

PARTURIENT UDDER OEDEMA IN A DROMEDARY CAMEL (*CAMELUS DROMEDARIUS*)

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ABSTRACT

A 10 year old female dromedary camel was examined two days after parturition for the treatment of udder swelling that started developing two days before parturition. The animal had normal body temperature. The swelling was soft and cold and involved udder only, while no teats were involved. A marked decrease in blood haemoglobin level was noted. The animals responded to treatment and recovered within three days.

Key words: Udder, oedema, dromedary camel.

CASE HISTORY

A 10 year old female dromedary camel weighing about 350 kg was presented at the out door clinic of Department of Clinical Sciences, Gomal College of Veterinary Sciences, Gomal University, Dera Ismail Khan, Pakistan for the treatment of udder swelling. Anamnesis revealed that the animal calved two days ago and this swelling started developing two days before calving.

CLINICAL AND LABORATORY FINDINGS

Clinical examination revealed a normal rectal temperature (about 98°F in the morning and 102°F in the evening). On palpation of udder, the swelling was found to be soft and cold. The swelling was present around the level of udder, but no teat was involved. A watery fluid was aspirated after inserting the needle directly into the udder, showing the presence of edema. Samples of venous blood, feces and udder aspirates were collected for hematological profile, gastrointestinal parasitism and microbiological examination, respectively. A mark decrease in hemoglobin level was the principal hematological alteration. The subject was negative for heamoparasites. Microbiological examination of udder aspirate did not reveal the presence of any sort of infection. Fecal examination indicated an infection of nematode.

TREATMENT

The following treatment was instituted, starting on the day of presentation:

1. Inj. Lasix (Frusimide 20 mg/ 2ml amp. Hoechst Pakistan). A dose of 15 ml was injected intramuscularly.

2. Oxafex Suspension (Oxfendazole 2.265%; Glaxo Welcome Pakistan) 50 ml, was given orally.

Inj. Lasix was repeated for 3 days. There was gradual reduction of edematous swelling just after the start of the therapy, until it was completely reduced after 3 days.

DISCUSSION

Congestion of udder at parturation is a physiological phenomenon but it may be sufficiently severe to cause the edema of the belly, udder and teats (Al-Ani and Vestweber, 1986). It can result due to compression of mammary vein by the large fetus, causing mammary or ventral edema in late pregnancy (Ibrahim *et al.*, 1998). In the dromedary examined in this study, there was history of udder edema during the late pregnancy.

If the edema is severe, one or more of the following treatment is recommended, acetazolamide (1-2g twice daily, orally or parenterally for 1-6 days) gives an excellent result in a high proportion of cases, the edema often disappearing within 24 hrs. Chlorothiazide 2g twice a day is effective (Radostits *et al.*, 1994). The diuretic therapy instituted in this case was based upon these principles and the post treatment results were quite satisfactory.

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