



Timboon & Warrnambool
November 24-28 2014

One Field Day and Two Farmer Nights

The Vet Group in conjunction with Ian Lean of SBScibus are proud to present the 2014 Nutrition Roadshow bringing you the latest information on nutrition.

Presentations include:

- Tom Walsh - Share or Buy - the farmer's dilemma
- Joe McGrath - New understandings on Calcium - Growth and performance
- Ian Lean - The wow about fats - new transition approaches

More information in November newsletter

For more information or to register your interest
Call Farm Services 1300 838 700 or
email events@thevetgroup.com.au

Footy tipping winners

Congratulations to our 2014 footy tipping winners.

- 1 Simon Gleeson
- 2 Peter Parsons
- 3 Kallen Griffiths

Diagnosis of a hernia

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Swellings in the umbilical area are most likely to be hernias or abscesses (infections). To differentiate between the two it is necessary for your vet to have a really good feel of the swelling. Do not be tempted to puncture or lance the swelling as this may cause irreversible harm.

Hernias, unlike abscesses, can often be easily pushed back into the abdomen by a vet. Sometimes the vet will lay the calf on its back to help the contents of the hernia to 'fall back into the abdomen'.

Abscesses are firm and warm to touch and you may see some draining pus. They are generally non-reducible, meaning they cannot be pushed back into the abdomen.

Implications for sale and breeding

There are two points to consider before deciding on a treatment plan:

- The majority of hernias are heritable so this trait is likely to be passed down to the next generation, from parent to offspring
- Calves with visible hernias are sometimes rejected at the point of sale

How can we treat hernias?

All hernias are at risk of having abdominal contents entrapped in them, which can be a life-threatening condition. As such, it is important to treat hernias when feasible to do so. Treatment can be conservative or surgical.

Conservative treatment includes belly bandages and daily irritation of the hernia to encourage closure. As a general rule, only smaller hernias (those less than 2 fingers wide or <5cm long) have a chance of resolving with conservative management alone.

If the hernia is greater than 2 fingers long (or >5cm), then surgical correction may be necessary. Hernias with associated abscesses are best treated with antibiotics before other options are investigated.

The best treatment option depends on a number of factors including the size of the hernia, the size, age and future purpose of the animal. The decision to treat the hernia conservatively or surgically is made on a case-by-case basis and it is important to consult with your veterinarian to formulate a management plan.

Melbourne Cup holiday

Timboon and Simpson Clinics

Due to a proclaimed public holiday in the Corangamite Shire for Melbourne Cup Day, please note the following changes to our normal trading hours at our Timboon and Simpson Clinics.

Tuesday November 4th 2014

Timboon Closed (emergency on call)

Simpson Closed (emergency on call)

Phone 1300 838 700

Our Allansford and Wollaston Clinics will be operating usual business hours on this day.

Wollaston 8.00am-6.00pm

Allansford 9.00am-5.00pm

Emergency on call outside these hours. Phone 1300 838 700

Farm Services
1300 838 700
1300 VETS 00

Pet Care

Allansford/Wollaston Phone: 03 5561 6911

Simpson/Timboon Phone: 03 5558 6666

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Dairy News

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The ins and outs of Umbilical hernias

by Dr Tom Westmore BVSc

What are umbilical hernias?

Umbilical hernias are defects in the abdominal wall that result in a round swelling at the point where the umbilical cord enters the body. They most commonly occur in Holstein-Friesian cattle, with heifer calves being at greater risk than bull calves. Hernias can be divided into three categories:

1. Uncomplicated hernias are those whose contents can be easily pushed back into the abdomen
2. Strangulated hernias are those whose contents cannot be easily pushed back into the abdomen
3. Umbilical hernias with an associated abscess comprise two distinct parts: the abscess component is a firm lump adhered to the skin and the hernia is a softer swelling above this

Why and when do they occur?

Strangulated hernias are usually firm and may be painful to touch. The animal may show signs of colic and/or bloat and may die from the condition. Strangulated hernias are the result of uncomplicated hernias inside which abdominal contents have become lodged.

Uncomplicated and strangulated hernias are heritable, which means they can be passed on genetically from one generation to the next. Not all individuals carrying the gene will have a hernia themselves. They can merely be carriers of the gene, passing it on to the next generation. These hernias are usually present from birth and they tend to grow bigger as the calf grows older.

Hernias with associated abscesses usually begin as an infected umbilicus alone (navel ill). The abdominal wall can be weakened by the infection and over time this can lead to the creation of a hernia. These types of hernias are not considered heritable.

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BEFORE – The preputial prolapse is cleaned and draped for surgery



DURING – The circumcision has been performed

New use for tipper

by Dr Andy Hancock BSc. BV Biol/BVSc (Hons)

The Vet Group has been finding new and exciting ways to utilise the portable hydraulic tipping crush. We already know that it is great for doing lame cows, trimming hooves, teat-sealing heifers, and placing blocks on bulls' feet. It is also a very handy, portable surgery suite for large animal surgery, particularly for getting to those hard to reach places.

Veterinarians from The Vet Group have recently performed reconstructive surgery on a bull's prepuce (the protective sheath around the penis). The bull had injured his prepuce, causing a preputial prolapse (see 'Before' photo). The prolapse resulted in a segment of prepuce not being able to be retracted as normal, and also caused a narrowed opening which prevented a normal erection. Obviously this is not what you want to see in a breeding animal. To correct this defect, a preputial circumcision was performed, removing the damaged segment of tissue (see 'During' photo) with the aim of returning the bull to normal function.

To make things easier, the bull was lifted onto his side using the tipper crush, allowing for surgery to be performed with a high level of safety for both the bull and the vet. Only a mild sedation and local anaesthesia were required, as opposed to a general anaesthesia and having to perform the surgery with the bull asleep on the ground. Following the surgery the bull walked out prolapse free (see 'After' photo)! The bull will be tested in a few weeks to assess his ability to achieve a normal erection.



AFTER – Repaired prepuce

Prior to having the tipper, this sort of surgery may have been placed in the 'too hard basket'. There were increased safety risks to the bull and veterinarian in having to cast the bull on the ground, as well as the increased risk of contamination of the surgical site. In the tipper, surgery was a breeze, and we are looking forward to performing more of these surgeries in the future. If you have a bull that may have 'performance' issues due to a penile injury and is in need of some help, call Farm Services on 1300 838 700.

Cystic Ovary Disease

by Dr Tristan Reid BVSc (Hons)

It's that time of year again – the calves have dropped, the sun is emerging from its winter hibernation and your mind is turning to getting the girls in calf. If only it was an easy task. As you begin your heat detection, it is not uncommon to see some cows that leave you scratching your head – those that fail to cycle, those that cycle every few days and those that seem to be on heat constantly!

Could it be cystic ovary disease?

Cystic ovary disease, or COD, is perhaps one of the more intriguing causes of abnormal oestrus behaviour. Ovarian cysts are large fluid filled structures on the ovaries that are often diagnosed on rectal examination as part of a wider examination of non-cycling and abnormally cycling cows. Cysts generally result from follicles that have failed to ovulate and continue to grow and produce hormones. It is estimated that 10-30% of dairy cows develop ovarian cysts in the period soon after calving, however a large proportion of these will spontaneously regress and thus go undiagnosed. 70-80% of cows with COD are non-cyclers, whilst 20-30% have frequent or constant heats.

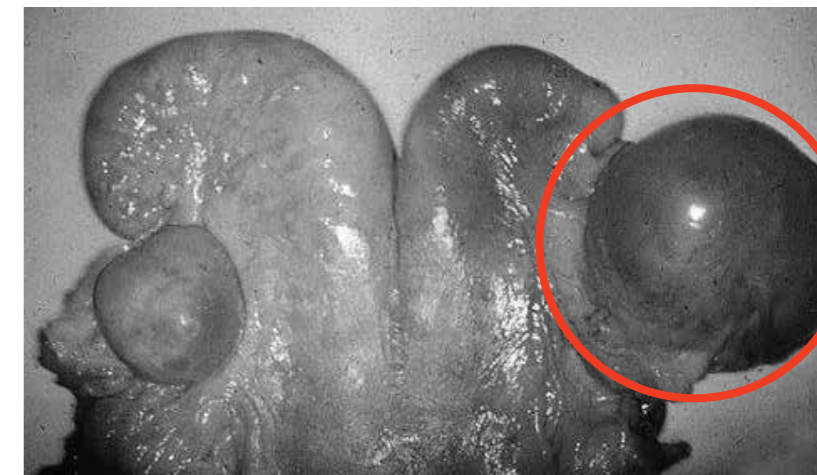
Ovarian cysts are classified as either follicular or luteal. Follicular cysts produce oestrogen, which can lead to regular or constant displays of heat (aka nymphomaniac cows), whilst luteal cysts produce progesterone and thus prevent the cow from cycling. Some ovarian cysts can even cause masculinisation (bull-like behaviour) of your cows.

Treatment of COD

Despite their differences, it can be quite difficult to determine the difference between the two types of cysts purely by manual palpation. More recently we have found the high definition linear ultrasounds far superior at diagnosing structures on the ovaries. Individual scanning may be worthwhile in a particularly valuable animal. In many cases we implement a treatment that aims to return the ovaries to normal cycling activity, regardless of the type of cyst. This is achieved through use of a CIDR or Cue-mate program such as CIDR-synch, which combines progesterone implants with Gonabreed and PG, preferably as part of a larger NVO program. Abnormal behaviours should stop straight away, and when the implants are removed after 7 days the follicles should ovulate, paving the way for normal cycling to resume. Two-thirds of treated animals should have normal heats within 30 days of treatment. Cysts that have been present for over 6 months may not respond as well. Popping cysts between fingers should be avoided as it can cause bleeding and damage to the ovaries.



Ovarian cysts can cause cows to display constant or frequent heat



A large cyst is present on the right ovary.

Cystic Ovary Disease is one of the conditions that cause anoestrus in dairy cattle. The appropriate treatment of non-cycling cows starts with a correct diagnosis.

Many herds will soon be nearing the end of their AI period and there may be a need to attend to a group of non-cycling cows. Call Farm Services to arrange a non-cycling cow visit or to speak to one of our veterinarians about appropriate diagnosis and treatment options.

Call Farm Services on 1300 838 700