birds, ratites and juvenile psittacine birds, but in adult bird it is uncommon (Adamcak et al., loc. cit.). Foreign body in gastrointestinal tract is usually diagnosed through history, clinical signs, laboratory tests and radiological findings. In the present case, physical examination of the neck evinced pain, revealed swelling and a linear foreign body at the middle of the oesophagus. Foreign bodies are most commonly found in the oesophagus, crop, proventriculus, or ventriculus, although linear foreign bodies can be extended into the intestines (Wagner, 2005). Foreign body ingestion in birds may be the result of their curious nature (Altman, 1992). Environmental stressors such as dramatic alterations of housing may result in foreign body ingestion (Morishita et al., 1999). Early recognition and treatment of oesophageal foreign bodies is imperative because the complications are serious and can be life-threatening (Fisher et al., 2013).

References
Materials and Methods
A total of 400 horses were being maintained in an organised stud farm in Tamil Nadu, India. There was an incidence of mortality in horses over a period of two months. Sixty horses were affected out of which 40 animals had died. Clinical examination of affected animals (n=40) revealed intermittent fever (40), icteric mucus membrane (17), facial edema (23), drooping of lower jaw (18), hyperexcitability (37), head pressing (30), left side head tilting (31), staggering gait (40), wobbling (40), pedalling (40), corneal opacity (28), recurrent uveitis (17) and haemoglobinuria (2). Routine periodical protective measures like deworming, tetanus toxoid and anti rabies injections were taken. The animals were administered with Ivermectin and Triquin every three months. During this outbreak the horses were treated with wide range of antibiotics and Triquin. Hence the investigation was conducted.

Results and Discussion
During on-the spot investigation, the paddocks were found to be very swampy and water logged. In ailing animals there was unilateral corneal opacity, hyperexcitability, standing posture with legs apart, head pressing, head tilting, staggering gait, wobbling and pedaling. On the day of inspection one horse had died. The necropsy examination of an animal revealed severely congested mucous membrane, icteric subcutaneous tissue, edematous and hemorrhagic peripheral lymph nodes, nephritis, pale and friable liver, petechiae on the epicardium and endocardium, subcapsular hemorrhages in the spleen, congested meningeal blood vessels and haemorrhages in the pons.

Blood, serum and urine samples were collected from ailing animals wherever possible and also from nine apparently normal animals. Blood smear examination revealed the presence of Trypanosoma evansi organisms. Serum samples (n=29) were subjected to MAT, which were positive for Leptospira sp. infection with a MAT titre ranging from 1:100 to 1:1600. Urine samples were subjected to Dark Field Microscopy examination which showed the presence of Leptospira sp. organisms. Histopathology of kidney tissues revealed interstitial nephritis.

Leptospirosis should continue to be regarded as an OIE List B disease in light of the lack of evidence of the disease of socio-economic and/or public health importance within countries. There are no countries known or reported to be free from leptospirosis. Very few countries, if any, consistently adopt sanitary measures within its borders which are in harmony with Article 2.2.4.1. of the OIE Code. MAT, using live antigens, is the most idely used serological test (OIE, 2000).

The association between leptospiral infection and equine disease has been controversial for a number of years (Woods, 1994). T. evansi induces a wasting disease with a protracted clinical course associated with anaemia and instability (wobbling) of pelvic limbs in horses. Symptoms like pyrexia, depression and signs of abdominal discomfort, polyuria/polydipsia have been described in a weanling with acute renal disease due to leptospirosis (Ingh et al., 1989). In more severe forms, weakness, lethargy, jaundice, conjunctival suffusion, mucosal petechiae, haemoglobinuria and anaemia may appear to varying degrees, lasting for 5 to 18 days (Faine et al., 1999).

The clinical, gross and microscopic lesions of organs and the laboratory results are highly suggestive of Trypanosomiosis and Leptospirosis. The clinical signs, post mortem lesions and the high titre values of MAT in sera were supportive of the presence of Leptospirosis.

References


