# Report on a Food Animal Case

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On August 27, 1981, I was assigned to the following case at Kansas State University in the College of Veterinary Medicine under Dr. Thomas Avery, primary clinician in charge. This was during my food animal medicine rotation of my Senior Year in veterinary school.

#### I. SIGNALMENT

Client:	KSU Dairy Barn
Case No.	309,534
Species:	Bovine
Breed:	Holstein
Age:	5 years
Sex:	Female
Weight:	1500 pounds

## **II. HISTORY**

- History of Present Concern: The cow was presented to KSU Department of Food Animal Medical, anorectic, having a brownish colored diarthea and depressed for the last two days. She calved last night (Aug. 26) at midnight and has a mild degree of mastitis in her right rear quarter which she has had in two previous lactations (increased thickening of tissue). The newborn calf is healthy and doing fine. She is one of the highest producing cows at the dairy barn.
- Past History: She has been reared and raised at the dairy barn at K-State. No previous problems in her medical history.
- Environmental History: Confinement and lots at KSU Dairy Barn.

Diet: Prairie hay during pre-calving time and good lead feeding program. Mostly concentrates and alfalfa during lactation for increased production.

# III. PHYSICAL EXAM

Temperature: 102.4°F	Temperament: Excited in
Pulse: 140/min.	head chute
Respiration: 84/min.	
Heart Rate: 140/min.	Hydration Status: Normal
A. General Appearance:	Abnormal
B. Integumentary System:	Normal
C. Mucous Membranes:	Abnormal
D. Oral Cavity:	Normal
E. Eyes:	Normal
F. Ears:	Normal
G. Lymph Nodes:	Normal
H. Respiratory System:	Normal
I. Cardiovascular System:	Normal
J. Reproductive System:	Abnormal
K. Digestive System:	Abnormal
L. Urinary System:	Normal
M. Musculoskeletal System	Normal
N. Nervous System:	Normal

## ABNORMAL FINDINGS:

- A. General Appearance: Depressed, slab-sided on left side. On palpation of left paralumbar fossa there was a feeling of "nothingness".
- G. Mucous Membranes: Mildly pale
- J. Thickened whitish milk from Rt. Rear Quarter of udder. Retained placenta.
- K. Dark greenish diarrhea and no ruminations on palpation.

## **IV. WORKING PROBLEM LIST**

- 1. Slab-sided on left plus "ping" on auscultation, no ruminations and diarrhea. (GI problem)
- 2. Retained placenta
- 3. Thickened whitish discharge from Rt. Rear Quarter of Udder.

## V. INITIAL PLAN

1. Assessment) Left Displacement Abomasum LDA Plan) Dx-History

Physical Exam and Clinical Signs CBC and SMA-12

Rx-Surgery-(Omentopexy) tomorrow 8-28-81

Medical-5 Amcal Boluses

300 ml Cal-Dextro No. 2 (100 ml IV and 200 ml SubQ)

- CE-Keep in hospital for LDA omentopexy tomorrow and throughout weekend to observe post operatively. Will decide Monday if she will be able to go back to Dairy Barn. I will milk her b.i.d. over weekend to keep her in production.
- 2. Assessment) Retained Placenta and Metritis
  - Plan) Dx-Clinical Signs

Physical Exam-Rectal Palpation

- Rx-5 gms oxytetracycline in 500 ml Sterile Saline given into uterus via catheter.
- CE-Retained placenta is of no real concern yet due to her calving last night but uterus has foul smelling discharge so will monitor it and control infection with infused antibiotics.

#### 3. Assesment) Mastitis

Plan) Dx-CMT (California Mastitis Test) 1+ Right Quarter.

All other quarters negative.

Rx-Milk b.i.d. to strip contents

CE-Chronic condition and oxytetracycline systemically will help control any further problem. Not primary problem.

#### VI. PROGRESS NOTES

1. On August 28, 1982 an omentopexy via Right Flank

Approach was performed by Dr. Avery and I to correct, after confirmation of LDA, the displaced abomasum. The surgical procedure went fine and the cow was returned to her stall for observation. Five grams of oxytetracycline in 500 ml of sterile saline were infused into the uterus via a catheter for the metritis. Five more AmCal Boluses were given orally to increase the Calcium ion level from abomasal atony and increase contraction.

Other therapy 1) 5 ml Stiglyn subcutaneously.

- 2) 30 ml B-complex IM
- 3) 5 ml Oxytocin IM
- Grams oxytetracycline in 500 ml of sterile saline IP during closing of abdominal cavity from surgery.

TPR was normal.

She gave little milk during a.m. and p.m. milking (less than 5 lbs. per milking). Blood gas was run on her following surgery-Normal.

- 2. On August 29, 1981 she looked much better and alert in the morning. She eats hay and grain normally and stool and urination are normal again. Placenta is still retained and low grade mastitis still in right rear quarter. Being Friday, she will remain hospitalized throughout weekend and milked b.i.d.
- Other therapy 1) Exercise 2-3 times/day-Walk her down the hall.
  - 2) Oxytet-4 Grams in 500 ml sterile saline IU.
  - 3) Oxytet-4 Grams IV
  - E.C.P.-8 mg IM to stimulate uterus to remove placenta after giving oxytocin 24 hours later.
  - 5) Milk b.i.d.

TPR-Normal

3. On August 30, 1981 cow continually doing better since surgery. She is alert, well hydrated, eating, drinking and stool and urine are normal. Placenta still retained.

#### TPR-Normal

- Assessment)-Improving nicely from LDA surgery Plan) 1. Gave 5 ml oxytocin but placenta did not expel so Dr. Avery manually removed the placenta as I tried and was tearing placentomes. Two to three placentomes were removed on manual expelling of placenta.
  - Oxytet 50mg/ml-5 Grams in 500 ml of saline.
  - 3. Oxytet 4 grams IV
  - 4. Excercised
  - 5. CMT-3+ right rear quarter

Other 3 quarters negative.

- 6. Will send home August 31, 1981.
- 4. Cow is doing fine and ready to go home today, August 31, 1981. Mastitis is chronic from previous years, and therefore the quarter tissue damage is not a primary concern at this time. Assessment)-Ready to go home

Plan)-Send home this afternoon to Dairy Barn.

#### VII. CLIENT COMMUNICATION

The cow seems to be responding well since surgery. Metritis is not causing a problem anymore and the mastitis is a chronic problem. Probably won't reach full lactation in right rear quarter due to chronic tissue damage to lacteal system. Preventative measures for the rest of the herd are to increase the roughage intake, increase exercise, make sure dry cows get low energy diet during the dry period and caution in feeding herd high energy diet following parturition. Supply adequate calcium, phosphorus, and magnesium in the diet with Ca:P ration at 1.8-2:1 level.