

should not exceed 2 meq/Kg/hr. Total volume required will usually exceed 40 lites and may need to be carried on for several days at 40 liters/day. If no clinical

improvement in rumen motility, passage of ingesta, or appetite is seen within a few days of treatment, a very poor prognosis should be given.

Practical Approach to Colostomy in the Calf

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This is a presentation of an easy approach to assessing and performing surgery on calves with various forms of atresia ani and atresia coli.

This can be done at any veterinary clinic and with a minimum of equipment. Success can be very good and a completely functional calf, taken up to slaughter weight, can be achieved.

The age of the calf, degree of dehydration and shock, as well as bloated appearance determine the prognosis. A well advanced case would carry a poorer prognosis and necessitate additional treatment. You want to choose cases which are 0-2 days old, still ambulatory, making good attempts at straining and are not dehydrated to the degree of necessitating I.V. fluids.

Only in the cases of an intact anal sphincter with a thin membrane present would I do surgery in the rectal area since construction following surgery invariably leads to a poor doing animal and repeated surgical procedures are often necessary.

Surgical Procedure: The calf is sedated and is prepared on the right paralumbar fossa. The calf is given a line block with the idea of performing a quick exploratory surgery to make sure things like artesia of the spiral colon,

artesia jejuni or other abnormalities are not found. If major problems are found the calf is euthanated.

The surgery is very simple. We search for the caudal blind sac and then we attach the caudal most portion that is possible to the abdominal muscles at the incision. This attachment is made fairly high up (4 inches below the paralumbar fossa). If it is made too low, prolapse of the colon can occur and it then has to be attached to the abdominal wall. Once the serosal surface is sutured down the intestinal wall is incised while suturing the mucosal side to the skin. If this is done as it is incised and with continuous flushing and packing of the intestine, minimal contamination results. When this is completed you are left with an opening 1½-2 inches in diameter. The calf is put on antibiotics for 4-5 days.

Complications are minimal and rarely is the calf seen again. The manure runs continually out and down the side. No scalding of the skin or skin reactions have been seen to date.

The farmer has a viable calf without a large expense along with a very good prognosis and most times very little or no after care. The calf is often of great interest to his neighbors and a real conversation piece!

Practical Management of Bovine Leucosis

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Bovine leucosis in our practice is a concern primarily for the purebred breeder. The prescence of the virus affects the sales of offspring both to domestic and international buyers. Secondary losses are incurred because of animals succumbing to one of the clinical forms of leucosis.

The inevitable conflict develops in these herds between the need to develop a herd free of leucosis and the financial constraints of a simple test and slaughter program where valuable animals are concerned.

Because of the economic pressures of the industry our goal was to try and design a program where we could minimize the spread of the virus from positive to negative animals without having to cull large numbers. We hoped that if we could stop the spread of the virus we would be able to build a population of negative animals to act as replacements for the herd. Thus over a period of five to ten years the positive animals would be removed as they became expendable due to old age or other reasons