

Prolapsed uterus in cows

David Haugh BVSc

This is one of the most urgent conditions we attend. Maybe a third of these cows will die and the quicker they are attended to the better is the survival and future breeding outcome.

Prolapsed uterus is when the whole womb gets pushed out, usually within a few hours after calving, while the vagina and uterus are just one huge tube, before the cervix has had time to contract up. Now you are looking at the inside-out womb, maybe a metre long and weighing 20kg. In cold and windy weather the heat lost from the prolapse can be fatal. If this huge soft organ, which is normally protected inside her abdomen, is now physically damaged enough the blood loss can be fatal. In dairy cows the predisposing cause of uterine prolapse is usually loss of muscle tone with milk fever. If your cow has progressed to 'third stage' milk fever where she is out on her side, probably starting to bloat because she cannot belch on her side, and not moving then the milk fever is getting close to the next stage....death.

Very occasionally we see prolapsed uterus in beef or dairy heifers. Here the cause is most likely to be a difficult, tight calving with retro tract pain causing straining after the calf has been delivered. These animals are usually standing.

What to do...

1) If the cow is down in 3rd stage milk fever then sit her up, prop her up so she stays on her briscket and give her half the amount of calcium you

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would normally do to treat her milk fever.

2) If the cow is sitting in 2nd stage (normal, down) milk fever do NOT give her calcium yet. Prolapsed uterus is much easier to deal with if the cow is down.

3) Cover the prolapse to reduce heat loss, especially from wind. If you have the means to cover the whole cow that is better.

4) If the cow/heifer is standing then move her slowly and calmly to the yards or if they are a long way away and she is quiet maybe confine her

behind a gate.

5) Call the vet...who will give an epidural to reduce straining, get the cow placed facing downhill, get the cow's back legs pulled out behind her like a frog and, using lots of lube, try to feed the whole thing back inside her and ensure it is now back to fully 'outside-in'. Now the milk fever is fully treated. Most cows with prolapsed uterus and MF will not need sutures in the vulva to prevent a relapse once the MF is treated but in rare cow cases relapse will occur (in beef/heifers relapse would be common without sutures) SO sutures are usually put across the vulva and left for a week or two.

Note: if the prolapse has become swollen it can be extremely hard to put back in place. Lifting a down cow's hind quarters up 2 or 3 feet with hip clamps and a tractor might make all the difference.

Remember also, prolapsed uterus is a very different syndrome from vaginal prolapse (bearings). A cow that survives a prolapsed uterus will probably not do the same thing next year.

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One farmer from Tomarata boasted about getting 400mm of rain for July. The 300mm received by the St Hwy 16 farms is a distant 2nd. Lucky the temperature has been moderate with good average soil temperatures.

Nitrogen responses are currently good and sulphate of ammonia uses a molecule less of soil oxygen than urea. Better response when the soil is water logged.

A short opening this month as our other vets have more important pearls of wisdom to impart.

Calving prep! How to help us help you!

Celine Lye BVSc

We're right in the thick of it now, with calving calls coming in a flurry especially with the horrid weather the last while. Most of you already had your own calving kits, supplies and metabolic bags ready, but how can you prepare for that dreaded calving vet visit?

- Of course, the no brainer – getting her into the shed (if she can walk)
- If she is down and unable to get up, please make sure she is positioned sitting upright, NOT LYING ON HER SIDE, if need be, hay bales or a tractor can be used to prop her up
- Make the call if the calf is alive or not
- Experienced staff can have a go, but if no progress after 15 minutes – CALL THE VET!
- If it's been dead/rotten, call your vet!
- It is extremely useful for the vet to give a good description of the calving
- Calf dead or alive? Or rotten?
- Heifer or cow?
- Where is she? Shed or paddock? Down or walking?
- How is the calf presenting?
- She can have some treatments before we arrive
- Treating for milk fever if she is showing signs
- If you have anti-inflammatories on farm, she can also have a dose before we arrive
- TELL your vet what treatments she has been given when they arrive!

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- Prepare a bucket of water (bonus points if it's warm!)

- Get ready any drugs she potentially may need after (antibiotics, oxytocin)
- While waiting, you can also use this time to delegate who will stay and help the Vet, if it is a uterine twist, make sure to have more staff present (at least 3) in case she needs to be rolled!

Helping grow: people, animal health, profit

Calf scours 101

Nena Nepia BVSc

Sick calves in the calf shed can be a quickly overwhelming issue to deal with, particularly where all has seemed well in the evening and then the next morning you come into calves flat on their sides and approaching death. There are a great many of opinions on how best to deal with sickly calves; when to use antibiotics, whether to isolate or leave with its pen-mates, dropping a milk feed, etc.

I have a fairly standard way of dealing with these calves, with a lot hinging around early identification of those fighting illness. Take note of the calf slow to come to the feeder, or slow to drink. Take the rectal temperature of this calf – most causes of diarrhoea (whether viral, bacterial or coccidial) will cause an initial fever spike, so above 39.2°C. If feverish, that calf then gets an identifier (e.g., coloured neck band), an injection of anti-inflammatory, and a 2l electrolyte feed in addition to its normal milk feeds (though separated in time, by at least 2 hours). I would not go to the effort of removing them to an isolation pen but may put a gate across and give it a corner of the calf pen to contain it and stop any potential diarrhoea from fouling the entire pen.

A scouring calf will quickly lose a great quantity



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of body fluids, body salts and energy. Electrolytes are there to replace the lost fluids and salts, but they do not contain enough calories to provide sufficient energy, so continuing with milk feeds is important. Use the same quantity milk feed (e.g., 2 litres) morning and night, but add 2 litres of electrolyte at lunchtime and leave a quantity of electrolyte in the feeder overnight. This provides enough fluids to maintain normal body function plus correct a 5% dehydration level, and ensures the calf receives enough energy to fuel its recovery.

Using anti-inflammatories in calves improves recovery time from diarrhoea. Fever leads to the calf feeling unwell and coupled with potential gut pain from an infection makes them less inclined to drink. Dehydration, not the actual bug, is what tends to kill pre-weaner calves, so giving an anti-inflammatory early in the course and keeping the calf voluntarily drinking will improve the speed and likelihood of recovery.

You can use either Flunixin or Ketomax but select the appropriate dose for the weight of the calf.

I don't make a decision with regards to antibiotics until the following day. If the calf has worsened despite yesterday's interventions, e.g., there truly is scours now, it still has a fever, or the diarrhoea has blood in it, I will go ahead and start a course, typically Engemycin. This is a broad-spectrum antibiotic suitable

7IN1 calf vaccinations are now due

< 50% herd calved end week 3?



Seek Help!

InCalf Benchmark

for many gut infections, though not all (e.g., Salmonella bacteria can be resistant to it). I'm always mindful that numerous causes of scours (Cryptococcus, Rotavirus, Coccidia) are not bacterial at all and require diagnosis and targeted treatments whilst dehydration is prevented with electrolytes. To that effect – take a sample of the scours and bring it in to the clinic for testing to help us diagnose and treat effectively, particularly where numerous calves are getting sick.

Bulk milk grades

Olaf Klein DrMedVet

Bulk milk grades in the first few weeks of supply are not uncommon and while the wet weather is a considerable factor for early season mastitis other factors should not be overlooked. The general recommendation is to withhold milk from colostrum cows for at least eight milkings from the vat, because colostrum contains massive amounts of somatic cells. The transition of the udder from colostrum production to "standard milk" takes a few days, sometimes more than four. To safe guard against this problem it is good practice to rapid mastitis test and record each cow before its milk goes into the vat and to wait for the next bulk cell count from the factory before discarding these cows as culprits for lifting the bulk cell count to grading levels. When checking these cows again look for clots in the milk or change in milk character (watery etc) if none of these are present it is often indicated to increase the number of milkings for colostrum cows for a day or two before they go into the vat. Remember the factory measures the amount of somatic cells differently from the way you do it, their machines do a real count of the somatic cells in the milk. You on the other hand do not count cells with your devices regardless of what it says on the gauge. Electronic handheld testing devices measure the conductivity of the milk.

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A side note: In virtually every study conducted around pre-weaner calf health, failure of passive transfer (FPT), is the single most influential factor on the health and survivability of a calf. No matter how the calves go on to be housed, fed, supplemented or treated in case of illness, the quality, quantity and speed with which they receive gold colostrum in the first 12 hours after birth will determine their ability to thrive thereafter. I cannot stress this enough!

Monitor replacements weight gain

Tail paint cows 30 days prior to planned start of mating

the protein is directly correlated to the somatic cells in the milk regardless of the reason is mastitis or incomplete transition from colostrum to "normal" milk.

