Although we do not come across that many cases of poisonings and toxicities, they can be very nasty when they occur and can, at times, be difficult to diagnose. This newsletter will cover some of the more common poisonings encountered in cattle.

Clues which may point to a toxicity or poisoning include:

- A recent change in management/ location of animals.
- Lots of animals getting sick at the same time, rather than disease appearing to spread as an infection would tend to do.
- Clinical signs are not typical of an infectious, parasitic or metabolic disease.
- Evidence of access to poisonous materials i.e. plant clippings or a lead battery in the field!

**Lead Poisoning**

This is one of the most common intoxications seen in cattle. Sources of lead may include old flakey paint, car batteries and old engine oil or plumbing materials. Signs tend to be neurological - cattle may be isolated and depressed but overreact to touch and sound. Blindness and head pressing is also observed. As the disease progresses, animals become distressed and start crashing into things and acting drunk. Signs of colic, such as kicking at the abdomen, may also be observed.

Treatment is via an intravenous injection of lead chelating agents and sadly is often unrewarding in animals with pronounced nervous signs. Euthanasia may be required in severe cases.

**Ragwort Poisoning**

This can be due to ragwort on pasture or, more commonly, in forages. It presents as liver disease and tends to be a chronic condition with signs of weight loss, diarrhoea, jaundice and fluid under the jaw (‘bottle jaw’). Diagnosis can be difficult as the intoxication is so insidious, however on post mortem the liver will appear grey, mottled, fibrous and shrunken. There is no treatment once clinical signs occur.

**Yew Poisoning**

A very nasty toxicity, generally presenting as sudden death. The yew is a severe cardiac depressant so essentially just stops the heart!

As a commonly known toxic plant, yew poisoning tends to be accidental, due to plant clippings being tipped into a field for example. Diagnosis is usually discovery of leaves/ twigs in the rumen post mortem. Often the yew leaves are even found in the animal’s mouth as death is so quick.

**Bracken Poisoning**

Cattle tend to be reluctant to eat bracken unless they are short of other sources of food, so disease only tends to be seen after a long period in the same field. Occasionally, acute disease can occur due to bone marrow suppression. This may present as high temperatures or pneumonia due to secondary bacterial infection, or bleeding due to lack of clotting factors. In chronic cases, bladder tumors can occur, which are seen as difficulty urinating or blood in the
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Nitrate/Nitrite Poisoning

Most commonly caused by Brassica plants and fertilizers - surface run off from fertilized fields, or contamination of feeds with fertilizer can be a cause. Nitrate poisoning is generally an acute problem, and leads to cyanosis (pale/ blue mucous membranes) and shortness of breath. The animal’s heart will also be rapid and weak. Depending on the amount of nitrates consumed, death may occur within one hour or one day. On post mortem, the blood appears a chocolate brown colour. This is because nitrates convert haemoglobin in the blood to methaemoglobin, which is unable to bind oxygen, similar to carbon monoxide poisoning. If nitrate poisoning is suspected, animals should immediately be removed from the source of nitrates. Methylene blue given I/V is the antidote to the poisoning. Tom had a case a few months ago, and found that a few animals did respond to treatment.

Don’t forget that all cases of sudden death should be reported to DEFRA so that they can assess if an Anthrax investigation needs to be carried out.

Whilst many of the poisons mentioned are difficult to treat in severely affected cows I hope you will now have a better idea of what signs to look out for and what things to keep well away from your stock!

Thanks very much, Sarah.

Halocur: Now available in a larger pack size. You can buy 980 ml bottles in addition to the existing 480 ml packs. Contact the practice for more information

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