# Metabolic Disorders in Livestock



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# Introduction:

- .Disturbance of one or more metabolic processes related to regulation of certain metabolite in body fluids.
- Affects energy production or damages tissue.
- May be inherited or acquired(more common).
- The cascade of metabolic disorders occurs in a predictable fashion.

# Metabolic diseases Vs Nutritional diseases

- > Is bit difficult to differentiate.
- Nutritional disease-long term ,steady state,corrected by only supplementation of diet,not fatal

whereas

Metabolic disease-acute state, responds dramatically to the systemic administration of needed metabolites, potentially fatal.

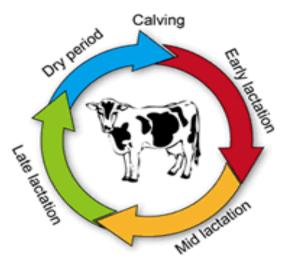
#### Metabolic disorders in ruminants:

In ruminants, the metabolic disorders are generally encountered during "TRANSITION PHASE"





- Late lactation
- Dry period
- Parturition
- Early lactation



# FACTORS WHICH PREDISPOSES AN ANIMAL TO METABOLIC DISORDER-

Hormonal changes around parturition

Abrupt change of diet

Negative energy balance

Non lactating to lactating stage

Drainage of minerals

# Some common metabolic disorders

- Milk fever
- Ketosis
- Grass tetany
- Ruminal acidosis
- Downer cow syndrome
- Fatty liver syndrome
- Bloat
- Retained placenta
- Laminitis
- Displaced abomasum

# MILK FEVER

- Synonym-Parturient paresis, hypocalcemia
- Afebrile metabolic disorder of high yielders or mature dairy cattle and buffaloes.
- Heifers-rarely affected; older cows increase in susceptibility upto fifth or sixth calving.
- Risk of milk fever increases by approximately by 9% per lactation.
- Etiology-hypocalcemia due to sudden increase in Ca requirement for colostrum and milk production.

# Predisposing factors-

- •Increased estrogen level around parturition-inhibits Ca mobilisation
- •Older cows are unable to mobilize Ca from bones.
- •Feeding of high K/Na diet-leads to metabolic alkalosisinhibits Ca resorption.
- •Increased Ca intake during dry periods-reduces parathyroid activity.
- •Low magnesium diets(Mg necessary for appropriate PTH secretion.

## Characteristic symptom-cows appear in recumbent state with it's head on flank(S-shaped).



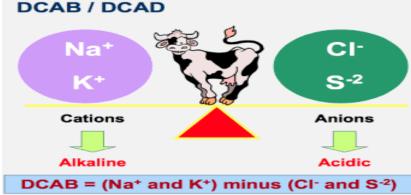


Figure 1. Cow in sternal recumbency.

# Preventive measures

- 1. Feeding low Ca diet around calving-increases parathyroid activity and synthesis of 1,25-dihydroxy vitamin D3.
- 2. Feeding acidifying rations.
- 3. Oral drenching around calving with Ca supplementation like CaCl<sub>2</sub>.
- 4. Vitamin D3 administration 2-8 days before calving.
- 5. Feeding diet low in potassium(corn silage, distiller's

grain).



## **Treatment:**



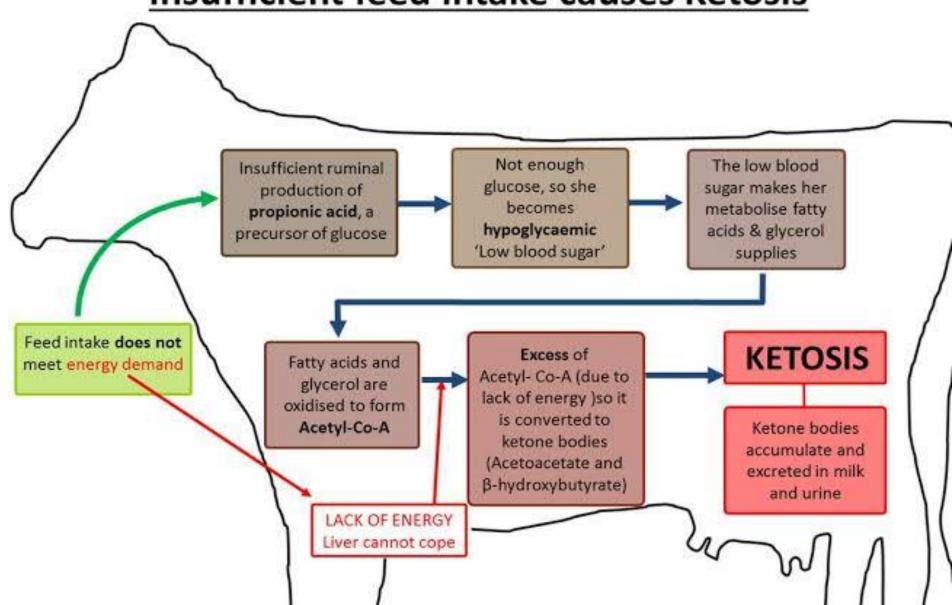
- I/V injection of Calcium borogluconate @300-600ml of 40% solution in combination with intramuscular or subcutaneous injection for slow release to avoid relapse as well as to prevent heart block.
- In complicated milk fever composite solutions containing Ca, Mg, P and glucose is recommended.
- Mifex injection.

## **KETOSIS**



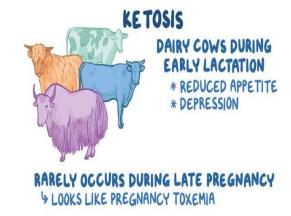
- Synonym-acetonemia,cow fever,post parturient dyspepsis(in cows) lambing sickness,twin lamb disease, pregnancy toxaemia(in ewes).
- Occurs in cattle and ewes in negative energy balance.
- Characterized by elevated concentration of ketone bodies(acetoacetic acid,BHB,acetone)in body tissues and fluid.
- Decreased blood glucose level.

#### Insufficient feed intake causes Ketosis



#### Factors responsible for this disorder may be:

- •Inappetance around around calving.
- •Excessive fatness around calving.
- •Cow suffering with milk fever
- Butyric content of silage
- Ketosis in previous lactation



Characteristic symptom- sweetish chloroform like smell from milk,urine and breath.

Other symptoms-reduced rumen motility, decreased milk production, abnormal licking and chewing (pica).

#### Prevention:

- Prevent starving as well as over feeding of cows.
- Niacin given orally-6-8gm/cow/day-20days prior to calving upto 3 months post parturition.
- Sodium propionate -100gm for 6 weeks daily in problematic herd.
- Concentrate diet alongwith good quality roughage should be given.

#### **Treatment:**

.For cows-250ml propylene glycol with equal amount of water orally/day.

.Sheep-120gm sodium propionate in 250ml water twice daily for 10 days.

.12 gm niacin/day-1-2 weeks.

.Dexamatasone injection

#### LACTATION TETANY

- Synonym-grass tetany, grass staggers, hypomagnesaemic tetany, winter tetany or wheat pasture poisoning.
- Etiology-low plasma magnesium(<1mg/dl) levels often accompanied by hypocalcaemia.
- Symptoms-muscular spasms, loss of conciousness, death due to respiratory problems.





#### PREVENTION:

- •MgO mixed with salt in ratio 75:25 fed ad lib.
- •OR a salt lick mixed with 10 parts MgSO4 and Ca disphosphate each mixed with 80parts of salt be provided.
- •Fertilizers high in N and K should be avoided.

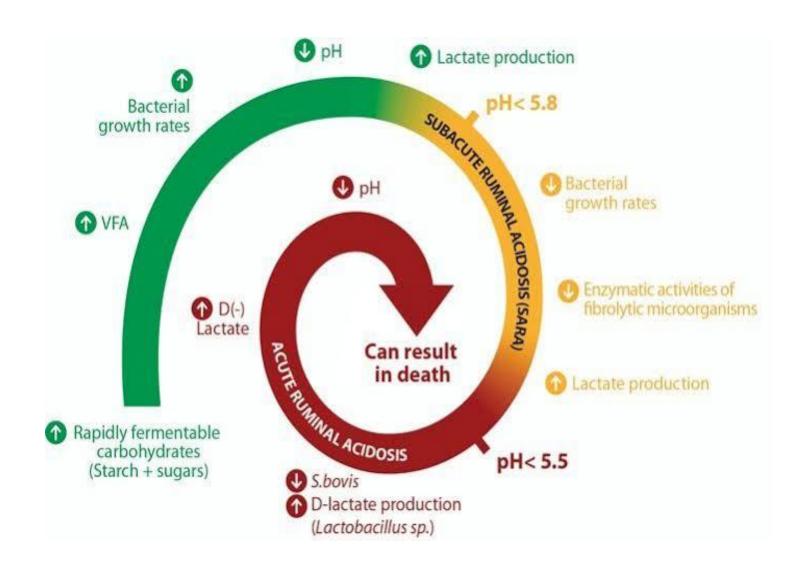


#### TREATMENT:

- •200 ml of 50% solution of epsom salt(MgSO4) given subcutaneously.
- •Animals removed from affected pasture and fed 50-60gm MgO daily for 7-10 days.
- •In calves-s/c 10 mg MgSO4 +sterile waterfollowed by oral administration of 10-15gm of MgO

#### RUMINAL ACIDOSIS

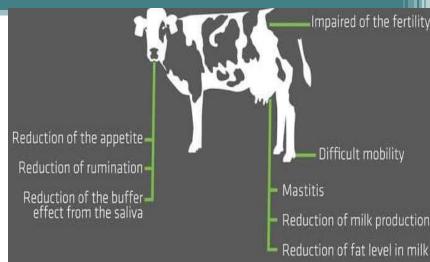
- Decreased rumen pH from 6.8 to 5.6-5.1.
- May be lactic acidosis(grain overload, grain poisoning, acute indigestion) or may be due to increased amount of VFAs only.
- Three types acute-pH-5.2
- sub-acute-pH-5.5-5.1
- chronic-pH-5.6
- Sub-acute ruminal acidosis(SARA) is not associated with lactic acidosis.
- Etiology-ingestion of unaccustomed feed rich in ruminally fermentable carbohydrates.



#### Prevention-

- Proper balancing of fibre and non-fibre carbohydrate
- •Ration should not be fed in separate components.
- •Proper adaption for highly fermentable feed is required.
- •Including long fibre particles in diet –increase salivation.
- •Addition of dietary buffers like sodium bicarbonate.
- •Supplementing microbial feed additives,eg;Megasphera elsdenii and Selenomonas ruminantium.
- •Ionophores(monensin sodium)supplementation.

#### **Treatment:**



- •Drenching oral antacids-Mg(OH)2,MgO,NaHCO3 @1GM/KG body weight.
- •Withhold concentrate and feed roughage to stimulate saliva flow.
- •Not providing water for 12-24 hrs. orally.
- •Antibiotics like penicillin, tylosin, etc. Reduces the risk of liver abcessation.

#### DOWNER COW SYNDROME

- A secondary recumbency developed from pressure damageto muscle and nerves.
- Often preceded by milk fever.
- Etiology-metabolichypocalcaemia,hypophosphatemia,hypomagnes emia,hypokalemia,etc.
- non metabolic-trauma, infection disorders, etc.
- Downer cow may be alert or non alert.

Characteristic symptom-hindlimb are under body or stretched out behind(frog legged) and forelimbs functional(CREEPER'S COW)



#### **Prevention:**



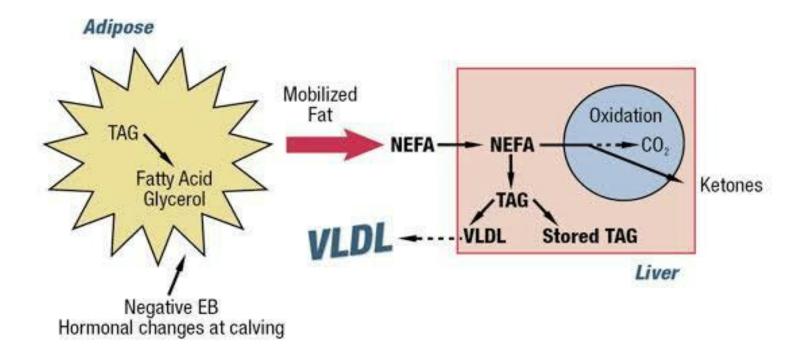
- Effective strategies to prevent milk fever should be taken.
- Over feeding leads to fattening ,hence should be prevented.
- Comfortable bedding prior to calving should be provided. Sand is ideal bedding material.
- Prophylactic administration of calcium.

#### **Treatment:**

- Calcium therapy should be given.
- Additional treatment of K,P and Mg should be given.
- Monitoring blood mineral status.
- Supportive care should be given.

#### FATTY LIVER DISEASE

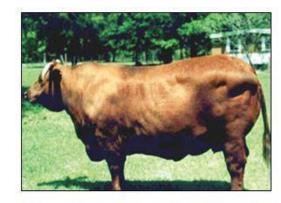
- SYNONYM-fat cow syndrome, hepatic lipidosis.
- Etiology-due to negative energy balance, non esterified fatty acids(NEFA) mobilizes from fat stores and accumulates as triglycerides in liver leading to fatty liver.
- Cows that are over-conditioned at calving(BCS>3.5) are likely to develop fatty liver.



#### Prevention

- •BCS of 2.5-3 should be maintained around calving.
- •Sudden changes and stress should be avoided.
- •Glucose supplementation.
- •Slow release insulin compounds be given.

#### **Treatment:**



Fat cows are more prone to lipidosis

- •I/V injection of 500ml of 50% solution of glucose/dextrose which may be combined with oral administration of 250 ml propylene glycol.
- •Niacin-12 gm orally for 1-2 months.



Milk

fever

#### Cow around parturition

Drainage of minerals in colostrum

Grass tetany Downe r cow

-ve energy balance

ketosis Fatty liver

Shift to concent rate rich diet

Ruminal acidosis

### **LAMINITIS**



- Commonly referred as founder or sinker.
- Primarily a disorder of equine.
- Inflammation of laminae in the hoof occurs.
- May be caused due to excessive intake of starch, high grain diet, obesity, etc.
- Leads to lameness, loss of athletic performance, claw deformities such as slipper foot.
- Balanced ration low in starch content and adequate fibre should be fed.

#### PUERPERAL HYPOCALCAEMIA

- SYNONYM- puerperal tetany, eclampsia, puerperal hypocalcaemia.
- A disorder of Ca metabolism in bitches.
- Clinical findings are restlessness and panting.
- Ca solutions given I/V results in rapid improvement in 15 minutes.



# Quiz time...

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#### Fill in the blanks.

- 1. NEFA concentration is high in plasma in......
- 2. Grain poisoning is also called as ......
- 3. Normal Ca level in blood plasma is .........
- 4. Metabolic disorder responds dramatically to ...... administration of needed metabolite.
- 5. Increased ......content of silage can lead to ketosis.

#### Write true or false:

- 1. Proper administration of calcium in milk fever should be done since calcium is cardiotoxic.
- 2. Long fibre particles should be added separately in diet to prevent ruminal acidosis.
- 3. Megasphera elsdenii is lactate producing bacteria.
- 4. Sweet chloroform like smell appears in bloat.
- 5. Grass staggers occurs when plasma Mg level falls below 2mg/dl.

### Multiple choice question:

- 1. Pregnancy toxaemia occurs in a. Cows b. Buffaloes c. Ewes d. Mare
- 2. Eclampsia is a disease of a. Cows b. Buffaloes c. bitches d. Mare
- 3. Propylene glycol is used for treatment of a. Milk fever b. Acidosis c. Laminitis d.Ketosis
- 4. Dietary cation anion balancing is effective to prevent
  - a. Ketosis b. Fatty liver c. Milk fever d. Both a and b
- 5. Milk fever generally affects a.calves b. Heifers c. Old cattle d. None

## Match the following:

- S-shaped recumbent position a.ketosis
- BHB
- 3. Cow fever
- 4. Creeper's cow
- 5. Ionophores

b.milk fever

c.ketone bodies

d.acidosis

e.downer cow

#### Fill in the blanks:

- 1. Fatty liver
- 2. Ruminal lactic acidosis
- 3. 8.8-10.4 mg/dl
- 4. Systemic
- 5. Butyric acid

#### True and false:

- 1.T
- 2.**F**
- 3.**F**
- 4.**F**
- 5.**F**

#### Multiple choice question:

- 1.C
- 2.c
- 3.d
- **4.**c
- 5.c

#### Match the column

- **1.**B
- **2.**C
- 3.A
- **4.**E
- 5.D

