

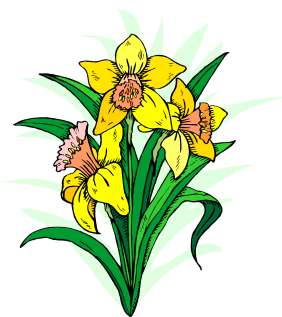


# Warby St Vet Hospital News

## and Wangaratta Equine Hospital

**Hard to believe it is Spring again already, especially with the recent cold , wet weather and record snowfalls on the hills. But no doubt warmer days and nights will be coming soon.**

**Spring edition 2010**



## Wangaratta Equine Hospital Grand Opening

The Horse's birthday on August 1st was a great day to celebrate the official opening of the Wangaratta Equine Hospital on Tone Rd. For those that braved the wild winter weather there was the opportunity to tour the state of the art facility as well as witness some excellent horsemanship and showjumping demonstrations in the GOTAFE arena. The day was a great success with around 200 brave souls on hand to see local equine identity Mrs Barbara Ivill snip the ceremonial ribbon and declare the hospital open. The winter chill was kept at bay with some celebratory bubbles and the excellent work on the coffee machine of Juan from Espresso on Ovens as well as Shane and Ross on the BBQ tools.



The operating facilities and stables have been put to good use since the official opening and this trend only looks to continue as the Spring brings on the foaling and breeding season in our considerable local Thoroughbred horse population.

We are very pleased to have moved into the new building and are excited about what this means for horses and their owners in the Wangaratta region. We will now be able to schedule routine surgery, such as cryptorchid castrations, regardless of weather conditions. In addition we will have much better control of the anaesthetic induction, maintenance and recovery periods than we would ever have dreamed of out in the middle of an often dusty or damp paddock. We are also prepared for specialist



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procedures that would previously have been referred to other equine hospitals, such as arthroscopy and bone fragment retrieval from damaged joints.

With the opening of the new facility we have moved a large amount of our equine inventory down to Tone Rd. This includes a lot of over the counter products like vaccines and worming pastes. Warby St Vet Hospital will still stock some equine products for convenience, but if you are after over the counter products we would recommend you go to the Wangaratta Equine Hospital as your first port of call.



## Triennial Vaccination

The last few weeks have seen some media reports regarding the practice of annual vaccination in pets. They have raised some valid points, but also portrayed in some cases misleading information about the practices and intentions of veterinarians in general.



We have always put the emphasis in our clinic on your pet coming to the vet for an “Annual Health Check” and vaccination rather than the other way around. The annual health check is a great opportunity for pet owners to ask about things that have been worrying them or their pet and for us to thoroughly examine the animal for any signs of developing disease. We believe strongly in the philosophy of preventative medicine and feel that a once a year examination is the most cost effective method of detecting disease at a stage where we have the greatest degree of control over its successful treatment. It is extremely common at this health check for the vet to find a problem that the owners may have been unaware of, or for the owners to seek treatment for an ailment they have noticed. Our main concern with a reduced frequency of vaccination is that the annual health checks in the intervening years will be missed. This means that disease may go undetected for several years before the animal is examined by the vet again. In many cases a disease process will have progressed beyond the scope of simple or effective treatment by this time. We support the use of triennial vaccines, but strongly stress the need for an “Annual Health Check” each year as a mainstay of detecting and preventing disease.

In our last newsletter we ran an article about the triennial, or 3 yearly, C3 vaccination for dogs. At the annual health check the vet will speak to you about your dog’s lifestyle and based on its risk of disease a joint decision on vaccination can be made. This will apply not only to the C3 vaccination, but also the kennel cough vaccination and the need for effective heartworm prevention. We encourage our clients to ask questions about the vaccination process so that we can arrive at the best regime to keep your pets protected whilst minimising the risk of any side effects. Vaccines remain a cornerstone of animal health in Australia and have seen the incidence of deadly viral diseases fall dramatically. We need to adapt to changes in technology and incorporate these into our vaccination protocol so that these viral diseases continue to be held at bay.

Dog and cat vaccinations historically have been very safe treatments. Any adverse reactions tend to be mild and transient and the benefit of protection from disease far outweighs the low likelihood of a vaccine reaction. If your pet has a problem after any vaccination it is important to contact the veterinary hospital to seek advice. In the future we will be able to take precautions prior to any vaccines to prevent further adverse reactions from happening.

### “King Valley Run”

A service provided every Tuesday charging **TRAVEL fees** from Glenrowan, Greta, Moyhu or Milawa.

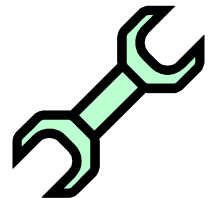
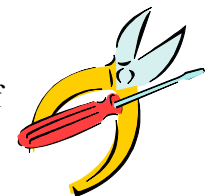
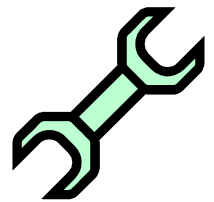
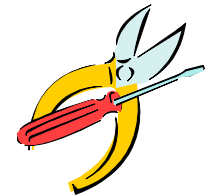
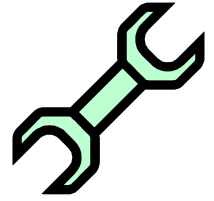
### “Beechworth & Myrtleford Valley Run”

A service provided every Thursday charging **TRAVEL fees** from Markwood, Everton, Beechworth and Myrtleford

No this isn't when a man can't help himself from going down to Bunnings on a Saturday! It is a disease of cattle that ingest some type of metal hardware by accident in their food. The condition's true name is Traumatic Reticulo-pericarditis (TRP). This fancy name basically refers to the inflammation that results in the reticulum (the first stomach) and pericardium (membrane around the heart) when a piece of metal wire pierces the reticulum and passes through the diaphragm into the sack around the heart. As you can imagine when the wire breaks through the wall of the reticulum it carries with it particles of food and some of the many bacteria that make their home in the cow's stomachs. This material sets up a nasty infection around the heart and when it accumulates then puts pressure on the heart making it more difficult to beat and pump the blood around the body.

The symptoms of this disease unfortunately are quite vague, but it should always be a suspect in a cow that is "just not doing well". In extreme cases it can lead to sudden death from heart failure, but the decline of the cow is usually more chronic. The onset of signs is usually rapid and worsening with time. The cow will often grunt when moving and walking downhill often presents more severe pain. Cows lose weight progressively and usually have a poor appetite. They will exhibit abdominal pain and often have a fever (39.5-40) when the temperature is taken. Dairy cows will go off their milk and can look a lot like a cow with a displaced abomasum (LDA). A sudden reduction in milk yield accompanied by a fever should be an alarm bell for this disease in a dairy cow.

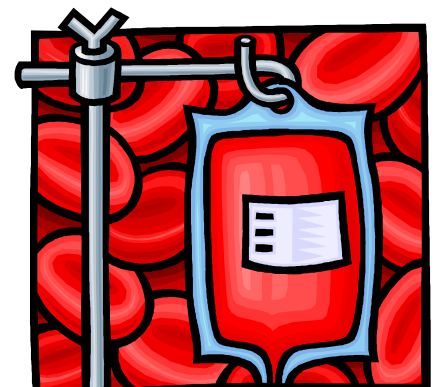
Unfortunately the treatment of this disease is very difficult. To have any success the piece of metal must be found and removed. In economic and practical terms this is all but impossible to achieve successfully. In rarer cases the cows will recover spontaneously, probably because the piece of metal retracts back into the stomachs and the hole can seal up again. As with anything the old adage of prevention being better than a cure truly applies. Keeping the paddocks free from old metal and fencing wire goes a long way to stopping the curious cow from ingesting any foreign material. It is also important to prevent any metal objects falling into feed stores, silage pits or machinery that cuts or prepares feed for the animals.



## Blood Donors Love Life

Some emergency situations require us to administer a blood transfusion to our patients in order to save their lives. This is often required after trauma that leads to large volume blood loss, or with rat bait poisoning and immune mediated anemia. The blood is usually needed very acutely and often the pets of our staff are the heroes in these stories. Blood transfusions are not everyday events for us, but they happen frequently enough that we sometimes run out of donors within our small pool of staff pets. As a result we are planning on beginning a register of our clients that have a dog that would be willing to act as a donor in an emergency situation. To act as a safe and effective donor we would ask that the dogs be at least 30kg in weight, in good health and within the 1-7 year age bracket. Dogs that match these criteria can safely give 400ml of blood every 6-8 weeks, however we very much doubt we would call on your dog at anything like that frequency!

If you have a dog that you think fits the bill for a blood donor and would be willing to register them with the hospital please give us a call on (03) 5721 7177



# Calf Scours



Spring calving season is upon us and with that warmer and wetter weather that seems to encourage calf scours. We have had quite a lot of people in the clinic recently asking about vaccination for specific calf scour diseases. Below is some general information regarding calf scours and the vaccinations available.

Scours is the most common illness we see in the first month of life. It is caused by many organisms and often, more than one causative agent is present in the one animal. Viruses, usually rotavirus is the most common cause, but protozoa such as cryptosporidia and coccidia and bacteria such as salmonella and E.coli also cause significant problems.

## Prevention

- Newborn calves should receive at least 2L of colostrum within 12 hours of birth.
- If calves are to be housed, house them in warm, dry, well-ventilated, clean locations and clean this location regularly.
- Quarantine all introduced calves for 7 days in an area not used by home calves.
- Quickly separate new cases of diarrhoea from the unaffected calves, and clean up any contamination.
- Individually identify scouring calves and record any changes in their condition so that a reliable assessment of their dehydration can be made.

## Treatment

Treatment of calf scours is based around rehydration and support through the disease. As viruses and protozoa are the most common causes, antibiotics aren't the 'be-all and end-all' and prevention is really the key.

- Oral electrolyte solutions provide a balanced source of salts, fluids and energy and can be fed up to 6 times a day. They are best used at body temperature and the amount required depends on the degree of dehydration of the calf.
- Vaccination for specific diseases;
  - *E.coli* vaccination (Bovac *E.coli*) can provide protection in the first weeks of life via vaccination of the dam. Heifers and previously unvaccinated cows are given 2 doses, the first 6-8 weeks prior to calving and the second, 2-3 weeks prior. An annual booster is required and should be given 2-3 weeks before calving.
  - Bovilis S vaccine protects calves against two types of Salmonella, *S.dublin* and *S.typhimurium*. Heifers and previously unvaccinated cows require two doses, 3-4 weeks apart, with the last dose given 3-8 weeks before calving. An annual booster is also necessary and should be given 3-8 weeks prior to calving.

If you would like any more information, please ask our friendly staff! We are able to order vaccines in for you.

## NEWSLETTERS ONLINE

If you would like to receive our newsletters in your email please fill out this slip and return it to us at the hospital. Alternately you may email me at [tim@warbyvet.com.au](mailto:tim@warbyvet.com.au) and I will add you to the mailing list.

Name: .....

Email address: .....