

Illness	Symptoms	Treatment
Milk fever or hypocalcemia	Down cow, cold, S-curve to the neck, muscle tremors, wobbly, dry nose, minimal rumination, dry feces, and rapid heart rate.	Collect a blood sample. Give calcium intravenously or subcutaneously. While doing so, listen to the cow's heart rate. If the cow's heart skips a beat, slow down the flow of calcium. The return of moisture to the cow's nose is a sign the treatment is working.
Uterine prolapse	The uterus is expelled out behind the cow.	A prolapsed uterus is an emergency and should be treated as such. Administer an epidural so the cow loses feeling and will not strain against you. Clean the uterus, removing the placenta, and then slowly push it back in as if you are kneading dough. Be careful not to rupture it. If the cow is down, it helps to frog-leg her to use gravity as an advantage. If the cow is standing, see if someone can help by holding the rest of the uterus. Once the uterus is inside the cow, make sure the horns are back in place or the cow will try to push it out again. Some people will suture the vagina closed, but a cow could still prolapse around the sutures. Give oxytocin to help shrink the uterus and follow-up with antibiotics.
Retained placenta	When the fetal membranes do not pass after 24 hours post-calving.	If you can give it a slight twist and it comes off, it is okay to pull it off, but yanking is not recommended. If you pull and everything is still attached, leave it alone. Oxytocin might help because it causes the uterus to contract. Prostaglandin will help if there is a case of pyometra or pus in the uterus. Flushing the uterus is an option, but this can also let bacteria in. Consult your veterinarian on flush solutions to use.
Metritis	Increased size and thickness of the uterine wall; vaginal discharge that is reddish-brown, watery, malodorous (normal discharge is pinkish, mucousy and doesn't smell); fever; decreased appetite; and decreased milk production.	If the cow is running a fever and is malodorous, treat with systemic antibiotics. Excenel and Excede have no milk withhold, allowing cows to stay in their same pen; however, there is a meat withhold for each product. Polyflex can be used extra label if approved by a veterinarian and has both a milk and meat withhold. Oxytetracycline has a milk withhold and a long (28-day) meat withhold. Anti-inflammatories should also be given if a fever is present. Aspirin works for no milk or meat withhold. If there is already a product withhold from other medicines, flunixin meglumine is an option. Other treatments to consider would be oxytocin or prostaglandins to contract the uterus or a uterine flush product.
Mastitis	Subclinical mastitis: elevated somatic cell count. Clinical mastitis: visibly abnormal milk and udder changes such as swelling, heat, redness and pain. Toxic mastitis: when the cow is systemically ill. They could have a fever, a low temperature, loss of appetite, shock, be down or dead. Gangrenous mastitis: There is gas in the teat. The cow will appear toxic, and when the teat is stripped, only air comes out.	Begin by collecting a clean milk sample. For chronic subclinical cases, culling may be the best option, or keep the cow and use the milk for calves if pasteurizing. Try dry cow therapies with this group as well. In clinical cases, antibiotics can work well for gram-positive pathogens. Gram-negative cases often self-cure. When dealing with mycoplasma, cull the cow. If the treatment is not working, have the original sample tested to determine another option.
Ketosis	Decreased appetite with a preference for forage over grain, decreased milk production, lethargy, minimal rumen fill, increased or decreased rumination, dehydration and sunken eyes. With nervous ketosis, the cow will abnormally lick things like urine or metal. Other symptoms include: weak, wobbly, head-pressing against a wall, acetone odor, down, really laid back or super aggressive.	A ketosis diagnosis can be done with test strips for urine, milk or blood. In subclinical cases, give 300 ml of propylene glycol orally once a day for five days. For a clinical case, give a dextrose IV to temporarily increase blood glucose levels and follow up with propylene glycol for a more sustained increase. Steroids have also been found to help ramp up glucose production in the liver.
Displaced abomasum	Decreased appetite, decreased milk production, a "sprung" last rib on the left (raised compared to others), decreased rumen contraction and fill, decreased fecal passage, "ping" sound heard with stethoscope, fluid splashing.	Correct abomasum placement through surgery, roll and toggle, or roll and tack. Treat secondary ketosis that occurs by giving fluids and antibiotics (if following surgery).