

or may not be any good at all. It is also very beneficial information to the client. I need a lot of stimulation!

We regularly run hemoglobin tests in anemic calves and repeat breeder cows on a hemoglobinometer. After attending some meetings I discovered that other practitioners were finding low hemoglobins. I had never heard of this before. I started checking hemoglobin levels. I do not know whether anybody knows what it means but we are out discovering something for ourselves, finding problems that someone smarter than us can work on!

Parasite studies turn out to be negative. There are no parasites in Wisconsin. People tell us that every cow is infected. However, we get all negatives so we do not run too many of them until I attended the state laboratory this summer and found out that we were having negative results because we continued to float the sample in sugar whereas if we put them in sugar and centrifuge them, we will get almost 100% positive results. Sure enough, that was true! So, if you are doing your fecal tests by flotation in sugar and getting negative results, just change your technique!

Our biggest program is infertility. We have probably 40 herds on the fertility program that we visit about once a month. It is not every four weeks and sometimes it is not every month! We do not visit every three weeks because if you visit the farm every three weeks you never get done and the cows will not be the same all the time so do not try to do that. We do a monthly examination of all postcalving cows to check when they are 30 days pregnant and again when they are 60 days pregnant to make sure everything is alright. Word gets around enough for us that we have clients coming and asking if they can get a service such as this

started on their farm. When we first started out, we had to sell this idea but we do not have to do this now. When we first started out we gave a small financial inducement to the client to have his cows examined. We gave him a little lower cost than he would normally receive. We are trying to get away from that right now since almost everyone wants to have his cows examined and we have done it cheap long enough. We know that we can provide a real service to the clients and we try to show them that we can when they suggest a problem to us. They soon see the light and very few people leave us because of failure of the program. If they do, it is for some other reason.

With regard to our mastitis program, we pay special attention to herds with serious problems. We are always going to have emergency calls. There is always going to be a fire fighter veterinarian out there unless he puts the phone down on the people that call! You will always have to fight a fire somehow but hopefully your whole life will not be devoted to it. I do not want mine to be but I will go fight fires. Just a few comments I would like to throw out to be a professional: if you see a problem, do not ignore it—try to correct it. As far as large animal medicine is concerned, when I graduated, only four people in my class went to large animal medicine; everybody wants to go into small animal medicine and I am sure gratified to see young people in this field.

I did not think that large animal practice was the coming thing; I would have been some place else, but I am quite satisfied that it is going to furnish me with all the goals that I have set in my life. I worry that we need to do something to encourage more students somewhere along the line to go into large animal medicine when they graduate, otherwise we may end up in trouble.

Feedlot Management

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Our practice is a four-man mixed practice. It involves feedlots, dairy and small animals, but today I am going to talk just about the feedlot portion. It is only about 20% of our practice and there are two types: one is the dairy farmer who is milking 40 or 50 cows and he is feeding out his own steer calves that he is raising and also

purchased another 50 to 100 steers to go along with them and he is putting them into the feedlot next to the dairy cows. I know veterinarians in Wisconsin and the Midwest are seeing more of this all the time as the value of these feeder calves keep going up in price. The second type of feedlot belongs to the client who purchased all the calves

as feeders and he is in a true feeding operation—he is not milking any cows. So, first, let's talk about this dairy farmer. Most of them are on a herd health program whereas three or four years ago we did not have any. He needs anywhere from 25 to 100 steers which he buys in local auction barns. He gets some pretty good feeder calves. I cannot complain about this but also he brings home IBR, BVD, P₁₃ and some odd types of leptospirosis. Until we started these clients on a herd health program, they really lost a lot of money. Because we are only 20 miles from the diagnostic laboratory in Madison, we routinely get virological examinations on these outbreaks. We take nasal swabs and blood samples on the ones that are showing 105 and 106^oF and take them to the laboratory. In about 20 minutes to a half hour we usually get the virus isolated. The one thing we have learned from these laboratory examinations is that many times we cannot tell from the outward symptoms whether the animal is affected with IBR or BVD. We can have a textbook picture of IBR in an animal and the laboratory will isolate BVD virus out of the circulating blood. There is a viremia here, so in my own mind I am pretty sure what we are dealing with, but you just cannot tell the difference many times and maybe some of these feedlot veterinarians see a lot more animals than we do and can tell this, but we cannot. What do we do with these dairy cows? We vaccinate them for IBR, BVD and PI3 when they are not pregnant and then we vaccinate the replacement calves that are around eight or nine months of age. We also give a yearly booster for leptospirosis. We have had some real problems in our area with some *L. hardjo* and two different types of leptospirosis causing some abortions. They get into a herd and every two or three weeks you have another abortion. It happens every two to three weeks, year round, and there is nothing that can get a dairy operator into trouble faster. Dr. Raymond Porter of Purdue sends us special culture tubes and we collect some urine samples from the cows that are shedding the leptospirosis organism. He has prepared some vaccines which have given good results.

The next type of feedlot is the one where they purchase 100% of their animals as feeders. In our area this will vary from an operator feeding out about 100 head to the largest one with about 2,000 on feed at one time. We handle these animals a little differently: according to their time of arrival, the weight of the animal and the distance they have traveled. I know that a lot of operators like to vaccinate them for everything they can as soon as they arrive and, it is true, we do not like to

handle them more than once if we can help it. First, let us talk about the calves that are 500 lbs. or under that have moved directly from a farm 100 miles away from our practice. We recommend vaccinating these calves with nasalgen and BVD; we worm them, and they get a dose of AD&E. This sounds like a lot but we kept some fairly good records on the calves which showed good results. The next group are calves that are still under 500 lbs. but have traveled a long distance, 500 to 1,000 miles. We give these nasalgen and BVD when they arrive. They get the nasalgen and IBR along with it and BVD and then we have to wait three weeks. If we give these calves everything we give a local calf, we run into some problems. We stopped vaccinating for BVD for a while and I know that a lot of the bigger feedlots in the west still do not vaccinate for it. We isolated BVD virus so many times even though I thought we had IBR we started vaccinating again. Then we wait three weeks to a month and run these calves back through and worm them. We have also had an experience where a lot of these calves will be purchased on contract from one ranch in the west and they will have them all together. They will come in and we cannot find a parasite egg in them! I have sent them down to the diagnostic laboratory and they cannot find any either! We will wait three weeks to three months and recheck them. If they are still negative we do not worm them. We seem to see more parasite problems in local calves than the ones that are coming out of the west. I do not know the reason.

The third group of cattle are the ones that are over 500 lbs. We give them everything! They get BVD and we usually worm and implant them. We had some trouble with corral and neguvon when we were using them in December and January. We have had some instances of posterior paralysis, incoordination during the first 24 hours after pour it on. Evidently, we were killing some grubs somewhere near the spinal cord. We watch them very closely. We are still using the products. We are using boanna this winter mainly because we thought we would have a little less reaction but I cannot see too much difference, but we watch it pretty closely the first 24 hours and make sure we get some cortisone into them if they start staggering and we have not lost any since. Now, if you get up into this area of Wisconsin, if you do not use anything for lice control these animals literally itch themselves to death late in the spring, so we have to do something.

The next problem that I would like to talk about is the problem of a vaccination recom-

mendation for calves that come in which are under 500 lbs. but were preconditioned in the west. We have had some bad experiences here. They are small calves once again. They would be in the feedlot from four to six months and we would have an acute outbreak of either IBR or BVD. It would just sweep the whole bunch! We had one client who had 300 calves last spring, having purchased them the first of the year. They were all preconditioned and had a veterinary certificate. During the middle of May he had an acute outbreak of IBR which was confirmed in the laboratory. We feel that these calves were precon-

ditioned too early and were probably given an intramuscular product. The ones that were given Nasalgen did not have any problems. We have had the same problems with outbreaks of BVD in these preconditioned calves. We tell these fellows if they have real small calves to leave them in the feedlot three or four months and then run them back through and give them IBR and BVD vaccinations again. I know that some may not agree with this, but we have had so many outbreaks after they have been in there four to six months, we thought we would have to run them back through and revaccinate them.

Dairy Practice

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It is a pleasure to be here. We have a group practice in Edgerton. We have five veterinarians, one having a Ph.D. in nutrition. Our mornings start out like about everyone else's. We start out with a routine visit to some farm, sometimes two of us are out on routine visits. We always have one free to cover; someone has to check the small animal clinic and see if anything died overnight. Anyway, he also covers emergencies. Every time we pregnancy check a cow we try to record everything on a clipboard. We leave the clipboard at the barn. We have less than a dollar invested there! We figure we can give that to anyone whether he is on the herd health program or not. We try to write down everything; every veterinarian does this because we do not all necessarily go to the same farms all the time. We rotate and it is very hard to remember what somebody else gave to what animal. Sometimes we get bad drug reactions when we do not keep track of what was done. Also, it is a place to leave messages. I do not know if you find it this way, but half the time I go to the farm and the farmer is gone. I do not know why he calls me if he is not going to bother to be there but at least I like to let him know that I have been there, before my bill arrives!

Information is accumulated on what we call a calving interval chart. We just put down the date the cow calved last time and right beside it, the date she is due the next time according to our predictions, which are in the general range of within 30 days of when they should calve, depend-

ing upon how soon we get there. If we are in the 35-60 day range, we come very close to hitting those new calving dates but if it gets beyond that, our accuracy diminishes but this does give him a chance to monitor himself and see how fast and how good he is keeping up on this 12-month calving interval which we consider 100%. Some clients have a hard time determining heats so we have performed some penectomies. We also create a "monster" with cystic ovaries. The farmer who owns one of these calls him "the sex director!" He keeps a big ballpoint pen underneath his chin and carries a halter. He runs around putting marks all over the cystic cow which is a great help to us. We have to shut the cystic cow in the barn except when we want him especially for heifers. I could not tell you which heifer was in heat without that red mark. Manure is money—most of my farmers keep telling me that is all the profit they have left after they get done with my bill! We run around and try to collect a lot of fecal samples. We do get positives and we try to set up a worming schedule, not just run around as a feed mill man will do and say that now is the time to worm your cows because I am standing in your yard and I have the wormer to sell you! We also teach CMT tests because we think that a client, not knowing which cow is infected, panics a lot of times and thinks he is in a lot of trouble when he just has a few cows that are in a lot of trouble. We also collect a lot of milk samples on the horizontal. I think this is one good tip I would like to give everybody. A plastic