

Port Perry Vet Services Quarterly

April 2016

What's New at the Clinic?

Although Dr. Allison Doherty is still off on maternity leave, she is excited to be available for limited appointments doing equine dentistry with the powerfloat over the next few months! Just as you were all getting to know Dr. Lisa Sharko, it is time to say farewell as her time with us covering a maternity leave position comes to an end. She will be taking on a new position at a bovine practice in Southwestern Ontario. We wish her all the best!

We held a bovine client education meeting in March that covered vaccination recommendations, the latest in pain management, and appropriate antibiotic use (there was also lunch and prizes!) We would like to thank Boehringer-Ingelheim for their sponsorship, Dr. Doug Myers for speaking, and all of you that attended!

At the beginning of April, Dr. Allison Doherty will be speaking at the CanAm Equine Expo. Since the fall equine client seminar on "A Day in the Life of a Large Animal Vet" was such a hit, she has decided to do a similar talk at CanAm, featuring a variety of interesting cases from lameness to emergencies. In May, Dr. Rachel Busato will be speaking about breeding mares, caring for the pregnant mare and caring for newborn foals at the "Equine Health and Wellness Information Marketplace" held at Dream Feather Horsemanship Centre in Uxbridge. In June, Allison will be speaking about equine dentistry at the same venue. For more information, including the schedule and list of speakers and vendors, check out the group Equine Health and Wellness on Facebook.

In January, Dr. Rachel Busato did some continuing education and attended the Ontario Veterinary Medical Association (OVMA) annual conference. She spent her time there learning about ophthalmology, dermatology and lameness.

Succeed Equine Fecal Blood Test

Our clinic is now carrying the Succeed Equine Fecal Blood Test which can be performed in the office or on farm! This test is used to detect the presence of two protein components of blood, albumin and hemoglobin.

We hear a lot about equine gut health and ulcers these days. Many common modern management practices predispose our horses to having gut health issues such as ulceration. Some of these practices include: feeding high concentrate diets, feeding large meals infrequently, minimal turnout time, minimal pasture, and frequent travelling and competing.

The Succeed Equine Fecal Blood Test utilizes antibody technology to look for the presence or absence of albumin and hemoglobin. A positive test result confirms the presence of bleeding in the gastrointestinal (GI) tract, which can be suggestive of ulceration (it can also be suggestive of other problems too, such as parasitism). Depending on which component is positive or negative, the origin of the bleeding can be determined, be it the foregut (stomach or small intestines) or hindgut (large intestines) or both.

Your veterinarian will take the results of the test in conjunction with the horse's history, exam findings, blood work and any other diagnostic test findings to generate a complete diagnosis and determine the best treatment plan. Changes to the horse's management are often helpful, but medication is usually needed as well. Since the treatment for issues in different regions of the GI tract varies, results of the Succeed Test help us recommend the most appropriate medical treatment for your horse.

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When interpreting the results of this test, we need to keep in mind that there are some limitations. False negatives can occur if a horse has mild ulceration with no bleeding or because ulcers can bleed intermittently. Sometimes blood is introduced into the GI tract that did not originate there, so it is very important for us vets to get a good history and do a thorough physical exam to support the Succeed Test results.

Wondering if your horse should be tested? This test can be used as a part of your horse's health care program to try to identify problems early. It is also useful to help determine if ulceration is the cause of a horse's lethargy, change in attitude, poor coat or body condition, "girthiness", or performance issues. If you are interested in learning more about whether this test may be useful for your horse, please call the office at 905-982-1243 and speak with one of the veterinarians.



Metritis in Cattle

Calving is a difficult time for any cow, whether she is a beef or dairy animal. This should be a time when your monitoring skills are on high alert for conditions that may make her sick or reduce future fertility. A cow should have cleared her placenta within a few hours of calving and should be physically ready for re-breeding in a month's time. However, metritis is not an uncommon condition in the post-partum cow that can really set her production value back; it commonly predisposes dairy cattle to left-displaced abomasum (LDA), and can possibly kill a cow if left untreated. This is a uterine infection that's set up during and after calving when there is a clear pathway for bacteria to enter the uterus. What you will typically see is a cow with a disinterest in feed or other indicators she is feeling unwell, as well as

foul-smelling discharge from the vulva. However, the signs are not always this obvious. If your animal is 3-14 days post-calving and doesn't seem right to you, this common condition should be high on your list. She may not show any abnormalities at the hind end, but if she has a temperature above 39.5 degrees Celsius (103 Fahrenheit), your animal may be dealing with a uterine infection.

The most common predisposing factor is a retained placenta. This is when the cow "doesn't clean" for >24 hours after calving or drops only part of her placenta, and what remains acts as a runway for bacteria that might not otherwise find its way into the uterus. A retained placenta does not mean the cow will contract metritis, and conversely metritis does not need a retained placenta to occur. Some of the other contributing factors are a dirty calving area, difficult calving or caesarian, prolapsed uterus, and leptospirosis.

These infections are usually very responsive to antibiotic treatment. If a cow is noted to have her placenta still hanging down after 24 hours, it is usually preferable that you do not try to extract it, as this may cause damage to her uterine tissue. This cow should have her temperature and appetite monitored in order to intervene at the first sign of infection. In the 2 weeks after calving, it is normal to see a dark red, clear, odourless discharge from the vulva called lochia. If the discharge appears more opaque, odorous, or chunky, you should be monitoring this cow for signs of illness and fever and treat her appropriately (or call us and we can assist you!) Not all infected-looking discharge will indicate metritis, so it's important to distinguish whether she is showing general signs of illness as well.

Prevention begins with keeping a clean and comfortable calving area. If a cow is stressed during calving she will be more likely to retain her placenta, so having a private dry area for her to calve will set her up for a healthy post-partum recovery. Cows should be monitored appropriately for signs of imminent calving and attended to within 2 hours if the calving is not progressing normally. A well-fed cow in appropriate body condition will be far more likely to fight off any bacterial invaders crossing her cervix, so adequate nutrition is key. If you have any questions, or if you feel you are treating too many cows with metritis or retained placenta, contact your veterinarian at 905-982-1243.