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FARM NEWSLETTER

SHEEP

The lambing season is well upon us now and with it come the problems associated with pregnancy.

PROLAPSES

Uterine and vaginal prolapses will inevitably occasionally occur: to treat these, gently clean the prolapse before applying lube and gently pushing using your palm starting with the areas near the vulva first. Afterwards apply a truss or harness and give an antibiotic and anti-inflammatory such as **Oxycomplex**. If the ewe is straining a lot it is worth giving an epidural at the Practice to prevent any damage when replacing it or from the ewe re-prolapsing.

Uterine prolapses have been shown not to have any effects on the ewe's ability to breed successfully again, so these ewes are worth hanging on to. On the other hand vaginal

prolapses are likely to reoccur every year so these ewes should be culled where possible.

RINGWOMB

We have also seen several cases of ringwomb in our flocks which is one of the commonest causes of Dystocia in the ewe and can be caused by a number of factors. Manual dilation of the cervix can sometimes work by slowly opening up the cervix over 20 minutes or so but if no progress is being made after several minutes consider a caesarean, as the lamb's survival rate will rapidly decrease otherwise. A ewe and two live lambs with a vet bill is better than two dead lambs and a torn cervix which won't take again.

METABOLIC PROBLEMS

Finally, other common problems around pregnancy in ewes are: pregnancy toxoemia and hypocalcaemia, which can't be told apart, so treat for both if you suspect one. Pregnancy toxoemia requires a drench of Ketol and antibiotic. If there is no response in 12 hours the lambs may need to be aborted to save the ewe, especially if she is over 2-3 days from lambing and IV glucose given. If there are several cases of pregnancy toxoemia ensure that your twin/triplet ewes are getting enough feed.

For Hypocalcaemia, 100ml of warm calcium needs to be placed under the skin in

several sites and, if severe, IV calcium is also required.

Metritis and Mastitis are also likely to be seen and need aggressive IV antibiotics and early treatment to be successful.

CATTLE

FLUKE

Worms and liver fluke are likely to present less of a problem for autumn treated cattle this year due to the exceptionally cold weather which will kill the worm eggs and snails the fluke live in.

However we have still seen cases of cows which have not done well over winter and failed to put on weight or give good milk yields. We would recommend that you have any suspects tested with a simple faecal sample or a bulk milk sample in cows. Detection in one individual is likely to mean that other cows are affected even if not showing signs. Another good way to find out about fluke is to keep an eye on condemned livers at the abattoir – if these are being found then the cows will not be growing as well as they could be.

Cases need to be treated with **Closamectin** in cows and **Fasinex Duo** in sheep to kill both fluke and worms in one go. These products also deal with external parasites such as lice which can spread ringworm. Also in heavily infected areas consider dosing at spring turnout for fluke.

COCCIDIOSIS

Cocci will also become noticeable in housed calves – the age ranges affected will be over 3 weeks old and up to several months. The calves will be scouring with blood if severe. This needs to be treated with **Baycox** and all the calves in the pens treated once it is detected as Cocci will cause significant sub-clinical disease, affecting growth rates even if no signs are seen. If you have had Cocci in the past it is well worth continuing to use Baycox to prevent a return of problems. This is often given at weaning i.e. 8-10 weeks old.

SCOUR

Now is also the time to consider vaccinating cows with **Rotavec Corona** which is designed as a single shot vaccine to reduce neonatal diarrhoea as the Rota virus and Corona virus are the commonest causes of diarrhoea in calves. This vaccine needs to be given 3-12 weeks before calving which then passes antibodies to the calf in the colostrum.

VACCINES

Other vaccines that should be considered in the run up to turning out are for Leptospirosis and for lung worm. **Huskvac** for lungworm needs to be given in 2 doses 2-4 weeks apart and 2 weeks

before turnout. Remember if you give Huskvac not to use worming products which will kill it. If you need advice on the timing of worming and vaccinating for lungworm give the surgery a call.

T.B.

Finally, hopefully you have all made it through the snow. We are very busy trying to fit in TB tests due to the backlog after this Christmas so if you do have tests you need doing please ring in early to ensure you get the dates you want.

PNEUMONIA

Please find enclosed a copy of a very informative and useful leaflet on pneumonia in cattle produced by Intervet which shows the importance of treating pneumonia promptly with an antibiotic and anti-inflammatory – of which Resflor is one choice or Zactran with metacam, or Hexasol LA. It doesn't mention the importance of treating the in contact animals with tetroxy LA which we recommend in an outbreak.

CALVING

Spring is the busy time for sucklers, so it is worth being prepared, i.e:

1. Have you vaccinated the cows with **Rotavec Corona**?

2. Have you given mineral supplements either in feed or to the cow to prevent still-born calves, retained membranes and Staggers?
3. Is the drug cupboard stocked up? E.g. **Dopram** for poor breathing calves, navel spray, antibiotics, Colostrum substitutes etc, etc?

Ring the surgery for any advice you need.