



Introduction

Abomasitis

Unit-2

Diseases of Digestive system

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ABOMASITIS IN LARGE ANIMALS

- It is inflammation of abomasums.
- Abomasitis is a sporadic disorder among adult cattle, calves, sheep and goat.
- It is caused by many adverse effects of either dietary, environmental, infectious or parasitic stressors.
- It is characterized by diffuse, hemorrhagic to necrotizing inflammation of the abomasal mucosa and ulceration.

- Abomasal ulcers affect mature cattle and calves and have several different manifestations.
- Abomasum and the erosions of the abomasal mucosa that develop in viral diseases such as bovine viral diarrhoea and bovine malignant catarrhal fever.

- Abomasal ulcers are very common in milk-fed calves after they have consumed milk or milk replacer for 4–12 wk.
- Most of these ulcers are subclinical and nonhemorrhagic.
- Occasionally, milk-fed calves <2 wk old are affected by acute, hemorrhagic abomasal ulcers that may perforate and cause rapid death.

- Abomasitis/Ulceration are common in high-producing, mature dairy cows within the first 6 wk after parturition.
- The most likely cause is prolonged inappetence.

Etiology

- Physical, Chemical, Bacterial, Viral or Metazoan agents.
- Rinderpest, bovine viral diarrhoea (BVD) and bovine malignant catarrh viruses produce abomasal erosions.
- Haemorrhagic enterotoxaemia due to clostridium perfringens type A,B,C.

- Fungi like *Mucor* and *Aspergillus* sp. complicate abomasal ulcer caused by other agents, Nematodes like *Trichostrongylus* *Ostertagia* sp. and *Haemonchus* sp. may also result in abomasitis,.

- Metazoan agents include massive infestation with botfly larvae (*Gasterophilus*) *Habronema muscae* and *H. microstoma* infestation produce granulomatous and ulcerative lesions and may lead to perforation and peritonitis

Clinical Findings

- Abdominal pain, reduced appetite or inappetence and excessive thirst.
- Intermittent occult blood in the feces, or they can die acutely from massive hemorrhage.
- Common clinical signs include mild abdominal pain, bruxism, sudden onset of anorexia, tachycardia (90–100 bpm), and fecal occult blood or melena that may be intermittent.
- Pale mucous membranes, weak pulse, cool extremities, shallow breaths, tachypnea, and melena.

- More severe signs include acute rumen stasis, generalized abdominal pain with a reluctance to move and an audible grunt or groan with each breath, weakness, and dehydration.
- Melena may not be present in peracute cases, because it takes at least 8 hr for abomasal blood to be detected in the feces.
- As the condition progresses, body temperature drops, and the animal becomes recumbent and dies within 6–8 hr.

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2



2.26. Gangrene and skin necrosis of distal limb (Hereford cross, 4 months old)

2.27. Acute abomasitis (Friesian, 2 weeks old)

Differential diagnosis: many other causes of enteritis including digestive upsets, *E. coli* septicemia (p. 17), coccidiosis (2.33), rotavirus poisoning (7.159), contracting wire around leg (7.156).

Prevention: avoid overfeeding, sudden dietary changes, and excessive milk flow rates through teats.

Management: treatment should include fluids and electrolyte solutions given orally or in severe cases intravenously. Prophylaxis includes isolation of diseased calves, improved hygiene and adequate colostrum intake in the first 6 hours after birth. Draft vaccination protects against enteritis, septicemia, and abortion, and also

drugs, and antibiotics aid control of inflammation and ulceration.

Abomasal dilatation and torsion

Definition: stony of the abomasum is followed by gaseous distension, then by torsion. Both may be secondarily abomasal ulceration.

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claves may also be vaccinated. thorough cleansing and disinfection between batches, including 'all in/all out' systems, as well as vermin control are important in eliminating reservoirs of *Salmonella*. The zoonotic risk should always be borne in mind.

Abomasal ulceration

Clinical features: in calves the majority of abomasal ulcers are subclinical, and may be associated with irregular feeding, overfeeding, and/or overconsumption of dry feed. More advanced cases show low-grade abdominal pain, developing into peritonitis if the ulcer perforates.

The 2-week-old Friesian (2.27) was moribund, with drooping ears, sunken eyes, and regurgitated rumen contents on its lips. It died within hours. Autopsy revealed an acute abomasitis with two perforated ulcers (2.28) with a creamy-white necrotic lining. Death was due to acute peritonitis (2.29). Fibrin and food coat the serosal surface of an inflamed and dilated small intestine. Abomasal ulcers are also seen in adult cattle (4.7.2, 4.7.3), in veal calves and in thriving beef calves, 2-4 months old, at pasture.

Differential diagnosis: includes salmonellosis (2.22), BVD, peritonitis, intestinal obstruction.

Management: metoclopramide has been given to control abomasal bloat. NSAIDs, anti-inflammatory



2.28. Autopsy of 2.27 with two perforating ulcers and acute abomasitis

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Diagnosis

- 1. History: Prolonged anorexia, Abdominal pain.**
- 2. Clinical Signs: Melena, Occult blood.**
- 3. Hematology: Low PCV**
- 4. Fecal Examination: Nematodal worms**

Treatment and Prevention

- Use of antacids
- The use of gastric sedatives like insoluble magnesium hydroxide or carbonate, kaolin, pectin or charcoal.
- Use of H₂ blockers and Proton pump inhibitors
- Fluid and electrolyte therapy.
- Surgical intervention if perforation
- Antibiotics if peritonitis develops.
- Animals should be encouraged to keep eating to avoid prolonged periods of inappetence and low abomasal pH.



THANK YOU