



# Newsletter August 2020

## Latest on Covid19

Thank you to everyone for helping us to continue to work safely during the Covid19 pandemic.

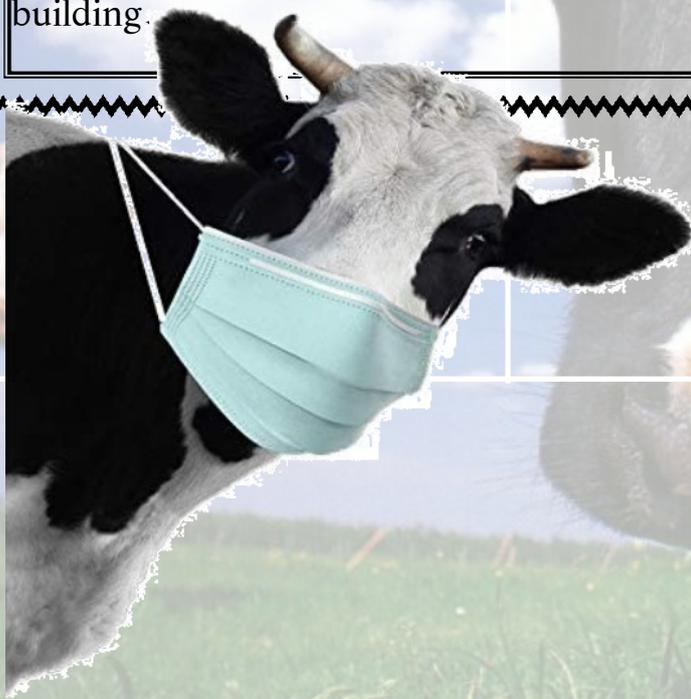
Around mid-August we plan to start letting clients back into the surgery. To allow for social distancing, however, there will only be room for one person at a time in our Farm Recetion area. If you can see someone waiting inside, please wait outside until they have gone. Like all other shops, face coverings are also compulsory.

To avoid traffic jams, we'd be very grateful if you could continue to ring in advance for any drug orders so we can have them ready for you. We'd also like you to continue to phone for any advice for the time-being rather than a face-to-face chat inside the building.

## New Forest Eye

I'm sure I've not been alone in noticing how many flies we've had recently, and perhaps unsurprisingly we have seen more cases of New Forest Eye than usual this year. It is a highly contagious disease caused by *Moraxella bovis* that can spread rapidly during the summer months. It is more commonly seen in young stock than adults

Prompt treatment and isolation of affected animals is advised. Fly control using ear tags and pour-on insecticides is never absolute and repeated treatments are almost essential in warm weather.



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## Jejunal haemorrhagic syndrome

Jejunal haemorrhage syndrome (JHS), is a relatively new and rare condition, but it is becoming increasingly frequently seen. It was first reported around 20 years ago in the USA, and was first reported in the UK in 2009. It has been seen in dairy and beef cattle, but is most commonly seen in high yielding dairy cows. It's not so rare as to ignore, however, as we have seen 1 confirmed and 2 suspect cases in the past month!

Also known as haemorrhagic bowel syndrome or bloody gut, it is an acute disease. The mortality rate is very high and animals are often found dead or show clinical signs similar to cases of small intestinal obstruction. A portion of the small intestine is dark purple-red and filled with a blood clot. Upstream of the affected portion of intestine the gut is distended and animals can show signs of rumen impaction. Downstream of the affected portion blood clots are present



within the small and large intestine and there is little faeces in the rectum.

JHS is difficult to differentiate clinically from other causes of intestinal obstruction such as twisted intestines. Treatment, both medical and surgical, have been attempted, but with little success.



The pathogenesis of the disease is still poorly understood. Clostridial toxins and fungal elements have been associated with the disease, but neither can be used to induce the disease in healthy animals, meaning a more complex scenario must exist. Other risk factors include a high carbohydrate diet, higher milk yield and access to mouldy feed. Most animals diagnosed with JHS at post mortem have also had rumen acidosis.

Without any more information to go on, prevention relies mainly on ensuring good rumen health, preventing rumen acidosis and avoiding spoiled feed. Clostridial vaccination and mycotoxin adsorbants may be beneficial, but the evidence for this is purely circumstantial at present.