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Popular Article

Successful Clinical Management of Hydrallantois in A Ongole Cow

B. Sri Ram Mohan¹, Dr. B. Priyanka²

¹ Fourth year student (BVSc & AH), College of Veterinary Science, Korutla

² Assistant professor (Veterinary Gynaecology and obstetrics), Department of VCC, College of Veterinary Science, Korutla.

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Abstract

A 6-year-old 8th month pregnant ongole cow presented to VCC, C.V.Sc, korutla with severe dehydration, bilateral abdominal distension, and absence of feed and water intake since ten days. Clinical, per rectal and per vaginal examination along with ultrasound (USG), confirmed a case of hydroallantois. Hormonal therapy was initiated using Inj. Vetmate (Prostaglandin -Cloprestonol) @ 500 mcg (2 ml) I/M and Inj. Dexona @ 40 mg I/M to terminate the pregnancy. After 24 hours of treatment cervix was dilated and expelled 60-80 litres of amber coloured allantoic fluid from the uterus. A dead fetus in its posterior longitudinal presentation was delivered by simple manual traction and diseased placenta was removed manually. The cow was administered Calcium borogluconate-450 ml I/V, 4 litres of Normal saline and 4 litres of Ringers lactate intravenously and Inj. Ceftriaxone- 3gms I/M, Inj. Meloxicam-10 ml I/M, Inj. Chlorpheniramine maleate-10 ml I/M, Inj. Tribivet-10 ml I/M. The treatment was continued for next 5 days and animal recovered uneventfully.

Keywords: Hydroallantois, abdominal distension, hormonal therapy

Introduction

Hydroallantois is a severe condition in pregnant cows characterized by the rapid accumulation of allantoic fluid, leading to significant abdominal distension and systemic complications. This condition poses serious risks to both the dam and fetus, requiring prompt intervention to avoid fatal outcomes. The following report details the clinical management of a 6-year-old cow with hydroallantois, emphasizing the importance of early detection and appropriate therapeutic strategies, including the use of hormonal therapy to terminate pregnancy.

Case History and Observation

A 6-year-old 8th month pregnant ongole cow, in her second parity was brought to the veterinary clinical complex, C.V.Sc, korutla with a history of anorexia with distended abdomen since ten days. The cow presented with severe dehydration, weakness, and was initially recumbent upon arrival at the clinic. The physical examination revealed a temperature of 101.1°F, pulse rate -71 beats per minute, respiratory rate - 42 breaths per minute, congested conjunctival mucous membranes (CMM) and reduced rumen motility.

On clinical examination, the cow exhibited a weak demeanor and abdomen was distended bilaterally. Per rectal examination and ultrasound scanning revealed fluid filled uterus and unable to palpate the fetal parts. Per vaginal examination revealed completely closed cervix.



Animal with distended abdomen



USG showing anechoic fluid



Dead fetus



Recovered animal

Treatment and Results

The initial treatment focused on stabilizing the cow with fluid therapy and calcium supplementation. Hormonal therapy was initiated using Inj. Vetmate (Cloprestolol) @ 2 ml I/M and Inj. Dexona @ 40 mg I/M to terminate the pregnancy. After 24 hours of treatment cervix was dilated and expelled 60-80 litres of amber coloured allantoic fluid from the uterus. A dead fetus in its posterior longitudinal presentation was delivered by simple manual traction and diseased



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Over the course of five days, the cow gradually recovered and significant improvement in hydration, strength and overall condition noticed.

Discussion

Hydroallantois is a significant challenge in veterinary practice due to its rapid onset and severe complications. In this case, the cow's condition was critical upon presentation, with marked dehydration, weakness and significant abdominal distension. The immediate use of prostaglandins and corticosteroids to terminate the pregnancy was necessary along with fluid therapy and calcium supplementation to stabilize the cow.

The cow's recovery highlights the importance of aggressive and sustained postpartum care in managing cases of hydroallantois. The use of broad-spectrum antibiotics and anti-inflammatory drugs helped prevent secondary infections and managed inflammation, contributing to the successful outcome of this case.

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