



Cornell University  
College of Agriculture and Life Sciences

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# Cowside Monitoring & Decision Making

*"Using rapid health information to manage the herd"*

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March 16, 2016  
Ballston Spa, NY



## Outline

- Testing Strategies
- Test Performance
- Ketosis
- Hypocalcemia
- Mastitis
- Passive Antibody Transfer

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## Why Cow-side?

- Speed
  - Faster decision making
- Economics
  - Lower start-up cost and cost/test
- Easy



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## Sensitivity and Specificity

- Sensitivity:
  - how well a test does at finding true positive animals
  - highly sensitive tests rarely give a false negative
- Specificity:
  - how well a test does at finding true negative animals
  - Highly specific tests rarely give false positives
- Positive Predictive Value
- Negative Predictive Value



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## Test Results vs. True Results

	Test Positive	Test Negative
True Positive	Cow has disease, test found her	Cow has disease, test missed her
True Negative	Cow does not have disease, test said she has it	Cow does not have disease, test said she does not have it

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## Testing Strategy

### Confirmatory Tests

- Targeted sampling
- Risk based
- High specificity is desirable

### Herd Screening

- Monitor for disease prevalence
- Identify subclinical disease
- High sensitivity is desirable



## Herd screening

- Proportional vs. group average
- How many to test in the group?
  - How confident do you want to be?
  - How prevalent is what you are looking for?



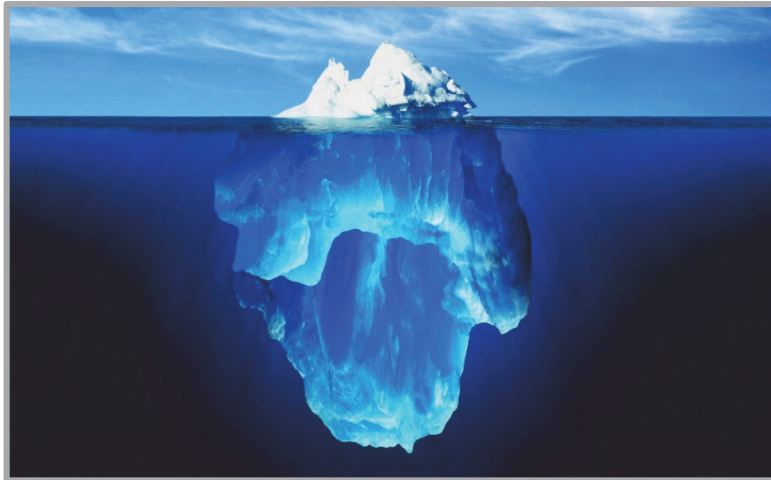
## Health Records

- Problematic
  - Staff Variation
  - Change In or Sporadic Use Of
  - Low Accuracy
  - Clinical vs. Subclinical
- Incidence:
  - # effected / # eligible to be effected over a set period of time  
(ex. # metritis this month / # fresh this month)





## Clinical vs. Subclinical Disease

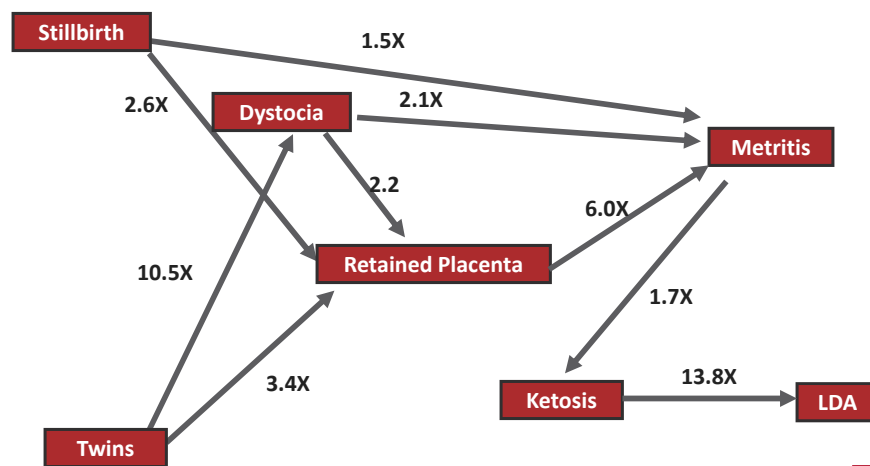


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## Risk Factors



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Adapted from Correa et al, J Dairy Sci, 1993

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## Ketosis

- Excessive fat mobilization, high NEFA & ketone bodies (acetone, acetoacetate, and  $\beta$ -hydroxybutyrate)
- Average Incidence of SCK: 43% (26%-56%)<sup>1</sup>



<sup>1</sup>McArt, et al, JDS, 2011



## Subclinical Ketosis (SCK)

- Tracking SCK incidence becoming commonplace
- Treatment recommendations and monitor for changes in herd level ketosis incidence
- SCK leads to
  - $\uparrow$  DA risk
  - $\uparrow$  early removal risk
  - $\downarrow$  conception
  - $\downarrow$  milk production

McArt, et al, JDS, 2011





# Ketosis

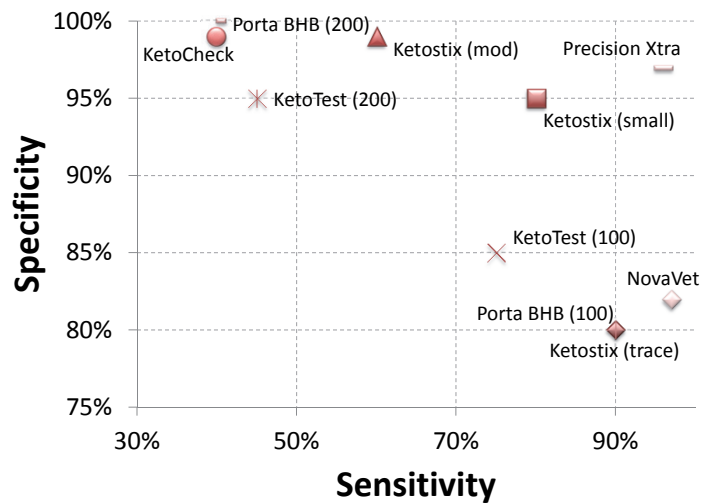
- Ketostix® (Bayer)
  - urine acetoacetic acid, \$0.20/strip
- KetoCheck™ Powder (Great States)
  - milk, urine, or serum acetone, \$0.60/test
- Keto-Test® (Elanco)
  - milk BHBA, \$1.70/strip
- PortaBHB® (PortaCheck)
  - milk BHBA, \$2.05/strip



McArt, et al, JDS, 2011



## Ketosis Test Sensitivity & Specificity (courtesy of Dr. Jessica McArt)





## Precision Xtra cow side blood BHBA test

- BHBA concentrations:
  - SCK: 1.2-2.9 mM/L
  - Clinical Ketosis:  $\geq 3.0$  mM/L
- Investigating SCK:
  - Test 12 apparently healthy fresh cows between 5-15 DIM
  - If  $>10\%$  of cows tested have BHBA levels  $>1.2$  mM/L, investigate further



Oetzel, Vet Clin Food Anim, 2004



## Individual Cow BHBA Test Results

- Cows tested for BHBA levels from 3-16 DIM 3X/week
- Cows with BHBA concentrations of 1.2-2.9 mM/L receive oral propylene glycol (300mL SID) until the day they tested  $<1.2$  mM/L or reached 17 DIM.
- 43.2% (26%-56%) eligible cows had at least one BHBA test of 1.2-2.9 mM/L.
- Significant  $\downarrow$  in clinical ketosis and  $\uparrow$  in early lactation milk production in subclinical ketosis cows receiving oral propylene glycol.

McArt, et al, JDS, 2011





## SCK Strategy Based on Incidence

- Estimate Herd Level Prevalence
  - Sample 20cows 3-14DIM
  - $>1.2\text{mM/L} = +$



- Monitor herd level prevalence EOW
- 20cows 3-14DIM

- Test All Fresh Cows 3-9DIM 2X/Week
- PG SID for 5 Days all + Cows

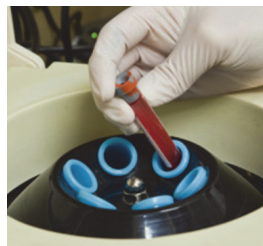
- Stop Testing Individual Cows
- PG All Fresh Cows SID for 5 Days
- Investigate ketosis problem
- Recheck prevalence in 2 weeks

Ospina, et al, Vet Clin Food Anim, 2013

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## Hypocalcemia



- Subclinical hypocalcemia under diagnosed
  - Test 1-2 days after calving
- Cutpoint: Serum Calcium  $<8-8.5\text{mg/dl}$
- Alarm Level:  $>30\%$
- Water Hardness Test
  - sensitivity: 100%
  - specificity: 73%
  - centrifuge

Matsas, et al, JAVMA, 1999

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## Urine pH

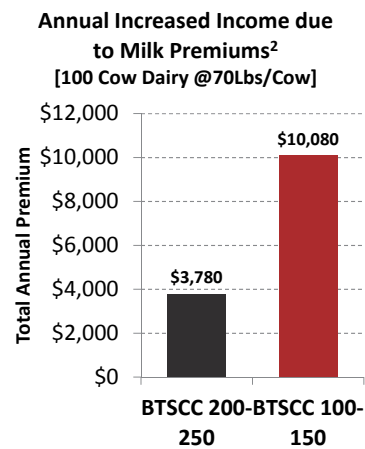
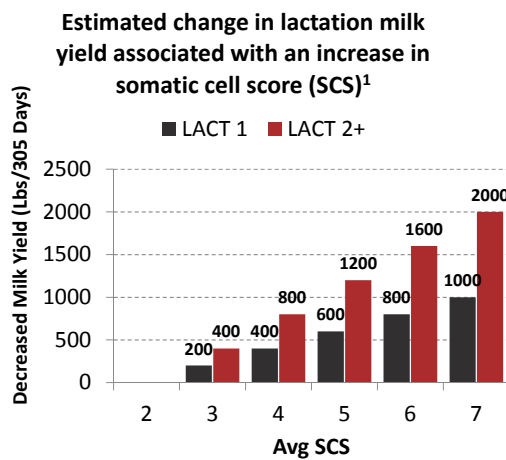
- Lower Close-Up Diet DCAD with anionic salts to improve calcium mobilization around time of calving
- Check 8-12 pre-fresh cows weekly
- Goal: mean urinary pH values ~6.0 to 6.5
- pH Paper or digital meter (Calibrate!)



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## SOMATIC CELL SCORE & RELATIONSHIP TO MILK LOSSES



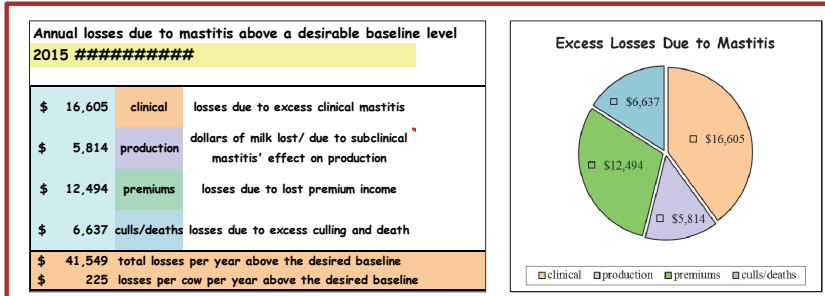
<sup>1</sup> NMC: The Value and Use of Dairy Herd Improvement Somatic Cell Count

<sup>2</sup> QMPS: 400K Beat It! 200K Get It!

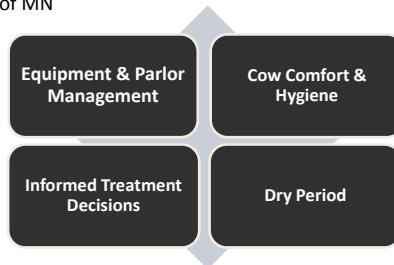




# MILK QUALITY



Fetrow, U of MN



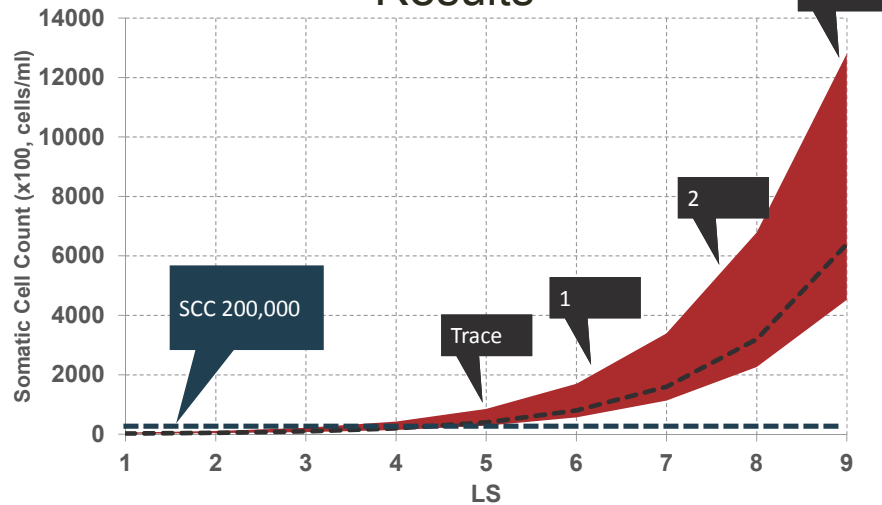
# California Mastitis Test (CMT)

- Detects DNA from ruptured somatic cells in milk
- Mix test solution from concentrate
- Quarters checked by mixing equal parts milk and CMT solution.
- Inexpensive
- Does not identify bacteria
- Low sensitivity





## Somatic Cell Scores & CMT Results



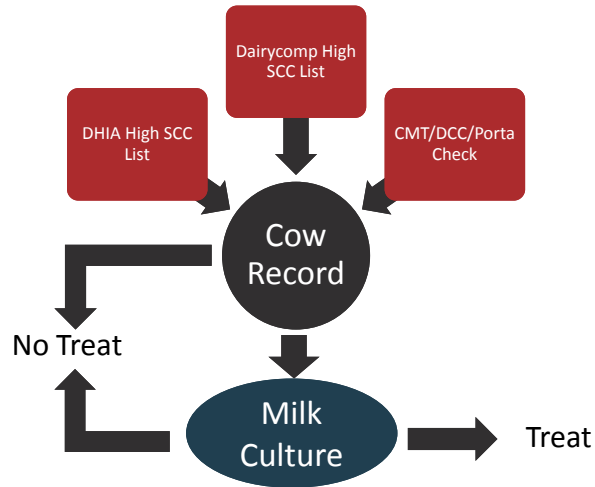
## Cow-side SCC Tests

- PortaSCC® (PortaCheck)
- DCC (Delval)
- Improved SCC over CMT
- Does not identify bacteria





## Subclinical Mastitis Decisions



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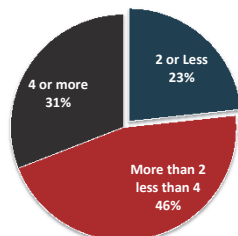


## Colostrum

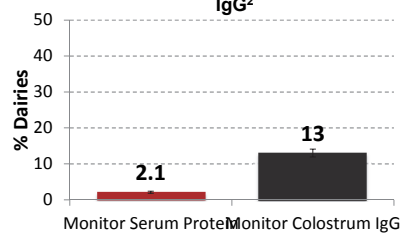
### • Health Benefits of Feeding Colostrum Well Established<sup>1</sup>

- Lower Morbidity & Mortality
- Better Growth
- Lower Raising Costs (Meds)
- Improved Future Milk Production

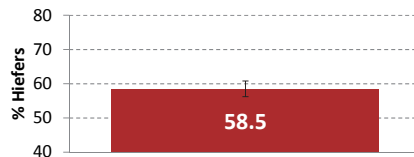
### Colostrum Feeding Volume (Quarts)<sup>2</sup>



### Percent of Dairies Routinely Screening for FPT & Colostrum IgG<sup>2</sup>



### Heifers with Serum Protein 5.5gm/dl or Greater<sup>2</sup>



<sup>1</sup> Faber et al, Prof An Sci 21, 2005

<sup>2</sup> NAHMS, 2007

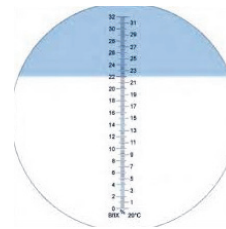


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## Failure of Passive Transfer using Serum Protein

- Goal in feeding colostrum is to achieve a serum IgG concentration > 10 mg/mL
- Serum Protein
  - healthy calves 2-7days of age
  - all or proportion
  - @ room temp



Test Level	Alarm Level
S.P. <5.5gm/dl	>20%
Brix% 8.4	>20%
S.P. <5.2gm/dl	>10%

McGuirk, UofWI School of Vet Med

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## Questions?