

What's New at the Clinic?

In January, Dr. Allison Doherty and her family welcomed a baby boy, Brock Alexander, to the world. Everyone is doing well and Brock has already made his way to the office and to visit some client's farms!

We are excited to welcome a new vet to the practice, Dr. Brittany Scace. Brittany comes to us with experience working with horses, cattle and small ruminants. She is also a proAction advisor, so stay tuned for information about a meeting regarding the next phase of proAction. We are also looking forward to the return of our technician Emily from her maternity leave. Emily will be back on the road with us in April!

On a sad note, Dr. Brad McLaughlin will be leaving the practice in April. We wish him all of the best in his future endeavours!

A big congratulations is in order for Dr. Harry Morrison! Harry recently won the Ontario Association of Equine Practitioners Distinguished Member Award. There is definitely not someone more deserving of this honour.

Spring is in full swing at PPVS and we are busy with calving/lambing/foaling season along with vaccinating horses and floating teeth! As you may have heard, we offer 3 Equine Wellness Programs, our original program, as well as a neonatal program and a geriatric program to meet the needs of all of our equine patients. For more information and pricing please call or email the office.

Dr. Rachel Busato is considering holding bi-annual producer meetings with small groups of sheep clients to discuss breeding performance, disease issues, herd health management, etc... If this is something you might be interested in, please let her know the next time you see her or feel free to contact the clinic via email at portperryvet@bellnet.ca.

Starting in May, we will be hosting final year veterinary students from the Ontario Veterinary College for their externship placement. We thank you in advance for allowing these students to visit your farms and for helping contribute to their education.

As far as continuing education goes, Dr. Erin Branigan recently attended a course about diagnosing and treating back and pelvis injuries. In March, Dr. Rachel Busato attended a meeting about honey bees and their diseases.

What's New with Cases?

We are definitely excited to see some nice weather in the forecast! The last few months were hard on our horse patients. We saw a lot of colic cases, especially impactions. Because of all of the ice, there were many horses that had injuries from slipping and falling or got down and were unable to get up without assistance.

Failure of Passive Transfer in Foals

Failure of passive transfer (FPT) occurs when a newborn foal does not have an acceptable amount of immunoglobulins. Immunoglobulins are the antibodies that are absorbed when a foal ingests its mother's colostrum during the first 24 hours of life. These antibodies are crucial to a newborn foal to provide it with immunity against a number of illnesses until it is old enough to develop its own immunity (through vaccination and natural exposure).

FPT occurs when the foal ingests an inadequate amount of colostrum, if the mare leaks too much colostrum before foaling, if the mare produces poor quality colostrum or if she rejects the foal. Foals suffering from FPT are at risk of developing severe illnesses including sepsis, joint infections, umbilical infections, pneumonia, etc...These infections can be very expensive to treat and can be life threatening to the foal.

We recommend newborn foals be examined at around 12 hours of age to make sure the foal is healthy and that there are no complications with the mare. This exam is also important so the foal can be tested to see if it has ingested adequate immunoglobulins. The most commonly tested immunoglobulin is immunoglobulin G (IgG). IgG levels can be tested on farm through a simple blood test. It is important to test the foal around 12 hours of age because if they fail their IgG test, there is still time to supplement them with colostrum while their gut is still open or permeable to the immunoglobulins it needs. After 24 hours of age, the gut will no longer absorb these immunoglobulins, so foals that have failed their IgG test require treatment with an equine blood product called plasma to provide them with the antibodies and proteins they need. Treatment with plasma is costly but well worth the expense for a foal with FPT considering the costs associated with getting a foal on the ground.

Pain Management for Dehorning Calves

New proAction rules are now requiring both a cornual nerve block (freezing) and administration of a non-steroidal anti-inflammatory drug (NSAID), which is a pain reliever, at the time of dehorning of dairy cattle. Options for an NSAID include meloxicam (Metacam), flunixin meglumine (Banamine) or ketoprofen (Anafen).

A study done in 2000 in the Journal of Dairy Science demonstrated that calves up to 24 hours post dehorning (it didn't observe the calves longer than that) exhibited pain behaviour when not administered an NSAID, even with a nerve block used at the time of dehorning. It also showed that calves grew better in the 24 hours following dehorning when they had been given the NSAID. Another study in 2005 showed that lidocaine nerve blocking alone will only alleviate pain for 2 hours but with the administration of an NSAID (ketoprofen) it can last 24 hours.

A 2010 study out of the University of Guelph compared dehorning with a cornual nerve block alone to a nerve block with an injection of Metacam. It found that the NSAID treated calves displayed less pain behaviours for 44 hours post dehorning and they concluded it was effective for reducing pain in these calves.

There has been a recent addition to the NSAID options in the form of an oral meloxicam product that is more economical than the injectable products and lasts the same amount of time as Metacam from just one dose. We have been using it for dehorning and find it to work well and have some in the office for purchase.

If you have any questions about the new regulations please call and talk to one of our vets anytime.