



Ambic

Berg & Schmidt

Diamond V

Lallemand

Norel

Wisium

Clinical signs

Peracute cases of MCF die within 48 hours, as the consequence of an overwhelming viraemia and vasculitis of the major organs. There are minimal clinical signs other than fever, lymphadenopathy, prostration and depression. Terminal signs can sometimes be seen because of nervous system vasculitis involvement.

The classical 'head and eye' form of MCF is much more common in sporadic cases. A typical case has a persistent high fever of $<42.2^{\circ}\text{C}$ ($<108^{\circ}\text{F}$). Typically, the clinical signs are severe nasal and oral mucosal lesions, ocular lesions and a dramatic depression. Often the oral mucosa appears to be bleached and this leached epithelium sloughs off to reveal ulcers and erosions.

A bilateral ophthalmitis, which arises from a vasculitis throughout both eyes, and a corneal oedema are commonly seen. The depression is deep because of a central nervous system vasculitis. In animals that survive more than a few days skin lesions and inflammation of the hoof's coronary band and horn band epithelium are seen.

In acute cases of MCF there can be a severe enterocolitis and scour/diarrhoea. If this is the first sign to appear it can cause confusion in a differential diagnosis.

Milder forms of MCF have been seen. There is also the possible scenario that some animals suffer from a subclinical form of MCF, recover and are then immunologically protected against the virus. There is a rare form of MCF that presents itself as a haemorrhagic cystitis with bloody urine.

Finally, there is a chronic form of the disease which lasts for weeks with high fever and erosive and ulcerative lesions, papular skin lesions, lymphadenopathy and digital lesions.

Differential diagnosis

Given the variability of clinical signs, differential diagnosis could include many diseases. This will be addressed in your next issue of Dairyhealth BYTES.