were in agreement with the findings of Moses et al. (2002). Static intramedullary interlocking nailing done in these animals caused stable fixation, direct bone healing with bridging callus.

**Summary**

The DCP technique was found superior for repair of short oblique or transverse or transverse without dentate fractures and osteosynthesis with excess callus formation at fracture site. Whereas, static IILN technique for repair of long oblique or spiral or transverse dentate or comminuted femoral fractures with almost negligible callus formation at fracture site in canines was found to be ideal.

**References**


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**Congenital Lateral Hernia in a Chippiparai Puppy**

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**Abstract**

A 40 day old Chippiparai breed puppy was brought to Department of Veterinary Surgery and Radiology, Teaching Veterinary Clinical Campus in Tirunelveli with a complaint of swelling in the left midabdominal region. Diagnosis of congenital lateral hernia was confirmed through radiography, which revealed protrusion of the intestinal loops in to the swelling. Herniorrhaphy was done under general anaesthesia; the hernial sac contained intestine loop, omentum and liver lobe. Animal recovered uneventfully.

**Key words:** lateral hernia, dog, herniorrhaphy, Chippiparai.

Hernias in dogs can be either congenital or acquired. Congenital hernias are those that are present at birth; they may or may not have a hereditary component. Congenital hernias involve the failure of some part of an internal or external body wall to close normally during neonatal development and typically defects in the diaphragm or other parts of the abdominal wall (Hayes, 1974). Acquired hernias are those

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that develop sometime after the dog is born. Acquired hernias typically are caused by some sort of blunt traumatic injury, such as exposure to automobile accidents (Shaw, 2003). Lateral abdominal hernias may involve abdominal wall anywhere other than the umbilicus, inguinal ring, femoral canal or scrotum (Fossum, 2002).

**Case History and Observations**

A forty day old Chippiparai breed female puppy was brought to the small animal surgical unit of Teaching Veterinary Clinical Complex, Veterinary College and Research Institute, Tirunelveli with the history of a pendulous semi-circular and unilateral swelling on the left mid abdominal region that had progressively increased in size since birth (Fig 1). Clinical examination revealed that the patient was well hydrated. Rectal temperature, femoral pulse and respiratory rate was 39.8°C, 110 beats/per minute and 30 breaths/per minute respectively. The swelling was painless with palpable intestine loop and hard mass, and contents retracted in to the abdominal cavity upon placing the patient on right lateral recumbency.

The animal’s feeding, urination, and defecation acts normal. Haematological and biochemical parameters were within the normal physiological range, except mild decrease in total protein. Lateral and ventrodorsal radiographs revealed herniation of intestinal loops and the case was confirmed as congenital lateral abdominal hernia, and was subjected for surgical correction.

**Treatment and Discussion**

Pre-operatively food and water were withheld for 6 and 3 hours respectively. The puppy was sedated using Xylazine Hydrochloride @1mg/kg bwt i.m. General anaesthesia was induced with Ketamine Hydrochloride @ 5mg/kg and Diazepam @ 0.5 mg/kg bwt intravenously. Anaesthesia was maintained with inhalant anaesthesia using isoflurane in circle system. Patient positioned for surgery in right lateral recumbency and surgical site was prepared by scrubbing with 5% povidone iodine. A sharp linear incision was made over the proximal swelling and extended distally up to end of mass. Subcutaneous tissue dissected and hernia sac was incised and contents were found to be intestine loops and liver lobe (Fig 2). The contents were reduced in to the abdominal cavity. Hernia ring was debrided and sutured using Non-absorbable Polyamide 2-0 by overlapping suture pattern (Sutradhar, 2009) followed by subcutaneous tissue PGA 2-0 in simple continuous pattern and skin was closed using Polyamide 2-0 in horizontal matters. Pre-operatively antibiotic Ceftriaxone @ 22 mg /kg bwt and Opioid analgesic Tramadol @ 2 mg /kg bwt administered were administered and intra operatively fluid Ringer’s Lactate 100 ml was administered. Post operatively antibiotic was advised orally for 5 days and sutures were removed on 10th post operatively. Animal recovered uneventfully without any complications except mild oedema for first three days. Very large hernial rings or small defects rarely cause clinical problems; however, hernias just large enough to entrap viscera and obstruct blood supply to the contents (strangulation) are most dangerous to the patient (Parks, 1981). In the present case no gastrointestinal tract distur-

![Fig 1: Congenital Lateral Hernia in a Pup](image1)

![Fig 2: Hernial defect along with Hepato - enterocele](image2)
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bance was observed.

Summary
Congenital lateral hernia was corrected by Herniorrhaphy under inhalant anaesthesia. Animal was recovered uneventfully.

References

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Unilateral Polydactylism with Brachygnathism in a Calf

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Abstract
A Jersey crossbred cow was reported with the history of dystocia. A dead calf was removed by forced traction. The calf had polydactylism in the left forelimb and also brachygnathism.

Key words: Calf, digit, polydactylism, brachygnathism

Polydactylism is a condition which is characterized by the presence of one or more additional digits (Suchitra et al., 2010). This condition has been reported in both humans and animals, and most commonly lower portion of limbs are involved (Talamillo et al., 2005). The incidence is common in cat, horse and dog but low in cattle (Suchitra et al., loc. cit). The present case records an incidence of unilateral polydactylism of forelimb along with brachygnathism in a newborn calf.

Case History and Observations
A Jersey crossbred cow on its 4th calving was brought to the Teaching Veterinary Clinical Complex, Namakkal with the history of continuous straining and labor pain since last 9 hours and water bags having ruptured 7 hours before but was unable to deliver. At the time of admission the cow was able to stand and walk and the general clinical parameters were in the range.

Treatment and Discussion
On vaginal examination, the cervix was found to be fully dilated and the fetus was in anterior longitudinal presentation, dorso-sacral position with both the fore limbs was extended into the vaginal passage. By applying traction, a dead female fetus was delivered. The weight of the fetus was 23.76 kgs. On gross examination, the calf had additional digit on the metacarpal region of left forelimb. Further the lower jaw was under developed when compared to upper jaw (brachygnathism). All the changes indicated the fetus had polydactylism in the left forelimb with brachygnathism (figure).

The occurrence of polydactylism might

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