



Farmers' Newsletter July 2010

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The start of calving brings the potential for an increase in cases of "downer cows". This month's newsletter takes a quick look at causes of cows going down and discusses the rehabilitation process which may follow.

This month we farewell Dr. Julia Malcolm, who will be leaving the team at Moe Vet Centre to pursue her interest in "exotic and unusual pets" down the peninsula.

"I have had a wonderful time working with the farmers and had some very interesting cases and experiences. I will miss the beautiful countryside and friendly chats with our farmers." – Julia

DOWNER COWS

It is important to understand and address the reason for recumbency, in order to manage an individual case *and* prevent further cases within the herd. Causes of recumbency in adult cattle can be divided into four broad categories:

1. Metabolic diseases

Hypocalcaemia, "milk fever"
Hypomagnesaemia, "grass tetany"
Pregnancy toxemia
Fatty liver syndrome

2. Toxic or acute systemic diseases

Toxic mastitis
Septic metritis
Peritonitis
Grain overload, ruminal acidosis
Salmonellosis

3. Musculoskeletal conditions

Fractures
Dislocated hips
Calving paralysis, other causes of paralysis

4. Generalised weakness

Hypothermia
Blood loss
Exhaustion

Regardless of the initial cause, all downer cows are faced with similar secondary complications. Pressure builds up within muscle compartments within as little as 4 – 6 hours. It is critical to determine a cow's prognosis before commencing the rehabilitation process, which can be time-consuming and inconvenient.

Treatment may involve:

- **Anti-inflammatory drugs**

These are most effective in the first 72 hours. Ketoprofen is one such drug which is given daily for three days – with the advantage of having no milk withhold period. Other drugs include tolfedine and meloxicam.

- **Bedding**

During the winter months, downer cows should be moved into a shed. Providing adequate soft bedding (ie. 30 – 40cm of hay or straw) is critical to minimising muscle damage. This environment is preferable to nursing in the paddock, where the ground is hard and the conditions may be cold and wet.

- **Rolling**

Frequent rolling is important, particularly in cases of calving paralysis. Nerve damage is often worse on one side – so each time a cow tries to stand, the stronger leg will push her onto their weaker side. Small square bales of hay can be arranged around a cow to prevent rolling back onto the same leg.

- **Lifting**

Cows may be lifted using hip clamps, slings or specially-designed frames like the "Cow Jack" or "Pelvic Lift". Effective lifting involves cows standing in a natural position, bearing some of their own weight. Dr Neil Chesterton, a respected New Zealand cattle vet, advocates the use of both hip clamps *and* a chest strap (hung between the forks of a tractor) to support the cow from both ends.

INDUCTIONS: a reminder that now is the time to plan inductions for best results.

Best regards from Andrew, Bridie, Julia, Jules and staff at Moe Vet Centre.