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Abstract

A two and half years old non-descript doe on its third gestation was reported with the history of dystocia. By mutation and forced traction a monster fetus was delivered through birth canal. The kid had ankylosed fore and hind limbs, deformed pelvis, atrophied hind limb muscles and brachygnathism. The observations indicated that defective fetus was affected with perosomus elumbis with brachygnathism.

Key words: doe, dystocia, perosomus elumbis, brachygnathism

Congenital anomalies as a cause of dystocia are commonly encountered in bovines and are uncommon in other species (Noakes et al., 2001 and De Castro et al., 2008). Perosomus elumbis is a rare congenital anomaly of unknown
etiology (Roberts, 1971). It is characterized by errors of morphogenesis resulting in multi organ malformations that produce a deformity of the caudal one third of the foetus (Jones, 1999). The present communication records a case of dystocia caused by a fetus affected with perosomus elumbis and brachygnathism in a non-descript goat.

Case History and Observations
A full term pregnant, pleuriparous, non-descript doe aged two and half years on its third gestation was brought to Teaching Veterinary Clinical Complex, Veterinary College and Research Institute, Namakkal with the history of dystocia since last 4 hours. The case was attended by a practicing veterinarian and referred. Earlier the doe was bred by natural service 152 days before at the local village. At the time of admission the doe was able to stand and walk. The general clinical examination of the animal recorded rectal temperature of 38.9°C, respiration rate of 26/min., heart rate of 74/min., and pale mucus membrane. Per vaginal examination revealed a patent vaginal passage and fully dilated cervix. The fetus was present inside the uterus. The fetus was in anterior presentation (P1), dorso-sacral position (P2) and bilateral shoulder flexion posture (P3). The fetal limbs were rigid and ankylosed and were not able to repel or extend inside the uterus.

Treatment and Discussion
Since the cervix was sufficiently dilated, it was decided to deliver the fetus per vaginum without correcting postural abnormality. The birth passage was lubricated by liberal application of cetrimide cream. The obstetrical eye hook was applied on left side inner canthus of the fetus. The traction was exerted on the fetus on a slow manner with simultaneous adjustment of other parts. By careful traction delivered a dead female monster fetus. The doe was administered with 1 liter DNS I/V, 150 mg Enrofloxacin I/M, 10 mg Chlorpheniramine maleate I/M, 15 mg Meloxicam I/M, 15 IU Oxytocin I/V and 50 ml Calcium gluconate (10%) I/V.

On gross examination, the fetus was normal in size. It weighed about 2.67 kgs. Both fore and hind limbs were ankylosed and rigid (Fig.1). Muscular atrophy was observed in thigh region of both the hind limbs. The pelvis was slightly malformed. The lower jaw of the fetus was under developed (brachygnathism, Fig.2). All these observations of the fetus indicated that it was a case of perosomus elumbis with brachygnathism.

Perosomus elumbis is a congenital defect caused by malformation or improper migration of the neural tube during the tail-bud stage, accompanied by partial agenesis of the caudal spinal cord. Abnormal development usually occurs when a threshold of genetic and environmental insults is attained and the fetal compensatory mechanisms are overcome (Rousseaux and Ribble, 1998). Thus, purely genetic defects can originate from the dam, the sire or both, and environmental teratogens are usually numerous, as are nutritional deficiencies and excesses, chemicals, drugs and biotoxins (Son et al., 2008). However, its accurate etiology is still unknown. The handling of dystocia due to fetal monstrosities is an individual problem and depends upon careful examination of fetus, birth canal, plan.
of application of obstetrical operations and the duration of dystocia (Roberts, loc.cit). Usually the dystocia due to fetal monstrosities require either fetotomy or cesarean section for the delivery of the fetus. However in the present case since the size of the fetus was small, it was delivered by combination of mutation and forced traction. The continuous post-partum care helped in uneventful recovery of the dam.

Summary
A rare case of dystocia due to perosomus elumbis with brachygnathism and its successful delivery pervaginum in a non-descript doe was reported.

References

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Exocrine Pancreatic Insufficiency in a German Shepherd Dog

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Abstract
The aim of the present case report is to communicate diagnosis, therapeutic management and prognosis of exocrine pancreatic insufficiency in a dog. Animal was presented with a complaint of wasting body condition, normal appetite, frequent defecation and intermittent vomiting continued since three weeks. Presumptive diagnosis was made on the basis of history, signalment, clinical signs, and fecal sample examination followed by confirmation by positive therapeutic response. Plasma biochemistry revealed mild increase in alanine aminotransferase (212 IU/L) whereas amylase (252 IU/L) and lipase (68 IU/L) were toward lower side of the reference range. The standard line of treatment (combinations of pancreatin, ranitidine, metronidazole, furazolidone and multivitamin) yielded favorable response within 10 days post-therapy.

Keywords: Exocrine pancreatic insufficiency, plasma biochemistry, amylase, lipase.

Canine exocrine pancreatic insufficiency (EPI) is a condition of maldigestion, malabsorption, malassimilation, and small intestinal diarrhea characterized by insufficiency of exocrine pancreatic enzymes like zymogens, bicarbonate and other active enzymes of digestion (Morgan, 2008) EPI is principally a disease of dogs and rare in cats (Nelson and Couto, 2014). The present article communicates a case

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