



Investigation of ill thrift in the adult ewe - how can we help?

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SAC Consulting is a division of SRUC

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Things to think about



- How many animals are affected?
- Is it older animals or all aged? Bought in animals?
- Are ewes hanging back from group and struggling at gathering/handling?
- Do any have an increased breathing rate/ struggling to breath?
- Are there any signs of lameness?
- Are the ewes broken mouthed?
- History of disease on the farm
- Recent treatment history
- Examine animal and look for obvious teeth and feet.

Causes of ill thrift

- Broken mouthed
- Lameness- CODD, foot rot
- Worms
- Liver fluke
- Trace element deficiencies (copper, cobalt or selenium)
- Chronic pneumonia
- Intestinal tumours



“Iceberg disease”

- Johne’s
- Ovine pulmonary adenocarcinoma (Jaagsiekte)
- Maedi visna virus.

Tests that can be done to investigate

Parasites:

Worm egg counts
Fluke egg counts
Coproantigen fluke test

Trace element:

Blood: GSHPX (selenium). Copper and cobalt.
Tissue: Liver analysis

Iceberg diseases:

Johne’s and Maedi visna virus: Serology (12 animal screen)
OPA no test in live animal

Testing for all this can become very costly



OR..... Submit 2-3 animals for post mortem examination



Post mortem examination:

- Broken mouthed: **Visually examine**
- Lameness- CODD, foot rot: **Take samples for bacteriology and sensitivity**
- Worms- **Total worm counts, histology**
- Liver fluke: **Visually assess**
- Trace element deficiencies (copper, cobalt or selenium): **Liver levels**
- Chronic pneumonia: **Bacteriology and histology**
- Intestinal tumours: **Histology**

“Iceberg disease”

- Johne’s: **Serology, smears, histology**
- Ovine pulmonary adenocarcinoma (Jaagsiekte): **Histology**
- Maedi visna virus. **Serology and histology**

All these conditions can be diagnosed/ruled out for £89+vat for a batch of three

Johne’s disease



- Caused by a bacteria
- Passed in faeces faecal/oral spread
- Chronic disease causing ill thrift and weight loss. Scour not always seen
- 5-10% losses in heavily infected flocks
- Can get oedema(fluid accumulation) under jaw due to protein loss.



Johnes disease



- Can be difficult to diagnose in the live animal
- Commonly diagnosed in our post mortem room
- Gut thickened in some cases the gut is yellow in colour
- No treatment
- Control difficult can consider vaccination but must do at young age.
- Cull hard removing thin animals.
- Don't keep lambs for breeding stock of infected animals.



Ovine pulmonary adenocarcinoma(OPA)



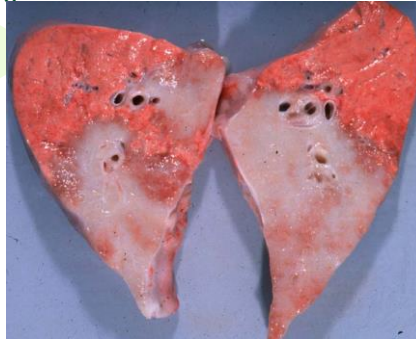
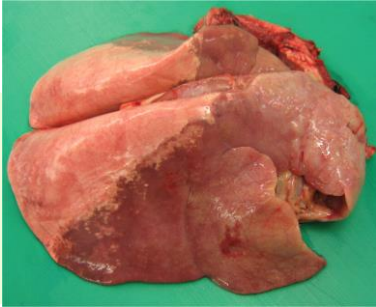
- Infectious sheep lung cancer caused by a bacteria
- Passed by nose to nose contact /aerosol
- Breathlessness falling behind the flock when gathered and handled progressing to laboured breathing and coughing and death



Ovine pulmonary adenocarcinoma(OPA)



- Losses can be 20-25% in recently infected flocks and around 1-5% thereafter. Also a reduction in productivity
- No definitive diagnosis in live animal wheel barrow test/ scanning
- Diagnosis at post mortem examination (commonly diagnosed)
- Control difficult: similar to Johne's



Maedi visna virus



- Viral infection, long incubation period.
- Clinical signs only seen when 50% of flock infected
- Spread by nose to nose contact and colostrum
- Pneumonia, mastitis and swollen joints, increased lamb mortality due to reduce colostrum can be first sign of disease.



Maedi visna virus



- Losses can be 20% in recently infected flock but effect on flock is more due to a loss of productivity.
- Blood test available/ Post mortem examination
- Control: Depends on the flock test and cull regimes can be carried out.



Post mortems submitted



- 4500 hill/upland ewe flock (mules and black faces)
- Number of poorer doing thin ewes. Poor body and condition and scouring
- Treated for fluke in October no other recent treatment
- At grass on hill land
- History of Johne's on farm. Farmer proactive and does test cull/barren ewes
- 2 thin ewes submitted live for examination and post-mortem
- Examination bright, no evidence of increased breathing rate, scour around back end, BCS 1
- Euthanased IV barbituate and examined.....

Any questions?

