Discussion

Question: When you use a trocar to enter the retroarticular abscess, do you use a curette?

Answer: Only when it is necessary, in other words one does palpate the abscess and that is why I said to start with one has to open the lesion so that you can palpate inside. Now if you feel the navicular bone which will be down on the dorsal surface, you've got to get it out, somehow. So one starts to curette. That is a difficult thing to remove because it is attached on either side by part of the cruciate ligaments for one thing and also and a little colateral ligaments and the suspensory ligament and so it's not easy to detach. It's rather a piece of butchery to get the thing out, to be quite honest, but also going down you may feel the rough end of the deep flexor tendon in which case one has to try to deflect that out. So palpation certainly, and curettage or dissection or butchery, whatever you like to call it, you're going to get any debris out of that region. It really doesn't matter how much of an opening you make provided you don't go down dorso-ventrally. Going from the side, the horn will regenerate provided if you've just lifted his horn off. Drilling the hole through the horn leaves no blemish. It will heal completely. It is amazing what you can get away with. It just takes a little bit of courage to start doing the first one I think.

Question: The question is relating to the method of preparing teaser bulls using the so-called unwedding ring.

Answer: And I didn't go into a lot of detail on that. What it entails is using a Stimen pin and if Dr. Annis was here he would better describe it than I could. But we used about 2-1/2 inches of Stimen pin and we went about 3 or 4 inches from the end of the prepuce and dissected down so that we could actually get around the internal ring of the prepuce right down to the muscular layer. And you would put a tract right around with a pair of artery forceps and then insert the pin and bend it round with a good stout pair of pliers so that it overlapped and then we had a rule of thumb–it's not really a rule of thumb, it's a rule of little finger because the little finger had to be able to go up through that ring. If we tightened it down any more than that, we found that we had urine pooling and related problems after the operation. But we would generally put one or two skin sutures in and most of them healed up fairly well. Early on we had a couple of abscesses but we were using stainless steel pins that had some welding flux still on them. We think that caused some tissue reaction. We could do three of those in the time that it took to do one sidewinder.

Question: I was just wondering if you had any criteria to evaluate preventing a lateral luxation of the patella in large calves. We see in our practice a lot of these where one might be able to deliver the head and front legs or so with no problem but the patella of the calf seems to get hung up on the brim of the pelvis and fairly commonly it ends up in requiring a lateral luxation of the patella which is very difficult to do anything with.

Answer: To repeat your question, you are asking if I have any criteria that I use to determine whether or not I will have patellar injury in delivering a large calf and then have luxation of the patella after calving. I really have no criteria except to say that I think in these exotic breeds taking the history in account is very very important and I think that when one runs into an exotic breed one is very quick to go to caesarean section and I would also admit maybe in this case that our thumb rule would not fit exactly. I would be much quicker to go to a caesarean in an exotic breed than I would say in Holstein. Once the calving is there though, and maybe you've committed yourself, then I think you maybe could be in real trouble. I suppose I would have to go back to what the old professor told us years ago, that is, experience. We have no easy guideline that we could give you except keep in mind the size of calves that bull throws!

Remarks: In regard to the question regarding the calf with the lateral subluxation we found that these aren't quite as hopeless as they may seem at the time of delivery and with patience even in the amount of two to three weeks, even longer than that, if you can immobilize these with a figure of 8 bandage and keep them as quiet as you can, it is amazing how quickly these will heal. And what sometimes seems like hopeless cases can be saved quite readily.

Answer: This question wasn't directed at me, but after 24 years of calving experience I don't have the answer. I think it is terribly embarrassing when you decide that you are going to pull this calf and then you get hung up in the hips. And of course when this happens, speed is paramount. And I know that even with this calf extended in the calf puller I'll do about anything I can to break this calf loose. I don't hesitate at all to grab the calf around the neck and twist the neck and as you twist the neck of course you are twisting the spinal cord. Hopefully you will get to a position where you can bring one hip through at a time. But you are right on some of these cross breds, they have so much muscle in the thigh that you are really in trouble. And I think that as a practitioner you're bound to have a history of this herd or if this is the first time this guy has been in, ask him have you been pulling and the chances are he has and if he has been having trouble I think right there is your key. You say OK we'll just go the other route and try to save this because you know on your exotic cattle in the last 3 or 4 years that is a live calf and we don't argue with them at all and we just go ahead, do a caesarean and not worry about any complications.

Question: How are abscesses of the sole treated?

Answer: Well I do it the way the Germans do it, just simply block the nonaffected claw. I think it is a great mistake to remove too much tissue. Some people will completely strip all of the horn off and this doesn't leave protection for the young horn, the young sole to grow up underneath. But immediately take the pressure away from the lesion (it is pressure that causes it in one form or another). Once you take the pressure away, the granulation will quite rapidly grow in from the surrounding tissue,if the penetration has not gone through the corium into the tendon itself. If the infection has gone down below then of course you are in trouble but you didn't ask that, but the simple ones I'm afraid you've got to block them and block both claws. You'll find some herds, particularly those that are kept in loose stalls and I think that is why I said I think you are going to see a lot more of it, the more people take animal off concrete, the more common this is going to be. We're going to have to do something other than treat every other one. We have this problem in our own dairy herd. My answer is to install a foot bath, using formalin coming into the milking parlor. Now this will harden the horn and gradually over a period of time the horn will build up a little in resistance to the concrete on which the animals are walking. So I think there is a control measure you can think about. You should be thinking about control if you are getting more than one or two in a herd which you probably like to get. The individual animal simply block it. But also when you find one of them don't omit to lift the other foot because almost certainly there is going to be one on the other claw which you may be able to just clean out sufficiently and take the pressure off that region to prevent it progressing any further. One looks a little odd when one treats one claw and you are back treating the other one a couple weeks later. A cow with two lame feet is not going to be as functional as if you just had one on the block.

I use a medication which is a mixture of sulfamezathine powder and anhydrous copper sulfate. It dries up the lesion and controls infection. It is handy to put in a small pot and hand to the farmer. It is far more effective than any grease or spray I know of. Whether or not one blocks both claws depends on the severity of the lesion and the condition of the sound claw.

Question: What about deformities as calving problems?

Answer: They make up about 1% of calvings. Treat each individually. Examine carefully and determine the problem. Handle each case on its own merits. If I can remove a substantial portion of that deformity I will use fetotomy. Otherwise, I will do a caesarean operation. I will put a stethoscope to the cow to give me more time to think about it.

Question: What is the relation between the size of the testicle and puberty?

Answer: We took a group of heifers, over 3 years and looked at the age they first showed heat. At the same time we were doing breeding soundness examinations on their half brothers. This was put through the computer. It has shown there is a familial relationship. It is probable that bulls with larger scrotal circumference will produce daughters of lower age at puberty.

Moderator: The program theme is "putting the art back into veterinary medicine for bovine practitioners." Our speakers today have lived up to this challenge.