



Intestinal stasis in cattle

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Introduction to Intestinal stasis in cattle

- Most challenging in bovine medicine
- A critical situation in which the client becomes nervous

Economic importance



Unit : Intestinal stasis in cattle

Lesson : 1

Types of Ileus, anamnesis and clinical signs of ileus

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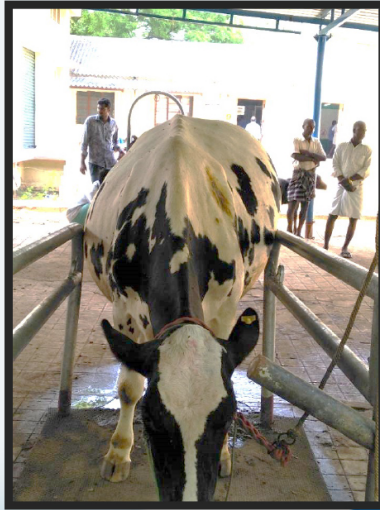
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Types of ileus

- Mechanical Ileus
- Functional Ileus



Mechanical Ileus

- Wide variety of causes
- Luminal or extra luminal

Mechanical Ileus

- Traumatic reticulitis or reticulo- peritonitis
- RDA / volvulus
- Vagal indigestion / DH
- Intestinal obstruction

Mechanical Ileus

- Mesenteric volvulus
- Caecal dilatation
- Uterine rupture
- Torsion/ dystocia

Van Metre et al., 2005



Functional Ileus

- No gross abnormality
- Generalized intestinal hypomotility or atony

Functional Ileus

Cause

→ Inciting cause - not well determined

- Dietary factors
- Phytobezoars
- Parasitic infestation
- Enteritis, peritonitis
- Electrolyte abnormalities

Approach to diagnosis of Intestinal stasis / Ileus in cattle

- ➔ Anamnesis

- ➔ Clinical examination
 - Rectal examination
 - Paracentesis abdominis

- ➔ Laboratory investigation

- ➔ Radiography

- ➔ Ultrasonography

Anamnesis

- Duration of illness
- Feeding habit - fodder / concentrates
- Defecation - consistency, appearance
- Pregnancy - stage
- Previous surgery, recent calving, dystocia
- Estrum
- Previous treatments

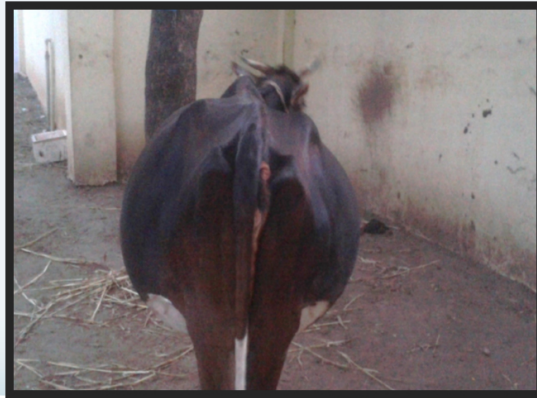
Approach to diagnosis of Intestinal stasis / Ileus in cattle

- ➔ **Clinical examination**
 - Rectal examination
 - Paracentesis abdominis
- ➔ **Laboratory investigation**
- ➔ **Radiography**
- ➔ **Ultrasonography**

Clinical examination

- Rectal examination:

scanty dung for all diseases



Clinical examination

- Dehydration
- Rumen atony or hypomotility
- Colic



Traumatic reticulitis or reticulo- peritonitis

- ➔ Fever, Tachycardia
- ➔ Stiff gait, Arched back
- ➔ Expiratory grunting or groaning
- ➔ Deep Pain response
- ➔ Rumen atony or hypomotility
- ➔ R/E : Scant dung, poor rumen fill

Diaphragmatic hernia

- Recurrent bloat
- Orogastric tube
 - minimal free gas
 - tube contains stable froth
- Vagal indigestion
 - Papple shaped abdomen



Displacement of abomasum

- Ping – Left : LPF and cranial to it
RDA: right side, 8th/9th i/c to PLF
- RDA: Right- abdominal distension
- Rectal examination: scant feces

RDA: large, round viscus -palpable in cranial aspect of right side of the abdomen

Mesenteric volvulus

- Rapid debilitation and progression to moribund state
- Colic often severe
- R/E: Multiple loops of distended small and large intestine
 - normal spatial arrangement of viscera not present

Cecal dilatation

- Right- abdominal distension
- Tympanic resonance - PLF to cranially 1–4 rib spaces
- Rectal palpation: Watery dung

Dilated rounded apex of cecum protruding into pelvic inlet

palpable distension of small intestine

→ Uterine Torsion

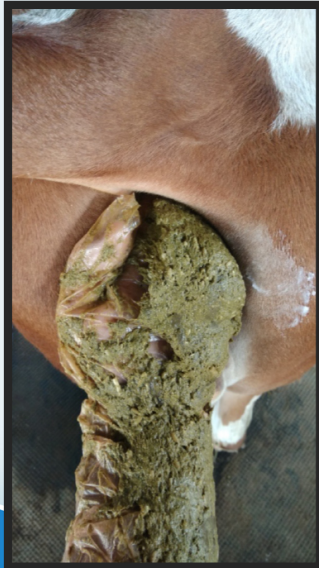
→ Dystocia

Functional Ileus

→ No Specific Clinical Signs

Reduction In Dung Quantity

Rectal examination in cattle



Rectal examination in cattle



Rectal examination



Appearance of dung



Jam like appearance of dung



Dung



Clinical tips

Intussusception:

- Dung often dark and tarry with clots or casts of blood
- **“Raspberry jam”** appearance

Abomasal ulcer

- Dark coloured / **“Black berry jam”** appearance



*Thank
you*