

# Tip of the month – February 2016

## Recognizing subclinical acidosis

In the September 2016 edition of Veeteelt (Dutch magazine for dairy farmers), Dutch-Canadian Prof. Kees Plazier denotes that 20% of cows have to deal with subclinical acidosis in the first 3 months of lactation. Clinical acidosis is visible, subclinical is not. What you might notice is that the cow is not as active, does not produce what is expected, does not get in the heat, etc. And after a few weeks, because of the release of toxins, the cow often gets laminitis.

Possible causes:

- Non proportional ratio between concentrate and roughage.  
For example: feeding too many concentrate-like products (starch or sugary = tastier);
- Or: your ration is rightly calculated but the cows don't eat it in the right proportion
- It is too easy for cow to sort out these products;
- Increasing concentrate too fast after calving;
- The cow is already in a moderate condition, has hoof problems or other conditions which is resulting in the cow coming less often to the feeding lane;
- At first after feeding there is an abundance of tasty food, but only there for part of the day.  
At the end of the day there is for some hours much less till only the remaining rests
- Too little structure in roughage => too little rumen activity

These causes gives too much fluctuation in rumen pH value, and that gives big chance to (sub)clinical acidosis.

With the help of the VMS you can easily sort out the subclinical cows. Why else would a cow not come to the VMS at least 3 times a day in the 20-60 days after calving? So look, for example, in the list MILKINGINFO at MILKING PERFORMANCE, whether these cows come to the VMS 3 times a day and are active enough! In the list VMS MILKINGS>COW STATISTICS shows if the cow has been refused enough.

Check the cows that stand out here on manure and condition (combining data DelPro with eyes of the farmer) Then you know exactly riskfull this cow for subclinical acidosis is!