

Calf Scour

The 10 key bullet points to reduce the incidence of this condition are given below. A more detailed article on treatment of calf scour cases is provided overleaf. The principles of prevention are, in general, aimed at minimising the infectious pressure and boosting the calf's immunity and resistance. Bacterial contamination of the colostrum or milk is often overlooked as a risk factor for calf scour.

1. Ideally calve the cow in an individual pen thoroughly cleaned out between calvings OR if the cow calves in a yard with other calving or dry cows remove calf from calving area **asap** after birth to minimise challenge (preferably before it can walk around).
2. Feed colostrum at 10% of bodyweight within 12 hours of birth, preferably in 2 feeds the first within 3 hours of birth.
3. Hygienic colostrum collection and storage.
4. Vaccinating the dam is often required (e.g. Rotavec Corona) to give effective control by increasing the level of antibodies against pathogens causing scour in the colostrum.
5. Clean out and disinfect rearing pens between calf batches.
6. Clean feeding utensils between feeds for hand fed calves.
7. Milk feeding: Do not underfeed milk otherwise the calves immune system will be compromised. Feeding milk at 10% of body weight daily gives maintenance and some growth whilst 15% body weight daily is now often recommended, particularly when temperatures are below 15 degrees C. Two litres twice daily may not be adequate for heavier or older calves. Milk replacers with protein of animal origin rather than vegetable are less likely to cause scour.
8. Consider pasteurizing waste milk before it is fed to calves.
9. Feed straw in racks rather than off the floor.
10. Provide ad-lib water access.



Calf Scour Treatment

i) In the early stages when the calf is not very sick supplementing milk feeding with an oral electrolyte solution such as Efficoral for 48 hours is usually sufficient. **There is no evidence that withholding milk has any benefit and it may be harmful by reducing the energy intake of the calf.** For dairy calves the electrolyte is best fed at a different time to milk. The use of antibiotics in calf scour cases is controversial; for early cases where the calf is strong they are likely to be unnecessary unless the farm has a known problem with bacterial calf scour such as salmonellosis.

ii) More severe cases where dehydration is present (skin tenting) require in addition to oral electrolytes intravenous fluids with the addition of bicarbonate to reverse the acid blood that occurs in calf scour.

Acid blood (acidosis)

- is often fatal if left untreated
- causes weakness and loss or reduced suckle reflex
- is more severe in calves over one week of age than in younger calves
- can occur without signs of dehydration



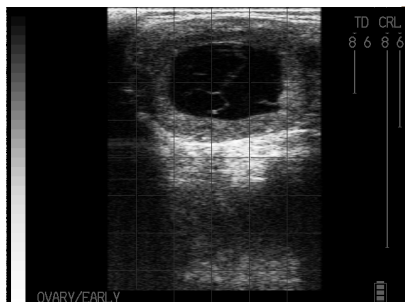
We are equipped with the materials to administer intravenous fluids to correct dehydration and acidosis.

The total cost of examining and treating a calf with intravenous fluids etc would typically be between £40 and £50 depending on the case severity.

Signs in addition to scour	Treatment suggested
Calf standing and appears strong. Suckle reflex good	Supplement milk with oral electrolytes for 48 hrs. Antibiotics probably not necessary.
Calf standing but weak. Suckle reflex weak or none.	Would benefit from veterinary attention and intravenous fluids (especially if over one week old) in addition to oral electrolytes. Antibiotics may be of benefit.
Calf unable to stand, suckle reflex weak or none	Needs veterinary attention and intravenous fluids in addition to oral electrolytes. Antibiotics may be of benefit.

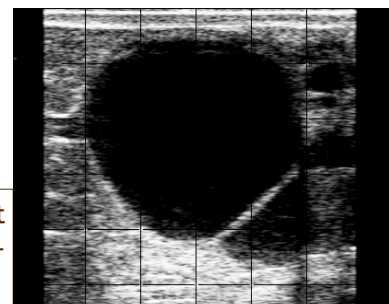
Cystic Ovarian Disease in Dairy Cows

This condition has been recognised commonly at routine fertility visits recently. A cyst develops when a cow comes into oestrus but the egg fails to ovulate leaving a cyst. One of the important causes of this condition is negative energy balance to which the Holstein is particularly prone. It is possible that over reliance on grazing late in the season has tipped cows into negative energy balance. Cysts most commonly cause the oestrus cycle to 'stall' and the cow to stop coming into oestrus altogether. As a result a negative pd will often be found to have an ovarian cyst. Less commonly ovarian cysts cause the cow to come into oestrus at short intervals. Treatment depends on the type of cyst.



A luteal ovarian cyst causing anoestrus.

A 4cm diameter follicular ovarian cyst causing anoestrus identified in a non-pregnant cow at pregnancy diagnosis.



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