



Unit : Abomasal ulcers and displacement

Lesson : 3

Left displacement of abomasum

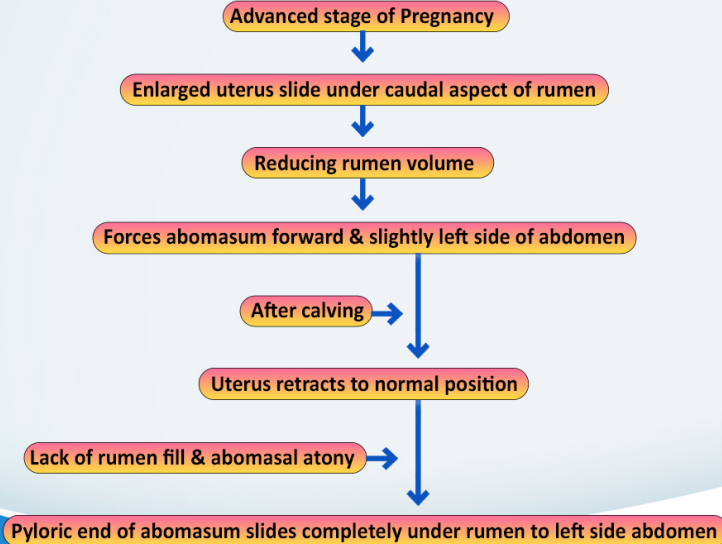
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Etiology

- **Multifactorial – feed related**
- **Gaseous distension and hypomotility of abomasum due to high concentrate diet**
- **Decreased forage to concentrate ratio**
- **Associated with postpartum diseases – 90 % cases within 6 weeks following parturition**

Pathogenesis

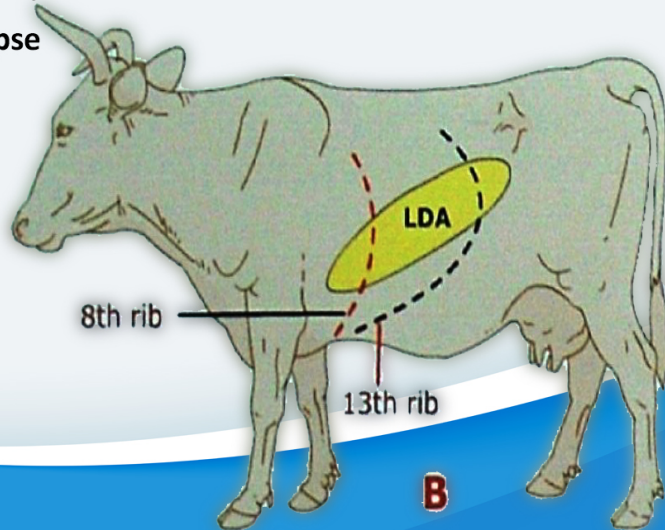


Clinical Signs

- Inappetence to anorexia
- Drop in milk yield
- Ketosis
- Slab sided abdomen
- Decreased ruminal movements
- Auscultation behind left elbow – high pitched tinkling sound
- Ping sound – simultaneous auscultation and percussion – upper third 9th and 12th rib of left side

Left Displacement of Abomasum

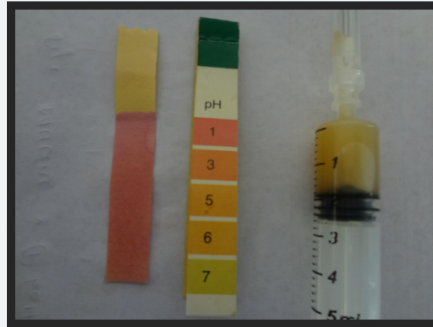
- Percussion & auscultation
 - Ping – LDA (liptak test)
 - Pung – rumen collapse



Combined percussion and auscultation



Liptak test



Diagnosis – Ultrasound examination



Diagnosis

- Rectal examination – distended abomasum on left side
- Metabolic alkalosis
- AST & Beta hydroxy butyric acid - increased
- Mild hypocalcaemia

Differential diagnosis

- Simple indigestion
- Primary ketosis
- Traumatic reticuloperitonitis
- Vagus indigestion
- Fat cow syndrome

Treatment

- Fluid and electrolyte therapy
- Roll & toggle – pin suture procedure
- Surgical correction
 - Right paramedian abomasopexy
 - Right paralumbar fossa omentopexy
- Rumen transfaunation
- Treatment of ketosis



*Thank
you*