





Unit: Downer Cow Syndrome

Lesson: 3

Metabolic syndrome

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Milk Fever





















Dilated Pupil















Hypocalcemia - treatment

- INJ.CALCIUM BOROGLUCONATE
- Half dose IV and remaining SC for better result
- Always prefer plain calciumborgluconate in milk fever for better results





- → Intravenous Calcium @ 2.2 gm/ 100kg Bwt.
- → Calcium chloride should not be given SC route.
- Increased sensitivity to calcium occurs in septicaemia, metritis, mastitis, ketosis

 Subcutaneous injection of ca per site 50 to 125 ml (avg- 75ml per site)











- ◆ Calcium dose rate period intravenous- 15 mts
- Iv calcium will be in system for only 6-8hrs only.
- ◆ 500ml of 23% calcium borogluconate will provide 10.7gm of ca.



Response To Calcium

- Belching
- Muscle tremor, particularly of the flanks and often extending to the whole body
- Slowing and improvement in the amplitude and pressures of the pulse
- Increase in the intensity of the heart sounds
- Sweating of the muzzle
- Defecation



Unfavorable response to calcium

- Toxemia
- Septicemia
- Peritonitis
- Metritis
- Acidosis



Response To Calcium

→ IV administration of fluids that contain phosphates should not be given for at least 2hrs after IV administration of calcium or magnesium containing fluids.









Relapses?

- → Hypophosphatemia
- Oral administration of calcium
- ◆ Partial milking
- → Oral and SC administration of calcium
- → Re evaluate the case
- ◆ Age factor?









Hypophosphatemia: Recumbency





Inorganic — Phosphorus

- → Sodium acid phosphate
- → Sodium Dihydrogen Orthophsophate
- → 100 to 150 gm orally or IV











Hypokalemia: Lateral recumbency unable to lift the head











Hypokalemia: Lateral recumbency











Lateral kink of neck with knuckling of fetlock













Lateral Kink





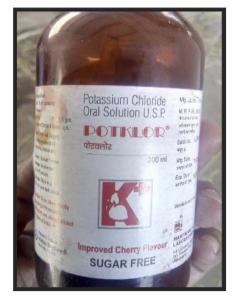






Treatment

- → Potassium chloride
 - 0.5 meq/kg B wt











Potassium Chloride

- → Very slow iv in normal saline
 - 0.5 meq/kg Bwt











Oral rehydration therapy





Thank you