



N.S.V.S. LTD

VetTIMES

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Sheep reminders

- Vaccinate 2 toothed 2nd shot - Salvexin B
- FEC Ewe lambs
- Re-evaluate winter feed budget.
- Check & change ram harnesses.
- Vaccinate mixed age ewes - Salvexin B

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Newsletter Date May - June 07

Hamish Mavor September 10th 1939 – May 3rd 2007

It was with great sadness we learned of Hamish's sudden death on May the 3rd 2007 and farewelled him from Riversdale Community Centre on May the 9th 2007. As difficult as it is for us at Northern Southland Veterinary Services our thoughts are with Bernie and her family.

As you probably all know by now, having read several well written obituaries and heard well spoken eulogies, Hamish's life spanned 40 years at Riversdale. His contribution to Northern Southland Veterinary Services has been phenomenal during those years.

This was recognized nationally in 2001 when the federation of Veterinary Clubs awarded him with the Alan Leslie award for long and outstanding services to the Veterinary work within the Veterinary Club structure. In 2006 he received the Alan Baldry memorial award for outstanding contribution to the sheep – beef cattle industry from Sheep and Beef cattle branch of the New Zealand Veterinary Association.

Hamish was President of the Sheep and Beef branch of the N.Z Veterinary Association in 1988 – 89.



Much of Hamish's work was easy enough for you to see, whether it was on your farm with your sheep, cattle or horses or the return of your recovered cat or dog. The things you didn't see was the time and energy he put into helping undergraduates, new graduates, and not so new graduates at the Riversdale and Te Anau clinics. This generosity with his time was second to none.

As many of you will know Hamish was heading toward retirement and had generously stepped aside to make way for the establishment of N.S.V.S Ltd. It is one of life's great injustices he was not given that time in retirement.

Hamish we will miss you more than you will ever know.

May you rest in peace.

Pneumonia

Pneumonia is a common disease of sheep, especially hoggets. In New Zealand, outbreaks have been recorded over many years since the early 1900's. The disease here is generally seen as an acute fibrinous pneumonia in sheep of all ages and chronic non progressive pneumonia in lambs and hoggets between 3-10 months of age. It is likely that acute pneumonia of the "pasteurella-type" does develop from pre existing chronic non-progressive pneumonia in circumstances when the animals respiratory system is stressed. Losses on individual farms from sudden deaths resulting from acute pneumonia may be quite severe, not to mention losses to the meat industry through rejection of carcasses at slaughter which have lesions of chronic pneumonia

Predisposing factors of Pneumonia.

Chronic non-progressive pneumonia occurs on many farms and often goes un-

ticed until lambs are slaughtered. However outbreaks of acute pneumonia associated with death in some lambs and causing coughing in others can be a concern to many farmers. Such outbreaks are almost always associated with a period of stress involving mustering and yarding often in dry dusty conditions. It is presumed that pathogens such as *Pasteurella haemolytica* which are present in the upper respiratory tract become established in the lungs after the panting and mouth—breathing associated with mustering and yarding in hot dusty condition. This occurs especially if the lung defences already have been compromised by viral and/or mycoplasma infections.

Other predisposing factors associated with pneumonia in hoggets can be climate change at shearing time, dipping, lungworm infection and transport especially in inadequately ventilated trucks.

Prevention

An important way of reducing pneumonia is to minimize the predisposing factors by avoiding stress to lambs and hoggets. Yarding and close confinement of stock under hot dusty conditions should be avoided. Lambs should be mustered early in the morning, when the weather is cooler. Yards can be dampened down prior to mustering or temporary yards could be used in an effort to reduce droving distances. Control of dogs, who put on too much pressure goes without saying.

Otherwise maintaining good stock health during the risk period is important. This involves measured drenching for parasite control and keeping good feed in front of young stock.

Treatment

The treatment of individual hoggets with broad spectrum antibiotic may be useful in some cases.

Paul Langford BVSc



**“Outbreaks
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Prescription Animal Remedies Consultation

For several years now all PARs (Prescription Animal Remedies) require a Veterinary Consultation or prescription. This is to comply with NZ Food and Safety regulations for farmers to be better informed and for Veterinarians to manage risk! Our procedures have to stand up to an audit process. Support staff cannot dispense these products without a prior consultation or prescription from a veterinarian. To purchase these products you have to ensure a vet is available in the clinic each time you require these products if a prior consultation has not taken place.

We encourage you, our clients, to arrange for a veterinary consultation to discuss all your PAR requirements if you have not already done so. In subsequent years after your initial consultation the consultation can be done by filling in and returning a written form that will be posted to you on the anniversary of your first consultation. Below are some of the products that require a veterinary consultation prior to dispensing.

All antibiotics eg Norocillin, Ovipen, Bovicilin, Tripen LA, pink eye puffers, topical sprays etc.

Campylobacter vaccines

Toxovax

Androvax/Ovastim

Yersiniavax

Salvexin B Vaccine

Scabby Mouth Vaccine

Flexidine

Copper Injection

Copper Needles

Selenium Injection

Develveting drugs etc.

Paul Langford BVSc



Parasitism and Effects

This year on a number of occasions we have been asked to investigate the causes of a larger than usual tail end in lamb mobs. Sometimes this was associated with deaths as well, occasionally with scouring, but in most instances it was just disappointing growth rates despite adequate and plentiful pasture.

As with other years most cases were found to be due to parasitism, even though in most instances the anthelmintic being used was fully effective. The usual history was that drenching had been delayed, or egg counts shot up quickly, or because there was a 6 week interval between the 1st and 2nd and 2nd and 3rd drenches. Whatever the reason there was quite a heavy burden of gastrointestinal parasites at the time of drenching, drenching was nearly always fully effective as confirmed by Drench Check Tests 7-10 days post drenching. But a significant proportion of lambs failed to thrive even though egg counts were zero.

The reasons for this lack of thrift are as follow:

When there is a high faecal egg Count, there is usually an extremely large variation in the individual egg counts. So an average or bulk egg count of 1000 epg would see individuals varying from 0-10000 epg and the worm burdens may vary from just a few to 50,000 worms or more. The damage to the mucosal surface of the abomasums and the small intestine by 50,000 worms would be very substantial. Even though all the worms may be killed by the drench this damage remains and production will be affected in two ways (1) As most of the absorption of nutrients takes place from the abomasum and small intestine, gut lining damage will interfere with absorption so there will be less nutrients available for processing by the lamb. (2) The repair process uses extra protein which has to be sourced from the lambs tissues, particularly liver and muscle. Consequently with reduced nutrients and increased demand until the gut lining is repaired there will certainly be a lag period where thrift is affected until repair is completed. Of course while this is going on the lamb will be exposed to further incoming 3rd stage worm larvae which also suck up protein and energy from the lamb in order to achieve their development and growth.

So How Do We Prevent this Cycle of Events From Affecting Lamb Growth.

The short answer is you can't completely eliminate it without substantially reducing stocking rates.

However there are a number of actions that can be undertaken to limit the effects of gastrointestinal parasitism.

- (1) Monitor the worm burden—Faecal Egg Counts
- (2) Consider the time of year and weather pattern—pasture larval content. Be aware of the life cycle of worms
- (3) Quality and quantity of pasture—try not to graze lambs below 4 cm pasture height—this is where 90% of infective larvae are located.
- (4) Remove the bottom 10% of lambs from the mob and graze separately at a reduced stocking rate.
- (5) Use cattle or adult sheep to reduce pasture larval content between lamb grazings
- (6) Use an effective anthelmintic at an appropriate dose rate. If you don't know the status of drenches on your property use combination drenches preferably Triple Combinations.
- (7) Either use a quicker rotation or reduce stocking density at periods of greater challenge.

“This year on a number of occasions we have been asked to investigate the causes of a larger than usual tail end in lamb mobs”



Demodectic Mange

Virtually all dogs are hosts to a small population of “*Demodex Canis*”, the mite that is responsible for Demodectic Mange. As long as the population, acquired by puppies from their mothers, remains small, dogs do not show signs of mange. This is because the immune system is able to control the mites.

Demodectic mange comes in two forms, localised and generalised. The localised form is more common in young dogs and usually effects the face and feet. Generalised Demodectic mange in dogs up to 1 year of age is easier to treat. In older

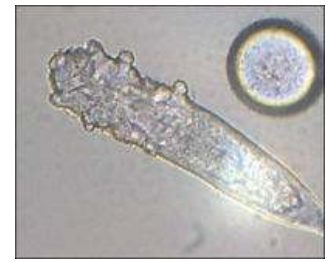
dogs treatment often involves finding the underlying cause for a suppressed immune system. This can be difficult and expensive. Demodectic mange can be itchy but less so than Sarcoptic mange. To diagnose Demodectic mange a skin scraping is the first option. Mites may be difficult to find and a skin biopsy may be required.

Until quite recently repeated shampooing with an antiparasitic wash was the only treatment licensed for treating demodectic mange. Currently other drugs are able to be used as an aid in the treat-

ment, although the success of any treatment is affected by the underlying cause.

Cats can become infected with Demodectic mange but this is very rare and often in conjunction with a second disease that suppresses the immune system.

Michael Baer BVSc



Demodex Canis



Vaginal Hyperplasia in Dogs

Vaginal hyperplasia (VH) is the protrusion of vaginal tissue from the vulva that occurs at the onset of oestrus as an exaggerated response by the vaginal tissue to increased oestrogen levels.

Vaginal hyperplasia can appear as a spherical or a donut shaped mass.

VH can be classified into 3 types depending on the severity:

1. Type 1 Slight eversion of the vaginal floor with no protrusion through the vulva
2. Type 2. The vaginal tissue prolapses through the vulva.
3. Type 3 The entire vaginal wall everts through the vulva in a donut shape and includes the urethral orifice. This can interfere or prevent normal urination.

Other signs of VH other than the protruding mass include the bitch licking at her vulva, straining to urinate and disallowing mating.

VH is considered to be hereditary and is more common in large breed dogs.

Huntaways, German Shepherds, Labradors, Boxers, Bulldogs, Mastiffs, St. Bernards, Weimeraners and Springer spaniels are predisposed.

Prompt treatment is very important. Ensure that the vaginal tissue is clean and well lubricated with a water-soluble lubricant. Affected bitches should be brought in to the vets as soon as possible. Under general anaesthesia, the vaginal tissue can be reduced and a purse string suture laced to prevent re-prolapse occurring.

The bitch's ability to urinate

must be closely monitored.

The bitch should be prevented from licking at her vulva e.g. by means of an Elizabethan collar.

In very severe cases surgical resection may be required. These cases can generally be prevented if treatment is given at the onset of clinical signs. It is when the protruding mass is left untreated and the tissue becomes dry and necrotic that surgical resection is required.

Because VH occurs in response to increased oestrogen around oestrus, VH begins to regress in late oestrus. It is likely to recur in successive heats.

Speying the bitch will prevent recurrence and is recommended.

“Vaginal hyperplasia can appear as a spherical or a donut shaped mass”

A guide to Clostridial disease and vaccination in sheep

Since farming began in New Zealand, farmers have had to battle against a whole range of clostridial diseases.

The widespread use of preventative vaccinations over the last 30 years has reduced losses, nevertheless clostridial disease is still a major threat to animal health, welfare and farm profitability.



Prevention - the only answer

Some clostridial bacteria can exist for decades in the soil, others survive in the muscle and liver of healthy stock while some are an important part of the normal intestine (gut) flora.

Clostridial disease develops when the bacteria are given a combination of an oxygen free and energy rich environment. For example when muscle bruising damages blood supply, causing reduced oxygen levels, blackleg spores in the energy rich muscle tissue are triggered to rapidly multiply and are released locally and into the blood stream. Dead stock are virtually the first sign of clostridial disease.

Vaccines -

Each type of clostridial toxin requires a specific antibody to neutralize it, hence the requirement for the vaccine to contain multiple types of clostridial bacteria toxoids.

The vaccines contain inactivated forms (toxoids) to induce the immune system to produce antibodies against these toxoids. Antibodies bind and neutralize the toxins in field conditions. Annual booster vaccination maintains and reinforces the immune system.

The five common clostridial diseases are pulpy kidney, tetanus, blackleg, malignant edema and Black's disease.

Vaccination programmes -

Newborn lambs rely on suckling from their dam to transfer antibodies in colostrum for protection against numerous diseases including those caused by clostridial bacteria. This is called passive

protection. Vaccinating the ewe prior to lambing significantly boosts the quantity of antibodies in her blood just when she is forming colostrum. This boosts her immunity at a high-risk period and provides her suckled offspring

passive protection for 12-16 weeks. All clostridial vaccines require a primary vaccination programme of two vaccinations,

followed by an annual booster for in lamb ewes. For most lambs the primary programme should begin at weaning time as passive protection from the ewe's colostrum will be finished and they are at risk of developing clostridial disease. Ideally the second vaccination should be given 4-6 weeks later. This interval between the sensitizer and the booster can be extended up to a maximum of five months, but delaying the second vaccination does increase the risk of clostridial disease, especially to pulpy kidney as any one vaccination against pulpy kidney is thought to only cover the lambs for up to six weeks. In subsequent years, the annual booster for females is given 2-3 weeks prior to lambing.

Hogget Vaccination -

If vaccinated twice as lambs, non-pregnant hoggets do not require further vaccination until pre-lamb as a 2-tooth. In-lamb hoggets (if vaccinated twice as lambs) require a single pre-lamb vaccination.

Paul Langford BVSc



**“Newborn lambs
rely on sucking
from their dam to
transfer
antibodies in
colostrum for
protection against
numerous
diseases”**

Horse Reminders

- Supplementary feed for horse over winter.
- Clip horses for hunting

“The signs are all due to the horse trying to avoid pain and can be shown in many ways”



Equine Dentistry - Performance Powerfloat

DENTISTRY- EVERY HORSE NEEDS IT!

What are the signs of dental diseases in horses? Why do horses get dental problems? What can we do about it? What is the new knowledge and equipment?

This article aims to answer the above questions. We are also planning on holding an evening seminar where we will discuss things further and answer any questions you may have.

So, WHAT ARE THE SIGNS OF DENTAL DIS- EASE IN HORSES?

The signs of dental disease in horses can be very varied. A horse will often attempt to disguise the fact that it is sore when eating. This goes back to the days when the horse was a prey animal and any sign of illness or weakness would mean that it would be a likely target for a predator animal. Early signs can however be noticed when the horse is being ridden. The signs are all due to the horse trying to avoid pain and can be shown in many ways. The signs include:

- *head shaking or tossing
- *reluctance to go on the bit
- *more resistance or difficulties on one rein
- *head tilting

- *poor collection
 - *acting up when ridden, rearing or bucking
 - *unexplained or subtle lameness in front
 - *holding onto the bit and pulling
 - *reluctance to be bridled
- These signs are often put down to other reasons but dental problems can cause them and the teeth should be checked.

If the dental problems get worse then you may notice other signs. Horses may:

- *eat slowly
- *drop food when eating
- *eat hay but leave grains
- *have faeces with lots of long fibres in it (>10mm long)
- *have faeces with lots of whole grain

And if the problems get really bad then it will be getting very obvious. There can be:

- *very smelly breath
- *swellings along the side of the face
- *weight loss
- *discharge from the nostrils
- *choke
- *colic

The signs are quite varied and it is obviously better to prevent problems than treat them.

We recommend young horses up to 5 years of age have their teeth checked every 6 months. At this age the teeth are relatively soft and wear quickly into sharp enamel points. There may also be the problem of retained caps of deciduous teeth at this age.

From the ages of 5-15 years it is advisable for teeth to be checked every

year unless a problem has been noted.

But, WHY DO HORSES GET DENTAL PRO- BLEMS?

Horse teeth are very different to ours. They are nearly all what is known as “hypsodont” teeth, this means that the teeth continue to erupt throughout the horse’s life. The cheek teeth start off about 8-9cm long with most of this in the bones of the jaw or cheek. The teeth gradually erupt and wear down against the opposite tooth so a new grinding surface is being produced all the time. They erupt at about 4-5mm per year and problems occur if the grinding surface is not worn down evenly.

Wild horses live in quite rough areas and their teeth have to work hard so they get ground down all the time. Domesticated horses have a much easier life so their teeth don’t get ground down as much naturally. We select the horses we breed from and this is not based on how good their teeth are so again domesticated horses can have more problems than wild ones (wild ones with poor teeth would die out sooner).

Horses need to be able to perform at their best for us and something even slightly wrong in the mouth will affect their whole way of going. We also want our horses and ponies to live to a good age and again dental care is very important for this to happen.

Problems start to occur when the teeth are not quite aligned properly or not closing properly. A horse normally has 11 chewing cycles every 10 seconds which means a lot of wear and tear. The teeth wear away at the points that are meeting leaving the other parts to become overgrown in the form of sharp points, hooks and ramps. It then becomes a vicious circle as these overgrowths cannot be worn, the mouth cannot move properly so the points and hooks become bigger and bigger.

Examples of problems we see in horse's mouth are:

- *Sharp points-leading to ulceration of the cheek and tongue
- *Hooks-affect the normal chewing motion of the horse
- *Ramps
- *Missing teeth-and overgrowth of the opposing one
- *Waves
- *Exaggerated transverse ridges
- *Food impacted beside or in between teeth-extremely painful and leads to periodontal disease.

Finally, WHAT CAN WE DO ABOUT DENTAL PROB-

LEMS?-*NEW EQUIPMENT AND KNOWLEDGE*

Recently there have been significant developments in both the knowledge and treatment of dental problems. There have been huge developments in the equipment used to per-

form equine veterinary dentistry. Northern Southland Veterinary Services have two vets who have attended further training courses in equine dentistry. They have also purchased advanced equipment which allows a complete examination of the mouth and a thorough and precise job to be performed.

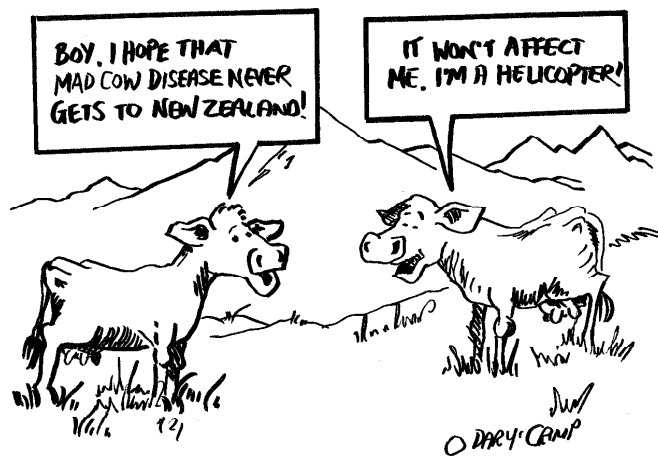
Horses are routinely sedated and then a full mouth gag is inserted. A magnetic light fits onto the gag and because of this the whole of the mouth can be seen clearly, even to the back molars (and a lot of people say they didn't realise the teeth went back that far when they first have a look). The teeth, cheeks and gums are inspected and then palpated so we can see and feel any abnormalities. We like to have the head held up in a specially designed dental halter which just needs to be hung from an overhead beam. This means no-one has to hold the horses head up (it can get very heavy) and also means you can see what is going on inside your horse's mouth.

For the treatment we do still sometimes use hand-floats but mainly use what is called a PERFORMANCE POWERFLOAT. This is a battery powered rotating float designed for equine veterinary dentistry. It has a small head which allows very precise removal of sharp points and other abnormalities. It can be held at one area so is therefore very accurate and efficient. Large hooks can be ground down quickly (as long as they contain no pulp cavity), sharp points are easily removed and bit seats shaped smoothly.

The POWERFLOAT, together with the gag and light, have certainly made equine dentistry work considerably more thorough and effective. We have seen some quite shocking sights in some of the mouths we have worked on and must emphasize the importance of regular check-ups. With the new equipment and knowledge we feel we are now really able to care for the welfare of equine mouths.



“Horses are routinely sedated and then a full mouth gag is inserted”



Dairy—Cattle reminders

- Lice Control
- Milking machine annual check
- Calf rearers
 - organise suitable housing.
 - organise milk powder requirements.

BVD - how to control & eradicate

BVD is an economically important disease of cattle affecting 80-90% of N.Z farms at some stage to a greater or lesser degree.

Adult cattle

- Conception rates reduced
- Increased long returns
- Spread out calving
- High non-pregnant rates
- Abortions
- High empty at calving rate
- Calf losses—premature, still born, weak, birth defects, carrier animals.
- poor producers

Young cattle

- Scour
- Mouth ulcers
- Lameness
- Coughing
- Eye & nose discharge
- Rough coat
- Poor appetite
- Reduced weight gains

Is my herd infected?

In a beef herd, to answer this question blood sampling must be undertaken to find out your position. Fifteen samples should be taken from each age group that you wish to investigate. The results from here will then determine which road to proceed from then on.

In a dairy herd the investigation can be a lot simpler—as a bulk milk sample can be tested which gives you an approximate percentage of the herd exposed to infection. This test should be done once all cows are in the vat and again 6 months later.

The results are broken into 3 categories
1. < 30%
This indicates probably no P.I (persistently infected) animals

2. > 60%
Probably P.I animals present & these should be found and culled- Blood testing
3. 30 - 60%.
May be either recently infected or may be clearing infection. Retest in 6 months.
Note: P.I animals in a dairy herd have a high probability of being in the bottom 20% of producers - this is where to start.

Control revolves around identifying & removing P.I animals, biosecurity to prevent reinfection and vaccinate as a safeguard.
In particular one of the most important things to do is make sure that no P.I bulls come onto the property - it is advisable (I say essential!!) to have all bulls negative for the virus and vaccinated.

Dr M Greene MVB MRCVS



Penguin meets car

Sadly, one of Milford Sound's locals had an altercation with a motor vehicle recently and came off much the worse. 'Beckham' (so named for 'his' flamboyant hair style) - a young fledgling Fiordland crested penguin - was seen to have had this altercation before disappearing for a week back into the Fiordland depths. Other residents then noticed a lame penguin and Department of Conservation staff organised his capture so that we at NSVS could assess the damage caused by the car - presuming, of course, that all presenting lame penguins will have had such an altercation.

Beckham didn't take kindly to his downy coat being ruffled and resented such an affront on his dignity associated with being in captivity. Things didn't look good - clearly having struggled to have caught fish recently, he came to us in a very emaciated state and one of his webbed feet had been half-crushed (making a car a very likely cause). His desire to live, however, was unwavering and his appetite for hoki said much about his determination to do so.

Since a penguin's feet are primarily used for steering underwater and since there was likely room for compensation in such an adept swimmer, his prognosis would have been good as a one and a half-footed penguin- had it not been for further swelling that prevented his using the affected leg at all. Although the foot was de-bridged and all the dead tissue removed painstakingly, the worst was suspected in the upper part of his leg and 'he' was referred to Massey University for a final prognostic assessment. Unfortunately, he had also suffered severe bone infection and also began to contract pneumonia since his accident. In the interests of his welfare, the penguin was euthanased, making it one less surviving fledgling in a species already classified as endangered.

Nigel Dougherty NSVS Te Anau

We're on the Web!
example.microsoft.com