

CASE REPORT

Clinico-Therapeutic Management of Impacted Colic in a Donkey

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Colic is defined as pain originated from the gastro-intestinal tract. It causes the most serious condition in horses and donkeys, which result in severe abdominal pain and discomfort (Radostits *et al.*, 2007). It occurs in all animals, but it is most common in equines due to anatomical configurations. Equines are monogastric animals with hindgut fermenters in which digestion of fiber takes place physiologically in cecum and colon, and it provides major energy source. One of the most important key factors of colic is retroperistalsis of ingesta in large intestine close to the narrow pelvic flexure causing impaction (Argenzio, 1975). The clinical symptoms in donkeys are less marked as compared to the horses. Dullness is the most important clinical symptom observed in colic, but other symptoms observed are rare as compared to horses, like laying down, pawing, sweating, rolling on the ground etc (Donkey sanctuary, 2014). Diagnosis of colic is multidimensional (Temesgen and Fasika, 2018) and it is treated medically and surgically as early as possible to get rid from severe pain. This paper reports a rare case of colic and its medical management in a donkey.

ANAMNESIS AND CLINICAL OBSERVATIONS

A 6-year-old male donkey of Konali village of Udgir area (MS) was reported with a complaint of severe dullness, abdominal pain, rolling on the ground, looking towards flank, frequent urination and absence of defecation since twelve hours. The clinical examinations revealed normal body temperature, respiration with congested mucosa, increased pulse rate, and longer capillary refill time (CRT) than normal. On auscultation of the abdominal area, there was a decline in gut sound and motility. Per rectal examination revealed a hard pelleted lith. Based on clinical symptoms and observations, the case was diagnosed as impacted colic.

TREATMENT AND DISCUSSION

The case was treated medically with flunixin meglumine @ 1.1 mg/kg b.wt. IV to reduce severe gastro-intestinal pain and motility. Ringer lactate and Dextrose 5% solution for rehydration was administered IV as fluid therapy.

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Nasogastric intubation was performed in the present case by administering a mixture of a solution comprising 100 gm sodium bicarbonate, 50 gm electrolyte powder, and 100 gm magnesium sulfate once, and per rectal soap water enema was carried out on the first day. Inj. Chlorpheniramine maleate 5 ml and Tribetvet 5 ml were administered IM for two days, and the case recovered successfully within 48 hours. Animals started taking normal feed and water.



Fig. 1: Nasogastric intubation in a donkey

Clinically colic can be classified as tympanic colic due to accumulations of gas in the stomach and intestine, spasmodic colic due to strong contraction in the gastro-intestinal tract, and impactive or obstructive colic due to blockage in stomach/gastro-intestinal tract by stone, food mass, sand particle etc. The etiology of colic is very diversified, equines are more prone to colic than ruminants due to path physiology of gastro-intestinal tract, old age in equines, enteritis due to bacterial infection like salmonella, clostridia spp. gastro-intestinal parasites ascarids, cyathosyomes, large strongylus and other managemental factors like feed and water. Teeth problem, sudden change in feed, and less water intake is most favorable factor to develop colic in horse and donkeys (Conclaves, 2002). The prevention of colic is important by adopting good management practices like avoiding sudden change in diet, providing ample quantity of water during summer, regular deworming, dental care, and prevention of all predisposing factors that contribute to colic, etc. (Bliklager and Anthony, 2008).

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