

MY SELF ODD VETERINARY EXPERIENCES

©2019 premyogi vajra. All rights reserved.

Legal disclaimer:-

This tantric mixed practical veterinary health book has not been designed to offend any other notions. The reader will be responsible for such situation arising from reading it. We are not lawyers. This book and all the information written in it have been provided as a promotion of education, and cannot replace any legal advice provided by your judicial adviser. At the time of creation, it has been taken care of that all the information given on this book is correct and useful for readers; even then, it is not a very serious effort. Therefore, book-publisher fully rejects its responsibilities and accountability when there is any harm to anyone. Readers are self responsible for their choice, work and their results. They should contact their judicial adviser if there is any doubt regarding this.

INTRODUCTION

Many people may feel wonder for why animal health subject is grouped along with the Kundalini. But it's too natural and spontaneous for Premyogi vajra obtained his enlightenment as well as kundalini awakening, both under the primary influence of health/body science. It's a deep tantric secret once revealed by Tantra Lord God Shiva first of all. It's the body science philosophy. Shiva had wandered in the whole of the universe with great anger once upon a time lifting his dead wife Parvati on his shoulders, when she had submitted herself to yajana fire willfully on hearing the insult of her husband in the [yajna organized by her father named as Daksha\(external website/wikipedia\)](#). Wherever different organs of dead goddess fell down, those places became holy pilgrims. For example, where her eyes fell, that place became famous as Nainadevi (eye of goddess). So if that non dual place is as if eyes of goddess, then obviously the people inhabiting that place become proved itself as if non dual dehapurushas of the eye-organ automatically. So in brief, body of a living being is too pure and functionally non dual. Anyone considering that way gets a powerful non dual spiritual power to become liberated. Some religious extremists sacrifice their owned animals with that consideration subconsciously or unknowingly in the name of religion, so they get powerful non dual lift for the animal during death roll is a type of non dual body country [as per SHAVID](#) as already described and that's non dual dehapurushas are struggling at top level with non duality to save their Body country. Although it's a bad practice and against PETA or ethics, able to produce social violence too. Better alternative is its signatory form or non violent animal fights like jalaikattu or animal competitions like horse race. The happening in the above story that God Shiva cut throat of buck in that yajana and replaced with the decapitated head of king Daksha is also a signatory one. It actually means using happiness (depicted as head) of animals to grow one's own head through Kundalini awakening. Although few of these carries grave risks, so should be avoided. Best practice is of getting non duality through serving and treating the animals with constant focus on their non dual Body country and non dual dehapurushas. This practice of non dual SHAVID works best if accompanied with company or life style of the ancient Indian spiritual system. [Premyogi vajra](#) worked the same and obtained spiritual awakenings two times in a quickest way.

MY SELF ODD VETERINARY EXPERIENCES

Premyogi vajra goes more technical as follows that may be boring to unrelated people but interesting to the related beings.

MY SELF ODD VETERINARY EXPERIENCES

ACTINOMYCOSIS , ACTINO BACILLOSIS AND HEAD/PHASE AILMENTS—

Animal-buffalow,age-adult,village-chabdu(tepra).history-gradual weakness since calving 5 months ago.fast weakness and oligophagia since 12-13 days along with constant dribbling of saliva . no total refusal of food.selective eating of grass avoiding dry but eating lush green.eating feed.frequent up – down shaking of head while picking up grass to mouth.rumination type movements of jaws without food and no froth seen to outside but a clear stingy saliva.no licking by tongue of hand now as earlier .

Clinical signs-HR=N,RR=N,RT=99-100,CMM-BRIGHT PINK,ORAL CAVITY-no shear molars,no grass entangled inside cheek,no foreign body inside any part of mouth and tongue .tongue appeared some enlarged posteriorly.on anterior side of tongue, some pin head sized blackish spots distributed.tongue not examined properly due to darkness at spot and slippery so slipping out of grip.body condition-very much emaciated and hide bound ie. Reduced from 4 quintal to 2 quintal body weight.diagnosis 1-ketosis.treatment no.1-dexamethasone 20 mg i/m and bolus albendazole 3g.diagnosis 2-actinobacillosis.treatment 2-streptopenicillin for 3 days and belamyle for 2 days-no effect.dx 3-liver disease due to fascioliasis or any other reason.rx 3-inj. Neohepatex (60 g liver extract/ml,10 times than belamyle)10 ml after stoppage of saliva dribbling and initiation of tongue movement for 1 day,inj belamyle for 2days,potassium iodide 50 g@ 7 g p.o for 7 days(as a final do or die treatment for bychance effect).miracle occurred and saliva dribbling stopped after 2 days of potassium iodide therapy.the buffalow at door of yam was saved thus by blessing of God.

It appears that the disease was a chronic actinobacillosis unresponsive to streptopenicillin.

Case no. 2—adult buffalow. Place –shanadhar-dofda-rampur-migratory guzzars.history-anorexia and fever since 15 days.astt.director of polyclinic duttnagar injected streptopenicillin b.d. for 5 days ,no improvement.he also gave iodine –red granules (although I had told him to give potassium iodide) which did not dissolve in water at all.s.v.o. rampur was trying injecting streptopenicillin locally into abcess (a cricket ball size remained ,was 2-3 times larger earlier)which was beneficial and aize of abcess reducing.the abcess was not true as it contained only blood .the salivation was natural with that stuff ie. Not hanging. Now, buff. Had gone weak and guzzar was force-feeding and drenching water with hand .although ,the buff. Was running with the stock on roads etc. I studied that case in medicine book by blood and gay and came to diagnose that as actinobacillosis. I called on mobile phone to guzzar to take ki from me for miracle,but inspite of promise he did not come .ie. what had happened—don't know.at one time ,s.v.o. had made mind to incise the tumour type abscess but then not tried due to fear of loss of total food intake even forcefully.

Case no. 3--Adult jersey cow.place-chandpur-batali-rampur.grass (half chewed)expelled out of mouth.shear molars.rasped vigorously with great force 2 times.moderate improvement appeared ,then owner did not bring for complete recovery.during rasping,some buccal mucosal/cheek injury occurred with little bleeding,but only affected lightly and actinobacillosis did not occur.for rasping ,cow was kept in sternal recumbency and head was hold high by 2 attendents and 3rd attendant fixed and hold the mouth guage in mouth.enough fuel of rasper is burnt.white chalk like tooth powder deposited in rasp hooks ie. Grooves etc.its extent indicates the extent of rasping/tooth erosion.so monitored likewise.

Case no.4—adult jersey cross cow.place-shimla ka khech-naura-deothi-solan.history-perhaps anorexia+drooling saliva etc.teeth examined.lower last molar was overlong/overgrown.brought tooth cutter for rs.500 from ambala.cut the tooth.the cow then became actinobacillotoc which resolved with potassium iodide oral for 10 days @5-7 g daily.the same cow also developed peracute mastitis which resolved with amoxyclox 1.5 g+1.5 g b.d. for 5 daysand tylox i/mammary for 5 days.

Note-lack of fibrous feed results in less grinding movements of cheek teeth so irregular/shear molars and sharp teeth develop.

GUN SHOT INJURY

MY SELF ODD VETERINARY EXPERIENCES

Animal-cow,age-adult,breed-zersey cross,colour-black,place-tepra jungle.history—sound of 2 shots with smoke and cow rushing from jungle to home bleeding at cheek profusely.signs-no thermometer and stetho in hand so no clinical parameters noted.one hole on left side below ear (1.5 cm diameter) .second hole on right side at same level(3 cm dia).one very small on left side on neck but shallow.blood not coming out.very large swollen face and neck.snoring and fast respiration (50-60 per minute), cow standing.diagnosis 1-laryngeal compression due to ongoing edema so difficult respiration.treatment 1-continuous bathing of inflamed area with ice cold water+inj diclofenac double doze +streptopenicillin.no effect.so animal starting aimless wandering into obstacles due to cerebral hypoxia.then cow fell down with tongue protruding out and unconsciousness.tracheal incision was given to make a ballpen size window in it for bypass respiration along with rapid pressing and releasing of chest/ recuscitation.the air flow started through window vigorously and cow drawn back tongue into mouth and rose to sitting position from recumbent and became conscious.tracheal incision was perfect and no haemorrhages except little from muscles which stopped by mopping within 15-20 minutes. Remained alert so for 1.5 hours.then stood up and started aimless wandering.I thought that due to fear by cow.she also started kitting(kat-kat) of teeth . now after 15 minutes fel down and died.total course in our presence was 2.5-3 hours.now first police was informed and they gave me request letter for post mortem , then only I performed p.m. and gave report to police.note-never try veterolegal case except emergency without police request.cause of death(by internet)-traumatic/hypovoluemic/haemorrhagic shock and acute respiratory distress syndrome(ARDS)due to systemic inflammatory response syndrome(SIRS).the jacket of bullet should be preserved as it gives vital clues about the type of gun/rifle used.since the exit hole was wider than entrance hole so it was a expanding (lead)type bullet because lead being soft(anterior to jacket,naked)expands due to impact of soft tissues.other bullet types are fragmenting which fragment after penetration to many pieces increasing tissue injury.one type of bullet disintegrates at light contact with skin so making many holes .lead type bullet has lead inside jacket(copper mainly) and some naked anterior to jacket so that it can expand.copper jacket is specific for specific barrel /rifles so should be preserved .other fragments /pieces of bullet are to be preserved to be presented in court.the criminal had sent political men to make me write as the incidence due to gun powdered bait(potato for pig) and not due to gun shot but I told them that it was my duty to fully and truly describe the self seen lesions pre and post mortem and a brief owner- detail but sympathetised them to make it light on their request for show only.one man had given indirect offer of bribe also(rs10000).the area where cow shot , was a reserved forest.DR. kundi-tracheal compression never occurs as it is a hard tube.if exit wound is wider than entry hole then it is pathognomonic for gun shot injury.

ACUTE ACID INDIGESTION

Animal-cow,age-adult,colour-brown,breed-jersey cross,place-batali.history-eaten petha(7 kg)given by shopkeeper being old and expired.sternal recumbency.total anorexia.treatment-sodium bicarbonate 500 g po immediately.2nd day came with complaint that cow is about subconscious,sternal recumbency and unable to rise.again given 500 g sodium bicarbonate po and magnesium sulphate 500 g po.clinical signs-dullness/subconsciousness.advised for soft bedding and frequent rolling.other medicines-neurobione,avil,belamyle and dns 5% @5 bottles bd for 2 days followed by ringer lactate 3 bottles bd for 2 days.on 4th-5th day some appetite returned with voiding of some stool and urine but respiration was rapid.dx-2—bicarbonate deficiency.rx2—200 g sodium bicarbonate boiled simply by stirring/shaking (because it settles at bottom and burns giving brown colour to solution) and mixed in 1 litre of 5% dns and infused i/v.by this, respiration came to normal and full appetite ,defecation and urination resumed.but unable to rise despite full effort.was a 4 00 kg cow .aborted and died subsequently due to bed sores.abortion at 8 month.skin of neck necrosed and sloughed due to s/c injection of sodium bicarbonate solution.after discussing with senior doctors—nerves were damaged due to long standing lactic acidosis of blood.sodium bicarbonate at earlier stage (subconscious and dullness)could have

MY SELF ODD VETERINARY EXPERIENCES

helped the cow to stand at early stage because that dullness was due to cerebral depression due to lactic acidosis.

DYSTOCHIA, SCISSERIAN SECTION

Case-1—animal-buffalow, age-aged, place-dhala. history-unable to rise itself since 4-5 days but rise up with support. vo from solan came 2 days ago and injected pgf2 alpha saying that it will calve after 2 days. buffalow did not show symptoms as no water bag there and it was only straining in sternal recumbency since 12-15 hours when I reached there. dx-1—general weakness so advised body tonics but when owner suspected dystochia and forced me to check for fetus condition. dx-2—per vaginal examination revealed fully open cervix and dead fetus .uterus ruptured at dorsoanterior aspect in which 2 fists can be accommodated together. head was not coming along with legs although 3 persons pulled with full power. now one leg was tied with belchy knot and pushed into uterus –lumen. 2nd leg was tied similarly with 2nd rope and pushed inside. this was done to avoid losing legs inside lumen. although some dung etc. gross contamination entered in with rope. now head was lubricated with copious mustard oil and pulled outside pelvic inlet .when head came out with neck at pelvic inlet ,each leg was drawn out of inlet. now, both front legs and the head had come out of pelvic inlet .now legs tied with rope and traction applied in back and down direction. dead fetus came out. placenta was examined as such with no manual removal for self dropping and drugs administered-oxytocin 25 i.u., enrofloxacin for 5 days, ketoprofen , belamyle, bolus furea for 3 days. advised to follow up treatment by pharmacist. the owner brought the vph after 4—5 days when the placenta was softening and rotting and buffalow was toxæmic. the vph removed placenta manually .the cow then did not rise even with support .the buff. Died after 12-24 hours of placenta removal due to probably severe toxemia. note-I should had removed placenta manually as uterus was atonic due to rupture and to prevent peritonitis.

streptopenicillin is best antibiotic so it should had been used. owner should be advised not to make placenta removed manually .never use kachcha mustard oil as it is too irritant to mucosa. internet-prostaglandins cause forceful/vigorous contraction of uterus and may result in uterine –rupture.

CASE NO.2—animal-sheep, age-adult, place-dofda. history-abdominal straining, slight anorexia, no water bag expulsion. clinical examination-transverse type presentation of fetus, could not be made in anterior presentation despite many efforts. i thought that to be a schistoma reflexus. fetus was dead. left as such without much manipulation to avoid rupture of genital organs. prepared for surgery in the morning. surgery-assistant director, rampur came . I made incision on right side. siquil and l.a. with proper restraining. whole intestines came out on to the towel /drapes with huge pressure. this was due to incision parallel to milk vein and not higher on left side or due to collapsed uterus due to loss of fluid. first skin and muscle (1st layer) was cut with b.p. blade, 2nd layer of muscle and peritoneum with scissors by guiding with finger to prevent omentum etc. and peritoneal organs from cutting. intestines were washed with normal saline and pressed into abdomen with fist to prevent rupture with fingers. then uterus was searched in the abdomen. uterus was brought out by a.d. itself which made a wall to prevent intestines come out. incision made in intercotyledonary area. fetus and placenta removed out and uterus with lambert type sutures was sutured with catgut. first layer of muscle sutured with finger support inside to avoid suturing of internal organs. peritoneum was not covered with it due to its retraction back. a.d. told that no need to suture peritoneum. 2nd layer of muscle sutured and again reinforced with first line of suture only on its superficial surface to avoid abdominal cavity. then skin sutured. no fluid administration etc. antibiotic course for 5 days. sheep recovered completely.

Case no.3—animal-cow, place-mashnu. uterine torsion. scisserian done perfectly but s.v.o. sprinkled inj xylazine 10-20 ml on cut surface of abdominal muscle thinking that to be a local anaesthesia ie. Xylocaine. after operation, cow did not rise and became commatosed in sternal recumbency then lateral and died. vph thought that a milk fever and injected mifex 1 bottle i/v but to no effect .i, dr. r.k. and s.v.o. had performed that operation and this operation was infact perfect. note-if plenty of i/v fluid had been infused then xylazine had gone out of urine reducing or

MY SELF ODD VETERINARY EXPERIENCES

abolishing toxicity.note-rolling to relieve torsion was done only 2-3 times to avoid complications due to extra rolling.

Case no.4—animal-cow,age-adult,place-dofda.i myself and dr.ramkrishan both performed scisseriesian although it appeared to me to be able to pull head out by pushing both legs back into uterus but he did not listen to me may be his overjeal to operate , and was perfectly right with post operative antibiotics inj. Amoxy and cloxacillin 2.5 g each b.d. for 7 days.severe endometritis on first heat with purulent discharge.no effect of antibiotics ie. Enrofloxacin and cefotaxime and betadine and ranidone and lugoles iodine and lugoles iodine+acriflavin,each infused intrauterine at 1 or more times but no effect.cefotaxime had best sensitivity zone on cst but no effect in vivo.i/m inj. Was not tried because owner did not come thereafter.perhaps ,it was a deep mucosa infection.book-deep uterine layer-infection is not under reach o intrauterine medication.the dystochia was a practioner made,apparently.in first stage labour(leg throwing and discomfort,anorexia etc) and discomfort of labour,she owner came anxious that her first cow also died,save this one.on p/v examination cx was not fully open (appr. Half the normal dia. Of cx).i tried with hand but failed.brought vph at night and he also tried a lot .fetus was live.i advised him to wait for morning but he was drunken and tried so lot that fetus died.note-2nd stage of labour starts when cervix is 3 fingers accommodating and it takes only appr.6-12 hours (upto 24 hours in heifer but more commonly 6 hours in cows) to fully open when 3rd stage begins.do not disturb it prematurely.first stage remains upto 3 finger accommodating stage.it may last for many days and usually cause mild distress although in some animals more distress like that of 2nd stage.so,size of cx is better indicator of stage of labour than external signs-internet.

Case no.5—animal –buffallow,place-nahlog.clinical examination-animal had rapid respiration and open mouth breathing although it may be due to pain other than shock but I thought that as shock and so hurried for operation without ful preparation.anterior presentation but ventro pelvic posture ie. Chest facing spine of dam .only chest coming to touch but front legs and head entered abdominal cavity through rupture of uterus.tried a lot by me and sh.harimohan of naura who was called upon but failed to yield.now scisseriesian done.in mistake a cut on rumen made thinking that a uterus.but that was sutured on advice of sh. Harimohan.now I and he searched for uterus but failed and then fetus came to his grip alone and he pulled it out without the fetal membranes.i tried to pull out placenta he was feared and confused so stopped me by saying that be hurry although placenta was in my reach.he told that placenta come out itself.perhaps he thought the abdominal cavity as a uterine cavity .all sutures were done with cement bag thread and were intact all even after dragging and rolling the buff.100 meter down also by gravity in rocky area for p.m.the buff. Stood up at night once and drank water.the buff. Died due to placental toxemia and haemorrhages from ruptured uterus.

Case no.6—animal-sheep,place-ntrs garsa.clinical examination-one hand entering with difficulty .uterus/vaginal rupture so rectovaginal fistula ,faeces coming out of vagina.profuse bleeding .the class 4 ramu had tried correction which resulted in so disaster aggravated by sequential examination and correction by 2 scientists and 1 jrf.in last,left to die and died.sheep system is very delicate and prone to rupture.the sheep died due to hypovolumic/anaemic/endotoxaemic shock combined.

Case no-7—animal-cow local type.place-shattal.sh.vidyadatt had called for me on his inability to draw fetus out.pelvic inlet was narrow and fetus big .even after lubrication with sarson oil ,head and front legs did not come out.presentation and posture was correct .now both legs were pushed into uterine cavity and then head drawn out of inlet by heavy lubrication with same oil.now both legs brouhnt out and fetus extracted out by traction on legs.note-never use raw sarson oil on mucosa instead use refined oil etc. as it is too irritant.

Case no.8—pleuriparous buffalo,place-tepra-sh.nikku ram.history of unilateral hip dislocation.large female fetus due to a.i. .one side of pelvic inlet narrowed .occiput of fetus was engaged in narrow part and was shifted to wider normal part by hand with much difficulty by v.ph.then also did not come out even after hooking eye.now plenty of refined mustard oil applied

MY SELF ODD VETERINARY EXPERIENCES

on head and pulled out by both of us .now slid out.before pulling out head ,both forelegs were pushed back into uterus.now each leg searched ,bent and pulled out of inlet with moderate difficulty.in side the procedure,the idea of fetotomy and live fetal neck cutting was gaining foot but in vain and merciful and criminal.so,the patience and brain saved us.although owner was telling to kill fetus to save buff. But our self decision saved us.now hip lock was so severe and fetal hip engaging in narrowed part so that 3 persons' force in full way did not bring it out.then by pressing hip down from inside and steady and gentle traction,it came out.for hooocking ,metal hooock with metal handle was used as it is easy to rotate from outside and do not slip.now fetus was female and well alert and with 3 days' antibiotic and antiinflammatory drugs,it survived well .buffalo received uneventful recovery.

Case no.9—buffalo.torsion case.place-near dhundan.dr.neeraj rolled it 10 times alone but no effect.now decided to operate with me after 8-10 hours.made oblique incision above milk vein in lower flank at left side extending upside backward.cut first muscle layer.then came the rumen wall like structure.extended hand although althrough above it and it had fibrous adhesions with upper layer.also omentum was not there.it was extensive enough to rule out rumen.now a stab incision on it and declared it peritoneum and now extended this incision with scissor by placing finger along it. Omentum was rushing out appearing as intestines. It was reflected to side with force and uterus searched.all thing was rumen upto the abdominal floor without uterus.now searched extensively towards right side. Now came to catch and pulled it to out but was appearing fragile and very tight without fluid. So incision given on it blindly while still in the abdomen.only leg came out. Tried to cut it with sickle but its sharp edges made a problem. Now it was inserted back into uterus and hind legs pulled out.so it whole came out by pulling .placenta also removed .fluid etc. came to peritoneum cavity inspite of little packing. This fluid removed by socking in a dry cloth.now uterus caught tight and sutured .other suturings as usual.during stiching,the buff strained highly and we saw intestines came out of vulva through a wide vaginal tear.tried to suture it blindly but in vain. Lignocaine epidurally given .intestines pushed in through tear.straining stopped. Buff came to stand then in spite of local anaesthesia appr.8-10 ml.extensive antibiotic with c.s. forte ie. Ceftriaxone with sulbactam for 5 days and then amoxyclox bid for next 4-5 days.owner spent appr. Rs. 2000 for drugs.the tear healed quickly and completely .now buff is alright.

MASTITIS

Case no.1-animal-cow adult.place-koti kapti.clinical signs-udder-very enlarged ,sternal recumbenvy and unable to rise.treatment-inj.amoxy +cloxacillin @2.5 g i/m .d. for 5 days,tylox/vetxlox @1 per quarter in all for 4-5 days.but no effect.then left as such and died after 2-3 days thereafter.supp-avil,oxalgin for 5 daysperhaps that was a coliform mastitis with a profound endotoxemia.

Case no.2-animal-cow,jersey cross.place-batali.clinical-hypothermia appr.98-100 degree foreinheight and sternal recumbency,calved one day ago.no udder examination by me .very difficulty to et up.dx-1-milk fever.so injected mifex 1 otte.temp. or nil in improvement.owner came next day.when asked if milked then he said that not milked yet but is wife said to him that hard and small milk not telling about condition of milk and udder .dx 2-not inspected myself but provided calcium powder to feed.next day again came saying the problem of udder.exam 2-udder swollen and watery milk ie. Yellowish from teats.dx 3-acute mastitis.rx3-inj streptopenicillin b.d.for 2 days,inj.dns 5% 10 bottles b.d. for 1 day and tylox intramammary.no effect and cow died due to endotoxemic shock.case no. 3-animal-ow,jersey cross,adult.place-batali.clinical-highly swollen udder,watery milk from 2 teats.rx-inh streptopenicillin 2.5 g i/m bd for 2 quintal cow for 4 days positive effect appeared within 24 hours of first injection.tylox i/m was also infused for 3 days into 2 affected teats but appeared as a secondary treatment ,primaty effect was that of strepto penicillin.

Case no.4-cow,adult.mashnu.haemogalactia.vph ordered to infuse tylox and or inj gentamicin +enrofloxacin into quarters for 3 days.no effect of treatment.owner sold it before any cst done.

MY SELF ODD VETERINARY EXPERIENCES

Notes-a.d rampur had told to directly infuse antibiotics into udder through teats using a syringe and I practiced it 3-4 times but never got a result.mastitis due to g -ve bacteria is not treated and left as such.so first thing is to test sample ,if g+ or g- is there.even heifer(pregnant)can have mastitis due to infection entering into calf-udder through unhygienic environment and more commonly by suckling of teats by calf-mates so chaffing and infecting teats etc.to make effective concentration of systemic antibiotic in milk,double the doze that of normal doze should be given.

HYPOMAGNESIMIA/MILK

FEVER/KETOSIS/PREGNENCY

TOXEMIA/PRODUCTION DISEASES

Case no 1-animal-cow,adult.kartot.clinical-very cold nights.cow in tin shed with holes and punctures so cold air entering in.cow in sternal recumbency in morning.trembling hind quarter.cow anxious,tense and extra alert.rt-99-100,rr and hr-not taken.cow stood with difficulty and while staggering ,came to sun outside.dx 1-hypothermia.rx 1-inj diclofenac ,b-complex and t-phos.advised owner to keep her warm.fell down on same evening with convulsion and owner did not come . became sternal recumbent .owner came next morning.dx 2-hypomagnesimia.rx 2-mifex 500 ml i/v stat and mag.sulphate 50 g(50% solution)s/c and other supportive as dexa and t-phos.no improvement and cow died on same or other day.note -I should have told to owner about quick action on any emergency.

Case no.-2—cow ,adult ,kartot .history-fell down /standing and convulsing ½- 1 day ago .dx 1-hypomagnesimia.rx-mifex i/v and mag sulph s/ c .no effect so again mifex half bottle next day with mag sulph s/c .no effect and cow died.note -hypomagnesimia if treated early gives +ve result,not if treated late.

Case 3—cow.dhar (batali).calved 1 day ago .recumbent on evening and vph infused mifex 1 bottle at night ie. 10 pm.the cow stood up and eaten grass etc.owner slept at 4 pm and saw cow dead at 6 pm.probable expaination-mifex not goving i/v,half bottle not infused s/c so no longer effect ,no s/c mag sulf .note-by i/v infusion of mifex,mg remains only for 5 hours in blood.

Case no. 4—cow ,adult.kapti.recumbent laterally at evening .owner brought v.o. on morning.dx 1-hypocalcemia.rx1-mifex 1 bottle i/v ,dexa and diclofenac.cow stood up but anorectic.next day-fever and snouring ,fast and loud respiration.dx2-drenching pneumonia.rx2-inj cefastan type for 3 days but no effect and the cow died. Note-late treated milk fever results in secondary complications like drenching pneumonia and bed sores resulting in less cure-rate.

Case no.5—cow ,adult.gaura.recumbent on evening .vph negligent so visited cow in morning despite informed at evening.the cow stood up but slight anorectic and emaciated gradually .after 5-7 days,owner carried v.o. rt=103,little fast respiration with snouring sounds.dx-drenching /regurgitation pneumonia.rx-inj.ceftriaxone 3 gm sid for 5 days but no effect.then inj. Ofloxacin and tinidazole for 5 days.no effect.bolus ofloxacin and tinidazole for 5 days.cow died after gradual emaciation .inj gentamicin for 5 days was also tried along with ofloxacin.but no effect .note-drenching pneumonia results in mechanical inflammation of lungs ,poorly responsive to antibiotics or lung abscesses are formed.

Case no 6—buffallow,adult. Katyara(sh. Nandi).jumping ,hyperexcited ,blindly running,uncontrollable .then laterally recumbent with visibly distension of left abdomen .dx1-tympany.rx1-punctured with trocar and canula with trocar kept fixed ,slight relief of condition but did not stand up.after 12 hours,mifex half bottle i/v stat given but no effect.dr.dr. k.d. sharma came and told it due to butox applied pure on ear scratchy wound but it was hypomagnesimia probably and failure of early treatment and resuled in death after 3-4 days.dr. also told that tympany was secondary and needed no trocharization.note-I was trying to infuse mifex i/v for by chance effectbut owner told it needles and I was confused and stopped it.so do not hear owners too much.i also did not give ataractic etc. to buffallow.

Case no.7—cow,jx,adult.pati,smt. Lata mausi.little anorectic ,hypogalactic,and weakened for 5-7 days.blood spots/streaks noticed in hard stool.dx1-theileriosis.rx1-inj. Berenil and oxytetracycline l.a. and belamyle.blood sample taken for haemoprotozoan.h.protozoan not observed.some improvement but sniffing and jaw champing occasional like earlier.after 4-5 days of treatment ,

MY SELF ODD VETERINARY EXPERIENCES

cow fell down suddenly with convulsions with quick bloat and death. perhaps, it was chronic hypomagnesimic or ketosis which developed into hypomagnesimic later on. the cow was pregnant so dexona was not given. it was jersey cross.

Case no. 8—cow, adult. dofda. jersey cow seen dead at morning. blood stained faeces voided at night. dx-hypomagnesimic. note-milk tetany causes haemorrhages in internal organs and tissues. evidence of struggling support hypomagnesimic death.

Case no 9—jersey cow, adult. dofda. vph injected 3 bottles mifex i/v @ 1 bottle daily due to the relapsing milk fever. on 4th day, I injected inj. T-phos 15-20 ml i/m and 1 bottle mifex s/c. the cow stood up and did not relapse thereafter. so it was hypophosphatemia later rather than hypocalcemia. note-phosphorus in mifex is not available to body-book.

Case no. 10—jersey cow, adult. place-magharah (ah banka ram). the cow slept slightly and went down then with difficulty when forced to stand, stood up. brought into shed. lied down and never stood up. dx1-traumatic injury as appetite was completely normal. rx1-diclofenac 20 ml. no response. 2nd day dx2-subclinical milk fever. rx2-mifex 1 bottle i.v. no effect. then no treatment and so cow became downer and died. Result-t.phos, vitamins, mifex etc. should have been perhaps tried and continued daily by hit and trial method. perhaps she had hip dislocation.

Case no 10—jersey cross cow. daran. hypomagnesimic signs. the vph imitated me and injected poorly sterile mag sulph solution s.c. at neck. peracute actinobacillosis occurred with very large swollen face and died. note-both hypocalcemia and hypomagnesimic if treated as early as possible, gives best results.

Case no. 11—goat, adult. mashnu. calved 2 days ago. hypocalcemic. sternal recumbency. subnormal r.t. mifex 100 ml i.v. and 50 ml s.c. recovered completely.

Case no. 12—sheep, adult. 3-4 months pregnant. anorexia, nervous symptoms, jaw champing, staggering, twitching and convulsions and staying beside (in line with) the wall ie. Head pressing type. dx-pregnancy toxemia. rx-1-dns 5% 1 bottle b.d. for 2 days and advised for forceful feeding (oral) of soft grass. but no improvement but stabilization of condition only. rx 2-inj. Iiren 1 ml i/m and dexona 5 ml i.m. full improvement after 2-3 days and dead fetuses came out putrefied and liquefied one after another within 10-15 days. in start, symptoms were also rectal straining and vaginal discharge of mucous so intravaginal examination revealed tight and closed cervix.

Case no. 13—adult jersey cow. dofda. h. slight anorexia, weakness and hypogalactia from many days. rectal temp. high ie. 103. vph injected nsaid which gave temporary improvement. after 2-3 days on evening, mifex half bottle injected s.c. due to some more symptoms ie. Shivering, weakness while standing etc. the cow died in night. cause of death-chronic hypomagnesimic neglected, s.c. administration and not i.v. administration of full bottle of mifex.

Case no 14—adult jersey cow. dofda (guru ji, deothi-kuhl). freshly 1-2 month back calved cow with sternal recumbency at evening with shivering. advised mifex immediately and warned that cow can die at night. owner did not bring at time and brought at morning but the cow had died 10 minutes earlier than our reach there. note-cause of death-acute milk tetany. i should have checked the cow at evening to gain faith as place was very near. owner wife blamed of not checking the cow. owner was crack type but we should not keep such mentalities mainly at times of work.

Case no. 15—adult h.f. cow. shah. mady symptoms at night with big sounds of falling so broken her horn. signs-extra alert, eating lush green vigorously, trembling and occasional convulsions. dx-hypomagnesimic. rx-mifex 1 bottle i.v. and mag. Sulphate 60-70 g s.c. no improvement. next day again same treatment. cow died. cause of death-unknown or late treated hypomagnesimic.

Case no. 15—heifer, 2 days post partum. place-baimu (tepra). standing but weak to walk, fast respiration ie. 50-60, hr=n ie. 50-60 with normal sound, rt=100, rumen motility-near absent. dx-unknown. without dx, infused mifex i.v. and s.c. only in suspense of milk fever. cow recovered within 2-3 hours and proved that as first stage of labour ie. Excitatory. other prediagnoses were also lactic acidosis or cyanide/nitrate poisoning. note-but in lactic acidosis h.r. should have gone near 100 and more than 100 in severe and fatal lactic acidosis. same increase in h.r. in cyanide poisoning theoretically.

MY SELF ODD VETERINARY EXPERIENCES

Case no. 16—adult buffallow,place-nauni –deothi-solan(sh. Brmhanand).h.-overexcited,jumping,twitching,continuous standing up and laying down.signs-not in mind.rx-inj. Siquil 5 ml i.m.and mag.sulphate 500 g p.o.symptoms abolished .perhaps it was hypomagnesimia which responded well to p.o. mag. Sulphate.next day owner came bringing mifex from dr.k.d. to infuse at night but I refused although the decision could have gone dangerous.

Case no. 17—adult jersey cow.dhar-gaura(sh. Pandit ji).i noticed the cow in staggering condition,shivering and standing.when we were trying to infuse mifex,it fallen near a big stone.i infused all mifex i.v. and some perhaps s.c. with all other supportive rx and tried to raise the cow but failed.pperhaps treatment again repeated or not.s.c. mag . sulph was also given at same time.it became normal in recumbent position ie. Eating,daefecating but did not rise.pperhaps internal injury occurred during fall or it was running from past long time unnoticed. It died.`

IATROGENIC DISEASES/DEATHS/CANCEROUS DISEASES

Case no.1—adult dog,place-batali,rampur.had oral cancerous cauliflower like small irregular growth on gingiva encircling loosened teeth.was improving with vincristicine.first of all owner made too late ie. 1 month late to bring vincristicine after initial prescription.one day dog shown diarrhea although signs of hypovolemia were not there and dog was normal .had a body weight of 5-6 kg.was a pom breed.was infused with 1.5 bottles of dns(5%) total dose at a moderate speed.shown initial disofort etc . but infusion was continued.now shown bloody discharge through mouth.infusion stopped .the dog went down to shock and died within 4-5 hours.cause of death-over infusion of parentral fluid in normovolumic dog resulted in fluid overload resulting in pulmonary oedema and haemorrhages and so rapid death.

Case no.-2—adult bitch,place-daran,rampur.venerial granuloma.aout 10 kgb.wt.was injected ful vial of vincristicin.became anorectic and recumbent after 2-3 days.owner did not bring her to vet. Hospital.so bitch diedd in 2-3 days.she should have received symptomatic treatment.

Case no.3—adult jersey cow.place-palmpur.acute tympany so trocar-canula was used plastic canula fixed in ruminal hole for persistent effect.local peritonitia and fever developed at puncture site with bubbly/cracky appearance to touch.it subsided by streptopenicillin injection.the plastic canula was gon dropped into rumen but it was too thin to harm.

Case no.4—2-3 days old kid,place-batali,rampur.very weak.hypothermia.not walking and not standing by itself without support.dx1-weakness.rx1-inj. Dns 5% @100 ml i.v.died on same day.cause of death-hypomagnesimia/congenital abnormality.

Case no.5—1-2 month old lamb,place-tepra.first constipation appeared.rx1-piperazine 5 ml and mag.sulph. 5 g p.o. sid for 5 days.then remained normal for 10-15 days.then came with anorexia,not walking and difficult to stand.dx1-weakness.rx1-dns 5% @150 ml i.v. statethe lamb was ruminating while lying at time of infusion.after infusion,heart rate-bradycardiac arrhythmia.the lamb became recumbent outside ie. Even worse than earlier.so in jected atropine sulphate 1 ml s.c.h.r. increased to 100-150 and rose up from recumbency.sent to home and died at night.cause of death-hypomagnesimia/fluid overload-?

Case no.6—adult bitch,place-palampur.was operated for practice by linea alba incision .was tied in stall. Was a pet.was operated for spaying.escaped by breaking rope.we searched her.found in village barking vigorously and with hanging intestines out into soilthrough ruptured suture line.was brought by wrapping in blancket to clinic was infused dns and enrofloxacin and dexamethasone but died due to endotoxic shock.

Case no. 7—1-2 month old kid,place-dofda,rampur.had abscess on knee .matured by betadine injection 1 ml inside it.after 2-3 days ,pus drainsd out.a major blood vessels was sewerd during dushing and asd procedure.bleeding not stopped even with artery forcep and ligation procedures.enough blood loss was there ie. App.100-200 ml.now bleeding stopped with kmno4 powder and tight bandaging the site.the kid died at night perhaps due to slow and continuous seepage of blood.

Case no 8—adult dog,place-batali,rampur.a hole on nasal bone dorsally not healing with all efforts and some tissue protruding out of it.the dog shedding the nasal mucous through out the

MY SELF ODD VETERINARY EXPERIENCES

house so owner frustrated and requested to euthenise other wise healthy dog. I refused.vincristicin so4 closed the hole with complete healing with very less sneezing and nasal discharge.i prescribed vincristicin again for complete healing but owner happied and satisfied with the gained situation only.note-it was a cancerous growth protruding into nasal cavity so causing sneezing and mucous discharge.

Case no 9—adult bull.place-koti-batali,rampur.horn cancer.not healing even after 15 days of asd.had easily detaching tissue so core cavity ie. Tunnel did not fill up.

Case no 10—animal -11 cows .place-saryanj ie. Bet.piplughat and tepra on link road.newly formed dairyman dairy farmer bathed the all cows with acaricide mixed with kerosene oil(unknown ratio).on symptoms of toxicity bathed them with plain water without soap.all died therefore.

DIGESTIVE DISORDERS

Case no 1—adult donkey,place-rampur(deothi,solan),owner-migrating flock keeper.history-kicking,rolling,standing and sitting,anorexia,less feces containing plastic etc.dx1-equine colic.rx1-dicyclomine and mifex @200 ml .probably advised mineral oil or mag sulphate drenching but unsure they did it.the donkey was left alone by them and they went ahead with flock.donkey died in 2-3 days alone with great distress /discomfort.the shepherd were in field of mr. giriraj for manure etc.cause of death-simple obstruction/colic.

Case no.2—adult jersey cow,place-ranot(batali,rampur).the cow had dislocation of hip joint at one leg due to a serious fall.the cow remained recumbent for 1 month but due to continuous and proper nursing ,cow stood on 3 legs after 1 month and was able to visit in and out of shed on 3 legs with good production and reproduction for 3 years.after that,on calving unable to rise.so nsaid and neurobione for 3 days helped cow to rise.then after 2 months,hygroma of left knee became severe with slight fever and anorexia.no effect of systemic antibiotics.inj. gentamicin directly into hygroma resulted in almost ful recovery.now after 1-2 months ,cow developed severe diarrhea.inj. ofloxacin and oral tinidazole shown no response even after ful course of 5 days.then oral drenching of neblone plus oral sulphadimidine plus inj . gentamicin shown some response but they did not allow fol course and dose of gentamicin.the watery diarrhea again began after 3-4 days.which did not came to halt and so cow died .cause of death-dehydration due to chronic diarrhea,less doze and incomplete course of gentamicin,negligence on 3rd time diarrhea.book-avoid incision to hygroma.use local antibiotic inj. Directly into it if it is infectious and pyrogenic.provide soft bedding,padding to knees,avoid fluid extraction by needle etc. as fluid collects again and again and the fluid is intercellular ie. No cyst like pocket of fluid.

Case no 3—adult jx cow-local type (200 kg b.wt.),plce-kartot(rampur-batali).calved at night and severe watery diarrhea developed in morning .in afternoon treatment done as-in.nrofloxacin plus dns 5%plus inj.sulphadimidine.the cow was sternally recumbent .the cow died at night.cause of death-insufficient fluid replacement ,not using n.s.(because better than dns for volume expansion),resistance to ofloxacin and tinidazole,futile use of sulphonamide (so load on liver).

Case no.-4-adult jersey cow,place-sharanpur(batali,rampur).sternally recumbent and very weak.dx-inj.mifex,t-phos,belamyle,neurobione and nsaid and dewormer.the cow was standing and slightly walking with support and very weak

.acute watery diarrhea developed after 3-4 days with dead worms in heavy count coming out.neblone ,inj.enrofloxacin was tried but cow died due to hypovolemia.cause of death-no fluid replacement ,antibiotic resistant,diarrhea was of irritant nature rather than infectious so dicyclomine had been proved useful if used.book-antispasmodics have good results in worm induced diarrhea.other reason for death may be no forceful drenching of soda water due lady alone at home.book- oral fluid replacement may be a good substitute for parentral replacement mainly in monogastrics and calves.

Case no 5-diarrhoea in sheeps and goats,place-rampur bushahar.recovered with inj.ceftriaxone,gentamicin and enrofloxacin.in ppr,inj .enrofloxacin was found most effective.

MY SELF ODD VETERINARY EXPERIENCES

Case no 6—adult buffallow, place-baimu bhangra (tepra-namhol). acute diarrhea (watery). within 3-4 hours, buff sternally recumbent and rising with support only. heavy worm load coming out. r.t. - subnormal i.e. 99-100 degree. treatment—inj. Enrofloxacin 30 ml i/m for 4 days, inj. Dicyclomine 15 ml sid for 3 days, inj atropine sulphate 10 ml sid for 2 days, oral drenching of astringents, oral drenching of soda water (half bucket water i.e. 7 liter + 1 fist soda + 1 fist salt + 1 fist sugar) qid for 1 day. then started self drinking. the buff recovered well. book-spasmolytics are best treatment in wormy enteritis. internet-salt and water into water should be added very carefully upto the very little taste to the water as hypertonic solutions aggravate the diarrhea i.e. Approx 2 g of both per litre of water. senior (svo, dr. negi) - r.t. of normal healthy buffallow may fluctuate wildly.

Notes—colics in horses can be prevented by feeding small amounts of feed/soft grass etc. at many times of day at intervals and also by plenty of drinking water. avoid very hard grass as it has to travel upper gut as such. add chaffs to feed to avoid bolus engulfing so choke in the long neck and also caecal impaction avoided. caecum has both inlet and outlet on the top against other animals so prone to impaction. it also prevents gastric ulcer by frequent dilution of acid with meal.

RESPIRATORY AND UROGENITAL DISEASES

Case no 1—adult jersey cow, place-gaura-batali-rampur. h.-laboured respiration since 12 hours. symptoms—very fast app. 40-60 respiration per minute, dyspnoea and snoring. normal rectal temperature. dx—severe pneumonia. rx1—inj. ceftriaxone @ 2 g sid for 1 day—nil effect but worsening of illness. rx2—inj. gentamicin @ 30 ml bd for 1 day—no effect. rx3—inj. Amoxyclox and streptopenicillin—no effect and cow died. all supportive treatments were also given along. cause of death—pulmonary abscess/severe pulmonary necrosis/shock. the cow shed was very dusty due to dry and dusty grass stored inside. dust drenching pneumonia might have occurred—medicine (blood). drug vial leaflet—ceftriaxone @ 5-6 mg /kg i.m. but drug index tells 1-2 g sid to man.

Case no 2—adult jx cow, place-batali, rampur. sudden onset of polypnoea with normal rectal temperature. dx1—acute pneumonia. rx1—inj. ceftriaxone 3 g i/m sid for 4 days and inj gentamicin 25 ml bd for 4 days along with some supportive therapy. the cow recovered completely.

Case no. 3—adult dog, place-dofda, rampur. haematuria since 1-2 weeks. dx—uti. rx—tablet ciprofloxacin for 7 days, dog recovered completely.

Case no 4—cows/animals, place-rampur. disease—enzootic haematuria. rx—bolus styplon 2 bd for 7-10 days to adult show good temporary response without reoccurrence within 5-6 months.

Case no 5—female calf of 40 kg body weight, place-tepra. laboured breathing i.e. Dyspnoea, fast respiration with snoring, moist rales on chest, rt=103-103.5 degree, moderate anorexia. rx—inj. ceftriaxone for 3 days but no improvement in appetite only temperature falling to 102-103 fluctuating. then inj. ofloxacin 5 ml i.m for 5 days—improvement started within 1-2 days to totally normal but temp. not coming lower than 102 degree. remained normal for 2-3 months then again same condition. so ofloxacin given again for 5 days and it recovered well till now. dx—severe pneumonia or lung abscess

Case no 6—adult buffallow, place-chamat, deothi. fast and laboured respiration. distress. hypothermia. dx1—hypocalcemia or toxicity. rx1—inj. Mifex 450 ml i.v. the buffalow fell down and died. that was a drenching pneumonia case.

HEMOPROTOZOAN DISEASES

Case no 1—adult h.f. cow, place-katayara, deothi. leg throwing like lameness on one leg and fever of 105 degree fahrenheit. dx1—ephemeral fever because there was an outbreak at that time. rx1—inj diclofenac. next day—coffee coloured urine. dx2—hyperacute babesiosis. owner informed me after 12 hours of start of coffee coloured urine due to night. rx2—inj. Berenil 3-4 g i.m. but cow died. cause of death—late progression of disease and hyperglycemia produced due to glucose (10% dns) 10 bottles i.v. and perhaps less dose of berenil to 4-5 quintal cow. book—systemic inflammation (disseminated intravascular coagulation due to raw surface of ruptured rbc) should be treated by maintaining hypoglycemia and avoiding glucose. in anemia, i.v. fluid administration causes pulmonary edema. in fact, local cattle already housed were carrier animals. each one of new jersey

MY SELF ODD VETERINARY EXPERIENCES

cows bought for dairying caught infection quickly, being very acute resulted in quick death with only little course. 3 cows died like this costing around rs. 60000. The new policy thus was made to inject berenil @ 1.4 g/ 100 kg body weight i.m to new purchased cow as soon as it developed fever even without haemoglobinuria. The fever subsided in each cow with active immunity for about whole life. This was prehaemoglobinuric treatment and proved successful.

Note-in mof(multiorgan failure),sirs(systemic inflammatory response syndrome) and ards(acute respiratory distress syndrome)-hyperglycemia should be avoided.

Case no 2-adult jx cow, place-rampuri, situ sister. chronic fever since 6-7 days. anorexia. some loose faeces. round black marks on otherwise white body, 1 cm diameter, not erupted but with skin level. urine normal approximately as very little reddish tinge ie. Yellowish type was seen but it is also like that in healthy animal too. The local v.o. failed to treat it and called it due to incarceration. dx-theileriosis. rx-inj. Berenil 4-5 g i.m. to that pregnant cow along with inj. oxytetracycline i.a. 30 ml stat i.m. the cow recovered completely. after 1-2 months, pruritis developed which subsided with inj. Ivermectin, 2 times at weekly interval.

Case no 3-adult jersey cow, place-tepra, namhol. loose feces. hypogalactia, little anorexia, alopecia near rounded and erupted scabs (ulcer type) on whole skin (app. 1/2 cm diameter and distributed diffusely), itching on those scabs. r.t.-102 degree f. submandibular lymph node-enlarged. dx-theileriosis (dark yellow urine only). rx-inj. Berenil 4g and inj. Oxytetracycline plane 30ml for 4 days. cow improved completely. same scabs to her calf of 6 month age and which was injected same medicines resulted in same improvement.

Case no. 4-adult h.f. cow, first lactation. place-katyara (rohit). ill from 10 days. history of intermittent fever. history-weakness, lymphomegaly, now last night for do or die as per owner. was heavy yielder @ 15 kg milk /day but now nil. clinical examination-conjunctival mucous membrane-white like lime, r.t.-101 degree, h.r.-60, r.r.-20. low h.r. and r.r. were due to cardiac, respiratory centre and muscular insufficiency due to very low blood haemoglobin. very weak. lymph nodes enlarged. hb -level=less than 2 g /dl. blood smear under leishmann-ring shape bodies inside rbc's (100 % parasitized) ie. Signet rings clearly seen. blood was very thin and watery. treatment history-inj. Oxytetracycline plain 15 ml i.m. sid for 3 days by raksha v.ph. and berenil 10 ml for 3 quintal cow by owner itself and then again after few days by dr. tanwar at same dose rate. dr. tanwar told the inj. Oxytetracycline as wrong and prescribed inj. Streptopenicillin for 3 days. so it was wrong diagnosis and treatment upto that. wrong treatment also in the sense that dose rates were inadequate. true treatment began at last night. night bus travel to Chandigarh to bring medicines and reaching back home at 1 pm night. rx at 1 pm night-inj butalex 20 ml ie. Ful vial, inj berenil 5 g, inj imferon 10 ml, inj oxy i.a. 30 ml, in. belamyle 30 ml, in. copper glycinate 1 vial s.c. advised oral bovirum @ 2 bd for 3 days and cocu tablets @ 2 b.d. for 90 days. owner although knowing the all dose rates but ignorant of special toxic effects of the specific drugs and unwaitful for the slow recovery, finished all 360 cocu tablets in 3 days. diarrhea developed on 4th day. the diarrhea controlled with inj ofloxacin but hypovolemia occurred with 98 degree f rectal temperature but h.r. 60 and r.r. 20 as by v.ph. low h.r. and r.r. in severe shock due to cardiac, muscular and respiratory insufficiency due to very low blood-hb., still cow standing and thirsty drinking lot of water so v.ph. delayed i.v. fluid for 4 hours upto which cow died. even 2nd butalex was also repeated after 48 hours of first. inj. dexam was also given 5 ml i.m. on 1-2 days before diarrhea (may be immunosuppressant). owner gave all cocu tablets in raw flour while his mother was feeding cow with coked meal since 12 days.

Note-a loss of 3-4 lacs was incurred when we count productive life of that primicalved, value of products and the production rate.

SKIN, EXTERNAL WOUNDS AND INTEGUMENTARY DISEASES

Case no. 1-adult local cow, place-batali, rampur. broken her horn at middle so core ie. Cavity open to outside with clotted blood inside. core flushed out of blood clots, filled up with betadine and a bandage role kept on its door and tied and wrapped around with horn with a bandage making a

MY SELF ODD VETERINARY EXPERIENCES

leak proof envelop.asd done a.d. for 3-4 times and the core filled up completely with tissue growing inside from all around walls.

Case no. 2—adult dog .maghara-rampur.cutaneous tail rot so that whole tail skin rotting and sloughing out.tail swollen .rx-necrosed skin scrapped out after lubricating and moisturizing on a.d.asd and bandaging for 6-7 times.tail recovered.

Case no.3—adult goat.place-tepra.leopard bite.nail has made punctured wound at face.rx1-inj. Enrofloxacin 3 ml i.m. for 5 days and daily asd.no healing and pus appearing daily in deep well type wound .rx2-inj. Streptopenicillin ¼ vial i.m. sid for 4 days.pus disappeared on 2nd day of inj. With hole filled up and swelling in surrounding area subsiding too.note-earlier,tr. Iodine was used .it

delayed healing by destroying granulation tissue,quickenened by betadine thereafter..

Case no.4—lamb .place-dabur,tepra.abscess on tail.tablet enromine for p.o. feeding for 5 days .the wound did not heal along with collection of pus and profuse bleeding upto which time tr. Iodine was used.wound healed quickly when betadine was used.note-tr. Iodine destroys newly granulation tissue so prevent healing-dr.s.k.-palampur.it is irritant too ,may be a reason for intense bleeding which we suspected first to be a tumourous growth.

Case no 5—ox.place-tepra.abdominal skin was cut so 10x10 cm area without skin and skin flap hanging .2 days old case.sutured skin edges and inj. Streptopenicillin for 2 days but severe pus accumulated inside.now skin flaps removed and daily asd with tr. Iodine along with infiltration also into surrounding subcutaneous area.healed as an open wound.

ENDOPARASITISM

Case no.1—animal –buffalow,place-chamat,deothi,solan.pot belly dropping down from many years.more bulge of abdomen towards one side.not lying on left side of her abdomen.hypogalactia.selective feeder avoiding coarse grass.chronic and intermittent diarrhea which develop rapidly after eating more concentrate or heavy meal.

Dx1-endoparasitism.rx1-bolus albendazole 1.5 g x 4 @ 2 p.o,repeatd fortnightly.25% improvement occurred.dx2-chronic liver fascioliosis.rx2-same treatment course for 2 times.50% improvement .75% of diarrhea disappeared.started lying down on her right side.decrease in size of abdomen.

Book-chronic fascioliasis causes chronic diarrhea.round worms migrate in visceral organs (lungs and liver) ie. Visceral larva migrans making tracts and destroying tissue.so heavy nematodism may make liver weak.large abdomen was due to ascites.

Case no.2—adult cow.tepra.tulsiram numberdar.skiny beads shown by him which yielded blood from its hollow interior when ruptured.owner said those to be all joined making a roap like long structure.may be blood sucker.

CERVICAL FIBROSIS/IMPATENT CERVIX AND MALPRACTICES

THEREOF

Case no.1—adult cow(1st/2nd lactation),jx,place-tepra(mrs.yashoda)namhol,blp.history-retained placenta which was partially removed by v.ph. so resulted in medium endometritis which was partially resolved by intrauterine lugoles iodine for 3 days.pgf 2 alpha also used 2 times.first time-supposing it to be long heat ,inseminated for 2 days continuously and tried for 3rd day but failed due to cervix closed.gun not crossed with moderate manipulation. next time inj. Enrofloxacin i/m for 2 days because of semiturbid discharge and betadine-m intrauterine for 2 days by gun crossing with difficulty.next 1-2 times,discharge was clear but gun unable to cross.little bead like swelling felt in middle of cervix on palpation ,may be stricture due to gun injury.so a.i. done intracervically.next time ,one a.i. done into cervix at morning,after 30 minutes injected cyclopam 15-20 ml,then again a.i. repeated at evening but cx did not open .so , a.i. done intracervically.10 ml of dns ie. 5 % dextrose infused intracervically after a.i. immediately by keeping cx tilted downwards towards uterus and keeping so for 20-30 seconds appr.research report-in impatent cx case ,dns infused after a.i. gives energy to sperms to travel and also flush

MY SELF ODD VETERINARY EXPERIENCES

semen to uterus through needle like cx canal.not conceived.double a.i. done cervically in next heat.

Case no.2—h.f. heifer,place-tiyaman,namhol ,tepra.history-came in ful heat first time but v.o. could not cross gun through cx,a.i. repeated by vph after 12 hours but he could not do so infused both straws i/cervically.thereafter,came into weekly and irregular heat phase.injected receptal 5 ml.then normal cycle ie. 18 days interval appeared but no bellowing but jumping and rushing along with scanty to moderate vulvar discharge.gun never crossed cx even tried 4-5 times.cycle break with with pgf2 alpha also done once but then too cx not dilated.now with senior advise,fed potassium iodide powder @5 g daily p.o. for 10 days before a.i.,spasmovet 10 ml and epidosine 10 ml at 45 minutes before a.i. along with inj. oxytocin@25 i.u. apprx. 20 minutes before same a.i.no effect appeared.then after 3 hours ,spasmovet again injected 10 ml and after its 30 minutes a.i. tried,but the same old story.we advised him to go to bull.after 17 days,he came with heifer in heat.the discharge was little cloudy and copious and thich strand than ever.i was to discharge her but with a last hope ,tried to cross gun and it crossed easily.we infused betadine-m 15-20 ml i/uterine daily for 3 days easily.now,it was to understood what caused that dilatation of cx.in this 6 months of juggling ,opaque discharge also came 2-3 times when inj. Enrofloxacin 15 ml sid for 3 days at first time and inj. Ceftriaxone 1.5 g sid for 4 days at 2nd time, thinking it to be due to due to infective cervicitis due to gun tip injury because ex. Os was protruded/ prolapsed type-internet.again brought it. It was late that gunnot passed beyond middle of cx.brought next time.gun stopped only at internal os.2 straws were used and told not to bring again in frustration.the heifer conceived with this.

Case no.3—animal-local type heifer.place-magbara,dofda,rampur,sh. Keshav ram.vph complained that gun never crossed its cx.i also tried once but failed.i broken its cycle at day 10th of heat by inj. Iliren.after 72-96 hours,it came to heat with fully open cx.a.i. done easily but it did not conceive.next time,receptal was used and double a.i. done but did not conceive.next time full heat came greater than ever before.a.i. done twice.cow conceived.

Case no.4—jersey cross adult cow,place-dofda,rampur bsr.history-a.i. gun could not be crossed by vph through cervix even tried 3-4 times by vph.i also tried once but had to deposit semen into cervix.now ,I broke her cycle with pgf2 alpha inj.the heifer came in ful heat with fully relaxed and dilated cervix.inseminated easily at correct site.again repeated by vph after 24 hours.did not repeat so conceived.

Case no.5—jersey cross adult cow.dofda-rampur bsr.vph failed to cross the cervix.cycle broken with iliren and then gun easily went through and cow conceived.tonic injections were given immediately once and tonic powder prescribed for p.o. feeding due to weakness.

Case no.6—local type cross cow.adult.baimu-tepra-namhol.noncooperative and straining cow.endometritis.during gun tip manipulation,the uterus was ruptured .sheath was 1-2 inch filled with blood and vaginal bleeding.light abdominal straining due to pain for 1-2 hours interruptly.rx- inj. Gentamicin 10ml plus n.s. 10 ml intrauterine daily for 3 days and inj. Enrofloxacin 15 ml i.m sid for 3 days .the endometritis disappeared as per owner and cervix and uterus was normal in size and shape.note-I was trying to place gun tip at correct site by applying pressure while gun was already in uterus.

Case no. 7—local cross heifer.magbara-dofda-rampur bsr.vph unable to cross cervix even when tried 3 times.cycle broken and gun crossed easily.was of long heat so inseminated for 3 days.again repeated.so administered inj. Receptal with a.i. and a.i. repeated after 6 hours.conceived normally to ful term.

FRACTURES AND DISLOCATIONS

Case no. 1—adult local dog.place-batraina-chamat bharech-deothi-solan.complete fracture of tibio-fibula,open ie. Punctured wound at site.untreated for 1 month except local dressing.then local immobilization technique was used as follows.one joint below and one joint above from the fracture site were covered.first,fine clipping of hairs with scissors to produce a grip,then wrapping of cotton pad apprx 1-2 inches thick over it with guaze bandage .a small window kept for wound

MY SELF ODD VETERINARY EXPERIENCES

dressing.then 2 thin and flat bamboo splints were made.one was fixed on the posterior aspect of the same foreleg and other on the lateral aspect.splints were non flexible to avoid leg flexion.then torn old clothes were wrapped around enough tight to avoid loosening and strangulation both.abundant clothes were applied in 2-3 layers and good thickness.now, all mass was tied together with strong rope from top to bottom with enough tightness.tightness should not be too much to avoid gangrenous sloughing of leg.control-first of inj. Xylaxin was given which caused vomiting although owner told the dog as fasted(24 hours for solid meal and 18 hours for liquid meals is indicated).then proper alignment of both fragments was done .splints were ending little above toe/foot to avoid splint pricking the foot.there was complete union after 1 month and dog himself broken the immobilization after union.oral antibiotics ie. Ciprofloxacin was also prescribed for 3-5 days.

Case no.2—adult jersey cow.ranot-batali-rampur.only first case seen by me surviving on 3 legs after dislocation .one hind leg dislocated .given pain killers for 3 days but cow did not get up.remained recumbent for 1 month with proper rolling ,bedding and massaging etc. nursing.rose up after 1 month and remained lame with one leg and difficulty to cross the high stepping door. So remained on nearly 3 legs for 3 years when died thereafter due to diarrhea etc. many complications.the cow yielded good milk.

Case no. 3—adult local cow.shattal-deothi-solan.slept on slippery floor so became recumbent in sternal.diagnosed as hip dislocation unilateral.was helped to get support to rise and provided with best nursing care.i also injected betadine ie. Pure with long needle around hip joint apprx. 10 ml.owner also made the hip area deeply painted ie. 2-3 cm diameter circle around joint with cactus milk ie. Survey plant.the cow became self sufficient apprx. After 20-30 days.

IATROGENIC DISEASES

Case no.1—adult lactic acidotic downer cow.place-dhar gaura-batali-rampur bsr.was severely acidotic.so,dissolved 50-100 g sodium bicarbonate in 100 ml of normal saline and boiled and cooled it by adding it to 400 ml n.s. in bottle.injected this solution into subcutaneous space in neck with 50 ml syringe.resulted in severe necrosis and sloughing of skin in the surrounding area of neck.

Case no.2—adult ketotic buffalow.place-shashal-deothi-solan.infused 200 ml mifex s/c.a heavy oedematous swelling occurred which resolved after many days of hot water fomentation.

Book-s/c administration of mifex/glucose may result in oedema and occasional infection .

Case no. 3—adult pom dog.place-covas-hpkv palampur.inj. ampicillin was given i/m.within 5 seconds,the dog went into anaphylactic shock.so, adrenaline and atropine sulphate and dns was administered at appropriate doze rates.the dog drew tongue inside and stood up slowly .the effect of atropine and adrenaline remains for 5 hours approximately.

Case no.4—adult dog.place-covas-hpkv palampur.chloral hydrate solution kept in opened dns bottle by a sr. doctor(dr.rakesh-post graduating)on almirah.a jr.doctor ie. Dr. amit thinking it to be a dns solution infused it to a dehydrated dog who died on the spot.

Case no. 5—adult jx cow.place-covas-hpkv palampur.a recumbent cow (on death bed and suffering from untreatable condition)was infused with great amount of autoclaved and glass bottled water ie. N.s. cow died soon perhaps due to fluid overload ie heart failure 1-2 days earlier than the expected life.

Case no. 6—adult dog.place-dashmala-dofda-rampur bsr.dog suffering from venereal granuloma.a b.c.w.c. ie. Gopichand injected the vincristicin so4 i/m.so, the leg remained lame and swollen for few days which recovered with hot water fomentation .

Case no.7—adult dog.place-dofda-rampur bsr.venereal granuloma.injected into leg vein.the skin over leg sloughed .perhaps there was whole drug extravasated or few drops of it .note-vincristicin administration with tubing /catheter ie. Butterfly needle is laborious.because tube is to be filled with sterile fluid first and then drug filled followed by few ml of fluid again administered .so direct injection is preferred.

MY SELF ODD VETERINARY EXPERIENCES

Case no. 8—adult stray dog.place-death by dr. pramod mahajan.shooting diarrhea with little dysentery .fever of 105 degree foreinheight. Was injected with antibiotic and left out without i.v. fluid.died in night.can fluid be administered in case of fever-don't know.

ENT DISEASES

Case no.1—dairy farm calves.palampur-hpkv-nutrition deptt.by dr. daisey rani.eye infections spreading into eyes of all calves.controlled with topical boric acid solution and genta+dexa eye drops.the eyes of calves were becoming opaque which became transparent after treatment.

Case no. 2—adult dog.palampur clinic-dr. mandiyal.rhinitis so that purulent string of thickness of a rope continuous touching on ground from both external nares.otherwise active with no chest sounds so clear airways.dx-acute rhinitis.rx-in.enrofloxacin(newly coming) @ 2 ml i.m. sid for 4-5 days .dog recovered completely.

Case no. 3—adult cow.tepra-namhol-blp.swollen lymph nodes ie. Submandibular which enlarged further in size during feeding and drinking each time.appetite was also some reduced.dx1-blood protozoan.rx1-inj. Oxytetracycline ds 30 ml i.m sid for 3 days. No effect.appetite reduced means-very less grass eating mainly coarse one.dx2-subacute actinobacillosis,although no saliva dribbling.rx2-inj.streptopenicillin 2.5 g i.m sid to 2-2.5 quintal cow for 3 days.lymph node size .remained same but appetite became voracious .supportive belamyle was also used.

Case no.4—adult haryana bull.tepra-namho-blp.swollen submandibular lymph nodes.otherwise everything normal .dx-subclinical local infection.was given mag. Sulphate for fomentation for 7 days to relieve uneasiness.no effect.remained as such to wait any clinical signs.when incised on suppuration, little pus with fibrous tumour type.not disturbed but asd done daily .healed in 3-4 days.it was chronic fibrosed case.

Case no.6—adult h.f. cow.tiyaman-namhol-blp.mandible seemed swollen at night and rx commenced on coming morning.inj.streptopenicillin 2.5 g i.m. b.d. for 3 days and sid for next 2 days .swelling subsided completely .after 8-10 days of it a localized baby ball size swelling on same site on mandible appeared which ripened with mag sulphate fomentation and ruptured on its own.with asd,it healed quickly and completely.

Note-abscesses heal quickly.early rx of actinomycosis yields good results.

CONTAGIOUS DISEASES

Case no.1—adult jx cow.10 litres yielding.calved 6 months ago second time.place-namhol(police man neighbour).severe hypogalactia since 7-8 days.now haemoglobinurea(coffe colour and port wine colour ie. Reddish-blackish type).rt=106 degree f.inj. berenil 5 g i.m. and oxytetracycline 30ml i/m plus hematinics.fever did not subside even after 24 hours and was same hb urea.berenil again repeated plus oxytetracycline .fever not subsiding in next 24 hours and same hb urea.now inj ppf ie. Procaine penicillin plus penicillin g at rate 1 vial i.m. b.d. now fever subsided and urine started to clear out.temp. going to subnormal ie. 99-101 degree f.one day urination not observed so injected lasix at rate 2 ml i.v. and 4 ml i.m.pronounced urination and cow in shock. Recovered with mifex and drank plenty of water.no loss of urine concentrating power of kidney and no anurea although oligurea.fluid continued at rate 5 bottles i.v. for 5 days. Imferon and belamyle for 4-5 days .vaginal mucosa –severe pale.perhaps it died of severe anaemic shock.urine was giving very stable and lot of froth on shaking etc.internet-urine in bacillary hb urea gives lot of and stable froth.the area where cow tied-near a foul stream and humid and shady area.dx-bacillary hemoglobinurea due to primary liver fluke infestation(by bok as initiating cause)

Note-sodium acid phosphate at rate 60 g i.v. and 60 g s.c. was also given 2 times at 12 hours interval to to rule out hypophosphatmia because some time in late and severe case of postparturient hb urea,temp.of upto 103.5 degree f can go(tiyaman-buffalo) and it can occure in phosphorus deficient soil in all types and stages of calves ie.dry,lactaing or pregnant anyway.

Note-bacillary hemoglobinurea is a sporadic disease.in anemia,direct blood transfusion can be done by keeping one animal at height (transfusing)and one at down(transfused),taking 15 gauge needle.take rubber (needle holder)out from one i.v. set and dix into another.avoid blood clot by

MY SELF ODD VETERINARY EXPERIENCES

using i.v. set without seeve, judge the amount of transfused blood. from any cow, blood can be transfused to diseased cow only once. so use another donor cow at next time.

3-4 months earlier, it had also noticed high pyrexia (105.5 degree f) without other major signs except moderate anemia. it was resolved with single inj. Of berenil. this time when hyperpyrexia occurred along with hb urea, I thought it to be due to babesiosis and thought earlier pyrexia as due to other disease. why did not I thought in reverse order of it which could have aroused the suspicion of bacillary hb urea and so earlier rx could have been commenced on. according to book, earliest rx of this bacillary hb urea without delay can only save life of animal along with antiserum (to neutralize haemotoxin and necrotoxin). why I remained stucked to oxytetracycline for 2-3 days when other potent antibiotic like penicillin, amoxycillin and ampicillin etc. were available.

URINARY TRACT DISEASES

Case no.1—adult jersey cow. place-tepra, sh. Nand Lal. babesiosis unnoticed perhaps from few days. coffee colour urine. r.t.=98-99 degree f. inj. berenil at rate 5 g i.m. urine not cleared within 12 hours. cow sodium acid phosphate 60 g i.v. and 60 g s.c. in normal saline plus n.s. 5 bottles i.v., all repeated at 12 hours interval. no pregnant. no freshly calved. temperature fluctuating between 99-101 degree f. after n.s. infusion immediately, it used to urinate a lot and upto 3 litres. urine colour became clear after 48-72 hours of start but then cow died in spite of all supportive treatment. cmm-not much pale. net search-urine concentration power/ability of kidneys had gone damaged due to hemoglobinuric nephropathy and so dehydration ensued even after parenteral fluid administration.

SUPPORTIVE SYSTEM DISEASES (BONES, LIGAMENTS ETC.)

Case no.1—buffalo, 1st calved heifer. vill.-tiyaman, sh. Ranjit. stringhalt (sarli) in both hind legs. in one leg, desmotomy of medial patellar ligament done by dr. neeraj of v.h. dhundan. immediate and complete response ie. Positive. second leg done by me. no response but worsening of lameness. I inserted the curved tenotomy knife in the groove straight and then turned the knife with concave cutting edge towards medial side. The tip of blade was touching bone. Now lifted up and cut by to and fro rasping movement. jerky cutting sound came with feeling of depression at site of cutting. 20-30 drops of blood came out. checking after 5 days—enough swelling and inflammation there. No improvement in cate. Now done by open method. skin very thick ie. 1 inch and severely swollen tissue underneath. no ligaments were seen. Cut muscles due to tenotome seen as zig-zag pattern. skin closed as such. Asd and inj. Ofloxacin for 3 days. inj. dexamethasone 5ml and vit. ad3e 10 ml i.m. a wonder that due to local anesthesia effect, the buffalo walked normally after getting up after surgery. then again the same story. perhaps due to muscle pain. After 10 days during cutting of suture thread, leg was same ie. lame. perhaps tenotome went deep. so, open method is best for learners. or adhesions had occurred which were painful due to extensive tissue trauma. or due to chronic nature ie. One and half years old.

VETEROLEGAL CASES

Animal-jersey cross adult cow. place-mashnu, v.h. dofda, rampur. owner carried me to mashnu telling that cow eaten by leopard in shed. I went there and saw the eaten and dead carcass of his cow app. 100 meters away from shed in the sanctuary area (approx.). I blamed him for telling a lie. he shown to me the drag marks and rock-sticken hairs etc. those were truly as such. I told that forest deptt. Only gives money if killed in the shed. then I wrote exactly the same story what was seen by me ie. distance from shed, location/map of place, drag marks etc. and marks of teeth on animal and identity of animal. the owner did not receive anything from forest deptt.

SH. SHYAM DUTT'S COW (NAURA)

Purchased new cow ie. H.f. type and large size. it shown 3 diseases nearabout continuously. in start, little anorexia. avoiding rough grass and eating feed gradually sniffing, shaking head while eating and continuous palpating the feed inside mouth. when oral cavity checked, two enlarged, long and sharp teeth were seen suddenly on both lower jaws ie. Last molars. to remove it, I went to ambala ie. E-lite corporation in palika bazar and purchased a mouth guage and a big bang size tooth cutter and a tooth rasping set. his relative v.ph. had also come on that day and told that tooth

MY SELF ODD VETERINARY EXPERIENCES

had been removed with a tooth rasp only needing no cutter. we cut the tooth with cutter at top and rasped the stump thereafter with tooth rasp. The cow became normal eater. After 5-7 days, cow started drooling down saliva. Dr. b.k. sharma of solan told it to be due to an actinobacillosis due to injury by sharp teeth. he advised me to prescribe potassium iodide at rate 5 g sid p.o. for 10 days. he told that even 3 g has yielded success. they fed it with drench. cow became perfect. After 1-2 months of this incidence, the same cow suffered with mastitis. mastitis-in evening, the owner asked to check his anorectic and almost tympanic cow. perhaps I didn't checked fever or it was normal. tympany and rumen atony was there. i gave tymplex etc. antibloats and inj. avil. i didn't check for udder. next morning, udder was greatly swollen like a pitch ie. Ghara, red, tense and painful. watery discharge through teats. crackling sounds in teats while milking. drained all the clots out of teat with normal saline infusion with cleaning and massaging of quarters. Now tylox ie. Amoxy plus cloxa infused in both quarters sid for 5 days and only for 1 day in 2 unaffected quarters as milk in these quarters was normal and swelling was only referred. in. amoxyclox ie. 1.5 g each b.d. for 5 days. supportive therapy-inj. Avil, diclofenac sodium etc. cow became totally normal after 5 days of treatment. after 4-5 years, the same cow became so infertile that even after intrauterine medication, inj. Receptal and all other efforts by other v.os etc. but not mine, didn't conceive till now. after mastitis, milk didn't come out of those affected quarters in that lactation but came normally in next lactation. note-gram negative mastitis is ignored/untreated and only gram positive mastitis is treated, for which amoxy plus cloxa tubes ie. Tylox are made thereof-internet.

REPEAT BREEDERS

True logics (from internet etc.)—even heifers can have endometritis due to rearing of she calves in unhygienic conditions or less commonly from blood born. if infection is deep seated under mucosa then systemic antibacterial is preferred as compared to i/uterine. cycle break alone along with pgf2 alpha is very effective in endometritis. lugoles iodene is very effective in endometritis but care to be taken to avoid high concentration and high volume, 10-30 ml is enough according to size of uterus (conc. Of 0.05-0.1 %). stock solution is made as 5% solution. actiflavin addition to betadine has no additional positive effect.

Case no.1—adult cow, gated-tepra-namhol. uterus—normal size. cervix-normal, gun passing very easily. discharge-moderate purulent. diagnosis-mild pyometra. treatment-lugoles iodene 25-30 ml i/uterine. discharge became all shiny but next time took along lugoles iodene on tour being ignorant of clear discharge and infused 15-20 ml in vain. next time a.i. done but repeated after 9 days. now conceived as .

Case no.2—jersey cross adult. kapti-batali-rampur. pusy discharge ie. Mild pyometra. ranidone ie. Betadine plus metronidazole at rate 20 ml plus 10 ml distilled water intrauterine a.d. on 3 times at single heat. discharge clear. next time inseminated and conceived.

Case no.3—adult jx bought cow. place-phunja, dofda, rampur. mild pyometra ie. Severe endometritis. pusy discharge. infused lugoles iodene once at rate 20-30 ml. discharge cleared to next time but due to late heat, gun not crossing internal os so semen dropped there which percolated to uterus when cow was placed in inclined position ie. Hip upward and so conceived.

Case no. 4—krishan lal thakur(poni)-tepra-namhol. adult cow. nothing problem but not conceived since 2 years even when intrauterine antibacterials also infused in vain without need. once receptal was used by dr. namhol and a.i. also repeated after 12 hours but in vain. Perhaps she used 2.5 ml receptal. note-2.5 ml of doze of receptal as indicated is not effective due to lack of cold chain so 5 ml is to be used for effect. owner was advised to help daily a.i. beginning from start of heat upto closure of cervix at 24 hours interval. he was also advised to bring 10 ml of receptal and make try 2 times by doing first a.i. at start of heat with infection receptal and then repeating after 24 hours. he was unresponsive because his cow was yielding good milk ie. 7-8 kg per day even after 3 years of calving. the cow had calved only once earlier. In first time, she gave 12 kg milk as peak yield.

MY SELF ODD VETERINARY EXPERIENCES

Case no. 5—sh nikku ram,tepra.local black cow.all things normal.gun enters with very light resistance into uterus and semen dropped at perfect site in mild –moderate toned uterus.discharge glossay.didnt concieve.now receptal remained to be tried . also lugoles iodene tried once intracervically earlier as gun went upto 2nd fold only.

Case no.6—sh. Gurditto (h/o smt.ganpati),tiyaman.adult jx heifer.once it was pregnant but aborted due to fall from road fearing from a vehicle.then moderate endometritis developed. With lugoles iodene ie. Daily infusion for 3 days,discharge became clear. Now not concieved after it even inseminated 2-3 times.gun crosses cervix with difficulty. Now double straw has been used one in cervix and other in uteus.was lugoles iodene becoming more voluminous due to daily infusion.as it is prefered to use it once in a heat. Or was it in a long heat with closed cervix.

Case no.7—sh. Anokhi tam of vill. Gaura.jersey cross heifer didn't conceive even after 10 arteficial inseminations since one year.daily a.i. done for 4 times at 24 hours interval untill reddish ie. Light metestral discharge and feeling of resistance to gun in cervix happened in the last.it conceived and owner praised with advertisement.

Case no.8—sh. Kamla nand –dofda .adult cow,jx.repeating since 1 year.approx. 10 times a.i. done,even history of double a.i. once. .clinical signs-every things normal ,discharge clear and little but bubbly .uterus was felt doughy and I thought that a pyometra .infused lugoles iodene.next time I did a.i. and injected receptal at rate 5 ml and taken rs. 250 from them.although they were annoyed.she conceived and saved my image.a.i. was also repeated after 12 hours.note-the doughy consistency of uterus appeared normal when inspected many cases by experience.

Case no.9—sh. Shiv ram,vill. Mashnu.adult jx cow.the similar case like above but discharge very glassy and no bubbles at all. Injected receptal and a.i. repeated after 6-12 hours.although he died of h.f. after 1 year in the same bus in which I was sitting.

Case no.10—anil –mashnu,jersey adult heifer.history-repeat breeding.clinical signs-severe pyometra ,uterus enlarged and bouts of pus come out after pressing the uterus.i took many visits and i/uterine infusions of ranidone ie. Betadine and metronidazole to clear it out.perhaps ,lugoles iodene if that was available could give early result.yet the heifer died by falling after such lot of efforts.i earlier thought that it was a gun injury case but it can also be hematogenous or from childhood due to contaminated environment etc(now i know) but although it is rare.

Case no. 11—sh. Virsingh,shah,dofda,rampur.adult jersey cross cow.insiminated 4-5 times .clinical-no discharge seen but owner added that it discharges little blood at time of heat so I infused lugoles iodene.it conceived on next time a.i.

Note-bloody discharge if voided 3-4 days after heat,it is metestral bleeding but if voided on day of heat ,it is due to an infection.

Case no.12—master shyama nand (mashnu),adult jersey cross cow.similar as in the cow of sh. Virsingh of shah,dofda,rampur.infused ranidone –m.next time a.i. done by v.ph. and it conceived.

Case no. 13—sh rup lal.place-mashnu,bazua,dofda , rampur.local black cow.not conceiving even tried more than 4-5 times.inj. receptal at rate 5 ml and single a.i. done.cow conceived.now owner used to bring and keep receptal at hand every time to avoid so long journey at time of each heat.note-in dofda-batali area but more in bataliarea,numerous long heat cases were there.

Case no.14—adult h.f. heifer.place-tiyaman(sh. Jagat ram),tepra,namhol.heifer repeating for more than 6 months.a.i. done many times . clinical-every thing normal but pusy discharge.advised for i/uterine medication next time. When next time observed,discharge was clear.so no drugs infused.a.i. done 2-3 times but failed.then came to camp and they infused intrauterine lugoles iodene once/or gentamicin for 3 days.next time double straw used at 6-8 hours interval.the heifer conceived.cote-clear discharge may also harbour inapperent subclinical infection .gentamicin at ful dosage rate ie. 15-30 ml is to be used intrauterine for 3 days without dilution.antibiotics only yield result in absence of pus.pus deminishes its action.

Case no.14—vill-katal,tepra,namhol.jersey cross adult cow.not conceiving.regular heat.discharge-clear and copious.uterus-good tone(moderate).gun went upto mid cervix and resistance felt.appears short heat case.a.i. done at internal os with single straw. Not came thereafter.

MY SELF ODD VETERINARY EXPERIENCES

Case- place-tepra. Male calf. Thorn, 1.5 cm long and 0.5 mm base diameter, pierced into centre of cornea. Drawn out with simple forcep. Inj. Ofloxacin i/m for 2-3 days plus oofloxacin and dexamethasone eye drops @4 tid for 7-8 days plus inj. Oofloxacin and injection dexamethasone I ml each subconjunctival twice at 4 days interval. Cornea cleared off cloud after 5-6 days of start of treatment.

Case- adult buffalo. Place-tiyaman, namhol, tepra, blp. 6-8 months pregnant. Hypophosphatemia with haemoglobinuria. Anorexia. Otherwise standing and walking but some depressed. Was in that condition for 24 hours. Clinical examination- r.t.= 103.5 degree f, h.r. and r.r.= normal. 5-7 months pregnant. Diagnosis- hypophosphatemia. Treatment- pulverised sodium acid phosphate @ 60 g i/v and 60 g s/c 2 times at 12 hourly interval. After 24 hours, a little improvement only in urine colour was seen. Now suspected babesiosis also. The berenil in full doze was injected once although previous treatment was continuing. After next 24 hours, urine totally clear and buffalo total healthy.

Case- buffalo. Village shivashankar garh, mamligh. Owner- aju, a boy. High degree torsion. 5 rotations done in evening after which buffalo appeared lazy. In the morning, scisserion section done. Scisseran was done perfectly even for encertaining the sac as if an uterus, fluid aspirated out of it which was reddish serum type ie. Uterus confirmed. Fets not found in uterus easily, strange. During searching it appeared that it came out of the abdomen, may be half was within uterus and half had entered into peritoneal cavity. Although uterus was full of fluid and fluid came out but not in a gushing manner as usual. Uterus was sutured at incision site although accidental rupture site was not found. All closed well ie. A perfect operation. Fluids i/v, antibiotics for 7 days on heavy dozes, first cs forte 3g daily for 3 days then streptopenicillin 5g daily for 4 days. But buff did not eat and died on 8th-10th days.

Drawbacks- -extra rotations were done that too on request of a.h.a.,prem.-uterus rupture should have been avoided. Even operation was good and catgut used for uterus and muscle suturing. This was a case like perhaps that of goat of vill. Divin, shyardaghat. Although owner did not inform of death so no chance of p.m. observation.

Case- owner- surender's brother, van and alto owner. Place- kakada. Animal- buff. Date- 18-12-010. Recumbent since 12-16 hours on sterna recumbency. Time of term is full, 9 days remaining, but not straining. Clinical examination- cervix is almost completely open and fetus palpated within menbranes as live but vagina was not fully relaxed. Injected- injection epidosine @ 40 ml, meloxicam 20 ml and dexta 20 ml i/m. left as such for wait and watch. After 1-2 hours phone came that buffalo has stood up. Total of 4 hours after epidosine injection, I revisited. Again same condition ie. Vagina only accumulating my one fist easily. I reached fetus head and with fingers inside eye-socket, and pulled but fetus retracts the head back forcefully. Both hands with difficulty entered now, both sockets grasped likewise but had could not be pulled out due to back pulling by the calf. Although presentation and posture was normal. Strange that water bag type, with bluish fluid came very late out. Now metal rod handled hook pricked at eye socket and by saving genitalia from tearing using palm of hand, the head slipped out. Rod of hook was engaging in genital walls so making difficult to engage the hook, I could have used the rope tied hook and engaging the hook by keeping constant pull on the rope so that it not turns and with one hand supporting hook and other pulling the rope.

The metal rod hook was not drawn out by me even out of pelvic inlet as calf was pulling to inside. Now legs searched, drawn out and tied separately. Legs ropes pulled out by other 2 persons and hook rod by me and calf came out. No damage to eyes. Calf was weak and coughing probably aspirated.

Note- when cervix is 2 fingers open, it takes 6 hours to completely open and upto 12 hours in heifers.

Case- place-tepra. Male calf. Thorn, 1.5 cm long and 0.5 mm base diameter, pierced into centre of cornea. Drawn out with simple forceps. Inj. Ofloxacin I/m for 2-3 days plus ofloxacin and dexamethasone eye drops @4 tid for 7-8 days plus inj. Ofloxacin and injection dexamethasone I

MY SELF ODD VETERINARY EXPERIENCES

ml each subconjunctival twice at 4 days interval. Cornea cleared off cloud after 5-6 days of start of treatment.

Case- adult buffalo. Place-tiyaman, namhol, tepra, blp. 6-8 months pregnant. Hypophosphatemia with haemoglobinuria. Anorexia. Otherwise, standing and walking but some depressed. Was in that condition for 24 hours. Clinical examination- r.t.= 103.5 degree f, h.r. and r.r. = normal. 5-7 months pregnant. Diagnosis- hypophosphatemia. Treatment- pulverised sodium acid phosphate @ 60 g I/v and 60 g s/c 2 times at 12 hourly intervals. After 24 hours, a little improvement only in urine colour was seen. Now suspected babesiosis also. The berenil in full doze was injected once although previous treatment was continuing. After next 24 hours, urine very clear and buffalo total healthy.

Case- buffalo. Village shivashankar garh, mamligh. Owner- aju, a boy. High degree torsion. Five rotations done in evening after which buffalo appeared lazy. In the morning, scissierion section done. Scissierian was done perfectly even for encertaining the sac as if a uterus, fluid aspirated out of it, which was reddish serum type i.e. Uterus confirmed. Fetus not found in uterus easily, strange. During searching it appeared that it came out of the abdomen, may be half was within uterus and half had entered into peritoneal cavity. Although uterus was full of fluid and fluid came out but not in a gushing manner as usual. Uterus was sutured at incision site although accidental rupture site was not found. All closed well i.e. a perfect operation. Fluids i/v, antibiotics for 7 days on heavy dozes, first cs forte 3g daily for 3 days then streptopenicillin 5g daily for 4 days. However, buff did not eat and died on 8th-10th days.

Drawbacks- -extra rotations were done that too on request of a.h.a., prem.-uterus rupture should have been avoided. Even operation was good and catgut used for uterus and muscle suturing. This was a case like perhaps that of goat of vill. Divin, shyardaghat. Although owner did not inform of death so no chance of p.m. observation.

Case- owner- surender's brother, van and alto owner. Place- kakada. Animal- buff. Date- 18-12-010. Recumbent since 12-16 hours on sterna recumbency. Time of term is full, 9 days remaining, but not straining. Clinical examination- cervix is almost completely open and fetus palpated within membranes as live but vagina was not fully relaxed. Injected- injection epidosine @ 40 ml, meloxicam 20 ml and dexta 20 ml i/m. left as such for wait and watch. After 1-2 hours phone came that buffalo has stood up. Total of 4 hours after epidosine injection, I revisited. Again same condition i.e. Vagina only accumulating my one fist easily. I reached fetus head and with fingers inside eye-socket, and pulled but fetus retracts the head back forcefully. Both hands with difficulty entered now, both sockets grasped likewise but had could not be pulled out due to back pulling by the calf. Although presentation and posture was normal. Strange that water bag type, with bluish fluid came very late out. Now metal rod handled hook pricked at eye socket and by saving genitalia from tearing using palm of hand, the head slipped out. Rod of hook was engaging in genital walls so making difficult to engage the hook, I could have used the rope tied hook and engaging the hook by keeping constant pull on the rope so that it not turns and with one hand supporting hook and other pulling the rope.

The metal rod hook was not drawn out by me even out of pelvic inlet as calf was pulling to inside. Now legs searched, drawn out and tied separately. Legs ropes pulled out by other two persons and hook rod by me and calf came out. No damage to eyes. Calf was weak and coughing probably aspirated.

Note- when cervix is two fingers open, it takes 6 hours to completely open and up to 12 hours in heifers.

Case- village Badron side (Jiwin) under and near Shyardaghat (V.D.). History- referred by VPH Shyardaghat (SANJEEV). NOT EATING SINCE 2-3 DAYS. PREGNANT. Around parturition, but do not know exactly the time of mating. Clinical examination- cervix is totally closed and no straining. External os appears on dorsal wall-side of vaginal lumen. My diagnosis was pregnancy toxemia. I injected inj. Lutalyse 2 ml i/m and inj. Dexta 5 ml i/m and told to bring the goat after 72 hours. But she brought after 144 hours when goat was very dull but rectal temperature was

MY SELF ODD VETERINARY EXPERIENCES

little down(at the lowest point of normal range) shedding reddish discharge as per owner. Second clinical examination- cervix was fully open and fetus putrefied. No space to correct the presentation as it was lateral. Pushed the fetus to inside few times but failed. Now one leg pulled out as such. Hoping for whole fetus to come out but putrid leg broke and came alone. Now during further pushings (although not forcefully but many times) and manipulations, the uterus ruptured at neck through which all fingers entered into peritoneal cavity. The goat suddenly laid down. I quickly performed scisseriesian section. Uterus was gone out of reach. Therefore, I made class 4 b.c.w.c., padma dev to press it inside with fist through vagina. Then it came to hold and fetus drawn out. Then stitching. Then evacuation of putrid material with help of normal saline out from peritoneal cavity. No major searching for intestines done. No tear in uterus found despite enough search. The goat cried few times, shown oxygen hunger and died. Now pm done- uterus was ruptured at neck. Placental debris found even in far anterior between intestines. Probable mistakes- not reading previous experiences about dystochia so uterus rupture occurred. Intestines not washed totally by drawing out i.e. Lavasing etc., no i.c.u. service (i/v fluid, antishock therapy etc.).

Case- owner- bharat ram, village- near bhola (mamligh). Buff. Heifer caught with dystochia for approximately 8-12 hours. Vento-sacral posture and posterior presentation. I tried to rotate the foetus to dorsosacral position in vain (reality- foetus in posterior presentation can be drawn out having any posture i.e. no need to correct the posture- by dr. sandeep thakur, vpc-solan). In the middle of my try, I saw ruptured (extensively) uterus from cervix-uterine junction (neck of uterus) extending into right horn (app. 8-10" long) but there was no bleeding so I thought it was due to continuous uterine contraction and straining for 6-8 hours although manual tear cannot be completely ruled out as I tried much up to the tiredness of my both arms. Antibiotic (vigorous) treatment was started but she unable to eat. On internet I learned that uterine rupture if sealed with blind suturing can prevent peritonitis which otherwise develop within few days if rupture does not heal itself. I was waiting its healing but it was as such or little bit narrowed on third day. Rupture on dorsal surface is not harmful but it was on ventral side so chance of seepage. I then put d.m.c. thread in needle making it double so that needle do not slip out and made it very long so that after pricking at rupture site extending one meter out of vulva. I made reinforced surgical knots (simple interrupted) by entangling both threads outside vulva due to lack of visibility and space inside uterus-vagina and tied from outside towards inside. Knots were made close by close. 5 days' antibiotic course (streptopenicillin+enrofloxacin) was done. Buffalo became all right. After app. 15-20 days the buff again anorectic with fever of appr 103-104 degree foenheight. On examination, threads were seen as hanging net inside uterine lumen occluding it approximately half way breadth wise. Now I did not manipulate it more due to fear of endotoxins to be absorbed by the blood and so did not try to cut the threads. Injection enrocin given for 5 days and one injection of dexamethasone of 10 ml. buff recovered fully and healthily. Owner sold that in inr 9000.

ADDED TO WEBSITE UP TO THIS.

Case – Shyam (village Satrol). Lala at mamligh. Jersey cross cow. Dystochia pain since 12 hours (morning) i.e. frequent lying down and getting up with rolling, paddling and struggling but owner being reluctant informed at evening. Examination- mild torsion. VPh tried to roll the cow but it did not work, then rolled in opposite direction resulting in further aggravation of torsion. So again rotated in previous direction but to no effect. Perhaps 4th time futile try also done. Internet- it is not wise to roll more than 5 times. Now scisseriesian section decided. As we hurried to hospital for collection of surgical instruments, threads etc.; in the mean time the owner arranged for halogen light in dark shed with low roof and bad / dirty / smelling floor with bad walls. Shed was earthen made / kachcha. By arranging carpets etc. for underneath and bed sheets etc. for covering the cow and avoiding furious walking and full standing as chance of dust formation in shed-air and fall of debris (dust, straw etc) from the ceiling was there. Surgery was done very quickly with high self confidence and scientifically by even needle pricking and aspiration of sac to ascertain that as if a

MY SELF ODD VETERINARY EXPERIENCES

rumen or uterus. Skin cut in single line parallel to muscles. When uterus remains deep and out of reach then incising that at that's original place and pulling the fetus out from that so that uterus also comes out to reach along with. Lose suturing of uterus done with catgut making a scaffold (Lambert style / usual for uterus). Heavy antibiotics (3 types i.e. Ofloxacin, ceftriaxone and streptopenicillin) given for 5-6 days combined to make sure survival for that being first successful caesarian. Cow shown lameness in leg of suture side, I thought that due to inflammation / pain and waiting that to be resolved but that did not resolve so inspected on day of suture-cutting and found hip dislocation due to severe struggling at time of dystochia. The cow was ok otherwise and yielded full milk upto the level of previous lactation.

Case- ward member, Shivshankar garh, Mamligh. Buff . perhaps fetus died many days ago so when examined, it was dead and putrefied , foul smelling. Head was very lightly entangled that giving confidence for its pulling again and again so tried very much even VPh K.D. Sharma also tried for longest time i.e. App. 1-1.5 hours. No serious bleeding occurred. It was very cold and continuously raining outside. At nearly 4 pm, dr. Verma (D.D.) was informed but he neglected that by saying, “ why did not tell in duty time”. I prepared for caesarian section by arranging lights, carpets etc. it was all o.k. but uterus when was cut, yielded very much putrefied fetus entangled with pus. During drawing out of fetus, uterus was not excavated fully out of abdominal cavity so very little seepage may have been entered into cavity. Although with hand cuff, removed out enough of it but infection is infection. With very strong toxins in heavy amount, the buff could not rise up. Although antibiotics (many) were tried but failed. On 4th-5th day, when pus was drawn out with hand, the next day buff shown improvement i.e. Temperature rose up from subnormal (due to toxemia) and activeness with water drinking. Although with abundant urine so toxins escaping out. On next to next day, uterus was ballooned full with pus, enough hot to touch and giving thrill of rapid and strong pulse. Also buff had gone very dull. I tried very gently as much as possible to remove the pus but in vain as the buff collapsed after 2-3 hours due to rising toxemia. After juggling for 7-8 days by giving i/v fluids, antibiotics, result was nil. Uterus was sutured with DMC cotton thread due to unavailability of catgut. In many cases, after uterine contraction thread becoming loose hangs as a net in peritoneal cavity causing peritonitis, adhesions and so resulting into infertility and sterility.

Case- Haemonchus placei- village Dhyawala. Owner- chai wala (shop Dhyawala). Jersey cross red sindhi cow. Appr. 8 months pregnant. Direct blood (black and occasionally red) from anus without dung for 3-4 days. Showing pain by kicking belly and discomfort. Conjunctiva had turned much pale. I went on 4th day as it was being handled by AHA (Khyali ram). On 1st day— diagnosis- amoebic dysentery. So treatment- bolus curacin oz / diardon @ 2 bid for 3 days and injection dicyclomine @ 15 ml i/m stat. no effect. On first day I read about possibility of H. contortus of sheep infecting cow becoming H. placei that causes anaemia and death. On 2nd day- the cow was very anaemic and anorectic. Diagnosis2- coccidiosis (I had learned on day-1 about nearly impossibility of coccidiosis in adult cow) but for hit and trial / do or die condition, I gave bolus sulphadimidine @ 4 boli bid p.o. as injection sulphadimidine / any sulphonamide was not available in the market or was available but Rakesh (medical store, mamligh) cheated by false promise and not bringing from Kunihar market (shopkeepers' mutual tussle). I had seen on internet that

Case- place-tepra. Male calf. Thorn, 1.5 cm long and 0.5 mm base diameter, pierced into centre of cornea. Drawn out with simple forceps. Inj. Ofloxacin I/m for 2-3 days plus ofloxacin and dexamethasone eye drops @4 tid for 7-8 days plus inj. Ofloxacin and injection dexamethasone 1 ml each subconjunctival twice at 4 days interval. Cornea cleared off cloud after 5-6 days of start of treatment.

Case- adult buffalo. Place-tiyaman, namhol, tepra, blp. 6-8 months pregnant. Hypophosphatemia with haemoglobinuria. Anorexia. Otherwise, standing and walking but some depressed. Was in that condition for 24 hours. Clinical examination- r.t.= 103.5 degree f, h.r. and r.r. = normal. 5-7 months pregnant. Diagnosis- hypophosphatemia. Treatment- pulverised sodium acid phosphate

MY SELF ODD VETERINARY EXPERIENCES

@ 60 g I/v and 60 g s/c 2 times at 12 hourly intervals. After 24 hours, a little improvement only in urine colour was seen. Now suspected babesiosis also. The berenil in full doze was injected once although previous treatment was continuing. After next 24 hours, urine very clear and buffalo total healthy.

Case- buffalo. Village shivashankar garh, mamligh. Owner- aju, a boy. High degree torsion. Five rotations done in evening after which buffalo appeared lazy. In the morning, scisserion section done. Scisserian was done perfectly even for encertaining the sac as if a uterus, fluid aspirated out of it, which was reddish serum type i.e. Uterus confirmed. Fetus not found in uterus easily, strange. During searching it appeared that it came out of the abdomen, may be half was within uterus and half had entered into peritoneal cavity. Although uterus was full of fluid and fluid came out but not in a gushing manner as usual. Uterus was sutured at incision site although accidental rupture site was not found. All closed well i.e. a perfect operation. Fluids i/v, antibiotics for 7 days on heavy dozes, first cs forte 3g daily for 3 days then streptopenicillin 5g daily for 4 days. However, buff did not eat and died on 8th-10th days.

Drawbacks- -extra rotations were done that too on request of a.h.a., prem.-uterus rupture should have been avoided. Even operation was good and catgut used for uterus and muscle suturing. This was a case like perhaps that of goat of vill. Divin, shyardaghat. Although owner did not inform of death so no chance of p.m. observation.

Case- owner- surender's brother, van and alto owner. Place- kakada. Animal- buff. Date- 18-12-010. Recumbent since 12-16 hours on sterna recumbency. Time of term is full, 9 days remaining, but not straining. Clinical examination- cervix is almost completely open and fetus palpated within membranes as live but vagina was not fully relaxed. Injected- injection epidosine @ 40 ml, meloxicam 20 ml and dexta 20 ml i/m. left as such for wait and watch. After 1-2 hours phone came that buffalo has stood up. Total of 4 hours after epidosine injection, I revisited. Again same condition i.e. Vagina only accumulating my one fist easily. I reached fetus head and with fingers inside eye-socket, and pulled but fetus retracts the head back forcefully. Both hands with difficulty entered now, both sockets grasped likewise but had could not be pulled out due to back pulling by the calf. Although presentation and posture was normal. Strange that water bag type, with bluish fluid came very late out. Now metal rod handled hook pricked at eye socket and by saving genitalia from tearing using palm of hand, the head slipped out. Rod of hook was engaging in genital walls so making difficult to engage the hook, I could have used the rope tied hook and engaging the hook by keeping constant pull on the rope so that it not turns and with one hand supporting hook and other pulling the rope.

The metal rod hook was not drawn out by me even out of pelvic inlet as calf was pulling to inside. Now legs searched, drawn out and tied separately. Legs ropes pulled out by other two persons and hook rod by me and calf came out. No damage to eyes. Calf was weak and coughing probably aspirated.

Note- when cervix is two fingers open, it takes 6 hours to completely open and up to 12 hours in heifers.

Case- village Badron side (Jiwin) under and near Shyardaghat (V.D.). History- referred by VPh Shyardaghat (SANJEEV). NOT EATING SINCE 2-3 DAYS. PREGNANT. Around parturition, but do not know exactly the time of mating. Clinical examination- cervix is totally closed and no straining. External os appears on dorsal wall-side of vaginal lumen. My diagnosis was pregnancy toxemia. I injected inj. Lutalyse 2 ml i/m and inj. Dexta 5 ml i/m and told to bring the goat after 72 hours. But she brought after 144 hours when goat was very dull but rectal temperature was little down(at the lowest point of normal range) shedding reddish discharge as per owner. Second clinical examination- cervix was fully open and fetus putrefied. No space to correct the presentation as it was lateral. Pushed the fetus to inside few times but failed. Now one leg pulled out as such. Hoping for whole fetus to come out but putrid leg broke and came alone. Now during further pushings (although not forcefully but many times) and manipulations, the uterus ruptured at neck through which all fingers entered into peritoneal cavity. The goat suddenly laid down. I

MY SELF ODD VETERINARY EXPERIENCES

quickly performed scissorian section. Uterus was gone out of reach. Therefore, I made class 4 b.c.w.c., padma dev to press it inside with fist through vagina. Then it came to hold and fetus drawn out. Then stitching. Then evacuation of putrid material with help of normal saline out from peritoneal cavity. No major searching for intestines done. No tear in uterus found despite enough search. The goat cried few times, shown oxygen hunger and died. Now pm done- uterus was ruptured at neck. Placental debris found even in far anterior between intestines. Probable mistakes- not reading previous experiences about dystochia so uterus rupture occurred. Intestines not washed totally by drawing out i.e. Lavasing etc., no i.c.u. service (i/v fluid, antishock therapy etc.).

Case- owner- bharat ram, village- near bhola (mamligh). Buff. Heifer caught with dystochia for approximately 8-12 hours. Ventro-sacral posture and posterior presentation. I tried to rotate the foetus to dorsosacral position in vain (reality- foetus in posterior presentation can be drawn out having any posture i.e. no need to correct the posture- by dr. sandeep thakur, vpc-solan). In the middle of my try, I saw ruptured (extensively) uterus from cervix-uterine junction (neck of uterus) extending into right horn (app. 8-10" long) but there was no bleeding so I thought it was due to continuous uterine contraction and straining for 6-8 hours although manual tear cannot be completely ruled out as I tried much up to the tiredness of my both arms. Antibiotic (vigorous) treatment was started but she unable to eat. On internet I learned that uterine rupture if sealed with blind suturing can prevent peritonitis which otherwise develop within few days if rupture does not heal itself. I was waiting its healing but it was as such or little bit narrowed on third day. Rupture on dorsal surface is not harmful but it was on ventral side so chance of seepage. I then put d.m.c. thread in needle making it double so that needle do not slip out and made it very long so that after pricking at rupture site extending one meter out of vulva. I made reinforced surgical knots (simple interrupted) by entangling both threads outside vulva due to lack of visibility and space inside uterus-vagina and tied from outside towards inside. Knots were made close by close. 5 days' antibiotic course (streptopenicillin+enrofloxacin) was done. Buffalo became all right. After app. 15-20 days the buff again anorectic with fever of appr 103-104 degree fahrenheit. On examination, threads were seen as hanging net inside uterine lumen occluding it approximately half way breadth wise. Now I did not manipulate it more due to fear of endotoxins to be absorbed by the blood and so did not try to cut the threads. Injection enrocin given for 5 days and one injection of dexamethasone of 10 ml. buff recovered fully and healthily. Owner sold that in inr 9000.

ADDED TO WEBSITE UP TO THIS.

Case – Shyam (village Satrol). Lala at mamligh. Jersey cross cow. Dystochia pain since 12 hours (morning) i.e. frequent lying down and getting up with rolling, paddling and struggling but owner being reluctant informed at evening. Examination- mild torsion. VPh tried to roll the cow but it did not work, then rolled in opposite direction resulting in further aggravation of torsion. So again rotated in previous direction but to no effect. Perhaps 4th time futile try also done. Internet- it is not wise to roll more than 5 times. Now scissorian section decided. As we hurried to hospital for collection of surgical instruments, threads etc.; in the mean time the owner arranged for halogen light in dark shed with low roof and bad / dirty / smelling floor with bad walls. Shed was earthen made / kachcha. By arranging carpets etc. for underneath and bed sheets etc. for covering the cow and avoiding furious walking and full standing as chance of dust formation in shed-air and fall of debris (dust, straw etc) from the ceiling was there. Surgery was done very quickly with high self confidence and scientifically by even needle pricking and aspiration of sac to ascertain that as if a rumen or uterus. Skin cut in single line parallel to muscles. When uterus remains deep and out of reach then incising that at that's original place and pulling the fetus out from that so that uterus also comes out to reach along with. Lose suturing of uterus done with catgut making a scaffold (lambert style / usual for uterus). Heavy antibiotics (3 types ie. Ofloxacin, ceftriaxone and streptopenicillin) given for 5-6 days combined to make sure survival for that being first successful scissorian. Cow shown lameness in leg of suture side, I thought that due to inflammation / pain

MY SELF ODD VETERINARY EXPERIENCES

and waiting that to be resolved but that did not resolve so inspected on day of suture-cutting and found hip dislocation due to severe struggling at time of dystochia. The cow was ok otherwise and yielded full milk upto the level of previous lactation.

Case- place-tepra. Male calf. Thorn, 1.5 cm long and 0.5 mm base diameter, pierced into centre of cornea. Drawn out with simple forceps. Inj. Ofloxacin I/m for 2-3 days plus ofloxacin and dexamethasone eye drops @4 tid for 7-8 days plus inj. Ofloxacin and injection dexamethasone I ml each subconjunctival twice at 4 days interval. Cornea cleared off cloud after 5-6 days of start of treatment.

Case- adult buffalo. Place-tiyaman, namhol, tepra, blp. 6-8 months pregnant. Hypophosphatemia with haemoglobinuria. Anorexia. Otherwise, standing and walking but some depressed. Was in that condition for 24 hours. Clinical examination- r.t.= 103.5 degree f, h.r. and r.r. = normal. 5-7 months pregnant. Diagnosis- hypophosphatemia. Treatment- pulverised sodium acid phosphate @ 60 g I/v and 60 g s/c 2 times at 12 hourly intervals. After 24 hours, a little improvement only in urine colour was seen. Now suspected babesiosis also. The berenil in full doze was injected once although previous treatment was continuing. After next 24 hours, urine very clear and buffalo total healthy.

Case- buffalo. Village shivashankar garh, mamligh. Owner- aju, a boy. High degree torsion. Five rotations done in evening after which buffalo appeared lazy. In the morning, scisserion section done. Scisserian was done perfectly even for encertaining the sac as if a uterus, fluid aspirated out of it, which was reddish serum type i.e. Uterus confirmed. Fetus not found in uterus easily, strange. During searching it appeared that it came out of the abdomen, may be half was within uterus and half had entered into peritoneal cavity. Although uterus was full of fluid and fluid came out but not in a gushing manner as usual. Uterus was sutured at incision site although accidental rupture site was not found. All closed well i.e. a perfect operation. Fluids i/v, antibiotics for 7 days on heavy dozes, first cs forte 3g daily for 3 days then streptopenicillin 5g daily for 4 days. However, buff did not eat and died on 8th-10th days.

Drawbacks- -extra rotations were done that too on request of a.h.a., prem.-uterus rupture should have been avoided. Even operation was good and catgut used for uterus and muscle suturing. This was a case like perhaps that of goat of vill. Divin, shyardaghat. Although owner did not inform of death so no chance of p.m. observation.

Case- owner- surender's brother, van and alto owner. Place- kakada. Animal- buff. Date- 18-12-010. Recumbent since 12-16 hours on sterna recumbency. Time of term is full, 9 days remaining, but not straining. Clinical examination- cervix is almost completely open and fetus palpated within membranes as live but vagina was not fully relaxed. Injected- injection epidosine @ 40 ml, meloxicam 20 ml and dexta 20 ml i/m. left as such for wait and watch. After 1-2 hours phone came that buffalo has stood up. Total of 4 hours after epidosine injection, I revisited. Again same condition i.e. Vagina only accumulating my one fist easily. I reached fetus head and with fingers inside eye-socket, and pulled but fetus retracts the head back forcefully. Both hands with difficulty entered now, both sockets grasped likewise but had could not be pulled out due to back pulling by the calf. Although presentation and posture was normal. Strange that water bag type, with bluish fluid came very late out. Now metal rod handled hook pricked at eye socket and by saving genitalia from tearing using palm of hand, the head slipped out. Rod of hook was engaging in genital walls so making difficult to engage the hook, I could have used the rope tied hook and engaging the hook by keeping constant pull on the rope so that it not turns and with one hand supporting hook and other pulling the rope.

The metal rod hook was not drawn out by me even out of pelvic inlet as calf was pulling to inside. Now legs searched, drawn out and tied separately. Legs ropes pulled out by other two persons and hook rod by me and calf came out. No damage to eyes. Calf was weak and coughing probably aspirated.

Note- when cervix is two fingers open, it takes 6 hours to completely open and up to 12 hours in heifers.

MY SELF ODD VETERINARY EXPERIENCES

Case- village Badron side (Jiwin) under and near Shyardaghat (V.D.). History- referred by VPh Shyardaghat (SANJEEV). NOT EATING SINCE 2-3 DAYS. PREGNANT. Around parturition, but do not know exactly the time of mating. Clinical examination- cervix is totally closed and no straining. External os appears on dorsal wall-side of vaginal lumen. My diagnosis was pregnancy toxemia. I injected inj. Lutalyse 2 ml i/m and inj. Dexa 5 ml i/m and told to bring the goat after 72 hours. But she brought after 144 hours when goat was very dull but rectal temperature was little down(at the lowest point of normal range) shedding reddish discharge as per owner. Second clinical examination- cervix was fully open and fetus putrefied. No space to correct the presentation as it was lateral. Pushed the fetus to inside few times but failed. Now one leg pulled out as such. Hoping for whole fetus to come out but putrid leg broke and came alone. Now during further pushings (although not forcefully but many times) and manipulations, the uterus ruptured at neck through which all fingers entered into peritoneal cavity. The goat suddenly laid down. I quickly performed scissarian section. Uterus was gone out of reach. Therefore, I made class 4 b.c.w.c., padma dev to press it inside with fist through vagina. Then it came to hold and fetus drawn out. Then stitching. Then evacuation of putrid material with help of normal saline out from peritoneal cavity. No major searching for intestines done. No tear in uterus found despite enough search. The goat cried few times, shown oxygen hunger and died. Now pm done- uterus was ruptured at neck. Placental debris found even in far anterior between intestines. Probable mistakes- not reading previous experiences about dystochia so uterus rupture occurred. Intestines not washed totally by drawing out i.e. Lavasing etc., no i.c.u. service (i/v fluid, antishock therapy etc.).

Case- owner- bharat ram, village- near bhola (mamligh). Buff. Heifer caught with dystochia for approximately 8-12 hours. Vento-sacral posture and posterior presentation. I tried to rotate the foetus to dorsosacral position in vain (reality- foetus in posterior presentation can be drawn out having any posture i.e. no need to correct the posture- by dr. sandeep thakur, vpc-solan). In the middle of my try, I saw ruptured (extensively) uterus from cervix-uterine junction (neck of uterus) extending into right horn (app. 8-10" long) but there was no bleeding so I thought it was due to continuous uterine contraction and straining for 6-8 hours although manual tear cannot be completely ruled out as I tried much up to the tiredness of my both arms. Antibiotic (vigorous) treatment was started but she unable to eat. On internet I learned that uterine rupture if sealed with blind suturing can prevent peritonitis which otherwise develop within few days if rupture does not heal itself. I was waiting its healing but it was as such or little bit narrowed on third day. Rupture on dorsal surface is not harmful but it was on ventral side so chance of seepage. I then put d.m.c. thread in needle making it double so that needle do not slip out and made it very long so that after pricking at rupture site extending one meter out of vulva. I made reinforced surgical knots (simple interrupted) by entangling both threads outside vulva due to lack of visibility and space inside uterus-vagina and tied from outside towards inside. Knots were made close by close. 5 days' antibiotic course (streptopenicillin+enrofloxacin) was done. Buffalo became all right. After app. 15-20 days the buff again anorectic with fever of appr 103-104 degree fahrenheit. On examination, threads were seen as hanging net inside uterine lumen occluding it approximately half way breadth wise. Now I did not manipulate it more due to fear of endotoxins to be absorbed by the blood and so did not try to cut the threads. Injection enrocin given for 5 days and one injection of dexamethasone of 10 ml. buff recovered fully and healthily. Owner sold that in inr 9000.

ADDED TO WEBSITE UP TO THIS.

Case – Shyam (village Satrol). Lala at mamligh. Jersey cross cow. Dystochia pain since 12 hours (morning) i.e. frequent lying down and getting up with rolling, paddling and struggling but owner being reluctant informed at evening. Examination- mild torsion. VPh tried to roll the cow but it did not work, then rolled in opposite direction resulting in further aggravation of torsion. So again rotated in previous direction but to no effect. Perhaps 4th time futile try also done. Internet- it is not wise to roll more than 5 times. Now scissarian section decided. As we hurried to hospital for

MY SELF ODD VETERINARY EXPERIENCES

collection of surgical instruments, threads etc.; in the mean time the owner arranged for halogen light in dark shed with low roof and bad / dirty / smelling floor with bad walls. Shed was earthen made / kachcha. By arranging carpets etc. for underneath and bed sheets etc. for covering the cow and avoiding furious walking and full standing as chance of dust formation in shed-air and fall of debris (dust, straw etc) from the ceiling was there. Surgery was done very quickly with high self confidence and scientifically by even needle pricking and aspiration of sac to ascertain that as if a rumen or uterus. Skin cut in single line parallel to muscles. When uterus remains deep and out of reach then incising that at that's original place and pulling the fetus out from that so that uterus also comes out to reach along with. Lose suturing of uterus done with catgut making a scaffold (lambert style / usual for uterus). Heavy antibiotics (3 types ie. Ofloxacin, ceftriaxone and streptopenicillin) given for 5-6 days combined to make sure survival for that being first successful scissarian. Cow shown lameness in leg of suture side, I thought that due to inflammation / pain and waiting that to be resolved but that did not resolve so inspected on day of suture-cutting and found hip dislocation due to severe struggling at time of dystochia. The cow was ok otherwise and yielded full milk upto the level of previous lactation.

Case- ward member, Shivshankar garh, Mamligh. Buff . perhaps fetus died many days ago so when examined, it was dead and putrefied , foul smelling. Head was very lightly entangled that giving confidence for its pulling again and again so tried very much even VPh K.D. Sharma also tried for longest time ie. App. 1-1.5 hours. No serious bleeding occurred. It was very cold and continuously raining outside. At nearly 4 pm, dr. Verma (D.D.) was informed but he neglected that by saying, “ why did not tell in duty time”. I prepared for cesserian section by arranging lights, carpets etc. it was all o.k. but uterus when was cut, yielded very much putrefied fetus entangled with pus. During drawing out of fetus, uterus was not excavated fully out of abdominal cavity so very little seepage may have been entered into cavity. Although with hand cuff, removed out enough of it but infection is infection. With very strong toxins in heavy amount, the buff could not rise up. Although antibiotics (many) were tried but failed. On 4th-5th day, when pus was drawn out with hand, the next day buff shown improvement ie. Temperature rose up from subnormal (due to toxemia) and activeness with water drinking. Although with abundant urine so toxins escaping out. On next to next day, uterus was ballooned full with pus, enough hot to touch and giving thrill of rapid and strong pulse. Also buff had gone very dull. I tried very gently as much as possible to remove the pus but in vain as the buff collapsed after 2-3 hours due to rising toxemia. After juggling for 7-8 days by giving i/v fluids, antibiotics, result was nil. Uterus was sutured with DMC cotton thread due to unavailability of catgut. In many cases, after uterine contraction thread becoming lose hangs as a net in peritoneal cavity causing peritonitis, adhesions and so resulting into infertility and sterility.

Case- Haemonchus placei- village Dhyawala. Owner- chai wala (shop Dhyawala). Jersey cross red sindhi cow. Appr. 8 months pregnant. Direct blood (black and occasionally red) from anus without dung for 3-4 days. Showing pain by kicking belly and discomfort. Conjunctiva had turned much pale. I went on 4th day as it was being handled by AHA (Khyali ram). On 1st day— diagnosis- amoebic dysentery. So treatment- bolus curacin oz / diardon @ 2 bid for 3 days and injection dicyclomine @ 15 ml i/m stat. no effect. On first day I read about possibility of H. contortus of sheep infecting cow becoming H. placei that causes anaemia and death. On 2nd day- the cow was very anaemic and anorectic. Diagnosis2- coccidiosis (I had learned on day-1 about nearly impossibility of coccidiosis in adult cow) but for hit and trial / do or die condition, I gave bolus sulphadimidine @ 4 boli bid p.o. as injection sulphadimidine / any sulphonamide was not available in the market or was available but Rakesh (medical store, mamligh) cheated by false promise and not bringing from Kunihar market (shopkeepers' mutual tussle). I had seen on internet that Ivermectin is best for H. contortus. The owner was also rearing goat and perhaps one ram or not. So on day 2, I injected ivermectin 10 ml direct subcutaneously and also 10 ml diluted in 500 ml normal saline and infused subcut . ie. Approximately 3 times the normal doze. Next day, dung totally normal and cow regained appetite but straining. Krishan dutt (V.Ph Sayari)

MY SELF ODD VETERINARY EXPERIENCES

removed the dead fetus and he said that the malena (black stool) was due to abortion and dystochia but actually abortion occurred due to severe anaemia as from internet. Internet-coccidiocidal can not be made for coccidian can not be killed but can be made growth-arrested. Metronidazole has not any coccidiostatic action. Sulpha drugs have coccidiostatic action.

Case- buffalo (1st calved heifer), village- Tiyaman (sh. Ranjit). Stringhalt type (sarli) in both the hind legs. In one leg, done by dr. neeraj (dhundan)- quick and complete response. 2nd leg- done by me- no response but worsening of lameness. I inserted the curved tenotomy knife in the groove straight and then turned the knife with concave cutting edge towards medial side. The tip of blade was touching bone. Now lifted up and cut by to and fro rasping movement of blade. Jerking (cutting) sound came with subsequent feeling of a depression at site of cutting. 20-30 drops of blood came out. Checking after 5 days- enough swelling and inflammation there. No improvement in gate. Now done with open method to correct the issue. Skin gone very thick (1 inch) and severally swollen tissue (red) underneath. No ligaments were seen. Cut muscles due to tenotome seen as zigzag pattern. Skin closed as such. ASD and injection ofloxacin for 3 days. Injection dexamethasone 5 ml and vitamin AD3 E 10 ml i/m. a wonder seen that due to effect of local anaesthesia the buff walked normally after getting up after surgery. Then again the same story. Perhaps due to muscle pain. After 10 days, during cutting of suture-thread, the leg was same. Perhaps tenotome went deep. So, open method is best. Or adhesions had occurred which were painful. Left as such on good-will.

Case- place- Dochi (mamligh). Muscle tear at bull's lower part of hind leg. Only 12-24 hours old. Not sutured although fresh so it took great time to heal up by granulation.

Case- mamligh (dochi). Around 15 days to calf. Buff slipped down hindquarter facing ground. Came by walking in to shed but when lied down, could not get up at its own. For one day, pain killer and neurobione. Thereafter, induction of parturition and erecting her up with ropes and 10 persons. Gradual improvement with great physical care and medications. Now, totally right. Was a murrah buff. Owner showed great activity and interest.

Case- spaying of a bitch (2 times whelped). Sh. Upender, village dhala. Place- galkhad (vety. Polyclinic). Owner distressed with annoyance and disposal of so many pups from so much long time. I carried her to Gadakhali in my car after prior date and time fixed from dr. Khimta (surgeon). Procedure- shaved and scrubbed big area of right flank. Gave atropine sulphate. After 10-15 minutes, gave xylazine and ketamine mixed together in single syringe i/v with DNS-drip. i/v set was properly fixed with tapes on leg with butterfly needle. No endotracheal intubation done. Bitch in lateral recumbency with right side up. Both, fore and hind legs extended away and tied in table hook with a guage. Needle cover/ cap (plastic) was cut on one end and fixed to both upper and lower canine first to keep jaw wide open. But removed then because needing no intubation. Flank method was used. From flank fold (union of leg with body making a fold) up to the level of tuber sacrale (anterodorsal extremity of ileum / pelvic bone) is the straight line of incision. A small incision of 3-4 cm was given near the flank fold. Skin- 1st layer of muscles- 2nd layer of muscles- 3rd layer of muscles plus peritoneum. Incisions done with blind dissection as far as possible and opening scissor was used to widen the hole of wound as much as possible. Last layer of muscle was incised very securely with scissor by giving a stab incision and lifting up the layer with forceps. Entered the peritoneal cavity. Searched for the uterus. Firstly intestines (medium reddish size) came out so pushed back. Then an enlarged sac like structure seen confusing that with a gravid uterus. Although before surgery, abdominal palpation by me had revealed no fetus inside. Now incision was elongated upto 2-3 cm more to exteriorize uterus and to remove feti. On its deep palpation, bitch urinated and it collapsed little. Done again and again with same outcome so collapsed too much. It was urinary bladder. Perhaps bitch had problem of urinary inconsistency. Rectum was also full without defecation for 1.5-2 days. Now searched uterus. It came to hand and was v-shaped. Now, one horn pulled out with easy traction because it was nearby (right one). Ovary felt as very tiny like rice-grain size and solid inside sheathy/slippery bursa (bursa is synovial cavity with synovial fluid inside). A chord like structure

MY SELF ODD VETERINARY EXPERIENCES

(suspensory ligament) was ligatured by 3 forceps technique as written in Amareesh-book of surgery. That is, 3 forceps used nearby each other. 1st forcep used for ligaturing as due to pressure of forcep tissue shrinks and when forcep is removed this tissue appears as grove and holds silk thread without slipping. Although transfixation can also be done. Silk thread number 1 or no. 2 was used. Too thick but very efficient. Reinforced surgical knot was used. Double ligature was used one above other. 2nd forcep was used for holding the stump. 3rd forcep to hold uterine end to avoid haemorrhage etc. from severed vessels. A ligature in place of 3rd forcep may be put. Now stalk cut between 2nd and 3rd forcep (artery forcep). Stump seen for bleeding. Again seen for bleeding by holding it with simple or rat toothed forceps. All was clean. If tied improperly, blood rushes out like a shower-ray. Now, 2nd horn pulled out with some vigorous pull for it was much far (left overy side). Done similarly with it too. Now as deep (posterior) to the uterine body was reached as possible using traction. One vessel runs on each side of it. Forceps were used in same way and both vessels were tied together with body using two ligatures nearby each other with same thread. Now body cut similarly as ovarian pedicle. Whole uterus removed out by cutting / breaking broad ligaments. Vessels of broad ligaments not ligated as these are small and only to be ligated in oestrus bitch due to massive haemorrhage. Abdomen sutured as first layer of muscle with peritoneum. Catgut no. one was used in all way. 2nd layer of muscle then sutured. Then 3rd layer of muscle sutured. In all muscle layers, horizontal mattress suture pattern was used. Lastly subcutaneous suturing done with same catgut. This is to avoid direct bite injury. In final, skin was sutured with silk (same no. 1).

Case- animal- ox, adult, local. Owner- sh---, Ghyal. Medial patellar luxation (salni) of right leg. Injection xylazine @ 0.5 ml i/v. injection lignocaine 2 ml s/c at site. Firstly leg flexed to such extent that medial patellar ligament is prominent by superficial palpation and both edges with groves (anterior and posterior) demarcated best. Now, curved knife inserted in direction of grove (anterior) lengthwise upto depth of half the size of blade. Now, it is turned inside so that its cutting side touches the MPL and tip of blade touches / reaches posterior grove. Now, by lifting up and little to and fro motion of blade (so that ligament does not come out of boundary of blade), cut the ligament with jerky sound. Tip of blade found rubbing the patella. Now blade withdrawn out and depression felt. Now cotton pressed against hole for 2-3 minutes and let the blood come out. Ranidone 20 ml infused inside. Owner advised to mop the blood outside on leg with wet cotton and apply betadine plus metronidazole (ranidone-m) externally on hole bid with cotton. Injection nimovet @ 10 ml i/m stat. note- ligament is so tense that when blade touches the skin and stretch it outside then the ligament has been cut. It also do not slip (lateral movement) much. Few techniques should be developed- not inserting blade much unnecessarily. After turning blade, I should push to ahead slowly and going to little deep if itdoes not slide to ahead being stuck in ligament. Then again repeating it ie. Pushing posteriorily and going little deep if it does not penetrate. When blade reaches below bottom edge of ligament, it slips ahead easily through connective tissue / fascia etc. now while feeling with hand, make reach the blade only just posterior to the posterior (farther) boundary of ligament, not much back. Now with upward lift and little cutting motion together, cut the ligament. In this way, minimum blood will come out. Never talk to owner to wash blood with water as he will enter the water inside wound hole. Only tell to sponge with wet cotton around and not above the wound. Apply betadine with cotton on wound hole bid for 4-5 days.