

## STAFF COMMENT

Thankfully there's not a lot of change since the last staff comment. Some of you may have met our vet locum Sean Walsh (like Shaun only not spelt the same and less hairy). Sean hales from Ireland, and with a fresh accent makes Morgan sound very kiwi! He has been locuming for us for a couple of months but sadly already had another commitment to head further south mid-June.

Janece is due back from her OE just before Julia G flies off to France for her daughter's wedding. Our Tech, Rachel, will leave us for the same wedding but intends to have an extended stay. This means Taylor will move back into her happy place – outdoors teching.

We will welcome Lily Jarrett to the Riversdale crew this month. Lily is originally from the Bay of Plenty but went to school in Invercargill and has been working in the dairy industry in Southland for some time. She will take a mixed role with us covering in the small animal hospital, the front desk, as well as on farm come disbudding time.

Boy-Sam and wife Julia had a bonnie boy – Freddie, a brother for James.

Meanwhile for our wonderful Te Anau crew it is business as usual.

*Rochelle Smith BVSc MANZCVS*

## STAFF CORNER



The crew have been busy teat sealing in all conditions this season and with still a few more days booked in, I'm sure they will encounter a few more chilly starts.

Rachel and Taylor have kept things under control even when things weren't quite going to plan.

The count down to the end of teat sealing is on and our new teat seal trailer has made for a great season. However there have been reports of terrible music choices, let's hope for a playlist update before next year.

## Horse Reminders

- Supplementary feed horses over winter
- Clip horses for winter
- Lice treatment

## Pet Reminders

- Check diet for winter
- Check bedding warmth for winter
- Arthritis month—book your pet in for an arthritis check today

## PROTECTION AGAINST CALF SCOURS

Scours vaccination is a two-part process: Effective vaccination of cows followed by good colostrum management to ensure calves receive adequate antibodies. Continuing to feed transition milk from the 2<sup>nd</sup> to 8<sup>th</sup> milking's provides additional protection, but ensuring they get enough quality colostrum at the right time is critical to ensuring the vaccine is effective.

**Bovilis Rotavec Corona** contains inactivated bovine Rotavirus, bovine Coronavirus and *E. Coli* antigens. When used effectively this helps reduce the severity of diarrhoea caused by *E. coli*, reduce the incidence of scours caused by rotavirus and reduce the shedding of virus by calves infected with rotavirus or coronavirus.

- A single injection should be given during pregnancy between **12 and 3 weeks** before calving is expected
- 2mL dose by intramuscular or subcutaneous injection
- Calves must receive adequate colostrum from their dams to maximise antibodies transferred for protection
- Nil withhold
- Available in 40mL (20 dose) & 100mL (50 dose) pack sizes

Rotavec® Corona is the gold-standard for the prevention of calf scours.



*Sam Lee BVSc*

## Sheep Reminders

- Vaccinate 2 tooth—2nd vaccine of Salmonella Brandenburg
- Re-evaluate winter feed budget
- FEC ewe lambs
- Introduce winter feeding
- Condition score hoggets and ewes
- Vaccinate mixed aged ewes—Salmonella Brandenburg

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**A YEAR FOR BEARINGS!??**

It is now generally accepted that significant weight gain in a ewe between mating and scanning increases the risk of bearings (something we often aim for through flushing the ewes – so a catch 22). This year with such a growthy autumn, we may be looking down the barrel of a high bearing year.

Several years ago (2018) you may recall a study looking at bearing prevalence and the use of vitamin ADE injection. The study found that the rate of bearings in 2 year olds was the same regardless of number of lambs on board, and the injection made no significant difference. These 2 year olds were wintered all on grass.

However, in mixed age ewes, which were wintered on grass and fodder beet, triplets had a much higher probability of bearings than singles (which you probably would've guessed) but twins were no more likely than singles. Another finding was that bearing rate was higher in 3-4 year olds than in ≥5year olds. The Vitamin ADE injection in mixed age ewes did make a significant reduction in bearing rates (by about 2 thirds).

The study repeated another year did not show as significant results perhaps due to it being a low bearing incidence year in general. I know there are people hoping to do more studies in this area pending ethics approval.

The ADE protocol was 1 ml injected at ram removal and scanning or just at scanning. The results were similar for both protocols, suggesting one injection at scanning may be sufficient.

**Industry recommendations**

- Avoid sudden changes in feed type and level
- Avoid salt supplements and swede feeding close to lambing
- Avoid marked increase in live weight over the first half of pregnancy (*a reason to have them already good before the ram!*)
- Shearing pre-mating or late half of pregnancy lowers the risk
- Avoid allowing ewes to sit for long periods close to lambing (alter shift regime)
- Red clover and other oestrogenic feeds *may* exacerbate the risks

**Note** while bearings may increase with gaining condition over mating, it is still best to keep flushing until at least day 35 after the start of mating (or 55 while the placenta is still developing). Then it may be a good idea to tighten up your good-conditioned ewes but only after first removing the light ones. Light ones should still be fed above maintenance as benefits of extra body condition going into winter will outweigh the loss from bearings.

**Studies have shown that any ewe going into winter below BCS 2.5 is twice as likely to be dead or missing by tailing!!**

Rochelle Smith BVSc MANZCVS

**CHOKES**

If you have ever seen anyone choke, it is a terrifying experience. Horses can choke too. While it is quite different to humans, it is none the less still stressful to witness.

Choke in horses occurs when food gets stuck in the oesophagus (food-pipe) not the trachea (windpipe) so the horse can still breath, but can't get food down. The resulting obstruction can cause saliva and food particles to pour out of the mouth, and even the nostrils. The horse generally tries to cough and will lift their upper lip (like the Flehmen Response) and may be seen arching and stretching their neck and walking backwards in attempts to free the blockage. Some horses can get quite distressed.

The good news is that most cases of choke resolve themselves fairly quickly, however occasionally they need help from the vet. Muscle relaxants may be required, and a tube may need to be passed to clear the obstruction. Great care must be taken not to damage the oesophagus.

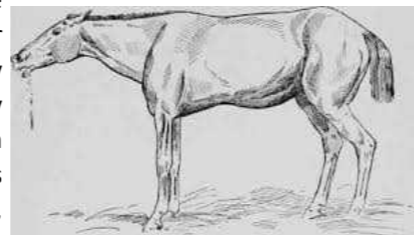
Even if a horse clears their own obstruction, they are generally very lethargic for several hours after the event. It is not uncommon for a horse that has choked to have repeat offences. This may be due to inflammation or scarring of the oesophagus or related to the initial cause.

Choke is usually caused by dry feeds but can be on anything including titbits. Consider changing the diet – e.g. if hay caused the choke, consider soaking, using a different source, or a shorter chop length or changing to soaked chaff or other fibre sources. If the choke occurred on hard feed consider using more of a mash, speedy beet, or soaking the feed very well. If feeding carrots be sure to cut them lengthwise not across. Discourage baulking of feed e.g. put large rocks in the feed bin to slow them down, or use small hole hay-nets for hay. In group situations, supply plenty of feed stations to reduce competition.

Take great care feeding horses in the float – while having feed in the gut before travel is recommended to provide a thatch and reduce the risk of stomach ulcers, horses can struggle to clear their throats if they can't lower their head in the float. For long journeys consider stopping for feed breaks instead.

It is also worth having your horse's teeth checked in case there is an issue with chewing of food. Usually, you will see this as food dropping out of the mouth, partly chewed.

Remember not just any vet performs our dentals, only those that have completed post graduate training in equine dentistry will be working with your equine. Our everyday price is very competitive with others' specials. This can be done at home, or in our stocks, complete with recovery yards in Riversdale. Worm testing, removing beans, vaccinations... can all be done at this visit.



Rochelle Smith BVSc MANZCVS

**PARVOVIRUS**

Most dog owners have heard of this disease that causes severe diarrhoea, vomiting, dehydration and fever, but are you adequately protecting your pups? We recently saw a case in our Riversdale clinic and thought we would remind everyone about some important facts on this disease and how to protect your dogs against it.

Canine parvovirus causes an acute enteritis (inflammation of the intestines). Dogs of any age can be affected, but puppies less than six months of age are most likely to get severe clinical signs. Black and tan dogs also seem to be most at risk – especially Rottweilers, Dobermans, and (in our clinics at least) Huntaways. This is a highly contagious virus shed in large amounts in faeces, even up to 3 weeks after clinical signs resolve.

Clinical signs start appearing within 5 days after being infected. These signs include vomiting and diarrhoea leading to dehydration, depression, fever and not wanting to eat. Death is a possibility if the dog is severely infected.

If you're worried your dog may be developing these signs, bring him to the clinic for an examination and a quick in-house test from a faecal sample. Keep the dog in your car while we examine him and run the test, to prevent further infection. Our in-house test will tell us if your dog is infected with parvovirus – the result is not affected by vaccination.

As this disease is caused by a virus, there is no direct treatment to get rid of the virus – management depends on supportive care. Depending on the severity of disease, you may be able to treat your dog at home or we may decide he needs to be hospitalised for additional treatment. Fluids is the mainstay of treatment, as most dogs are quite dehydrated when they come to us. Depending on the severity of vomiting, we can administer drugs that will stop further vomiting, and antibiotics to treat any secondary

bacterial infection that may develop due to intestinal damage. Feeding a bland diet is also important for the first few days.

*Prevention* is key. Vaccination is a reliable way of reducing the risk of parvovirus infection in your dogs *if* the vaccination regime is followed correctly. This means vaccinating against parvovirus from 8 weeks of age (can start at 6 weeks of age in high risk environments) and repeating vaccinations every 4 weeks with the final vaccine given at or after 16 weeks of age. Maternal antibodies from the mother's milk can interfere with efficacy of the vaccine, which is why we suggest vaccinating until 16 weeks of age for adequate protection. A one year booster is recommended, followed by vaccinations every 3 years. Partially vaccinated puppies are not fully protected against parvovirus – therefore it is important you do not let your puppy run around public areas like pathways or parks during this time. Your own backyard and puppy pre-school should be safe environments. Following these steps will help reduce the risk of your pup getting infected with parvovirus.

Nuria Holzleg DVM

**Cattle Reminders**

- Lice control
- Milking machine annual check
- Calf rearers (organise suitable housing and milk powder requirements)
- Rotavirus vaccination
- Salmonella vaccination
- In calf fertility focus review
- Preferentially feed light cows
- Teat seal heifers

**2022/23 DAIRY COW REPRO RESULTS**

Below is a chart of some of the herds that we have full records for this past season. Key results: 6 week in calf rate 68.2% (range 78-52%), MT rate 12.9% (on the day of final aged scan, range 7-19%) which was a not-in-calf rate on Minda of 16.9%, Average length of mating 75 days (range 64-90). The trend lines show lower MT rates with higher 6wkICR (this is a key driver) and also generally longer mating lengths for those that have poorer reproductive performance.

