

VETS ON ALABAMA

Seasonal HOOV PRINT

SHEEP, BEEF, DEER & HORSES



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Cruciate Disease In Dogs

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The most common cause of hind limb lameness seen in dogs are injuries of the stifle (knee) joint, with the most common injury being rupture of the cranial cruciate ligament. There are two ways that these injuries can occur: either by slow chronic degeneration of the ligament with age or conformation, which then finally snaps because the ligament has become so thin, or acute tears in athletic dogs. These acute tears often occur when the dogs leg stops suddenly and the dog keeps going, i.e. standing in a rabbit hole while running or from jumping when excessive force is used at take off. They are also one of the most common orthopedic injuries of sports people.

There are two cruciate ligaments, the cranial and the caudal, with the cranial ligament having two branches. The two ligaments form an 'X' within the knee joint to prevent the femur and tibia sliding abnormally forwards and backwards relative to each other. The lameness that is seen in the early stages is usually a reflection of the increased laxity within the knee joint. As the disease progresses (in chronic cases) or is left in acute cases, fluid will build up in the joint from the abnormal movement and arthritis will start to form on the joint surfaces as well. Both of these additional abnormalities will increase the degree of lameness. We most commonly see these injuries in young, active, large breed dogs.

Diagnosis is partially based on feeling the range of motion that is present in the knee. The two most common tests with palpation are the cranial draw and the tibial thrust. Often larger dogs that are well muscled will be able to tense their muscles making these tests unreliable in the conscious patient. For this reason sedation or a full anesthetic is often performed, which will also allow x rays to be taken to assess the degree of arthritic change already present.

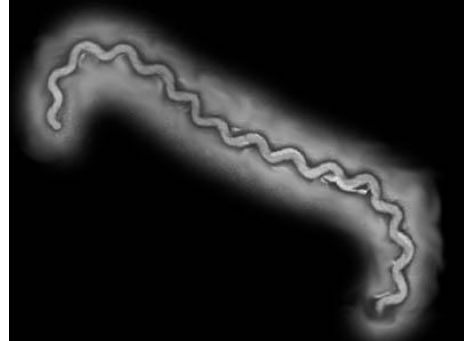
Surgery is generally recommended to stabilise the joint. There are now three different surgical procedures that are routinely performed. The most common procedure performed is the lateral tibiofabella suture. This is where a thick piece of suture material is passed around a small bone behind the femur and then through a hole drilled in the tibia to mimic the effect of the cranial cruciate ligament.

The earlier in the disease process that treatment is started the better the long term outcome is.



Leptospirosis – Not Just A Dairy Issue

Leptospirosis remains a serious threat to the health and livelihoods of farmers. While the control of Lepto in NZ dairy cattle has improved markedly thanks to widespread vaccination, evidence remains that there is still a need for improvement, especially when it comes to beef cattle and deer



Last year 113 cases of leptospirosis were reported in humans – Farmers and farm workers have a 3-4% chance of contracting leptospirosis in their working lifetime, which is a risk of 100 times greater than the average person in NZ. It is estimated that the numbers of unreported or undiagnosed cases are actually 40 – 50 times higher.

Failure to take all practical steps to prevent leptospirosis among employees, contractors or workplace visitors may be considered a breach of the Health & Safety and Employment for which prosecutions may result.

Latest research proves that calves are at risk of infection well before 6 months of age. If they do become infected they can become chronic shedders of leptospirosis in their urine for months or years, presenting a health risk to people working with these animals at any time when they are handled. Once an animal has the infection, vaccination is too late to be of any use and will not cure an infection.

Calves should be vaccinated at a young age, before they have a chance to become infected. It is recommended that all calves be vaccinated 10 weeks from the planned start of calving, assuming a 6 week calving spread. Vaccinate calves in batches if your calving spread is longer. Both Leptosshield® and Ultravac® 7in1 are registered and can be used from 4 weeks of age, which has proved to be very effective.

Calves need two doses initially 4 -6 weeks apart and can still be done now if they have not been vaccinated.

Yersiniosis

Yersiniosis is a highly infectious bacterial disease of fawns characterised by smelly, watery green or bloody scours and death. The bacteria (*Yersinia pseudotuberculosis*) that causes Yersiniosis are widespread in the environment and are carried in the gut of most wild (birds, rodents, rabbits and hares) and domestic (deer, cattle, sheep, pigs and goats) animals. These healthy carrier animals shed small numbers of the bacteria in their faeces. These bacteria can survive well in soil, water and pasture, especially during the winter. Animals are infected by eating or drinking faecal material (e.g. during suckling, eating pasture). Most fawns are therefore exposed to *Yersinia*.

Disease is primarily related to age, stress and exposure to large numbers of bacteria. Weaners are most at risk. Important stressors include: weaning, poor nutrition, sudden change in feed, mixing of deer groups, cold wet windy weather, yarding, transport and heavy parasite burdens.

When stressed fawns stop eating and lose body heat (due to low fat reserves and the poor insulation provided by their coats). This is exacerbated due to the social and feed changes at weaning. This causes their intestinal movements to slow down. This allows *Yersinia* to multiply enormously. Animals also shed huge numbers of the bacteria into the environment. This leads to significantly greater exposure to other animals. The bacteria produce toxins which damage the intestines, leading to rapid fluid loss, bleeding, and dehydration. This frequently leads to death if untreated. If fawns are not subjected to excessive stress, the infection will probably be mild and go unnoticed.

What can you do?

- Aim to reduce the effects of stressors.
- Wean before the rut when it is warmer and more feed is available.
- Vaccinate with Yersiniavax to prevent clinical disease.

Yersiniavax[®] contains inactivated *Yersinia pseudotuberculosis* and is indicated for the immunisation of deer against Yersiniosis. The aim of vaccination is to prevent a serious epidemic by reducing the spread of disease through a mob, unfortunately it will not protect every individual. Yersiniavax[®] therefore enhances, rather than is a substitute for, good management.

Yersiniavax[®] is available in 50 dose (100ml) packs. Inject a 2mL dose subcutaneously in the anterior (front) half of the neck. Two injections are required 4 – 6 weeks apart. The vaccine must be stored away from light at 2–8°C. Do not freeze.

When Should Your Horse Be Wormed



Plan your treatment programme to maximise the use of your horse wormer.

As a general rule you should plan to worm your horse at the end of spring when it starts getting hot and dry then again at the end of autumn as the weather starts to get colder.

During dry periods, such as we have been experiencing lately, worm eggs sit dormant on the pasture waiting for it to rain creating warm moist conditions. Once it has rained the grass starts to grow and everything looks great, but be aware of the wirily worm. These worms will

start to hatch and move away from the dung site and very quickly there are large numbers that will be eaten by your horse where they are able to complete their lifecycle.

Even a horse that has a history of regular worming and is well fed, when exposed to this sudden intake in large numbers of recently hatched worms can suffer serious problems and your horse may develop colic. The perfect parasite does not kill its host but because of their migratory lifestyle, a large infestation can cause serious damage. Remember the little blighters can cause nodules in the flanks, encyst in the gut and even migrate up the anterior mesenteric artery and form an aneurysm.

What to do?

1. **Remove the dung from your horse paddock is a good start**
2. **Worm with a good “combination” drench about one week after the first flush of feed.**
3. **Cross grazing**

Getting a mob of sheep to cross graze your horses paddock soon after the first flush of feed is a good way of “hoovering” the worms from your pasture. Migrating red worms which are so destructive in the horse are not an issue for sheep or cattle.

It may be hard to watch a mob of hungry sheep eat that first flush of green feed, but it will be worth it in the end. The trick is to have enough sheep in the mob so they can come in for 24 – 48 hours, eat all the fresh flush of feed, and all the worms. Shortly after grazing there will be another flush of feed, but this time with a much reduced potential worm burden for your horse. About 6 – 8 weeks later in a “normal” year the colder weather will begin, Autumn is over and Winter is upon us.

Worm your horse at the beginning of Winter and this should greatly reduce the chance of infestation. Before you know it Spring has arrived and the process continues through its cycle. The warmer moist conditions promote grass growth and worms start hatching again.

Vets On Alabama have a full range of horse wormers and are able to give you the right advice for your situation. Please contact the clinic if you have any questions or would like some advice for your particular situation.

Lungworm In Deer

Lungworm (*Dictyocaulus eckerti*) is the most serious parasite in young deer. Deer are most susceptible as fawns at 3-5 months of age due to lack of natural immunity and a higher than normal parasite burden in the environment through the Autumn.

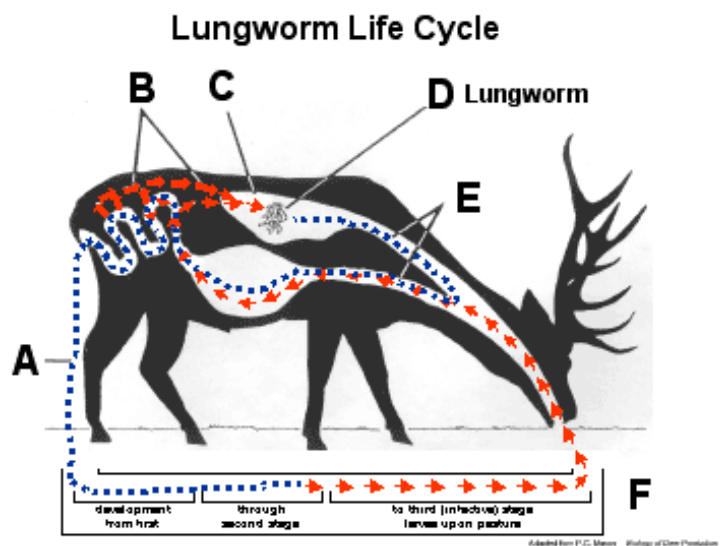
The classic symptom of lungworm is a cough. However it is easy to overlook or get confused with other issues as growth rates start to reduce and coats start to look in poor condition.



The lifecycle of lungworm in deer can be best described as follows –

- First stage larvae passed in faeces
- Infective larvae penetrate intestinal mucosa and migrate via the lymphatic and blood circulation systems to the lungs.
- Development of Stage 5 & maturity to adulthood in lungs
- Adult worms inhibit bronchial tree and lay eggs.
- Eggs are coughed up and swallowed – hatch to L1 larvae in faeces.
- Infective larvae consumed with grass.

Lungworm is best diagnosed through a laboratory test. A faecal sample is taken from the rectum from 6-8 animals to give a representative sample from the mob. This test is most useful to monitor young deer in the autumn. Regular counts are a good idea if lungworm is perceived to be a particular problem on your farm. Continuing research is finding that controlling parasites in deer requires a similar approach to other animals, otherwise productivity is affected and parasite control is required to reduce this effect.



The objectives of parasite control are to:

1. Removal of existing parasite burden
2. Reduce reinfection challenge to the animal
3. Reduction in level of parasite contamination.

The key risk period for young stock is February – June. Therefore it is best to discuss your farm situation with your veterinarian with the aim being to break the lungworm life cycle.

IMPORTANT: Leaving young deer not drenched in the autumn can result in very large burdens of lungworm to develop very quickly. Therefore it is far easier to be pro active rather than reactive to this important health issue in young deer.

If you would like more information on any of the topics covered in this edition of Seasonal Hoof Print, please contact the clinic and one of our production animal vet team of Nick, Keith, Stu, David and Tal would be happy to discuss it with you.

WANTED!!!!

We have a locum vet with us from mid-May through to the end of June who needs accommodation for approx. 6 weeks. Please contact the clinic on **578 6965** if you have, or know of anyone with accommodation available over this period.

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www.vetsonalabama.co.nz**



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