

Comparison of Luteolysis and Timed Artificial Insemination Pregnancy Rates after
Administration of PGF_{2α} in the Muscle or the Ischiorectal Fossa in Cattle

Sarah Christine Holland

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William S. Swecker, Jr., Chair
William D. Whittier
Sherrie C. Clark

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Ewing, Gwen

From: Sarah Holland <holland3@vt.edu>
Sent: Friday, August 07, 2015 4:29 PM
To: Ewing, Gwen
Subject: Fwd: Re: <AVC> BQA Question: Repro Drug Use in Cattle ... is there an efficacy difference between rear leg injection and neck muscle injections?
Attachments: Tail Head SQ site.jpg

Here is the email from Dee Griffin. He does not explicitly give permission in this email but he routinely sends out material that he feels will be useful in practice and expects that we will use the material to educate our clients. Does this suffice?

Sarah

Attached is a "tail fold" injection diagram modified to include BQA injection site.

Dee Griffin, UNL-GPVEC, PO Box 148, Spur 18 D, Clay Center, NE 68933, 402-762-4500 <tel:402-762-4500> ,
DGriffin@GPVEC.UNL.EDU <mailto:DGriffin@GPVEC.UNL.EDU>

-----Original Message-----

> From: "AVC-L On Behalf of Dgriffin" <AVC-L@AVC-BEEF.ORG <mailto:AVC-L@AVC-BEEF.ORG> >
> To: dgriffin@gpvec.unl.edu <mailto:dgriffin@gpvec.unl.edu>
> Date: 05/03/14 07:15
> Subject: <AVC> BQA Question: Repro Drug Use in Cattle ... is there an efficacy difference between rear leg injection and neck muscle injections?

>
> The tail fold is not currently included BUT IT SHOULD BE. The NCBA sponsored an injection site trial a decade ago & included the tail fold. The injection sites looked wonderful! The SQ area between the udder & vulva should also be considered.

>
> Dee Griffin, UNL-GPVEC, PO Box 148, Clay Center, NE 68933

>
>
> -----Original Message-----

> Subject: RE: <AVC> BQA Question: Repro Drug Use in Cattle ... is there an efficacy difference between rear leg injection and neck muscle injections?

> From: "AVC-L On Behalf of Ben Wileman" <AVC-L@AVC-BEEF.ORG <mailto:AVC-L@AVC-BEEF.ORG> >

> To: dgriffin@gpvec.unl.edu <mailto:dgriffin@gpvec.unl.edu>

> Date: 05/01/14 13:16:39

>
> In order to stir the pot a little... What about injection in the tail fold area? Would this be an acceptable area for BQA in specifically dairy cattle? With that said I have seen dairies where the tail fold (on both sides) has been hit so many times that they had to put their finger over the injection site to keep the vaccine from leaking out. So even that location has limits, and perhaps common sense has limits as well! However in large dairy systems access to the neck has resulted in remodeling of the head locks, and by remodeling I mean 5 head of cattle with the head locks on them running with them through the pen. And these were well built.. When a group of cows or heifers pull back hard all at once on something it is powerful. Safety of actually giving the injection in the neck in these systems and increased stress on the cow/heifer are also significant issues.

> Some of these systems are designed so that 3 guys can go through and preg check, and vaccinate about 400 head every hour or so. These are very well run and efficient operations and I do feel for them because moving to the neck is

very difficult to do, so just like cleaning processing areas or anything else, if it isn't made to be easy it won't get done. When the dairy or heifer grower makes neck injections a point of emphasis it can and does get done however. Sometimes it requires some remodeling and investment and other times it just takes supervision. Ben Ben Wileman DVM PhD Willmar, MN From: AVC-L On Behalf of Timothy Bernt [mailto:AVC-L@AVC-BEEF.ORG <mailto:AVC-L@AVC-BEEF.ORG>]

> Sent: Tuesday, April 29, 2014 5:12 PM

> To: Ben Wileman

> Subject: Re: <AVC> BQA Question: Repro Drug Use in Cattle ... is there an efficacy difference between rear leg injection and neck muscle injections? Dee, as someone with a foot in both production medicine and embryo transfer, I will stick my neck out and express a reluctance to use FSH in the neck. It is simply a concern that the small volume of drug will be sequestered in the fascia between muscles and ligaments in the neck. Nothing scientific, probably just related to the fact that many things can interfere with a successful flush and every ET practitioner has experienced many failures. Over a period of years you develop a tendency to avoid anything that might be a problem. It is a lot like trapping coyotes, any little mistake results in failure. Tim From: AVC-L On Behalf of Dgriffin <AVC-L@AVC-BEEF.ORG <mailto:AVC-L@AVC-BEEF.ORG> >

> To: tim@etherefords.com <mailto:tim@etherefords.com> ; "AABP-L@listserv.unl.edu <mailto:AABP-L@listserv.unl.edu>" <aabp-l@listserv.unl.edu <mailto:aabp-l@listserv.unl.edu> >

> Sent: Tuesday, April 29, 2014 3:52 PM

> Subject: <AVC> BQA Question: Repro Drug Use in Cattle ... is there an efficacy difference between rear leg injection and neck muscle injections? BQA Question: Repro Drug Use in Cattle (Lutalyse, FSH, GnRH) ... is there an efficacy difference between rear leg injection and neck muscle injections? I am recycling a request I made in 2009 for information regarding "repro drugs being given in the rear leg"

> If anyone has experimental data that supports either side of the question (no med response difference between muscles chosen for giving the repro medication OR better medication response when given in the rear leg muscles) please share with us all. I am told by a number of the veterinary students that attend GPVEC Beef Production Management electives, frequently repro faculty at their institutions working with cattle are openly defiant about avoiding rear leg (top but and round) IM injections as requested in the QA guidelines from the NCBA. Insisting that PGF2alpha and / or FSH works better given IM in the rear leg injection ... This is distressing, especially considering academic institutions are considered role models to our profession. Our profession, academic and private practitioners by example not only teach students with which we work, but also teaches

> producers. The Beef Quality Audit continues to find rear leg injection site damage in culled (C, D and E maturity) beef and dairy cows a leading cause for carcass devaluation. The FOI NADA and approved label do not indicate a preferred muscle or anatomical area for any of the repro medications commonly used in beef and dairy cattle (see attached NDC). Bioniche, maker of Follitropin-V (FSH) indicate there is no difference in performance of their product (neck vs. top butt) and attached find a J. of Therio.. article no difference in drug performance when varied routes of administration were used. Merial maker of Cystorelin (GnRH) indicate no difference in drug performance due to muscle group selected and reminded me the product includes labeling for IV use. Tail IV/IA use would be acceptable. All of us working with students and producers should by example,

> teach respect for the industry accepted national quality assurance guidelines for each species and to practice within the Code of Federal Regulations. The National BQA and PQA standards have been accepted by the AVMA and FDA. We need to encourage everyone we work with to follow the national QA guidelines especially for product selection and use of medications such as injectables for all species. Published data (see attached) refutes a difference between IM and SQ, HOWEVER, we must remember AMDUCA (21CFR530) does not approve ELDU of drugs for production purposes. Therefore SQ use of Lutalyse or any other product used for production not labeled for SQ use would violate AMDUCA. Reference articles include: Journal of Theriogenology Vol. 67 No 3, Page 590-597, 2007 Journal of Theriogenology Vol. 42 No 6 Pg

> 963-75, 1994 Dinoprost Tromethamine vs Cloprostenol ASAS, Southern Sec-Abstract 64, 2008 Dinoprost Tromethamine vs Cloprostenol-Synch Breeding-Therio V57N2 Pg 853-858, 2002 Cloprostenol-Dose & Route Effect, Therio V72N1 & 2 Pg 47-62, 2002 Respectfully requesting your input, Dee Dee Griffin, UNL-GPVEC, PO Box 148, Spur 18 D, Clay Center, NE 68933, 402-762-4500, DGriffin@GPVEC.UNL.EDU <mailto:DGriffin@GPVEC.UNL.EDU>

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