



Unit : Abomasal ulcers and displacement

Lesson : 2

Abomasal ulcers – Clinical signs, Diagnosis & treatment

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Abomasal ulcers – Clinical signs

- **Abdominal pain**
- **Ruminal stasis**
- **Melena – tarry, black and scant feces**
- **Pale mucous membrane**
- **Tachycardia**
- **Tachypnoea**
- **Weak pulse**
- **Decreased milk production**
- **Sip water continuously**
- **Dehydration**
- **Cold extremities**
- **Grinding of teeth (Bruxism)**
- **Perforating ulcers – acute local or diffuse peritonitis**

Melena



Abomasal ulcers – Diagnosis

- **History**
- **Clinical signs**
- **Ultrasound scan**
- **Abdominocentesis – to rule out peritonitis**
- **Clinical pathology**
 - **Occult blood test - O – tolidine tablet test (Hematest) or Guaiac paper test**
 - **Metabolic alkalosis**
 - **Leucocytosis, neutrophilia, elevated fibrinogen**
 - **Elevated Plasma Gastrin –The mean plasma gastrin level was 103.2 pg/ ml in healthy cows and 213.6 pg/ml in the cows with bleeding ulcers.**

Treatment

- **Blood transfusion – in severe anaemic animals**
- **Fluid therapy – colloids, crystalloids**
- **Coagulants - doubtful value**
- **Mixture of kaolin pectin – 2 to 3 liters**
 - **Coat the ulcers**
- **Antibiotics – III & IV stage**
- **Antacids**

Antacids / protecting agents

H2 blocker (Lambs & calves)

- Cimetidine @ 50 - 100 mg /kg TID po or 20 mg/kg BW intravenously
- Ranitidine @ 10 - 50 mg /kg TID po

Proton pump inhibitor

- Omeprazole @ 2 mg/kg iv or 4 mg/kg po in calves

Neutralizing secreted acids

- Aluminum hydroxide – absorbs pepsin, thereby decreasing proteolytic activity, binds bile acids to protect from bile reflux
- Magnesium hydroxide – binds bile acids
- Magnesium oxide – 500 - 800 g /450 kg BW oral or direct injection into abomasum for 2-4 days



*Thank
you*