

Treatment of Sole Abscesses of Cattle in Missouri

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It has been suggested that one should drain sole abscesses and not bandage the foot. However, the soil in our area is very gravelly and if the foot is not bandaged, the drain hole is soon filled with rock and dirt and the foot abscess breaks out at the bulb of the heel. In addition, bandages of gauze and cotton, or porous tape tend to stay damp and irritate the skin, causing foot rot.

A few years ago when sea sponges were more plentiful, they were recommended for bandaging legs on horses. I adapted a variation for the use of a sponge on a cow's sole abscess and puncture wound. Later, when Technovit acrylic became available, I started blocking the foot also.

First, I locate the puncture or abscess area, enlarge it so that it will drain, and then trim the foot. Then I block the good claw. While the acrylic is hardening I pour 7% iodine into the hole. Then I pour "tamed" iodine (Monodine) on a slightly dampened household cellulose sponge which is then taped to the sole with duct tape.

The tape is put on until it forms a shoe in the claw. The "shoe" is secured with one or two strips of tape around the whole foot. The duct tape does not seem to irritate the skin and I have had it stay on for 10 days or more with no problem.

Ten Tips in Running a Mixed Practice with Six Veterinarians and One Million Dollar Gross

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I started the Sheldon Veterinary Practice in Sheldon, IA in 1958. It has grown through the years where we now have 6 veterinarians in a mixed corporate practice, 95% large animal and 5% small animal. Our large animal is divided between dairy, beef cattle, a little cow-calf, and swine, some sheep, and equine. We try to train our clients so they don't ask for one particular veterinarian. However the few that do, know that if they call early in the morning before we go out on our route and specify one of us we will try to honor it. We do have specialists, however, in small animal, herd health, practice management, and some other fields. We also base our practice philosophy on diagnosis and will go to great lengths to obtain that. I think we feel that anybody can treat,

Removal of Teat Beans

The removal of teat "beans" can sometimes be a problem. Some have been removed surgically and some with various types of forceps. A few years ago, Dr. C. C. Moore of Springfield, Mo. hit on the idea of removing them with a folded wire in much the same way that a wire is used to relieve choke by removal of hedge apples from cows' throats. He has perfected his idea and this little gadget can be acquired by writing Dr. C. C. Moore, 1213 St. Louis St., Springfield, Mo.

I tell my clients not to milk the quarters at the previous milking, but to treat with a broad spectrum antibiotic so that the quarter is sterile and I can locate the bean. After the teat has been scrubbed and dried, the end is rubbed with alcohol. The bean is located by stripping and moved to the bottom of the teat. The wire loop is induced into the teat canal and the bean is worked into the loop. By pulling the handle down, the bean is either pulled out of the teat or cut until it can be milked out.

This took causes very little damage to the teat end. Some tight teat ends may need to be dilated first with a standard teat cannula.

but you'd better know what you are treating. We use our own lab. We use South Dakota and we use Iowa State University. Our lab is equipped with a serometer, cell counter, microscope, bacteriology equipment, and we also have up-to-date x-ray facilities. We do a lot of our own treatment, but we still feel that diagnosis comes first. Speaking of diagnosis, I think there are two things that every veterinarian in a cattle practice should have and use. You're probably going to laugh at this, but you read articles in the magazines where there have been malpractice suits because this particular, inexpensive instrument has been used and also they ask about the temperature on the animal and this instrument has never been used. This is an electric

thermometer. I guess the only electric thermometer that I have ever seen that I would recommend is the GLA electric thermometer and I suppose they are approximately \$400 or so now. We have 6 veterinarians in the practice and we have 6 electric thermometers. I don't know if any one of us would ever want to give one of them up. We temp and treat a lot of bunches of feeder cattle. Any time we are finding that over 10% of the animals are sick, we run them all and temp and treat every one of them. The reason we do this is because of this thermometer. One thing we have found, it is fast, you can take the temperature on an animal in 10 seconds. And the other thing, our farmer clients like to use them. They think it is kind of fun so you give them the thermometer and we can do the diagnosis and treating and they can temp them a lot faster than we can get the treating done. The only problem, you will break the probes every so often and that is like \$75 or \$80 to replace them.

Another very important thing in my practice, but probably more so in a six-man practice or multi practice is communication. The more veterinarians you have in a practice, I think, the more important communications are. The 6 of us sit down at our conference table every morning, unless one of us is out on call or is out on emergency and go over the previous day's cases and discuss upcoming cases or problems. We all write up tickets, on a little ticket machine, and we all go over them and discuss them and if one of us has a problem we definitely do it. We feel this is a must to keep everyone informed. We have a lot of instructions written out in regard to client medication, so all the doctors and lay staff will be informed. Another thing, in our practice a veterinarian does all the ordering of drugs and most of the practice management. That happens to be me and I get involved in most of that. We feel it is more efficient if one person is up on the prices of drugs and the day to day operation of the clinic. We find there are a lot less mistakes when one person does that. We do not have a computer as yet. We're looking at one for the future.

Another essential part of any veterinary practice is our support lay staff. We can get along better when one of us is on vacation than when one of our lay staff is gone. Some of you may question the dog grooming. We have 5% small animal, we groom 20-25 dogs every week. It adds up on the gross. Another thing not necessarily in a 6-man practice but in all practices is professionalism. I feel this is a must in veterinary medicine today. And it is sometimes forgotten. We all wear uniforms. We have our names on them that say SVC which stands for Sheldon Veterinary Clinic, provided by a laundry service that we rent and lease them, our wives love it. If we decided we're going to quit those uniforms, I don't know, we would probably have to do our own laundry. Another bonus, they are tax deductible. Speaking of professionalism, I think you all know of veterinarians that vaccinate cattle coming off a truck going down a loading chute. We do not do this. We require good facilities so that we can do a professional job. We don't use pistol grip syringes for 2 cc doses like IBR and BVD. We use the conventional one that you set the 2 cc dose on. We are asked very often by our farmer clients, how come

we don't use a pistol grip. We say, if they have worn enough and you don't keep them up every day, they are going to get 1 cc instead of 2 ccs. It is part of the professionalism I was talking about. We want to do a better job than the layman or the farmer that is doing the work to the livestock. We feel that service is what we have to offer and we want to give the best service possible.

Client meetings. We have client meetings periodically. Some geared to swine, beef, dairy, etc. At these meetings we feed our clients and have a program and usually we are the speakers at the program. Rarely do we bring in a speaker from outside. Also we are usually the waiters at these meetings. We do this for a reason. I went to a meeting once and they told me the only thing a veterinarian, well, maybe not the only thing, but one of the most important things that a veterinarian has to offer to his clients is service. We emphasize this when we wait on them when we're serving the food, that we are serving them, and that is one of our primary purposes. In our practice, each veterinarian owns his own practice vehicle and we pay the mileage check monthly. We pay 25 cents a mile. We have a medical plan whereby each veterinarian and employee can receive \$2500 a year in medical expenses, and health and accident insurance, and disability premiums which is deductible to the corporation. \$2500 is paid by the corporation. We also have a profit and pension plan where we put a percentage away for veterinarians and staff every year. This percentage usually runs from 15-18% of their salary and our salary.

Our largest cattle confinement facility is a cooperative type where each feeder owns his own pen and they have managers to run it. The elevator feeds the cattle, we take care of all the processing and all the treatment. We stop out there every day and if need be we are out there more than once a day. Incoming cattle receive IBR, BVD, *Haemophilus*, electrolyte 7, injectable wormer, a Ralgru implant, they are eartagged for individual identity for individual and pen number, and they are poured on for lice and grubs, depending upon the season of the year. Most of the time we give a second injection for *Haemophilus*, 2-3 weeks later. When we do this we've found something that enhances our immunity to the IBR-BVD complex. When we give the second dose of *Haemophilus* we give 1/10th of a dose of IBR-BVD mixed with the *Haemophilus* at that time. Most of these pens of cattle have 80 head in them so we would use ten doses. It's not really a tenth of a dose but it is close. We will use ten doses of the IBR-BVD split among the 80 head. Initially on treating we usually use oxytet. We do not use chloramphenicol in these cattle. Not that we didn't used to. We do not any more!

One practice tip on treatment. We have found that using butazoladin IV in PAs or severe pneumonias works very well. We call it a poor man's banamine. We will use 10 ccs, up to 15 ccs. IV of butazoladin. Also for diarrhea we will use a couple of teaspoons of amtoil powder mixed with LS and give it orally. This is for the diarrheas that will not respond to the toxiboluses, astringents, and other such things that you may use. We have found that in some of our salmonella infections

they have given us a good response.

In closing I have a few tips in management, vaccination, and treatment. One tip that has increased our dispensing, I'm talking on both sides of my mouth, I said we do most of the work, but we are also interested in dispensing. We give a 2% cash discount on all medicines picked up at our clinic. If the order is a \$100 order they get a 5% cash discount. You can't believe how many come in and if they are up to \$85 they got to get something to get up to that \$100 so they can get their 5% discount. We do not give this on any medicines we just take out, if we take it out to the country and dispense it, we do not give that cash discount, even if they pay. We give it only if they come into the office. We want them to come into that office. We want them in there because we think they will buy other things when they come in there.

I say we're not very big in cow-calf, but one product that is really helping in our area on our calves is Precon PH. We've had fantastic results in our calves that we have given it to and going through the weaning and stress period. We have used some syncytial virus and I would not recommend it 100%. We've had some real wrecks.

Another thing on investment of idle funds in your clinic. We have an investment account in the bank and we have a checking account. When we need the money to pay bills we roll it into the checking account and when we don't we put it into the investment account. We've been picking up \$3,000 every year since we've been doing this, since those accounts came in, instead of just leaving them in the checking account where you get nothing.

Also in a large animal practice we have small animal office

hours at 8:00 to 8:30 and 1:00 to 1:30. The rest of the time we're out in the country.

Metritis, bovalene, I think is our drug of choice. If an animal has been fresh for 8-10 days, along with an oxytet infusion. Autogenous bacterins, we use a lot of them, especially in swine. We keep all autogenous bacterins in our cooler. We built a walk-in cooler especially for that. If they want 30 doses of autogenous vaccine they call and get it. We try to store it and charge it only when they come in. We're getting it into our office again. Invariably they will pick up quite a bit of other stuff when they come in after 30 or 50 doses of autogenous vaccine. I guess in the grocery stores and the chain stores they call that impulse buying.

I heard some of you talking that practice is down. Our has been somewhat, except for the last 6 weeks it has not. We're coming back and going to have a good year. We're a large animal practice. We spent about \$400 building shelves and decided we were going to promote Hill's dog food. We did that early this year. Unbelievable in a little practice like ours as far as the small animal, we are probably netting on our dog food since we started at least \$150 a month up to \$200 and talking to the Hill's people that will continue to grow for the next 4-5 years. It's something that if your cattle practice is slow you don't forget about those pets. They're real big business. Clipping, grooming, and boarding I mentioned before. We do a lot of that.

One thing I really wanted to emphasize, that in any practice you don't want to forget the lay help. They are really important in a practice and you just can't tell how they will add to your practice.

Innovations in Ruminant Nutrition

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Even though I am not a practicing veterinarian I would like to thank you for the opportunity to speak concerning nutrition. I think we have moved away from the concept of a nutritionist being the feed and weigh and the feeds and feeding type. We are in an era now where nutrition is really biochemistry.

We can look at research in ruminant nutrition as having traditionally gone through cycles of hot areas. The first half of this century discovery and application of vitamin research took top priority. As we learned more about the biochemical mechanisms of vitamins we came into logical transition to researching mineral metabolism, and this was popular in the 1960s. Protein and non-protein utilization became the hot topic after World War II, but it entered a rather dormant era in the 1960s. However, in the early 1970s, protein research centered on tissue requirements for amino acids and the

concept of bypassed protein, degradable protein, and metabolizable protein arose. One of the pioneers, of course, is Dr. Wise Burrows in Iowa State. As a result of this type of research many feed stuffs are now being classified according to their rumen degradability and commercial formulations from feed manufacturers are reflecting these values. Thus, what was once considered to be a rather unglamorous area of research, protein research, has turned out in recent years to be very exciting. Also, concepts in energy metabolism have been revolutionized in the last 20 years. These concepts are now being fine-tuned for both dairy and beef cattle. Researchers in ruminant nutrition used to classify themselves as to specialties, such as I am a researcher in protein metabolism and energy metabolism. As we will see in this short talk, the various specialties are starting to merge, especially with the advent of biotechnology. All these