for cattle that fit this category have received a New Animal Drug Approval (NADA), however reputedly there are some bovine products in the NADA pipeline.

Bovine practitioners should understand that the new rules that apply to them and their practices are surprisingly similar to the old days of regulatory discretion that was the *de facto* policy of CVM with regard to enforcement actions. Practitioners and practices must now understand the new rules as they apply to them. **Probably the most important one is the records requirement.** CVM has set up a clear set of principles regarding their requirement to make such records available to them. Their stated purpose is to use such records to determine the extent of and potential for public health impact of drugs that are being used in an extralabel manner in food animals, not for specific enforcement actions against a practitioner or practice. As proposed, a practitioner would be notified by mail or by a phone call appointment regarding the request for records information. It then would be the practitioner's requirement to provide the information to the CVM via a form that could be filled out and mailed in or to make such records available to an inspector on clinic premises during regular business hours. A finding of fact that extralabel usage constituted a threat to public health might then become the basis for an outright ban on a pharmaceutical that was of potential harm. Practitioners will find that they already have most of the tools that they need to be in compliance with the new rules already in place.

For Bonnie Bargstedt's paper please turn to page 195-196

Abstract

Percutaneous ultrasound-guided abomasocentesis in cows

U. Braun, K. Wild, M. Merz, H. Hertzberg
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The goal of this study was to determine the optimal location for ultrasound-guided centesis of the bovine abomasum and to assess the safety of the procedure. In the first part of this study, the technique was applied to 50 clinically healthy cows which were slaughtered within two hours of the procedure. The abomasum and peritoneum were then examined for lesions. In all but one cow, the location for abomasocentesis was 10 to 27 cm caudal to the xiphoid and on the ventral midline or up to 10 cm to the right of it. No peritoneal lesions were observed in any of the cows. In all cases, the site of centesis was visible as a localised haemorrhage on the serosal surface of the abomasum. In 41 of the cows, a haematoma was visible on the mucosal surface of the abomasum. In the second part of the study, 10 cows were monitored clinically for 10 days after abomasocentesis, to assess the safety of the procedure. The appetite, general behaviour, attitude and rectal temperature of the cows remained normal. The haematocrit, total and differential leucocyte counts, and the concentrations of total solids and fibrinogen were determined daily and remained within their normal ranges. At slaughter minimal changes, such as localised reddening and adhesions between the site of the puncture in the abomasum and the abdominal wall, were visible in three of the cows.