Foetal Dropsy in a HF Crossbred Cow
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Abstract

Foetal ascites is dropsy of the peritoneum probably due to diminished urinary excretion [2] and seen as an occasional cause of dystocia. The present case report suggests the technique for successful management of foetal dropsy in a crossbred HF cattle

Keywords: Fetal ascites, dystocia, crossbred HF cattle, peritoneum, dropsy

I. INTRODUCTION

Foetal ascites is dropsy of the peritoneum probably due to diminished urinary excretion [2] and seen as an occasional cause of dystocia in many species but occurs more frequently in cows and frequently associated with a dropsical condition of the uterus, mesotheliomas of the foetal abdomen and brucellosis [1, 5]. Peritonitis, over production or unsatisfactory drainage of the peritoneal fluid due to obstruction of the lymphatics system is attributed as the reason for improper excretion of peritoneal fluid [7] and may be the cause of ascites. Ascitic foetus in full term pregnancy may cause dystocia in cows [3]

II. CASE HISTORY AND CLINICAL OBSERVATIONS

A four years old crossbred HF cow on its second parity, completing normal gestation was presented to the Aavin sub centre at Kottamangalam, Tirupur district with a history of straining since 5 hours with the forelimbs outside the birth canal, quacks attempted to deliver the foetus by forced traction and partially succeed by relieving the head but failed further.

Fig. 1 Fetal dropsy after removal
On general examination, rectal temperature was 39.3°C and all other physiological parameters were within normal range. Per-vaginal examination revealed the foetus in anterior presentation with normal position and posture, on further progression fetal abdomen, greatly distended above the brim and was tense with lot of fluid. The case diagnosed tentatively as dystocia due to foetal dropsy.

**Fig. 2.** Liver, central vein developed but sinusoids not formed  
**Fig 3 Kidney developing medulla and glommerullus**

### III. TREATMENT AND DISCUSSION

Epidural anaesthesia (inj. 2% lignocaine hydrochloride) 4ml was instituted to abolish abdominal straining, with a foetotomy knife, multiple punctures was made on the abdomen of dead foetus, which resulted in drainage of large amounts of fluid, which was straw yellow in colour. The foetal size reduced and the foetus was removed by gentle traction (Fig. 1). Fluid therapy was instituted using crystalloid fluids inj. 5% dextrose 3 lit. i.v. and inj. Ringer’s lactate 2 lit. i.v., with other supportive therapy. Subsequently the animal was administered antibiotic (Inj. Ceftriaxone 4.5 gm for 3 days, i.m.) to prevent secondary bacterial infection. Dam recovered uneventfully. The delivered ascetic foetus revealed some degenerative changes in liver (Fig. 2) and large kidney with polycystic degenerative changes noticed (Fig. 3). The protein content of the peritoneal fluid was 3.14, which suggested that the fluid was transudate. Lungs and heart were histologically and macroscopically normal.

In the present case, ascetic condition may be due to cystic condition of kidney or over production of peritoneal fluid or insufficient drainage of the same. Increase in the diameter of the foetal abdomen due to ascites was the cause of the dystocia. Approaches similar to the present case for vaginal foetal delivery have been recorded in many previous studies but with posterior presentation [6, 7]. It was concluded that ascetic foetus can be delivered by traction with abdominal puncture both in anterior and posterior presentation.

### BIBLIOGRAPHY


