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THE GOA VETERINARY ASSOCIATION

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EDITORIAL

The Goa Veterinary Association extends its warmest congratulations to Dr. Solomon Rajkumar on his appointment as the Dean, Goa College of Veterinary and Animal Sciences, Ponda-Goa.

Dr. R. Solomon Rajkumar

ARTICLE-1

THERAPEUTIC MANAGEMENT OF UTERINE PROLAPSE IN A KHILLAR COW

Dr. Madhura Naik, Veterinary Officer, Government Veterinary Dispensary, Shiroda

CASE HISTORY & OBSERVATION: Khillar cow was presented to the Government Veterinary Dispensary, Shiroda, with a history of vigorous straining and vaginal discharge following dystocia caused by uterine inertia. The animal had delivered a dead full-term foetus approximately six hours earlier. Clinical examination revealed complete uterine prolapse characterized by a deep red prolapsed mass with visible placentomes and profuse haemorrhage.

CLINICAL FINDINGS: The cow was recumbent and showed continuous straining. The prolapsed uterus was contaminated with dirt and dust and exhibited oedema, bleeding and visible placentomes.

TREATMENT: The prolapsed uterus was protected using a clean towel and elevated to facilitate urination and reduce straining. The mass was thoroughly cleansed with warm potassium permanganate solution (1:1000). Caudal epidural anaesthesia was induced using 10 ml of 2% lignocaine hydrochloride. Reduction of oedema was achieved using sugar solution and ice packs.Intrauterine antibiotic therapy (Meriflox) was administered and correct repositioning was confirmed per rectally. Retention sutures were applied to the vulva. Supportive treatment included intravenous calcium borogluconate, fluids, antibiotics, NSAIDs, haemostatics, mineral supplementation and oral calcium therapy. Regular antiseptic dressing of the vulval region was carried out to prevent secondary infection.

OUTCOME: The cow showed progressive improvement and was able to stand following fluid therapy. Complete recovery was observed within eight days without recurrence of prolapse. Vulval retention sutures were removed after twelve days and no postoperative complications were reported.

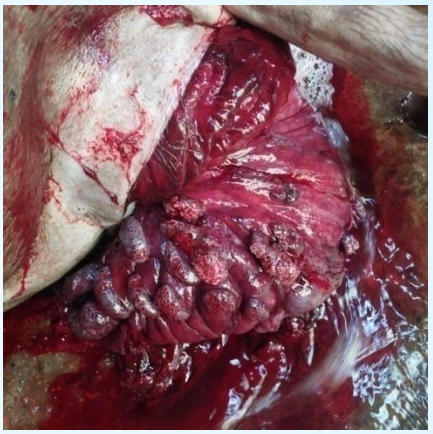

Fig.-Prolapse of Uterus showing visible placetomes and characterised with excessive bleeding

ARTICLE-2

SURGICAL MANAGEMENT OF RECTO-VAGINAL FISTULA AS A RESULT OF COMPLICATED DYSTOCIA

Dr Raghunath Dhuri[1], Dr Shiddesh Pednekar[2]

Introduction- A non-descript cow was presented with a history of dystocia. Clinical examination revealed an abnormal fetal presentation. Both the fetal forelimbs had perforated both the vaginal and rectal walls and protruded through the anal opening, while the fetal head was visible at the vulva. The animal was stabilized prior to intervention with intravenous fluid therapy, non-steroidal anti-inflammatory drugs (NSAIDs), and hemostatic agents. Epidural anesthesia was administered at the sacrococcygeal (S5–Co1) region using 2% lidocaine hydrochloride. Obstetrical examination confirmed severe soft-tissue trauma associated with the malpresented fetus.

Medical and Surgical Management- Dystocia was relieved by performing decapitation of the fetal head at the atlantooccipital joint. The fetal body was then repelled into the uterus to facilitate the repositioning of the displaced forelimbs into the birth canal. Following correction of the fetal posture, the fetus was successfully extracted per vaginal with controlled traction. Subsequently, the rectal perforation was repaired via a transrectal approach using a rectal speculum and stay sutures for adequate visualization and tissue manipulation. The rectal defect was sutured using 3-0 polyglactin 910 in a two-layer continuous suture pattern. The vaginal tear was repaired in a similar manner through a transvaginal approach using 3-0 polyglactin 910. Postoperatively, the cow was managed with intravenous fluid therapy, broad-spectrum

antibiotics, NSAIDs, and multivitamin supplementation. To facilitate healing of the rectal repair and minimize fecal bulk, the animal was maintained on a low-residue, soft-fiber diet during the recovery period. Regular monitoring was performed to assess wound healing, defecation, and overall clinical status.

Fig.- Recto-vaginal fistula in cow following dystocia

ARTICLE-3

MANAGEMNT OF POST-PARTUM CERVICO-VAGINAL PROLAPSE WITH VAGINAL LACERATION IN A NON-DESCRIPT BUFFALO

Dr Vaibhav Parab, Veterinary Officer, Veterinary Dispensary Chandel

Introduction- A non-descript (ND) buffalo was presented with post-partum cervico-vaginal prolapse under the jurisdiction of Veterinary Dispensary (VD), Chandel, associated with a laceration of the prolapsed vaginal mass and active bleeding.

Management- The animal was treated with Inj. Melonex, Inj. Blood Off, and caudal epidural anaesthesia using lignocaine. The prolapsed mass was thoroughly cleaned with potassium permanganate solution, following with ice packs were applied to reduce oedema. The lacerated vaginal tissue was sutured using a Lembert suture pattern with catgut. After adequate lubrication, the prolapsed mass was gently repositioned manually using the hand-and-fist technique. A rope truss was then applied to prevent recurrence. Post-operative treatment included Inj. D.C., Inj. Cal-D, and oral calcium and glucose supplementation was advised.

Outcome: The animal showed rapid recovery with no recurrence. Complete recovery was observed within a few days post-treatment.

Fig.- Cervico-vaginal mass with laceration and Rope truss in ND Buffalo

ARTICLE-4

MANAGEMENT OF METACARPAL FRACTURE IN NON-DISCRIPT COW USING THOMAS SPLINT

Dr Raghunath Dhuri[1], Dr Shiddesh Pednekar[2]

Fig- Images of the Thomas splint applied to the right limb of the cow

A non-descript cow presented with a complete simple fracture of the mid-diaphyseal (middle third) region of the right metacarpal bone. The animal was restrained in lateral recumbency to facilitate fracture stabilization. The fracture was managed using a Thomas splint.

The Thomas splint was fabricated from a bent metal rod, and the ring of the splint was adequately padded with cotton and gauze to prevent pressure sores. Fracture reduction was achieved by applying manual traction to the affected limb using ropes, ensuring proper alignment of the fracture fragments.

A thin layer of zinc oxide powder was applied over the entire limb to minimize skin irritation. The primary padding layer was applied using cotton, followed by a gauze bandage to provide uniform compression and secure the padding. The Thomas splint was then anchored firmly to the bandage using gauze. To improve the rigidity and stability of the construct, a thin layer of plaster of Paris was applied over the bandage.

Post-operatively, the animal was administered oral calcium supplementation for 30 days to support fracture healing. Non-steroidal anti-inflammatory drugs (NSAIDs) were prescribed for the initial five days to provide analgesia and reduce inflammation. The owner was advised to strictly restrict the animal's movement throughout the healing period.

The splint was removed after 40 days. Clinical examination revealed satisfactory fracture healing with a small amount of palpable callus formation. The alignment of the metacarpal bone was near normal, and the animal exhibited satisfactory weight-bearing on the affected limb. Mild to moderate muscle atrophy was observed in the scapular, triceps, and biceps muscle groups, which was attributed to prolonged immobilization. The owner was advised to allow controlled and gradual exercise to facilitate restoration of muscle mass, strength, and normal limb function.

TGVA Welcomes New Life-members

Dr Vrishabh Naik

Dr Sanjakumar Udharwar

Welcome to the TGVA Family