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A day in the life of a large-animal veterinarian

New York native makes the rounds of county farms



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Teri Coon, a large-animal veterinarian, checks a cow's heart at a farm near Sheafferstown.

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By 8:15 a.m. Wednesday, when many people are still on their first cup of coffee, Teri Coon already is shoulder-deep in her third cow of the morning.

"Pregnant," she announces, shifting the probe to get a better view of the fetus. The farmer smiles and marks the result on his list.

Dr. Coon pulls her arm free of the unfriendly end of the Holstein's digestive tract and moves to the next cow.

Before the day is done, she'll have performed the procedure nearly 150 times. Just another day in the life of a large-animal veterinarian.

"The glamour is up front," she says, lifting the next cow's tail and flexing her fingers for another rectal plunge. "This end is all business."

So, how long did it take her to get out of the habit of scratching her nose while working?

"Yeah," she says with a rueful grin. "I still do that sometimes."

Dairy farm

Coon, who grew up on a New York dairy farm and earned her veterinary credentials at Kansas State University, is an associate veterinarian with Agricultural Veterinary Associates.

Based north of Lititz, the practice serves farms in Lancaster, Lebanon, Berks and Dauphin counties.

Dr. Brian Reed, a partner in the firm, says about 90 percent of their work is with dairy cows, although they also deal with beef cattle, sheep, goats, swine and alpacas.

The goal of large-animal care is different, in some ways, than it is for pet care, Reed says.

"In the pet world, those animals are companions," he says. "In the large-animal world, they're someone's livelihood."

Large-animal vets, like pet vets, treat individual animals that are sick, injured or need help through a difficult birth.

But they also focus on epidemiology - a branch of medicine dealing with the incidence and prevalence of infectious diseases in large populations.

"We deal in numbers," Reed says. "Disease works through herds in different ways."

That means developing vaccination strategies, improving productivity and providing better comfort for the animals, he says.

"A healthy herd, a comfortable herd, leads to a profitable herd. Hopefully," he says.

No worries

Although her patients significantly outweigh her, Coon doesn't worry.

"A little dog that's yapping and growling at me - that's intimidating to me," she says. "I'd take a 2,000-pound bull any day over a cranky dog."

But sometimes a cow will react to the sudden intrusion and will start to sidle around. Coon can only hang on when a cow starts heaving her hips side to side.

"Large-animal vets are prone to rotator-cuff injuries," she says. "It can wear on your shoulder."

Otherwise, injuries are rare, she says.

"If you get kicked, it's your fault," she says. "Always."

That means moving slowly and calmly, and letting the cow know you're there before a procedure begins.

"Don't get all rambunctious back there," Coon advises. "Make it comfortable for the cow and it's safer for everybody involved."

She's been kicked several times, she admits. Fortunately, Coon has never suffered an injury worse than bruising.

Not glamorous

The day she allowed a reporter to tag along on her rounds was "fairly routine," Coon says - mostly herd checks, to see which cows are pregnant and which are in heat and ready to be bred, and how pregnancies are progressing.

"It's not glamorous, but it's part of the job," she says.

As understatement goes, "not glamorous" is a winner. A cow's hide is too thick for an ultrasound to do much good from the outside, so a vet must carry the probe - by hand - deep into the cow's innards

"It's like a sleeve on your arm," Coon says, describing the experience. "You can still feel through it. It's not tight, and it's very movable."

Cows aren't shy about relieving themselves as the need arises, and sometimes Coon has to shovel out the rectal cavity manually before she can insert the probe. It doesn't bother her - she carries on conversations even as yesterday's feed splats on the floor at her feet.

"I get pooped on every day," she says, matter-of-factly.

She also takes an occasional tail to the face and suffers in silence when methane gas erupts inches from her nose.

Coon has a knack for looking on the bright side. She comments on the weather, which is pleasantly cool.

"Cows don't like it when it's hot and sticky, and neither do I," she says.

The first farm on the schedule is a small dairy operation near Myerstown. After checking a dozen or so heifers for pregnancy, the farmer leads Coon to a fresh cow - she gave birth just three weeks back - who's not eating.

Coon checks the ailing animal's temperature - of course, it's a rectal thermometer - and listens to its heart and stomach.

She diagnoses a uterine infection - "the discharge is kind of junky," she explains - and prescribes antibiotics.

"All of her milk will be dumped for several days, until the infection and the antibiotics are out of her system," Coon says. "Nobody wants to eat anything from a sick animal."

That first farm had about 75 cows. The next one, near Bernville, boasts nearly 1,000.

The farmer there supplies Coon with a list of the animals that need to be examined, and for what.

Farmers keep meticulous records, so they know which cows were bred, and when, Coon explains.

Typically, it'll be at least 28 days after breeding until a calf fetus can be detected by ultrasound. A week later, Coon should be able to feel the calf - or, at least, its embryonic vessel - by hand.

First on her list today is a pregnant cow with twins. Coon plunges in with the probe and studies the imaging screen, which is strapped to her right forearm.

"She's lost them," she says.

That's pretty common, she later explains.

"In cows, twins are typically not a good thing," Coon says. "They don't have the size to carry them ... so they will often abort on their own. We try to keep an extra eye on them."



Teri Coon arrives on the farm with her backpack ultrasound equipment for checking pregnant cows.

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Some farms, Coon visits weekly. Others she may visit biweekly, monthly or every few months, depending on the size of the herd and the needs of the farmer.

Birthing comes naturally to most animals, and Coon says cows usually make do on their own.

Minor problems might require a little help from the farmer, she says.

"If it's anything more than a simple assist, they'll call us," Coon says.

Large-animal vets perform surgeries and other procedures on the farm as needed. Typical issues range from a sore foot or laceration to a prolapsed uterus, twisted stomach, tumor or hernia.

"I took out an eyeball back in the spring," she says. "It was disgusting."

The cow in question had a tumor on its eyeball, Coon explains. She removed it, trimmed the eyelid and stitched it shut.

"She's doing much better now," she says.

At the end of each visit, Coon prepares a bucket of soapy water and scrubs her equipment, right down to her rubber boots. Coveralls go in a laundry bag; she changes often to prevent infections from spreading between farms.

"Even if there's nothing to worry about, you want to wash up and start fresh," she says. "It's just like a doctor washing his hands between patients."

Wet evidence

At her final stops of the day - neighboring beef cattle farms owned by Fred and Roy Weaver, near Ephrata - Coon inspects three cows that are going to the Keystone International Livestock Exposition in Harrisburg.

Certificates of good health are required whenever livestock travels, she explains.

While there, she does a little cosmetic work - clipping warts from two cows' heads and faces. Both cows are sedated for the bloody task.

Coon doesn't like the look of some manure on the barn floor, so she collects a sample for analysis. She expects to find parasites in the stool.

Another cause for concern - but not alarm - is a digestive issue that can arise when cows change diets. Right now, Coon explains, farmers are switching to fresh feed from this year's crops, rather than leftover feed from last year.

The change can cause tummy upsets.

"This one has diarrhea," she announces, as the evidence spills out before her.

Yeah. Even the reporter called that one.

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