeks post calving. The condition is caused by several managerial, environmental and possibly hereditary factors.



LDA's are more frequently seen when the rumen is not full around the time of calving. A diet low in fibre and high in concentrate predisposes to an LDA by making the abomasum contract more slowly and by increasing gas production in the abomasum.

Cows with subclinical milk fever, clinical milk fever, ketosis, fatty liver disease, retained foetal membranes and metritis have a greater risk of developing an LDA. It should also be noted that cows that have excessive body condition at the time of calving (e.g. carryover cows) have an increased risk of developing an LDA.

Cows that develop an LDA are generally calved less than a month, have a reduced appetite, have a reduction in milk yield, lose condition rapidly and have diarrhoea. These cows often have an underlying disease such as ketosis.

We diagnose an LDA by placing a stethoscope over the left rib cage and then tapping the ribs to listen for high

pitched pings (hollow drum with small amount of fluid).

We treat LDA's surgically, by opening the abdomen and manually manipulating the abomasum to its correct position and suturing the pylorus of the abomasum to the right side of the body wall. At the time of surgery, the cow will also be treated for any other concurrent diseases she may be experiencing.

The prognosis after surgical treatment is good depending on how long the cow has had the LDA for and what other diseases she has at the time of surgery.

Prevention of LDA's is largely focused on ensuring the cows/ heifers have a smooth transition into the milking herd after calving.

- Ensure cows have adequate fibre in the diet (maintain rumen fill).
- Reduce the risk of milk fever and ketosis around calving (transition feed diet).
- Concentrate feeding 2-3 weeks prior to calving (upper limit of 0.75% bodyweight/day).
- Slow introduction of concentrate diet once calved (keep at the same level as the pre-calving diet for the first 3-4 days post calving).
- Provide adequate feeding space at bunkers (heifers and less dominant cows often get bossed away from feed bunkers).
- Early intervention with other calving related diseases.

## RDA's

RDA's or right displacement of the abomasum are less common than LDA's in dairy cattle and can occur at any time. Affected cattle have a sudden reduction in milk yield, reduced feed intake and may show signs of colic. If the abomasum is twisted, the cows deteriorate quickly, and become sunken-eyed, have a distended abdomen, show signs of colic and may go down. RDA's are

generally managed surgically by opening the abdomen, draining and untwisting the abomasum and suturing the pylorus of the abomasum to the right side of the body wall.

The prognosis is good for uncomplicated cases but poor for those cases where the abomasum is twisted.



## Ketosis/ Acetonaemia

Ketosis or acetonaemia is a common metabolic condition of lactating dairy cows. It commonly occurs in the first 2 to 8 weeks of lactation.

The condition occurs because the cow is not meeting the energy needs for early lactation. This may be due to inadequate dietary intake or secondary to another disease such as metritis. The cow then mobilizes her fat stores to try and meet the energy demands. This results in the presence of ketones in all tissue of the cow (particularly in the blood and urine).

Some vets and farmers can smell ketones in the urine or milk or even on the breath of affected cows.

Cows affected by ketosis usually lose body condition, have a reduction in milk production and feed intake and in some cases the cow will have she nervous signs (appear blind, unsteady gait, lip smacking, licking objects or become aggressive).

Ketosis is easily diagnosed cows by testing their blood or urine for the presence of ketones.

Treatment of ketosis consists of;  
 -IV dextrose (for severe cases).  
 -Oral propylene glycol twice daily for 3 days.  
 -Vitamin B1 and Vitamin B12 injections  
 -Treatment of any underlying disease.