

nal prolapses have a high heritability and these cows should be culled.

Perineal Lacerations

Complete perineal lacerations occur during dystocia and most commonly affect heifers (10 of 15 cows). Surgical correction of perineal lacerations should not be attempted until the margins of the initial wound have granulated or healed. Often, these cows are presented for infertility without owner awareness of a recto-vaginal fistula. Failure to reconstruct the perineum may result in permanent infertility (one cow was followed for 24 months after diagnosis and failed to re-breed). Surgical closure of the defect is highly successful (71% of cows with complete laceration and 75% of cows with recto-vaginal fistula returned to breeding soundness after surgery). Reoccurrence of the laceration or fistula

at subsequent calving was not observed in any cow. Perineal repair is done in a one-stage procedure under epidural anesthesia with the cow standing. I prefer to use No 2-0 PDS or No 3-0 monocryl in an interrupted circumferential suture pattern for repair. The cow should be rested for 30 to 45 days before attempting re-breeding.

References

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Abstract

Role of infected, non-diseased badgers in the pathogenesis of tuberculosis in the badger

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The lungs and kidneys of 15 badgers which had no visible lesions of tuberculosis but from which *Mycobacterium bovis* was isolated from pooled collections of lymph nodes were serially sectioned. Lesions of tuberculosis were detected by histopathology in the lungs of 13 and in the kidneys of one of them. The lesions were mostly typical early stage granulomatous lesions but

seven animals had fibrosed lightly calcified lesions which were considered to be the primary foci of infection. These lesions suggest an early containment phase of arrested development previously not observed and provide further evidence on which to propose a hypothesis for the pathogenesis of tuberculosis in the badger.