

HYDROALLANTOIS IN A SHE BUFFALO

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ABSTRACT

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A successful management of hydrallantois in a non-descript buffalo is reported.

Key words: Hydrallantois, Fetal fluid, Dinoprost, Buffalo

INTRODUCTION

Hydrops of fetal membranes are observed sporadically in buffalo and dairy cattle and is characterized by rapid accumulation of fluid over a period of 5 to 20 days in the late gestation period (Morrow, 1986). The present report places a record about the successful treatment of hydrallantois in a buffalo.

CASE HISTORY AND OBSERVATION

A 9 months pregnant non-descriptive buffalo aged 6 years on its second calving was brought to the Veterinary College and Research Institute Hospital campus with the history of bilateral distension of abdomen, anorexia, respiratory distress and constipation. As per the history, the abdomen was greatly distended in size within last 12 days. At the time of admission, the buffalo was in sternal recumbency and was not able to stand up. The clinical examination of the animal revealed rectal temperature of 37.9°C, respiratory rate of 35/min., heart rate of 82/min., congested mucus membrane, grinding of teeth and expiratory grunt. The abdomen was tense and barrel shaped. The secretion of udder was watery. Per vaginal examination revealed one finger dilated external os of cervix. Rectal examination showed grossly distended

uterus with obliterating fluid towards pelvic brim and reduced fremitus but the fetus could not be palpated. Based on the history, clinical signs, rectal and vaginal examination, the case was diagnosed as hydrallantois.

TREATMENT AND DISCUSSION

The buffalo was administered with inj. Dinoprost tromethamine (50 mg, i/m) and inj. Dexamethasone (24 mg, i/m) to terminate pregnancy. The animal was clinically treated with 5 litres of 5 per cent Dextrose normal saline (i/v), 5 gm streptopenicillin (i/m) and 225 mg chlorpheniramine maleate (i/m). The fluid and antibiotic was continued for three days. Sixty hours after administering dinoprost, the animal delivered a immature, dead male fetus along with around 90 litres of watery, amber colored allontoic fluid. The fetal membranes were edematous and leathery and fastly adhered to the caruncles. Some of the caruncles were hypertrophied and larger in size and few were small. Following fetal delivery inj. calcium borogluconate (450 ml, i/v) and inj. oxytocin (30 IU) were administered. The animal was treated with inj. Enrofloxacin (1000 mg, i/m), inj. analgin (20 ml, i/m), inj. 5 per cent Dextröse normal saline (3 liters, i/v) and inj. chlorpheniramine maleate (225 mg, i/m) for 5 days and the dam recovered uneventfully.

Among the placental hydrops, the hydroallantois accounts for around 90 per cent. Hydroallantois could usually be associated with a diseased uterus in which

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most of the caruncles in one horn were not functional and atrophied and rest of the placentomes were enlarged, edematous and possibly diseased which led to formation of adventitious placenta (Roberts, 1971). The leathery, edematous placenta with hypertrophied cotyledons found in this case clearly confirmed that the cause of hydroallantois is placental diseases. The septic metritis and retention of fetal membranes are common sequelae of hydroallantois (Roberts, 1971). Here in this case, the continuous post partum care and treatment avoided the onset of septic metritis and early recovery of the animal.

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