

Dystocia Due to Bull Dog Calf in a Non-Descript Buffalo

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Fetal anomalies and monstrosities of various kind causing dystocia in buffaloes (Shukla *et al.*, 2007) and cattle (Shukla and Chauhan, 2004) have been recorded. Fetal anomalies are believed to occur due to adverse factors affecting the fetus during early stages of development. These include physical, chemical and viral factors. Dystocia due to bull dog calf though uncommon have been reported in cow (Kumbhar *et al.*, 2011 and Monoharan *et al.*, 2012) and in buffaloes (Shukla *et al.*, 2007 and Pandey *et al.*, 2010). This paper reports a dystocia due to bull dog calf in a non – descript buffalo.

CASE HISTORY AND OBSERVATION

A pluriparous non – descript buffalo, aged 7 years at full term pregnancy was brought to the Teaching Veterinary Clinical Complex, Veterinary College and Research Institute, Namakkal with the history of restlessness, continuous straining and labor pain since last five hours. Water bags reported to be ruptured four hours ago and the buffalo was unable to deliver the fetus. Attempts were made to deliver the fetus by a private veterinarian but failed. The physiological parameters of the affected buffalo were within the normal range. Per vaginal examination revealed fully dilated cervix and the fetal head was pushed into the vaginal passage with retention of fore limbs. The fetus was in anterior presentation, dorso - sacral

position with shorter forelimbs and was retained inside the cervix. Fetal movements and other reflexes were absent and the fetus was found to be dead. The case was tentatively diagnosed as dystocia due to bull dog calf.

TREATMENT AND DISCUSSION

The obstetrical management was commenced under posterior epidural anaesthesia with 3 ml of 2% lignocaine hydrochloride. The perineal region of the buffalo was washed with 1% potassium permanganate solution. A long obstetrical hook was applied in the inner canthus of right eye of the fetus and obstetrical snare was applied to the both fore limbs. A dead male fetus was delivered (Fig.1) with mild traction after lubricating the birth canal.



Fig.1 Bull dog calf

Gross examination of the fetus revealed fully developed fetus weighing about 30 kgs. Autopsy of the fetus showed normal internal organs. Post obstetrically the dam was administered with intravenous calcium borogluconate (450 ml IV) and oxytocin (40 IU IV), enrofloxacin 15 ml (IM) and meloxicam 15 ml (IM). The fetal membranes were

shed four hours after the delivery of fetus and the dam was recovered uneventfully.

Congenital anomalies causing obstetrical problems have been well documented in buffaloes (Mahajan *et al.*, 2006 and Shukla *et al.*, 2007). Occurrence of bull dog calf is a rare condition (Noakes *et al.*, 2009; Roberts, 2004) and due to disturbance of endochondral ossification leading to disordered bone development (Gentele and Testoni, 2006).

A bull dog calf is a deformed fetus, compressed skull, flat head with a short nose and sloping fore head with short and stumpy limbs, a nose divided by furrows and a shortened upper jaw, giving a bulldog facial appearance (Noakes *et al.*, 2009) and it is rarely reported in the buffaloes. The bull dog calf may be confused with fetal anasarca in which there is accumulation of fluid in the subcutaneous tissues and body cavities (Arthur *et al.*, 1989 and Roberts, 2004). However, in the present case there was no accumulating subcutaneous fluid; thus the possibility of anasarca was ruled out. The condition is very rare and develops due to autosomal recessive defects with some modifiers (Roberts, 2004). However, in the present case pedigree and breeding record of the dam could not be extracted as owner purchased the animal only few months prior to calving from the adjacent district market. The bull dog fetus was delivered with decapitation and careful traction by Monoharan *et al.* (2012). However in the present case, the fetus was delivered with gentle careful traction alone because of enough space in the birth canal and without any post obstetrical complication to the dam.

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