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A CASE REPORT

A rare case of foetal ascitis in a kid

■ H.K. BHATTACHARYYA AND S. BARUAH[1]

Member of the Research Forum

Associate Author :
[1]Krishi Vigyan Kendra (Farm Science Centre), Assam Agricultural University, Lahoal, DIBRUGARH (ASSAM) INDIA

Author for correspondence :
H.K. BHATTACHARYYA
Krishi Vigyan Kendra (Farm Science Centre), Assam Agricultural University, Lahoal, DIBRUGARH (ASSAM) INDIA
Email: drhiranyabh@yahoo.co.in

Abstract : A rare case of foetal ascitis in a kid is reported from a rural part of Assam as this condition is very rare in other species except bovine. Successful management of severe anaemia in the dam is also reported.

Key words : Fetal ascitis, Kid, Assam

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INTRODUCTION

Foetal ascitis or dropsy of peritoneum is usually ascribed to derangement of foetal circulation. It may either be hereditary or associated with brucellosis (Roberts, 1986). The condition is common in bovines but rare in other domestic animals (Noakes *et al.*, 2001). On vaginal examination ascitic foetus shows increased size of abdomen that fluctuates on pressure and such animals are usually born dead. If alive they are weak with less survival. The present case describes a rare case of ascities in a kid.

RESEARCH METHODOLOGY

A pleuriparous crossbred full termed goat weighing 18 kg was presented with the history of straining since 2 days. The goat was anorectic, depressed, severely dehydrated and slightly feveric (103.8^{0}C) with pale and dry mucus membrane. The animal was frequently getting up and down showing extreme abdominal pain. Examination of external genitalia revealed slightly swollen vulva discharging fetid purulent materials. Pervaginal examination indicated fully dilated os. The kid was in posterior longitudinal presentation and dorso-sacral position; however, both hind limbs were flexing at hock. Haematological examination of the doe revealed 6 g/ dl Haemoglobin (Hb), 41% packed cell volume (PCV), 5.12 x 10^6/ µl erythrocytes (RBC) and 17 x 10^3/ µl leucocytes (WBC).

RESULTS AND DISCUSSION

After careful repelling of the foetus, both the hind limbs were corrected manually (Fig. 1) however, the foetus was tightly retained in the birth canal due to its enlarged abdomen. Lubrication of the birth canal was achieved by applying vaseline and the male foetus was extracted out (Fig. 2). Although, the kid was delivered alive it died after about 5 minutes probably due to forceful exhaustion of the foetus leading to bradychardia and shock during the prolonged phase of labour. Rectum of the foetus was also found everted through anus. Succussion of the foetus revealed fluid splashing sound. On abomasocentesis a large amount of abdominal fluid (1.5 liters) came out and thus the condition was diagnosed as foetal ascities. Another dead female foetus, which was in anterior longitudinal presentation, was also removed by mild traction and no ascities in this second foetus was observed. After removing both the foetuses the goat was treated with injection Ciprofloxacin @ 10 mg/ kg IM bid x 7 days, injection Rintose @ 300 ml IV od x 3 days, injection Feritas 1ml IM (each ml contains iron sorbitol citric acid-50 mg, folic acid-500 mcg and

Fig.1 : Removal of hind limbs after correction

Fig.2 : Ascitic kid showing abdominal enlargement

cyanocobalamin–50 mcg; Intas Pharmaceuticals Ltd., Ahmedabad, India) at weekly intervals for 3 occasions and 2 boli of Furea were administered through intrauterine route. The body weight of the dam following removal of fetus was 12kg. The animal discharged same day of treatment and information of the patient was taken telephonically every alternate day. The goat was found active and alert resuming normal appetite after 10 days. Marked improvement in clinical status 20 days post treatment as indicated by increase in level of Hb (9 g/ dl) and RBC (9.10 x 10^6/ µl) and decrease in PCV (35%) and WBC (10.2x10^3/ µl) was recorded with an extra body weight gain of 2kg. The level of MCV (80.08 pg), MCH (11.72 µL) and MCHC (14.63%) before treatment revealed severe macrocytic and hypo chromic anaemia that could be due to deficiency of iron (Fe), folic acid and cyanocobalamin in the feed (Radostits *et al.*, 2000). After administration of haematinic (Inj. Feritas) a marked improvement in the haemogram and haematological indices (MCV 38.46 pg, MCH 9.89 fL and MCHC 25.71%) was observed. Severe leucocytosis (17x10^3/ µl) before treatment revealed acute bacterial infection and a drastic reduction in the WBC count (10.2x10^3/µl) was observed following Ciprofloxacin administration. The severe macrocytic and hypo chromic anaemia along with bacterial infection might have resulted in deterioration of dam's health and foetal death.

In the present case hereditary nature in the occurrence of foetal ascitis could not be ascertained due to non availability of record as the goat purchased form the local market only few months earlier. The probable involvement of brucellosis causing fetal ascitis was also ruled out by conducting serum agglutination test. The occurrence of this condition in goat from rural Assam is reported for the first time.

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