Unit : Bovine Postparturient Haemoglobinuria

Lesson : 4

Treatment

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Treatment

- Whole blood transfusion in severe cases
- A delay of 12 hrs causes irreversible changes
- 5L of blood to a 450kg cow
- Additional transfusion if the cow is weakened the mm is pale
- Supportive therapy to minimize the danger of hemoglobinuric nephrosis

- **Phosphorus administration – sodium acid phosphate IV @ 60 g in 300ml of distilled water followed by a similar dose SC**
- **Further subcutaneous injections at 12 hrs intervals on three occasions**
- **Similar daily doses orally**

- Oral dosing with bone meal (120 g twice daily or dicalcium phosphate or a suitable source of calcium and phosphorus daily for 5 days in the ration
- Haematinics during convalescence
- Ketosis is a common complication and additional treatment is required

- **Ascorbic acid** (antioxidant) along with phosphorus treatment gives better results
- **Copper glycinate** (1.5mg/kg) dissolved in 500 ml of Normal Saline – IV
- **Copper sulfate** 3.5g orally

- **Fibrinolytic agents**

  Epsilon amino caproic acid (EACA) @ 20g in 540 ml of NS – IV

  Para amino benzoic acid (PAMBA) @ 300mg in 540 ml of NS – IV

  Botropase @ 10ml in 20 ml of NS – IV

Bovine Postparturient Haemoglobinuria

1. Defenition, Etiology and Epidemiology
2. Etiopathogenesis
3. Clinical Findings, Diagnosis
4. Treatment

Thank you