



# WELCOME TO farm 2016 news



AUGUST 2016



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Please note that telephone calls are recorded for quality and monitoring purposes.

## Respiratory Disease in Backyard Poultry



**Emily Sycamore**  
BVetMed MRCVS

One of the more common issues that we encounter in small poultry flocks is respiratory disease. This typically presents in one or more birds, with clinical signs such as lethargy, coughing/sneezing, swollen faces and possibly nasal discharge. The exact presenting signs will depend on the underlying cause of the infection.

Respiratory disease can be environmental or infectious in origin. Environmental factors such as poor ventilation, damp bedding or excessive levels of dust can lead to respiratory problems. Treatment of these sorts of issues involves tackling the hygiene and ventilation of the housing, and potentially the use of antibiotics in order to treat any secondary bacterial infections which may have set in following initial damage due to the noxious irritants (e.g. dust particles, ammonia or mould spores) in the environment.

Like in other species, infectious respiratory disease often begins with a virus which damages the lungs. After the initial insult, secondary pathogens (commonly bacteria) are able to enter and set up further infection. This type of respiratory disease is usually very contagious, with the virus spreading amongst a group within two to three days. Some

viral vaccines are available, but are commonly aimed at large scale producers rather than small breeding flocks.

Uncomplicated viral infections should not require any treatment (we do not have any anti-viral treatments available for poultry), but the majority of infections will have some bacterial or Mycoplasma component which will require appropriate antibiotic therapy, usually via the drinking water. The medicated water should be the only water available for the birds until it has all been drunk, after which fresh water can be put down.

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**ScarsdaleVets**  
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## Respiratory Disease in Backyard Poultry

*Continued from front page*

This is to be repeated on a daily basis, commonly for 7-10 days depending on the severity of the disease.

The severity of the disease will also affect the recovery of the animals, especially where *Mycoplasma* is concerned. The greater the level of infection, the greater the degree of damage to the birds' air sacs and the greater the chance the bird may not fully recover, leading to chronic ill-thrift. If you experience losses related to respiratory disease, the best way of establishing a diagnosis is for post mortem examinations to be carried out. This can either be done here at the practice, where we would take samples from the carcass and submit them for analysis, or at an external laboratory. Where large number of birds are being lost, as many carcasses as possible are required for post mortem examination. These must be fresh (it is impossible to gain much information from animals which have been dead for over 24 hours) and, depending on the size of the flock, we may suggest sacrificing a number of live birds for the best chance of determining what is happening.

The other disease worth mentioning is Avian Influenza. It was most recently found in Scotland in February this year and is a notifiable disease (which means that the APHA must be contacted if any animals are suspected of having it). Incubation of the disease usually takes 3-5 days, and it is usually contracted via contact with other infected animals or infected faeces, equipment or watercourses. Clinical signs are similar to that of other respiratory diseases in poultry (loss of appetite, drop in egg production, coughing, depression, nasal and ocular discharge, swollen face, diarrhoea and neurological signs) and sudden death is common. In cases of sudden death it is recommended that your vet is contacted and a post mortem examination is carried out to identify the cause of death.

**If you have any questions regarding backyard poultry, please contact us at the practice.**



# Calf Pneumonia: PART 1 – Causes and



Emily Sycamore  
BVetMed MRCVS

**At this time of year, calf pneumonia may be the last thing on your mind, but it is the perfect time to prepare for future pneumonia issues on your farm. Over the next few months, this series of articles will hopefully give you the tools to help keep your calves healthy and pneumonia-free!**

### Causes

Calf pneumonia is primarily a viral disease. There are four main viruses that contribute to pneumonia in calves:

- \* PI3 (Parainfluenza Type 3)
- \* RSV (Respiratory Syncytial Virus)
- \* IBR (Infectious Bovine Rhinotracheitis)
- \* BVD (Bovine Viral Diarrhoea)

PI3, RSV and IBR cause disease by physically damaging the calf's natural defences, including the little hairs (cilia) lining the respiratory tract and the cells which secrete mucus, both designed to trap disease-causing particles. Once these defences are damaged, bacteria can penetrate more deeply into the respiratory system and cause further disease.



BVD does not usually cause physical damage to the respiratory system, but instead causes generalised immunosuppression. This means that the calf's immune system is not able to fight off other viruses or bacteria very well, and the animal is more likely to succumb to disease.

The bacteria which commonly invade the respiratory system after an initial viral insult include:

- \* *Pasteurella multocida*
- \* *Haemophilus somnus*
- \* *Mannheimia haemolytica*
- \* *Mycoplasma bovis*

### Clinical Signs

The most obvious clinical sign of pneumonia in calves is coughing. This, however, may be one of the later signs to develop and, by the time it does, a great deal of damage may have already occurred within the respiratory tract. The more damage that has occurred by the time an animal is treated, the more likely it will be to suffer long lasting effects.

While about 30% of all cattle have a

# Clinical Signs



clinical case of pneumonia during their lifetime, about 75% of cattle show signs of pneumonia-related lung damage at the slaughterhouse. This suggests that a huge amount of damage may be occurring before the animals ever show 'typical' signs of pneumonia.

The sooner we can detect pneumonia by picking up subtle signs of illness, the more likely it will be that the animal makes a good recovery. Early, subtle signs to look for include:

- \* Separation from the rest of the group
- \* Being slow or reluctant to come for food
- \* Runny eyes
- \* Runny nose
- \* Drooping ears
- \* Increased respiratory rate or effort

If any of these signs are noted, take a few temperatures. An increased body temperature can indicate that an animal is fighting an infection and may require treatment.

Ideally, animals under treatment for pneumonia should be isolated (i.e.

in a separate air space) from the rest of the group due to the highly infectious nature of the pneumonia organisms. If large numbers of animals within an air space are affected (>30% of a group) then we may recommend that all the animals are treated with appropriate antibiotic and anti-inflammatory medications.

**We are running two lunchtime meetings on the signs, prevention and treatment of pneumonia on Wednesday 7th September and Wednesday 21st September, from 12:30-2pm. The meetings will be at the Markeaton practice, and are kindly sponsored by Zoetis. For more information, or to book your place, please contact us on 01332 294929.**

**Keep your eyes peeled for articles in the September and October newsletters discussing prevention and treatment of pneumonia.**

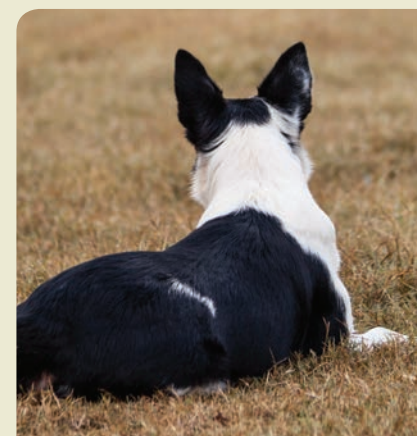
## Warning about Kexxtone and dogs



The Veterinary Medicines Directorate (VMD) received a number of reports last year involving dogs and accidental exposure to Kexxtone boluses. The active ingredient in Kexxtone, monensin, is very toxic to dogs and can cause neurological signs and death. Affected dogs have so far been mainly farm dogs, but dogs walking on footpaths could also be at risk from ingestion of regurgitated boluses.



Other species can be affected too, and the VMD has issued the following warning: 'Do not allow dogs, horses, other equines or guinea fowl access to formulations containing monensin. Due to the risk of bolus regurgitation, do not allow these species access to areas where treated cattle have been kept. Ingestion or oral exposure to monensin can be fatal in these species'.





# The Beef Edition

## The What's, When's, Why's and How's of Veterinary Medicines

**This interactive course aims to give you the tools to be able to decide which animals require treatment, and what the appropriate drug and dose might be.**

More importantly it will help you decide which animals do not need antibiotic treatment and which drugs you should not use! Ultimately the end result should be a happy, healthy, resistance free herd of cattle...  
*Which means more money in your pocket!*

COURSE DATES:

**Thursday 1st September 2016**

**Wednesday 2nd November 2016**



These courses are kindly supported by Boehringer so the price is £25.00 per person + VAT (includes lunch). Places are limited and on a 'first come, first served' basis. To book your place, please call our reception team on 01332 294929.