



WELCOME TO farm news



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and monitoring purposes.

Summer Mastitis

Fay Pooley BVMedSci BVM BVS MRCVS

Summer mastitis, or 'August Bag', is a common problem in the UK in grazing animals. As the name suggests, it usually occurs in the summer months from June to September. As the number of flies increases, the risk also increases since the disease is spread between animals by biting flies. Unsurprisingly, cases will often be found in animals in fields with ponds or trees, which provide a good environment for the flies.

Summer mastitis is an acute disease of the non-lactating udder and is common in both dairy and beef herds. Dry cows and heifers are particularly susceptible, but calves can also be affected. The primary causative agent is a bacterium known as *Trueperella Pyogenes*, but mixed infections can also occur.

Clinical Signs

Affected animals will suffer acutely, with a hard, hot and painfully swollen udder. They will often be separated away from the rest of the group, anorexic and have a significantly raised temperature. They can also show hind limb lameness, especially on the affected side. Pus-like secretions, which may be tinged with blood, can be seen discharging from the affected teat. Cows can die from septicemia as a consequence of summer mastitis. Whilst the typical presentation is relatively simple, it is also worth considering heifers that calve down with a 'blind quarter' may have previously suffered from summer mastitis, which went undetected.

Treatment

Rapid treatment is essential to save affected animals, although diseased quarters may never recover. Regular stripping of the affected quarter is required to remove the infected material. It should be noted that the discharge is infectious to other animals so should be collected in a bucket.

Treatment should involve both antibiotics and anti-inflammatories. The anti-inflammatories will reduce the swelling in the udder, and also decrease the cow's temperature, making her feel more comfortable.

Antibiotics should be targeted at the common pathogens involved - *Trueperella* is sensitive to penicillin-based drugs. Affected animals require both systemic (injectable) antibiotics and intra-mammary tubes if possible.

Control and Prevention

It is important that measures are taken to prevent summer mastitis creating widespread issues on your farm, as recovery rates in affected animals are low.

Protection of the udder is important; either by use of teat sealant, long-acting dry cow tubes, or a combination of the two. If using dry cow tubes only, protection will often be obtained for 3 - 4 weeks, so repeated treatments though the dry period may be necessary. If dry cow tubes are replaced, ensure a strict hygiene protocol is followed otherwise a severe mastitis may follow.

It is wise to keep susceptible animals away from known high-risk fields during the summer months. Long acting fly pour-on treatments are also recommended to reduce the chances both of infection and transmission to other animals. There are, however, no sebaceous glands on the udder so direct application of the fly pour-on to the udder is recommended as well as on the back of the cow as normal.

We have some great offers on fly products this year, please contact us for further information.

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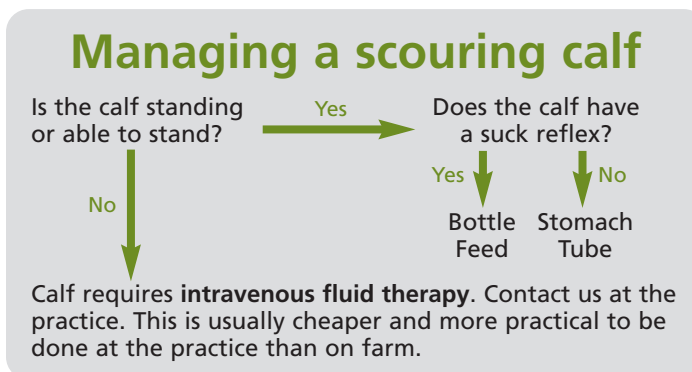
Fluid Therapy for Scouring Calves - What's Best?

Emily Robinson BVetMed MRCVS

Calf scour is something that will have affected many of you at one time or another, but what is the best way to deal with a calf which is scouring?

Whatever the cause of the scour, addressing the fluid loss is of paramount importance in ensuring a good outcome. A healthy calf should receive a minimum of 6L of milk (at least 8-10% of body weight) per day for 'maintenance', fed in 2 or 3 feeds, and as the calf's body weight increases its milk requirements will also increase. In addition to this, fresh water should always be available for calves. Scouring calves can lose vast amounts of fluid through the diarrhoea, and the need to replace this fluid in addition to the 'maintenance' requirements means that, in reality, a minimum of 8-12L of fluid (16-20% of body weight) should be given to calves, spread in feeds across the day.

The route of administration of these fluids depends on whether the calf is able to stand, and whether it is able to suck.



If the calf is unable to stand, it is vital that it receives intravenous fluid therapy - by drenching or bottle feeding a down, unresponsive calf, there is a significant risk of fluid getting onto the calf's lungs and further problems being created. The calf is also likely to be too dehydrated by this point for oral fluid therapy to be of much benefit.

Calves which are able to stand should be either bottle fed (if they have a suck reflex and will drink) or stomach tubed (if there is no suck reflex) with rehydration fluids in between their normal milk feeds throughout the day. Keeping the calf on milk ensures that it gets adequate nutrition while it recovers. Without this nutrition the calf's immune system will not be able to function optimally, recovery may take much longer and the calf may starve. While the scour may initially look worse in calves which are kept on milk, they should recover much more quickly than calves that are effectively starved by being taken off milk for prolonged periods.

Milk and electrolyte feeds should generally be separated by several hours, since the electrolyte can interfere with the milk clotting in the abomasum.

The underlying cause of the scour must also be identified and treated, as specific causes of calf scour require specific treatments. Anti-inflammatories can generally be very helpful, but antibiotics are rarely the first port of call for calf scour, sometimes doing more harm than good. Ideally a muck sample should be taken as soon as the calf is noted to be sick and before any treatment is given. This sample should be submitted to our laboratory, where the underlying cause of the scour can be quickly identified and we can determine what the best course of action may be, firstly for the sick calf itself and secondly in order to prevent further cases of scour on your farm.

In general, excellent hygiene and adequate colostrum intake (both quantity and quality are important) are key in the prevention of calf scour, whatever the cause. In addition to this, we may recommend vaccination of the cows (in the case of scour caused by rotavirus, coronavirus or E. coli) or the use of antiprotozoal agents (in the case of scour caused by cryptosporidium or coccidia). Without knowing the underlying cause it is much harder to effectively treat sick calves or to prevent further cases of scour on your farm.

If you would like any further information or advice, please contact us at the practice.

Meet the Team: Christine Stoker

Christine grew up on her father's farm in Shirley and joined the practice, then Taylor and Thompson's, in 1975 as a nurse. She went on to be head nurse until 1999, when she left to run a safari lodge in Zimbabwe with her husband and young family.

Christine re-joined Scarsdale Vets as Head Receptionist in 2010. Her interests are gardening, travelling and helping her daughter with their home-bred horse Joe.



A suitable feeding regime for a calf with mild to moderate scour is as follows:

- Feed 1 (early morning): 2L milk**
- Feed 2 (lunchtime): 2L electrolytes**
- Feed 3 (late afternoon): 2L milk**
- Feed 4 (evening): 2L electrolytes**

Ad-lib electrolytes available overnight

For severe scour, one of the milk feeds should be replaced with electrolytes:

- Feed 1 (early morning): 2L milk**
- Feed 2 (lunchtime): 2L electrolytes**
- Feed 3 (late afternoon): 2L electrolytes**
- Feed 4 (evening): 2L electrolytes**

Ad-lib electrolytes available overnight

