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FETAL ASCITES IN INDIAN BUFFALOES – THREE CASES

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ABSTRACT

Fetal ascites was found in three Indian buffaloes. The cases were diagnosed and treated successfully. Abdomen of the fetus was blindly punctured, and fetuses were removed by applying the traction.

Keywords: *Bubalus bubalis*, buffaloes, fetal ascites, Indian buffaloes, diagnosis

INTRODUCTION

Fetal ascites is seen as an occasional cause of dystocia in many species but occurs most often in the cow and the report of fetal ascites as a cause of dystocia in buffalo is rare (Roberts, 1971; Luthra *et al*., 2001). Ascites can be caused by overproduction or insufficient drainage of peritoneal fluid and blockage of lymphatics (Sloss and Duffy, 1980). Ascites can also occur due to reduced urinary excretion (Purohit *et al*., 2012).

Successful management of dystocia due to fetal ascites in Murrah buffalo by incising the fetal abdomen to take out the fluid from peritoneum (Ahuja *et al*., 2017). The present clinical cases records of fetal ascites in buffaloes were diagnosed and treated successfully by incising the fetal abdomen.

CASE HISTORY AND CLINICAL OBSERVATIONS

Three Indian buffaloes aging 8 to 10 years were presented in the Obstetrical Ward, Teaching Veterinary Clinical Complex, College of Veterinary and Animal Sciences, Udgir (India) with the history of failure of parturition after completion of gestational term. Parturition signs were clearly visible i.e., labor pain, sunken of sacrosciatic ligaments, engorged teats, restlessness, reduced feed, and water intake. Per vaginal palpations revealed that dried birth canal, opened cervix, extra large fluid filled fetal abdomen, dead fetus with fetal membranes. Fetuses in all three cases were in anterior longitudinal presentations with both forelimbs extended in birth. Efforts were made at local level by paravets but failed to remove fetus. Per vaginal palpation of complete fetuses were done in all the cases, it was diagnosed as dystocia due to fetal ascites (Figure 1, 2 and 3).

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Figure 1. Fetal ascites in buffaloes delivered by puncturing the abdomen.

Figure 2. Exposed internal organs in the caudal abdomen.

Figure 3. Exposed intestine near the thoracic region.

TREATMENTS AND DISCUSSION

Two percent Lignocain hydrochloride was used as epidural anaesthesia before handling the dystocia. Per vaginal guided foetome knife was inserted carefully to puncture fetal abdomen. After puncturing the fetal abdomen, abdominal fluid was evacuated, it reduced maximum size to minimum. Traction was applied and fetuses were removed from all cases with the present obstetrical technique. Placenta was removed with gentle pressure. Postmortem of fetal examinations were carried out and found some degenerative changes in kidney (Ahuja *et al*., 2017).

Post obstetrical treatment was administered as inj. Enrofloxacin 20% 30 ml, Inj. Flunixin meglumine 10 ml, Inj. Chlorpheneramine maleate 10 ml, Inj. Methergen 3 ml, Intra uterine bolus 4 boli, Inj. D5 2 lit, Inj. Calcium borogluconate 450 ml for five days. Uneventful recovery was observed after treatment in all reported cases.

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