

Digestive System Disorders

Disorder	What do you See?	Cause/Transmission	Treatment	Prevention
Bloat	<ul style="list-style-type: none"> distension of abdomen, particularly the left side where the rumen is located depending on severity, the animal may stagger and exhibit signs of pain can happen as soon as 15 min. after change in diet (i.e. put on pasture for the first time in spring) in severe cases can be fatal within an hour of first signs animals of any age can be affected 	<ul style="list-style-type: none"> gas that is normally produced during fermentation and released through belching becomes trapped in rumen with 'frothy bloat' (or pasture bloat), the most common type, belching is restricted by the build up of gas in a foam above the rumen contents 'free-gas'(or feedlot) bloat occurs when rumen pH drops too low, decreasing rumen motility and preventing release of gas. if severe enough the gas build up restricts breathing and causes death feedlot bloat is most likely to occur on low fibre/high protein diets (i.e. high grain/low forage feeder diets); pasture bloat more common on pastures with high legume content, seldom occurs on pastures that are at least 50% grasses change in diet occurs too quickly (i.e. taken from a hay diet onto pasture without adaptation time) if animals are allowed to become hungry between feeding time or pasture rotations, they may bolt large amounts of feed when it is available 	<ul style="list-style-type: none"> severe cases are very serious and should be considered a veterinary emergency Pasture Bloat immediately remove all other animals from pasture and offer dry hay forcing bloating animals to walk may be enough to help in mild cases in more severe cases, use a stomach tube(must go into rumen, not just in the throat) to administer defoaming agent (helps break down gas bubbles and allows animal to belch) trochar or sharp knife: make a hole in the rumen wall ~halfway between the last rib and the hookbone, below the loin- allows gas/froth to escape Feed lot bloat: <ul style="list-style-type: none"> stomach tube alone may be effective (allows gas built up due to rumen stasis to escape) trochar or bloat needle (large needle) also effective in severe cases 	<ul style="list-style-type: none"> make feed changes gradually be aware of problems with feeding low fibre feeds (fresh alfalfa/grain) in the spring begin grazing pastures that are at least 50% grass make sure animals are full when put on pasture for the first time in the spring (decreases intake until rumen can adjust) avoid turning animals out for the first time if pasture is wet with dew or rain if many problems with bloat in feeder lambs, consider revising diet to include more high fibre forage. consider regular feeding of anti-bloat medication in feed to high risk animals (i.e. feeder lambs) keep feeding schedules and pasture rotations regular to avoid hungry animals bolting feed some animals are more prone than others to bloating; consider culling breeding stock that are susceptible discuss treatment procedures with your vet and know what to do in an emergency
Grain Overload (Lactic acidosis)	<ul style="list-style-type: none"> most often seen in feeder lambs subjected to recent feed changes depression, stiffness, lack of appetite, blindness, dehydration and diarrhea common acute cases coma and death wool loss and lameness may occur if animal recovers 	<ul style="list-style-type: none"> sudden intake of easily fermentable feeds (grain, sugar beets, potatoes etc.) lowered rumen pH disrupts microbe balance and rumen function often seen in lambs that are switched onto a high grain diet too quickly 	<ul style="list-style-type: none"> treatment of severe cases is difficult - remove grain immediately, feed good quality hay until signs disappear and reintroduce grain slowly. antiacids neutralize the lactic acid (treat with bicarbonates) mineral oil drench will help the ingesta move through the digestive track more quickly losses can be high as some lambs may die and weight gain is halted while lambs recover 	<ul style="list-style-type: none"> avoid sudden changes in feed introduce lambs to grain gradually once lambs are accustomed to grain, maintain regular feeding intervals to avoid lambs becoming hungry and gorging when grain is available again if feed does run out, allow lambs to fill up on hay before re-filling grain avoid competition, provide plenty of trough space
Rectal Prolapse	<ul style="list-style-type: none"> most commonly seen in feeder lambs on a high concentrate feedlot ration or lush pastures. rectal intestine appears as red ball-shaped structure protruding from the anus. 	<ul style="list-style-type: none"> too close docking affect rectal nerves excessive straining due to coccidiosis, intestinal worms, constipation, urinary calculi inadequate feeder space excessive coughing (dusty feed, poor ventilation, lung worms) may be a hereditary predisposition 	<ul style="list-style-type: none"> when first seen, replace prolapse and fix with a purse string suture (poor results) amputate rectum surgically (poor results) slaughter lamb, especially if close to market weight. 	<ul style="list-style-type: none"> good sanitation, feeder and housing prevention program for worms, pneumonia, and coccidiosis if rectal prolapses occur regularly and other predisposing factors eliminated - genetic aspects should be investigated

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Type D Enterotoxemia (Pulpy kidney, Overeating disease)	<ul style="list-style-type: none"> most often the largest, fastest growing lambs that are affected can affect any age but most often nursing lambs (2-12wks) and lambs 4-6 months of age soon after entering the feedlot affected lambs are normally found dead if still alive lambs may show severe abdominal pain, kicking, head tossing, fever, and perhaps diarrhea post mortem: kidneys look mushy, sac around heart distended with fluid, may show bloody spots in the intestines 	<ul style="list-style-type: none"> bacterium (Clostridium perfringens Type D) normally present in the intestine can multiply rapidly under certain circumstances and release a toxin toxin causes systemic blood poisoning 	<ul style="list-style-type: none"> usually too late if a nursing lamb dies, remove rest of flock from lush pasture and/or reduce creep feed if a feeder lambs dies: decrease level of grain in diet and avoid letting lambs become hungry between feedings 	<ul style="list-style-type: none"> vaccinate against Clostridial diseases see page 135 for vaccination schedule introduce increases in grain slowly
Type C Enterotoxemia (Acute bloody enteritis)	<ul style="list-style-type: none"> generally lambs under 3 weeks of age usually found dead small intestine is discoloured with hemorrhagic spots 	<ul style="list-style-type: none"> bacterium (Clostridium perfringens Type C) in intestine produces toxin causing systemic poisoning 	<ul style="list-style-type: none"> as with Type D, usually too late 	<ul style="list-style-type: none"> vaccinate ewes against Clostridial diseases ~ 1 month before lambing
Scours	<ul style="list-style-type: none"> affects lambs most often during first 2 weeks of life lambs born at the end of the season have higher incidence bright yellow or whitish green diarrhea lack of appetite, wet hind end, dehydrated (sunken eyes, gaunt) many lambs that are receiving ample milk will have some yellowish scours, however, they remain bright and alert 	<ul style="list-style-type: none"> overcrowding, cold/wet lambing facilities, poor nutrition (stress leading to a weakened immune system) indigestible milk replacer lack of colostrum lambs from ewe lambs may be more susceptible (decreased immunity in colostrum) 	<ul style="list-style-type: none"> if problem is wide spread in flock discuss with a veterinarian to determine best antibacterial medication to administer change milk replacers if that may be the problem 	<ul style="list-style-type: none"> good pre-lambing nutrition for the ewes and 7 or 8-way vaccination (increase antibodies to colostrum) good management, sanitation, dry bedding, avoid overcrowding isolation of affected ewes and lambs make sure lambs get colostrum within two hours of birth
Coccidiosis (see Internal parasites for more details)	<ul style="list-style-type: none"> common intestinal infection characterized by thin, watery diarrhea, often bloody most often seen in feeder lambs, 2-3weeks after entering feedlot 	<ul style="list-style-type: none"> caused by an intestinal protozoa (coccidia) sudden changes in diet and stress can cause coccidia to rapidly multiply, causing infection 	<ul style="list-style-type: none"> consult with a veterinarian, anti-coccidial medication can be obtained from a vet water and electrolyte treatment for severely dehydrated lambs 	<ul style="list-style-type: none"> good feeding management (place feeders and waterers to avoid fecal contamination) provide prescribed daily levels of an coccidiostat in ration (rumensin, decox) This type of medication requires a vet prescription for lambs