

Panel Discussion

Tuesday, December 13
Cow-Calf Session Panel Discussion
Dr. Russ Benson, Moderator

Q. Dr. Crenshaw, in reference to implanting bull calves with Ralgro, are the calves going to end up being steers?

A. These are going to be steers but they will not be at the time of implantation. Yes, I implant these calves before we castrate them, because we do get improved performance. It did not make any difference if they are secreting any more androgens or estrogens. This will influence the pituitary and you will still get the somatotrophic effect and response.

Q. On a purebred herd of cattle, would you recommend implantation to heifer calves that would be going into breeding programs, at least 75% of them, if they were over six weeks of age?

A. Ordinarily on purebred cattle I want to be safe because you can get into some real repercussions, so I wait until about three months of age before implanting. Yes, we implant them. I usually implant those calves the first time when I vaccinate and we usually vaccinate when they are three to four months of age in a purebred herd and that is when they are implanted the first time.

Q. Relative to anthrax, what did you vaccinate?

A. In the feedlot itself, the only cattle that were vaccinated were the cattle in the pen in which the three heifers had died. Those were vaccinated. The cattle in the pens immediately adjacent that were exposed to them were vaccinated. Those were all that were vaccinated in the feedyard. I cannot give you a total figure on the number of doses of vaccine used in the area of the outbreak. There were something like 30 herds in which vaccination was carried out. We ended up with 280 dead, most of those occurring in the first few days of awareness of anthrax infection. The main thing is that they felt the vaccine was pretty effective. Beyond about five days of use, that is.

Q. Why do you double-implant?

A. We do get an improved response by double-implanting. It is not legal but it is not illegal. I guess we can put it that way. Frequently, in steers in particular, we may implant with Sinafex in one ear and Ralgro in the other and we do get an improved response. These things are not without some hazards in that we do have to consider an increased percentage of prolapses, I think, more than anything else. We will not get away from our hightailed heads. The other thing that I find with our crew is if they get a little bit off, if I am not doing it, they may end up implanting just the opposite to get the Ralgro out too far and the Sinafex too far in and then we have problems, too. But we do it that way in our feedyards. We double-implant, well, we are double-implanting both steers and heifers, but we have to look at our complications and if we go into a yard that is too far away from the slaughter house, we are a little apprehensive about double-implantation, but we do it.

We can double-implant in some cases. We may use bigger cattle, but I feel that with 72 milligrams we get a better response. Again it is not legal and if we are worried about any legalities, then we know that implantation with Sinafex and Ralgro is not illegal. But I cannot really see too much difference where we implant, say, with Ralgro, double Ralgro and Ralgro and Sinafex, for example. They both work quite well.

We usually implant in the neck. We implant quite a few horses too for improved response and we implant some older horses that seem to have more aches and pains and a few soundness problems. That is one of the first things I do today, is implant them. It is amazing how we do get responses in these old guys. I also implant cows. Any old cows that we going to feed for a little bit, we implant.

We have implanted for years with DES. We run a wheat grazing program. This year we do not because we do not have any wheat pasture. Normally we do and then we implant calves. The first time I tried it, I forgot who said it this morning, that I did one of those experiments on my own and I had a control group and an implanting group, I proved to myself real quick that year that you ought to implant. We now have Ralgro and I do not double-implant

or anything. I do it just like it says. I cannot give you any statistics. My son keeps those, but I talked to him the other day. As you are probably aware, I have been on the road most of the time the last two or three years. He told me that our calves did a lot better this year coming off the cows than they did last year. This is the first year we have actually used Ralgro. I tried it one other time and I went back to DES and now we are back to Ralgro. I cannot tell you much more. We are sold on it. Every cattleman ought to use it, in my opinion, or use some implant to increase gain.

Q. Another question on anthrax (inaudible on tape).

A. You probably are getting vaccine in ahead of infection. You are getting possibly some interference between vaccine strain and field strain. It works. The point is, you are in a dilemma. You do not want to give vaccine and antibiotics simultaneously. You do want to get the cattle vaccinated eventually because you cannot rely on antibiotics strictly. You are giving antibiotics to the ones that are infected and are carriers. In running up the cows and cattle and bringing them in to the place to where you are going to work them, you are getting away from contaminated water or wherever, so you are going to reduce your exposure from there on out. You probably do not want to kick them back out onto that same pasture if you can afford it, or if you do and you have had this around the tank, fence it off.

Q. What about soil type?

A. Yes, the soil type is right. I think that it probably goes along with the general plannings. Soil type is certainly correct in those areas where anthrax occurs year after year. There was not any extensive study done in this little episode because we are used to having one now and again.

Q. You did not mention it, but at the time these cattle were vaccinated were they sprayed before they were turned out in an effort to control blood-sucking insects, and could this explain the downwind spread of the disease?

A. I do not know if they were, but it could explain it. I think it would have been a good idea to do so. I do not think that recommendation was even made. I do not think that there is much literature about insect transmission of anthrax, but I think it is a possibility from blood-sucking insects.

Q. Question for Mr. Finney. These little southern calves that are accumulated through one or more sale barns, does he think that any preventive health program could do him much good?

A. I really just came up here to get a glass of water. It is too late for preventive medicine. We do some prevention things when we get those calves in. As soon as we get them to drinking some water, we get some medicated water into them. I do not medicate feed. Those little things do not know how to eat to begin with. First thing we try to do is to get some hay into them, of course, to get their bellies full and then we try to get the medicated water in them. I have on the direction of my veterinarian gone through the whole bunch and injected them with some antibiotics. I am not convinced that that works, but that is the right thing to do. We have done it both ways and we seem to have the same many sick and it did not matter. But we do a preventive thing in that I have myself or the cowboys see those cattle about three times a day and I think that is preventive. I have utilized the veterinarians to help me to determine the program I use when they arrive. That is sort of preventive. I think I have cut down on some of the problems we might have had.

Traditionally, the South has small herds. If you could pick up one or two a place. I cannot, my buyers cannot do that. They have to go where there is quantity. They charge me too much now. Frankly, I believe that we will see less and less of this sort of thing. I used to steal cattle I used to say, mismanaged cattle. You go down and steal them, in a sense. That is beginning to be a thing of the past already and I think it will be a thing of the past in a few more

years. Several of my friends in the South are converting to steer and yearling operations. I think you are going to see more and more cattle carried over to the yearling operation in the South. They find out for example, that there used to be a world of calves that go to the Georgia area, out in southern California and Arizona. Now you cannot afford to make any money by hauling them out there. I think those days are pretty well gone. I think the southern cattlemen have got smart and quit letting guys like me come down there and steal those cattle. They are going to make some money out of them themselves.

When they haul them another 1200 miles, why, they had more problems. We find that we have to treat these calves when they come off the truck. I do not try to temperature them off the truck. It is a waste of time. You cannot tell which is sick and which is not. You have to get them off the truck and we just run them down the chute and start arbitrarily treating them. The next day, after they have had a stand and hopefully eaten some hay and drank some water, then we put them down the chute again, which is not very good. It is a stressful factor. There is no question about it, but we do go ahead and try to start taking some of the other stresses off and we will implant them, we will worm these calves right away, we do not want to mess with them unless they are wormed. I right away want to get a big dose of vitamin A into them. Then we will start temping them and will continue to treat them. But we will try to sort them out on that day on how we will treat. Usually when we treat the first day I will give oxytetracycline and that is just subcutaneously for everything. The second day, then, when we temp and try to evaluate them, it is hard to do with some of these calves. Ringing wet, we get some of these Louisiana calves that do not weigh much over 200 pounds. They are as light as 220 pounds sometimes coming off the truck. You just have to stay with them for about three or four days and get them sorted out. Sometimes our sick pen ends up with more in it than the pen they are supposed to go into. But they are pretty tough kind of calves down there, particularly those cross-type calves. I do not like high-class Okies. They are "die-ers." They have "dead" in big red letters on them but you get some crossbred calves and you can handle them pretty well and you can treat them and minimize your death loss. We hope that you will convert and do what Wray says they will do, and I am sure that they will because, economically, to send us a two hundred and fifty-pound calf is not too good a thing.

I do not know if this is anything in answer to your question or not, but the microphone is up here and I wanted to share two things that I think are interesting. We see feedlots in the Panhandle that receive what they call long-tail sweeping testicle Kentucky wonders, that is a quotation from a Panhandle veterinarian and nothing against Kentucky. They are worried about those cattle when they come off the truck. They look stale and they look tired and they look undernourished and sick and so forth. So they plan to go ahead and give them injectable antibiotics the first three days, not just one, but treat for three days, and it does not seem to make a difference what dosage is used, but I think the three days

has something of interest involved there.

In the same feedyard they will receive straight from the ranch "high quality mellow yellow"—and that is another quotation—Hereford cattle from New Mexico that have never been to the city before. This is their first venture away from home. They have never been through a sale barn and they look beautiful and they are tremendous-looking cattle and nobody is worried about them. They just slap them into the pen and plan to ignore them. Both of these sets of cattle go onto feed containing an AS700 type program or feed additive antibiotic. Down at 40 days into the feeding period, lo and behold, we have a horrendous wreck with which ones? The high quality Herefords from New Mexico that nobody was worried about. They did not get much attention post-arrival and we missed a chance to do something with them when we should have. That is one comment and one statement that I have been watching. The second thing of interest, we have some people in the Panhandle area that like to go to wheat pasture with calves. They will bring in 250-pound or 300-pound calves from the Southeast and may or may not vaccinate them. They are going to kick them out on the wheat pasture and they are not going to go into the stressful conditions of a feedlot and so they are not going to be too concerned about them. They do not have a place to treat these calves and they do not watch them very closely and if they are going to treat them, they have to rope them. Also, they do not want to put much labor in these cattle and if they are going to supplemental-feed in any way, they put some self-feeders out, or some molasses rollers. Then, lo and behold, they find one or two dead and they see several sick with droopy ears and shipping fever signs and then they start to treat. They treat as few as possible, but the point being that by the time they observe clinical illness in those calves, they are about two or three days behind where they should be in initiating treatment. Then treatment efficacy is poor and their death loss is about 30% and they get into some horrendous problems. The people that are on top of the situation are supplemental-feeding calves and in some way so that they are out there every day and they are putting some feed out every day and they are looking to see which calves come and consume some supplemental feed. They start treatment on the basis of whether the calf eats or not and do not wait until it looks like a typical shipping fever calf. They have some good luck with treatment because they get some injections in the calves in time. There is quite a difference in mortality rate in those two types of management situations.

Q. Were there any undesirable effects with Ralgro?

A. Surprisingly there were not any undesirable effects there. The undesirable effect is the cost! I am certain when you look at the cost-benefit ratio it was not there, but it was more to show that there were not undesirable side-effects and that you would get good performance regardless of the level. Of course, the other purpose of that was for residue studies to show what the residues were. You can implant with tremendous amounts and not get into residual problems past the 60-day or 65-day period.