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Clinical signs – introduction

A multitude of clinical signs are possible in cattle infected by BVD virus. Subclinical infection or an absence of obvious clinical signs can occur.

Factors such as age, concurrent disease, stress, relative exposure dose of infection, strain and biotype of BVD virus, herd and individual cow immune status, vaccinal status and presence or absence of persistently infected animals all come into play in determining the clinical picture seen.

Herds experiencing clinical disease tend to show a specific pattern of clinical signs. Otherwise, one has to keep an open mind about BVD as the clinical signs can be very variable.

Clinical signs of acute illness

The classical signs are those of diarrhoea and fever, with the fever and depression usually preceding the onset of the diarrhoea by 2-7 days. Fever is usually biphasic, starting at 105-108°F (40.6-42.2°C) and declining over 2-3 days to return 5-10 days later. Diarrhoea and gastrointestinal lesions tend to occur during or after the second fever peak. Sometimes recovery occurs with no clinical signs being shown.

Outbreaks of BVD are most common in 6-8 month old heifers. A high incidence of fever has been seen when fresh cows are reintroduced to a milking herd that has one or more persistently infected animals.

In the period of initial high fever, tachypnoea (abnormal rapid breathing) is seen that can easily be misdiagnosed as a viral pneumonia. If or when the second wave of fever occurs clinical signs worsen as appetite and milk production rapidly drop.

There are very few diseases that show the severe anorexia that is seen in BVD affected animals with fever, diarrhoea and gastrointestinal lesions.

The only lesions seen in the live animal are oral erosions and digital lesions, but these are often present at a low level.

Morbidity and mortality in the acute form vary from 10 to 30%.

Schaumann

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