



VET CARE

STRIVING TO STRENGTHEN THE LIVESTOCK HEALTH



Operating Emergency Veterinary Services in Public - Private
Partnership mode with 1581 Mobile Veterinary Clinics

1962 Partnering States



Government of
Tamilnadu



Government of
Telangana



Government of
Gujarat



Government of
Jharkhand



उत्तराखण्ड राज्य
Government of
Uttarakhand



Government of
Uttar Pradesh



অসম চৰকাৰ
Government of
Assam



UT Administration of
Dadra and Nagar Haveli
and Daman and Diu

“Towards saving the animals lives and bringing hope to the livestock owners”



184.56 Lakhs Calls Answered since inception
8.56 Lakhs Calls Answered in this quarter



Treated 214 Lakhs Animal Patients since inception with a Fleet of 1581 Mobile Veterinary Units since inception
16.17 Lakhs Emergencies responded in this quarter.



Assisted 36.77 Lakhs Surgeries, 20.38 Lakhs Gynecological & Obstetrical Cases and Treated 148.74 Lakhs Medical Emergencies by the teams of Mobile Veterinary Units

THE MVUs – HEALERS OF HOPE.....



I am honored to introduce this new edition of our Vet Care Magazine at a time when EMRI-GHS continues to strengthen its role as a lifeline for India's rural livestock economy. Our 1962 Mobile Veterinary Units have now delivered over two crore treatments, a milestone that reflects the deep trust placed in us by farming families across the country. In a nation where livestock is the backbone of rural livelihoods, especially for marginal and small farmers, access to dependable veterinary care is not merely a service, rather it is a foundation of economic stability, food security, and resilience.

India's rural economy is built on the hard work of farmers who often live in geographically isolated regions, dependent on their cattle, buffaloes, goats, sheep, and other livestock for income, nutrition, draught power, and social security. Many of them operate on modest landholdings, vulnerable to climate shocks, disease outbreaks, and economic fluctuations. For these communities, the arrival of a Mobile Veterinary Unit is more than a clinical intervention it is reassurance, continuity of livelihood, and a safeguard against unforeseen loss.

Our MVU teams have worked with unwavering dedication across diverse terrain and weather conditions, be it hilly landscapes, forest fringes, drought-prone belts, flood-affected villages, and disaster-hit regions etc., and even relieved wild life species in support with Forest Officials. Their ability to navigate these challenges while ensuring timely treatment, emergency care, and preventive services stands as a powerful testament to their professionalism and compassion. Their work touches the most remote corners of India, where veterinary support is often scarce or inaccessible.

The past months have also marked significant progress in awareness, education, and disease prevention. We commemorated World Zoonoses Day (6 July) and World Rabies Day (28 September) with widespread outreach and public health messaging, reinforcing the One Health approach. Special Notes in this regard have been widely circulated among the EMRItes. Continuous Veterinary Education has remained a central pillar of our quality framework, complemented by Webinars 12 and 13 organized by National VMLC, where globally respected experts in veterinary science shared insights that enriched our clinical standards and field strategies.

This edition of the magazine captures these achievements, the stories of resilience, Empathy, commitment to society, community service, innovation in Vet sciences, and the everyday heroism of our staff. Their work not only heals animals but strengthens the very fabric of India's rural economy.

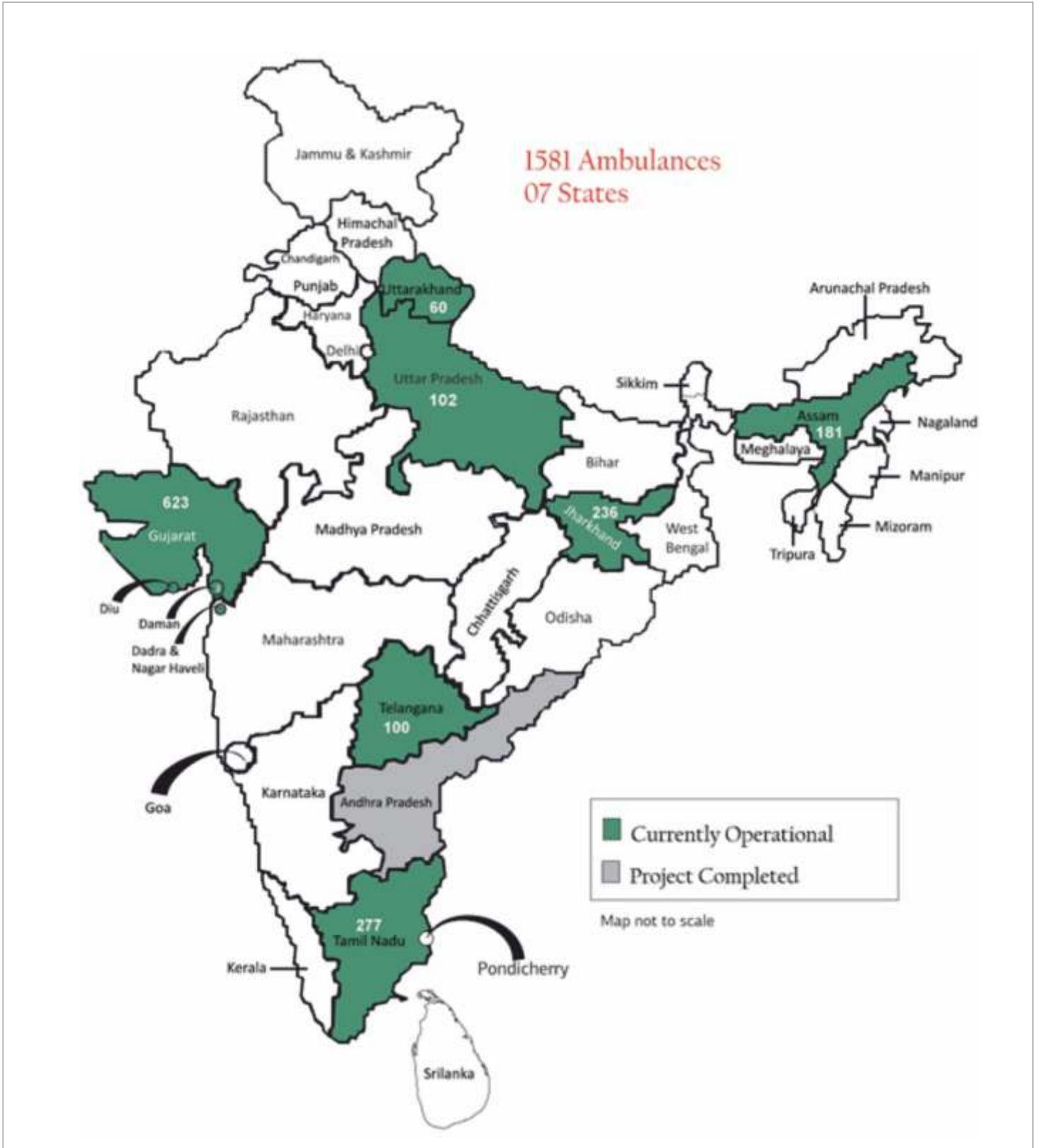
As we celebrate our milestones, I extend my heartfelt appreciation to every member of our entire 1962 team. Let us continue advancing with compassion, integrity, and excellence together building a healthier and stronger livestock ecosystem for rural India.

With Regards,

K. Krishnam Raju

Director - EMRI GHS

FOOTPRINTS OF 1962 IN DIFFERENT STATES OF INDIA





- 108 Emergency Response Center handles over 250,000 calls daily.
- An impressive 97% of calls are answered within just 2 rings.



Neonatal Ambulance

- Initiated to lower neonatal mortality rates.
- Fully equipped (incubator- ventilator etc.) to facilitate the transfer of newborns between Special Newborn Care Units (SNCU) and Neonatal Intensive Care Units (NICU).



Drop-back Ambulance

- Initiated to reduce infant and maternal mortality rates.
- These ambulances are designed to transport pregnant women, mothers and newborn babies from home to hospital and hospital to home in sterile and safe environment.



Mobile Medical Unit (MMU)

- Mobile Medical Units(MMU) provide primary health care on wheels.
- Serve medical needs of individuals in remote areas.



Boat Ambulance

- Introduced for rapid response to medical emergencies in riverine regions.
- Provide critical healthcare support during floods.



Inter Facility Transfer (IFT)

- Primarily used to transit care patients from lower level to higher level hospitals in emergency situations.



Doli-palki

- This innovative approach is designed to carry emergency patients navigate hilly terrains or no road connectivity



- Health helpline services in non-emergency
- This telemedicine service offers information, advice, and counseling



- Implements "Dial 100 Police" service to combat crime and maintain societal peace and safety.
- It uses advanced technology to analyze calls, enhance information for rapid response, facilitate follow-up and expedite information sharing to different levels of law enforcement & prompt response.



- "Call 181" - Women Helpline is a dedicated service aimed at assisting women in distress.



- Mobile Veterinary Units accessed through 1962 toll free no. provides doorstep point-of-contact- care (POCC) for livestock and stray animals.
- MVUs with Hydraulic lift to carry animals to veterinary facilities in few states.

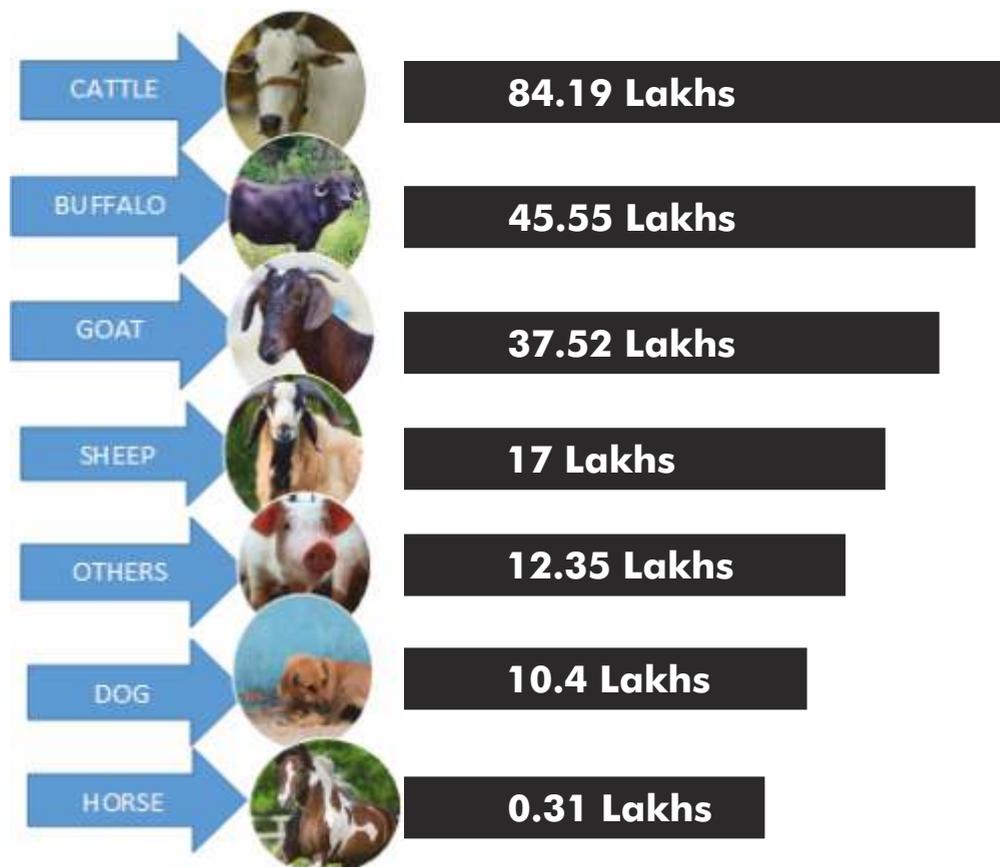
State wise progress since inception July to September 2025

S.No.	Name of State	Operational Vehicles	No. of Animal Treated in this Quarter (July-Sep)	No. of Animal Treated Since Inception
1	Tamil Nadu	277	8.4 Lakhs	30.11 Lakhs
2	Telangana	100	1.2 Lakhs	47.85 Lakhs
3	Gujarat	623	3.6 Lakhs	98.37 Lakhs
4	Uttarakhand	60	0.41 Lakhs	3.44 Lakhs
5	Uttar Pradesh	102	0.95 Lakhs	6.94 Lakhs
6	Assam	181	1.0 Lakhs	8.68 Lakhs
7	Jharkhand	236	0.67 Lakhs	1.7 Lakhs
8	UT(DDNH)	2	0.02 Lakhs	0.07 Lakhs
9	Andhra Pradesh	340*	0 Lakhs	17 Lakhs
Total		1581	16.17 Lakhs	214.2 Lakhs

Note: -*Service Terminated in May 2025

Average animals treated per day in this quarter (July-September)-17579

Species wise animals treated by 1962 since inception





Star Performers from July - September 2025

1962 NATIONAL SAVIOUR AWARDEES –Q2 (2025-2026)

S.NO	MONTH	STATE	CASE CONDITION	PG NO
1	JULY	UTTARPRADESH	DYSTOCIA IN BUFFALO-LATERAL DEVIATION OF HEAD	8
2	AUGUST	UTTARAKHAND	MACERATD FOETUS IN CATTLE	14
3	SEPTEMBER	ASSAM	SWINE ERYSIPELAS IN PIG	19

VET CARE CRITICAL CASES FOR THE QUARTER Q2 (JULY - SEPTEMBER))

S. NO	MONTH	STATE	CASE CONDITION	PG NO
1	JULY	UTTAR PRADESH	DYSTOCIA IN BUFFALO-LATERAL DEVIATION OF HEAD	8
2	JULY	UTTAR PRADESH	METACARPAL FRACTURE IN A BUFFALO CALF	9
3	JULY	UTTARAKHAND	THIRD EYELID PROLAPSE IN A HORSE	10
4	JULY	UTTAR PRADESH	TRAUMATIC WOUND IN CATTLE	11
5	JULY	TELANGANA	VAGINAL PROLAPSE IN GOAT-MID GESTATION	12
6	AUGUST	UTTAR PRADESH	DYSTOCIA IN BUFFALO DUE TO MALPOSITION OF FETUS	13
7	AUGUST	UTTARAKHAND	MACERATED FETUS IN CATTLE	14
8	AUGUST	GUJARATRIGHT	METACARPAL FRACTURE IN CALF	15
9	AUGUST	TAMIL NADU	DYSTOCIA IN CATTLE	16
10	AUGUST	ASSAM	CERVICO-VAGINAL PROLAPSE IN A CATTLE	17
11	AUGUST	TELANGANA	TAIL GANGRENE IN CATTLE	18
12	SEPTEMBER	ASSAM	SWINE ERYSIPELAS IN PIG	19
13	SEPTEMBER	UTTARAKHAND	TRAUMATIC EAR INJURY IN HORSE	20
14	SEPTEMBER	UTTAR PRADESH	SURGICAL REMOVAL OF MAMMARY TUMOR IN DOG	21
15	SEPTEMBER	GUJARAT	ENUCLEATION IN THE CATTLE	22
16	SEPTEMBER	GUJARAT	HORN AMPUTATION IN CATTLE	23
17	SEPTEMBER	TAMIL NADU	TOTAL UTERINE PROLAPSE IN CATTLE	24
18	SEPTEMBER	TAMIL NADU	PRE PARTUM CERVICO-VAGINAL PROLAPSE IN CATTLE	25

EMRI - GHS : Not for profit organization operating under public private partnership mode.



1. DYSTOCIA IN BUFFALO-LATERAL DEVIATION OF HEAD

Dystocia, or difficult calving, is a common reproductive emergency in buffaloes and can occur due to maternal or fetal reasons. Among the fetal causes, lateral deviation of the head is one of the most common malpresentation. This problem disturbs the normal position of the fetus in the birth canal, causing prolonged labor and increasing the risk of complications for both the mother and the calf. Early identification of this malpresentation and timely obstetrical intervention are important to correct the fetal position, assist delivery, and ensure a good outcome for the buffalo.

DYSTOCIA IN BUFFALO- LATERAL DEVIATION OF HEAD

CASE DETAILS:

District : Ambedkar Nagar
MVU : Alapur
Date : 06-07-2025
Case ID : 20250000264927
Call Time : 04:04 PM
Doctor : Dr. Indresh Kumar
DCH : Mr. Ramesh Kumar

1. History / Anamnesis: A 3-year-old Murrah cross buffalo was reported on 06/07/2025 at 04:04 PM with the history of being unable to deliver since morning, showing severe abdominal straining and restlessness. The 1962 team reached promptly to the location.

2. Clinical Presentation: On examination, the animal had congested mucous membranes, rectal temperature of 102°F, respiration rate of 52/min, pulse rate of 18/min, capillary refill time of 2 seconds, ruminal movements 2 per 3 minutes, and vaginal discharge.

3. Signs and Symptoms: Per-vaginal examination revealed ruptured water bag, both forelimbs in the birth canal, and the head deviated laterally to the right side. The case was diagnosed as dystocia due to fetal malposture in anterior longitudinal presentation with dorso-ventral position.

4. Procedure: The buffalo was restrained in standing and mild epidural anaesthesia was given. The perineal region was cleaned and the birth canal lubricated with sterile liquid paraffin. The head was corrected by repelling the fetus backward and pulling the muzzle forward with a snare. Obstetrical chains were applied to both legs and traction was coordinated with dam's straining. A live male calf was delivered per-vaginum. The uterus was flushed with mild antiseptic solution. Medications included: Antibiotics, NSAIDS, Anti-histamines, Tribivet, Bol. Uron 4 intrauterine, and Syp. Exapar 100 ml orally twice daily.

5. Advice to Farmer: The farmer was advised to provide nutritious feed and clean water, maintain hygiene, keep the calf warm and dry, and ensure adequate colostrum feeding.

6. Recovery and Reflection of Farmer: The 1962 team came quickly when my buffalo was having trouble giving birth. They handled everything carefully and helped her deliver safely. Both the mother and calf are fine now. I am very thankful to them for saving my animal.

7. Reflection of Veterinary Team: The buffalo and calf recovered uneventfully under postnatal care, and the farmer expressed satisfaction and gratitude for the successful management of the case.



Ruptured water bag



Relieving Dystocia



Live Calf with Dam

JULY-2025

1962 TEAM – UTTAR PRADESH-SULTANPUR



2. METACARPAL FRACTURE IN A BUFFALO CALF

Metacarpal fractures are common limb injuries in young calves, usually caused by trauma or slipping. If not treated promptly, these fractures can lead to bone malalignment and reduced limb function. Proper immobilization, external fixation, and supportive therapy are essential for effective management and to ensure good recovery.

METACARPAL FRACTURE IN A BUFFALO CALF

CASE DETAILS:

District : Sultanpur
MVU : Valdiray
Date : 10-07-2025
Case ID : 20250000271153
Call Time : 10:22 AM
Doctor : Dr Pragya Prakash Mishra
DCH : Mr. Shivesh Pratap

1. History: A 15-day-old female Murrah cross buffalo calf was reported with inability to stand or walk since the previous day. History from the owner revealed injury leading to lameness and swelling in the left forelimb. The 1962 team reached promptly to the location.

2. Clinical Presentation: On examination, the calf was alert but in pain, with pink mucous membranes, respiration rate of 25/min, pulse rate of 85/min, capillary refill time of 2 seconds, rectal temperature of 101°F, and evident pain on palpation of the left forelimb. The calf was unable to bear weight or walk.

3. Signs and Symptoms: Palpation revealed a fracture involving the metacarpal region of the left forelimb. The case was diagnosed as a simple fracture of the left forelimb.

4. Procedure: Initial stabilization was done using a soft cotton pad and bandage rolls. Wooden splints were applied externally to support and maintain alignment. Adequate padding was ensured with cotton before applying bandage and plaster of Paris (POP) to immobilize the limb securely. The procedure was carried out carefully to avoid discomfort or displacement.

5. Medications included: Inj. Enrofloxacin 5–10 mg/kg IM, Inj. Chlorpheniramine maleate 0.5–1 mg/kg IM, Inj. Meloxicam 0.2 mg/kg IM, Inj. Vitamin B-complex 5–10 ml IM, and oral Ostovet syrup as supportive therapy.

6. Advice to Farmer: The farmer was advised to monitor the limb daily, maintain cleanliness of the bandaged area, and provide proper nutrition and care to the calf.

7. Recovery and Reflection of Farmer: I kept checking the calf regularly, and the plaster was taken off on the 21st day. The leg healed nicely, and the calf started standing and walking normally again. I am very thankful to the team for helping my calf recover on time

8. Reflection of Veterinary Team: The veterinary team expressed collective satisfaction in achieving full recovery, emphasizing the importance of prompt diagnosis, proper immobilization, and supportive therapy in restoring the calf's mobility.



Before Treatment



During Application of POP



Weight bearing in calf



3. THIRD EYELID PROLAPSE IN A HORSE

The third eyelid (nictitating membrane) in horses helps protect and lubricate the eye. Prolapse of the third eyelid is an uncommon condition that can result from trauma, inflammation, or infection. It presents as a protrusion at the inner corner of the eye and may lead to discomfort or corneal irritation. Early diagnosis and appropriate medical or surgical management are important to prevent secondary infection and protect vision.

THIRD EYELID PROLAPSE-HORSE

CASE DETAILS:

District : Uttarkashi
MVU : Mori
Date : 14/07/2025
Case ID : 121070
Call Time : 10:53 AM
Doctor : Dr. Sunny Joshi
Paravet : Mr. Pravesh

1 History: On 14th July 2025, the Veterinary Response Officer received a call from a farmer reporting that his horse had been suffering from an eye injury since the previous day. The case was assigned to the Mori Mobile Veterinary Unit (MVU), which promptly reached the location and performed a detailed physical and ocular examination.

2. Clinical Presentation: On examination, a prolapse of the third eyelid (nictitating membrane) was observed. The case was diagnosed as Third Eyelid Prolapse.

3. Signs and Symptoms: The horse showed ocular discomfort with prolapsed third eyelid mass. The farmer was informed about possible complications if managed conservatively, and surgical excision was advised for early recovery.

4. Procedure: Written consent was obtained from the owner for surgical procedure. The horse was sedated with Xylazine, and local anaesthesia with 2% Lignocaine was achieved through supraorbital and zygomatic nerve blocks. The prolapsed third eyelid mass was aseptically excised, and the wound was cleaned and covered with sterile gauze. Medications included NSAIDs, broad-spectrum antibiotics, and vitamin B-complex supplements to aid healing and prevent infection.

5. Advice to Farmer: The farmer was advised to instill antiseptic eye drops for 14 days, continue NSAIDs and antibiotics as prescribed, maintain cleanliness around the surgical site, and protect the eye from dust, flies, and direct sunlight.

6. Recovery and Reflection of Farmer: My horse got better steadily and was eating and behaving normally within a week. The wound healed well with no problems. I am very thankful to the Mori MVU team for taking such quick and careful care of my horse.

7. Reflection of Veterinary Team: The MVU team expressed satisfaction in achieving rapid recovery, highlighting the importance of timely surgical intervention and careful post-operative care in restoring the horse's comfort and health.



Eyelid Prolapse



During correction of Eyelid Prolapse



Completely Recovered Eye

JULY-2025

1962 TEAM – UTTARPRADESH-SHRAVASTI



4. TRAUMATIC WOUND IN CATTLE

Traumatic abdominal evisceration in young cattle is a serious condition often caused by accidents or blunt trauma. It carries high risks of hypovolemic shock, visceral drying, and peritonitis, with mortality increasing if treatment is delayed or contamination occurs. Prompt field decontamination, reduction under local or regional anesthesia, and multi-layered Herniorrhaphy, along with antimicrobial and anti-inflammatory therapy, are essential for improving survival and ensuring smooth recovery.

TRAUMATIC WOUND IN CATTLE

CASE DETAILS:

District : SHRAVASTI
MVU : Malhipur
Date : 22-07-2025
Case ID : 20250000291249
Call Time : 01:03 PM
Doctor : Dr. DILEEP KUMAR
Paravet : Mr. KAPIL KUMAR

1. History: On 22/07/2025 at 1:03 PM, a call was received at the Emergency Response Centre regarding a 2-year-old non-descript male cattle calf met with road accident. The 1962 team reached promptly to the location.

2. Clinical Presentation: The calf presented with acute abdominal evisceration characterized by protruding desiccated visceral mass, profuse haemorrhage, severe pain, restlessness, recumbency, and anorexia. On arrival, the animal was laterally recumbent and distressed with a dried, hanging omental or intestinal prolapse from a ventral abdominal laceration.

3. Signs and Symptoms: The condition was diagnosed as traumatic abdominal evisceration secondary to vehicular impact, with risk of peritonitis and hypovolemic shock.

4. Procedure: The calf was manually restrained and the wound irrigated with 2% povidone-iodine for decontamination. Local anaesthesia was administered via 20 mL 2% lignocaine infiltration. The prolapsed mass was flushed topically with 100 mL metronidazole to reduce anaerobic contamination and carefully replaced into the peritoneal cavity. The defect was repaired using absorbable catgut in a simple continuous pattern for internal layers and non-absorbable nylon for cutaneous closure. Antiseptic dressing was applied, with povidone-iodine and supplemented by topical gamma-benzene hexachloride-cetrimide spray for ectoparasites control. Systemic therapy included intramuscular broad-spectrum antibiotics, NSAIDs for analgesia and anti-endotoxin effects, vitamin B-complex for metabolic support, anti-tetanus and antihistamine.

5. Advice to Farmer: The farmer was advised to continue antibiotics, NSAID, antihistaminic, and B-complex for 3–5 days, house the calf in a dry sheltered enclosure, protect the wound from moisture, provide palatable feed and fresh water, maintain strict hygiene, and monitor for dehiscence, fever, or inappetence.

6. Recovery and Reflection of Farmer: By the third day, my calf's wound was looking better. By the fifth day, it was eating and walking normally, and by two weeks, it was fully healed with no infection. I feel very relieved and thankful to the team for taking such good care of my calf.

7. Reflection of Veterinary Team: The veterinary team expressed satisfaction in achieving recovery through timely surgical intervention, careful wound management.



Eviscerated Internal Tissue



While application of sutures



After complete closure of Wound



5. VAGINAL PROLAPSE IN GOAT-MID GESTATION

Vaginal prolapse in goats is a common reproductive disorder, particularly during late gestation, though it can also occur in mid-gestation due to hormonal imbalances, increased intra-abdominal pressure, or nutritional deficiencies. Prompt correction and supportive therapy are important to prevent recurrence and protect both the dam and fetus. Proper repositioning, retention techniques, and supportive management form the basis of effective treatment.

VAGINAL PROLAPSE IN GOAT

CASE DETAILS:

District : Nirmal
MVU : Nirmal
Date : 23/07/25
Case ID : 20250000402740
Call Time : 9:30
Doctor : Dr. Mounika
Paravet : Abhinay

1. History: At around 9:30 a.m. on 23rd July 2025, a call was received from Asra Colony, Nirmal District regarding a four-year-old pregnant goat showing vaginal prolapse during mid-gestation. The animal appeared dull, slightly dehydrated, and the prolapse was visible while lying down or urinating. No prior treatment had been given. The 1962 team reached promptly to the location.

2. Clinical Presentation: On examination, mucous membranes were pink, respiration rate 32/min, pulse 90/min, rectal temperature 101°F, and ruminal movements 2/3 min. A visible vaginal prolapse with mild straining and dehydration was noted.

3. Tentative Diagnosis: Based on clinical signs and reproductive status, the case was diagnosed as vaginal prolapse in mid-gestation.

4. Procedure: The prolapsed vaginal tissue was cleaned with diluted povidone-iodine solution, and sugar crystals were applied to reduce edema. The mass was gently repositioned, and a retention suture was placed using sterile umbilical tape following the Buhner's technique, allowing urination while preventing recurrence. The animal was treated with hydroxyprogesterone caproate (Duraprogen) for hormonal support, Ridema and antibiotic, RL and DNS fluids for rehydration, Tribivet (B-complex) for supportive care, and Melonex (Meloxicam) as an anti-inflammatory.

5. Advice to Farmer: The farmer was advised to maintain clean, dry bedding, avoid bulky or estrogen-rich feed, and monitor for recurrence. Early veterinary attention in such cases and the chance of recurrence in future pregnancies were explained.

6. Recovery and Reflection of Farmer: My goat got better quickly, started eating normally within a day, and was fully well in just a few days. I am very happy and thankful for the care it received.

7. Reflection of Veterinary Team: The veterinary officer noted that timely hormonal and supportive therapy combined with calm handling ensured a successful recovery.



Vaginal Prolapse



Correction of Prolapse



Recovered Animal

AUGUST-2025

1962 TEAM – UTTARPRADESH-SULTANPUR



6. DYSTOCIA IN BUFFALO DUE TO MALPOSITION OF FETUS

Dystocia, or difficult and prolonged parturition, is a common reproductive problem in buffaloes. It is often caused by fetal malposition, oversized fetus, or uterine inertia, and can result in severe maternal distress or death if not managed promptly. Early obstetrical examination and timely correction of fetal malposition are essential for successful delivery and the health of both the dam and the calf.

DYSTOCIA IN BUFFALO

CASE DETAILS:

District : Sultanpur
MVU : Valdiray
Date : 02-08-2025
Case ID : 310484
Call Time : 12.35 PM
Doctor : Dr. Pragya Prakash Mishra
Paravet : Mr. Shivesh Pratap

1. History: At 12:35 p.m. on 2nd August 2025, a call was received from Chanadapur, Sultanpur District regarding a five-year-old Murrah cross buffalo that had been unable to deliver since the previous evening. The animal showed severe abdominal straining with reddish vaginal discharge, dullness, off-feed for two days, and foul odor from the discharge. The 1962 team reached promptly to the location.

2. Clinical Presentation: On per-vaginal examination, the water bag was found ruptured, and the fetus was in anterior longitudinal presentation with lateral deviation of the head.

3. Tentative Diagnosis: After Per vaginal examination it was diagnosed as case of dystocia due to malposition of the fetal head.

4. Procedure: The buffalo was properly restrained and the birth canal lubricated. Obstetric chains were applied for controlled traction. Manipulation was performed by repelling the forelimbs to create space, followed by version to align the fetal head with the body. Traction was applied simultaneously on both forelimbs during straining, and a dead male calf was delivered successfully. Post-delivery, the buffalo was administered Enrofloxacin intramuscularly, Melonex (Meloxicam) as anti-inflammatory and analgesic, Mifex by slow intravenous and subcutaneous routes as uterine cleanser and supportive fluid, Tribivet (B-complex) intramuscularly, and Uron boluses intrauterine for uterine cleansing and recovery.

5. Advice to Farmer: The farmer was advised to dispose the dead calf & provide supportive treatment with uterine ecbolic syrup (Ultra Safe) to facilitate uterine involution and expulsion of any retained placenta, provide soft nutritious feed, and maintain proper hygiene around the animal.

6. Recovery and Reflection of Farmer: My buffalo recovered very well and was eating and chewing cud normally within five days. It became active and looked healthy again. I am very happy and grateful to the veterinary team for taking such good care and helping my buffalo get well quickly.

7. Reflection of Veterinary Team: The veterinary team noted that prompt obstetrical intervention, careful manipulation, and supportive therapy ensured recovery despite fetal loss.



Straining in Animal



Relieving the Dystocia



Dead Foetus delivered



7. MACERATED FETUS IN CATTLE

Fetal maceration is a pathological condition that occurs when a dead fetus is retained in the uterus for an extended period, leading to bacterial decomposition. The soft tissues of the fetus liquefy, leaving disarticulated bones in a malodorous fluid. This usually happens when fetal death occurs after cervical dilation but before complete expulsion, often due to weak uterine contractions or infection. Early detection and prompt obstetrical intervention are important to prevent systemic infection, restore uterine health, and preserve future fertility.

MACERATED FETUS IN CATTLE

CASE DETAILS:

District : Dehradun
MVU : Sahaspur
Date : 05/08/2025
Case ID : 137938
Call Time : 12:00 A.M
Doctor : Dr. Ranjeet
Paravet : Mr. Dinesh

1. History: On 5th August 2025 at 12:00 PM, a call was received at the Veterinary Response Centre (VRC) regarding a 4-year-old crossbred cow showing signs of straining for the past two days. On arrival, the vet examined the animal appeared dull and depressed, with a history suggestive of prolonged parturition. Clinical parameters were mucous membrane pink, pulse rate 70/min, respiration 25/min, ruminal movements 2/3 per minute, rectal temperature 101.8°F, and capillary refill time 2 seconds.

2. Clinical Presentation: Per-vaginal examination revealed the presence of a decomposed and macerated foetus inside the uterus, characterized by disintegration of soft tissues and palpable fetal bones.

3. Tentative Diagnosis: Based on history, symptoms & Per vaginal examination, the case was diagnosed as macerated foetus.

4. Procedure: Under aseptic precautions, manual removal of the foetal debris was performed carefully in fragments. The uterus was thoroughly flushed with antiseptic solution to remove necrotic material and reduce infection risk. The animal was administered supportive therapy including broad-spectrum antibiotics, antihistamines, non-steroidal anti-inflammatory drugs (NSAIDs), and intravenous fluid therapy to correct dehydration and septicemia.

5. Advice to Farmer: The farmer was instructed to continue uterine ecbolics and antibiotics for five days and to monitor the animal for any abnormal discharge or anorexia.

6. Recovery and Reflection of Farmer: My cow got better gradually and recovered well after the treatment. I was very worried and thought she might not survive, but the vets came on time and saved her. I am very thankful to them for their help.

7. Reflection of Veterinary Team: The Veterinary Officer noted that prompt diagnosis and immediate obstetrical intervention were crucial in preventing septicemia and preserving reproductive health. The Paravet highlighted the owner's satisfaction with the quick and effective treatment, while the Driver expressed pride in being part of a dedicated veterinary team.



Animal with Bloody Discharges



Removed Fetal Contents-Macerated



Recovered Animal with Happy farmer

AUGUST-2025

1962 TEAM – GUJARAT - CHHOTA UDEPUR



8. RIGHT METACARPAL FRACTURE IN CALF

Metacarpal and metatarsal fractures are among the most common long bone fractures in cattle, especially in young calves. They often result from excessive traction during dystocia or accidental trampling by the dam shortly after birth. Closed diaphyseal fractures generally have an excellent prognosis when promptly stabilized with external coaptation, due to the rapid periosteal healing and strong bone remodeling capacity of young bovines. Proper immobilization and supportive therapy are essential for effective management and full recovery.

RIGHT METACARPAL FRACTURE IN CALF

CASE DETAILS:

District : Chhota Udepur
MVU : Pitha
Date : 08/08/2025
Case ID : 34120808253013
Call Time : 10:30 AM
Doctor : Dr.Poojaben Koli
DCH : Mr. Dilipbhai

1. History: On 08/08/2025 at 10:30 AM, a call was received at the Veterinary Response Centre (VRC) regarding an 11-month-old crossbred female calf exhibiting acute non-weight-bearing lameness in the right forelimb following trauma. On arrival, the animal presented with dullness, marked swelling, and inability to ambulate. Clinical parameters were mucous membrane pale, pulse rate 80/min, respiration 28/min, ruminal movements absent, rectal temperature 100.2°F.

2. Clinical Presentation: Palpation revealed localized tenderness, crepitus, and abnormal mobility over the mid-to-distal metacarpal region, with no external wounds or haemorrhage.

3. Tentative Diagnosis: By thorough examination and palpation of limb, the case was diagnosed as closed diaphyseal fracture of the right metacarpal bone.

4. Procedure: Under field conditions with aseptic technique, the limb was immobilized using a custom-fabricated rigid external coaptation splint applied along the dorsolateral aspect, extending from proximal to the carpus to distal to the fetlock joint. Adequate cotton-gauze padding was incorporated to prevent pressure necrosis and ensure patient comfort, with regular monitoring of distal perfusion and splint stability. The animal was administered supportive therapy including broad-spectrum antibiotics, non-steroidal anti-inflammatory drugs (NSAIDs), and close observation to manage pain, inflammation, and prevent secondary infection.

5. Advice to Farmer: The farmer was advised to restrict movement, monitor for swelling or discharge, and continue prescribed medications as directed.

6. Recovery and Reflection of Farmer: My calf got better day by day and was able to stand and walk again, though the leg is still slightly crooked. I was very worried it might never walk, but the vets came on time and helped it move again. I am very thankful to them for saving my calf.

7. Reflection of Veterinary Team: The Veterinary Officer noted that early field immobilization and multimodal supportive care were pivotal in achieving functional recovery. The Paravet highlighted the owner's satisfaction with rapid and effective on-site management, while the Driver expressed pride in supporting life-saving interventions in rural settings.



Fractured limb



During Cast Application



After recovery of Animal



9. DYSTOCIA IN CATTLE

Dystocia due to fetal malposture is a common cause of calving difficulties in cattle, with downward deviation of the head and neck being a frequent but correctable problem. Prompt manual correction and traction under field conditions are essential for successful delivery and the health of both the dam and calf. Proper obstetrical intervention ensures better outcomes in cases of anterior-presenting dystocia.

DYSTOCIA IN CATTLE

CASE DETAILS:

District : KRISHNAGIRI
MVU : KAVERIPATTINAM, VD
Date : 18/8/25
Case ID : 254107
Call Time : 9:15 AM
Doctor : Dr. JAYAPRAKASH
DCH : N. KANNATHASAN

1. History: On 18/08/2025 at 9:15 AM, a call was received at the Veterinary Response Centre (VRC) regarding a 6-year-old Jersey crossbred cow in prolonged labour for 7 hours following rupture of the water bag. On arrival, the vet examined the animal was alert but straining persistently. Clinical parameters were mucous membrane pink, pulse rate 75/min, respiration 20/min, ruminal movements 2/3 per minute, rectal temperature 101°F, and capillary refill time 2 seconds.

2. Clinical Presentation: Per-vaginal examination confirmed anterior longitudinal presentation with dorso-sacral position but downward deviation of the fetal head and neck, obstructing progression through the birth canal.

3. Tentative Diagnosis: By history and Per-vaginal examination the case was diagnosed as dystocia due to fetal malposture (downward head deviation).

4. Procedure: With proper restraint and copious lubrication, the fetus was gently repelled into the uterine cavity by applying controlled pressure over the brisket and shoulders. The deviated head was grasped at the muzzle, redirected dorsally and caudally along the lower jaw, and aligned within the pelvic inlet. The forelimbs were subsequently extended into the birth canal. Synchronous manual traction on the limbs resulted in the uneventful delivery of a live female calf. The dam received immediate postpartum supportive therapy including intravenous fluid resuscitation with dextrose-saline, broad-spectrum antibiotics, anti-inflammatory and antispasmodic agents, corticosteroid, and parenteral calcium-magnesium supplementation to restore metabolic homeostasis and prevent uterine inertia or hypocalcemia.

5. Advice to Farmer: The farmer was instructed on postpartum dam and neonatal calf care, continuation of antibiotics and antimicrobials for five days, and close monitoring for retained fetal membranes or metritis.

6. Recovery and Reflection of Farmer: Both my cow and the calf got well without any problems, and I could see the mother's instinct caring for her baby. I am very happy and thankful to the MVU team for saving my cow and helping deliver a healthy calf. Their dedication and follow-up care were more than I expected.

7. Reflection of Veterinary Team: The Veterinary Officer noted that timely obstetrical correction and periparturient metabolic support were instrumental in achieving a viable outcome. The Paravet highlighted the joy of witnessing the new born calf nursing vigorously within hours of delivery.



Per-Vaginal Examination



Reliving the Dystocia



Dam with her Healthy Calf

AUGUST-2025

1962 TEAM – ASSAM - DHUBRI



10. CERVICO-VAGINAL PROLAPSE IN A CATTLE

Post-partum uterine prolapse is an acute obstetrical emergency in buffaloes, often associated with hypocalcemia, prolonged labor, and forceful straining. Immediate manual reduction under epidural anesthesia, along with antimicrobial, anti-inflammatory, and calcium therapy, is essential for successful recovery and preservation of future fertility. Prompt and proper obstetrical management ensures better outcomes in affected animals.

CERVICO-VAGINAL PROLAPSE IN A CATTLE

CASE DETAILS:

District : DHUBRI
MVU : State Veterinary Dispensary, Bilasipara
Date : 22/08/2025
Case ID : 188664
Call Time : 11:57 am
Doctor : DR HAFIZUR RAHMAN
DCH : MR MONOS DAS

1. History: On 22/08/2025 at 11:57 AM, a call was received at the Veterinary Response Centre (VRC) regarding an 8-year-old Murrah buffalo in her second lactation that had calved 8 hours prior and subsequently developed a cervico-vaginal prolapse. On arrival, the animal was recumbent and anorexic with a fully everted, oedematous uterus protruding from the vulva accompanied by mild haemorrhage. Clinical parameters were mucous membrane pink, pulse rate 52/min, respiration 24/min, ruminal movements 1/min, rectal temperature 102°F, and capillary refill time 2 seconds.

2. Clinical Presentation: The animal was in recumbency & had acute post-partum uterine prolapse.

3. Tentative Diagnosis: By visual examination of the prolapsed mass it is tentatively diagnosed as acute post-partum uterine prolapse associated with hypocalcaemia and uterine atony.

4. Procedure: The buffalo was placed in lateral recumbency on a clean, soft surface and administered caudal epidural anaesthesia with 2% lignocaine to abolish straining and pain. The prolapsed uterus was thoroughly cleansed with dilute antiseptic solution, placental remnants detached from caruncles, and surface debris removed. The organ was coated with antiseptic lubricant ointment to minimize trauma and facilitate reduction. Through gradual, sustained manual pressure beginning at the cervical pole, the uterus was progressively inverted and repositioned into the abdominal cavity until fully seated in normal anatomic orientation. A rope truss (Buhner suture analogue) was applied perivulvar to prevent re-prolapse. Systemic therapy included parenteral broad-spectrum cephalosporin, meloxicam, and oral calcium-vitamin supplementation to address metabolic deficits and support Myometrial tone.

5. Advice to Farmer: The farmer was counselled on etiology (deficiency of calcium, reduced uterine moments & heavy straining by animal.), immediate post-reduction care, hygiene, restricted movement, and monitoring for recurrence or metritis.

6. Recovery and Reflection of Farmer: My buffalo got better steadily and started chewing cud normally within a day. She recovered completely without any problems. I was very worried I might lose her, but the MVU team came quickly, took excellent care, and followed up carefully, which saved her life. I am truly grateful to them for their help.

7. Reflection of Veterinary Team: The Veterinary Officer emphasized that rapid field reduction under epidural analgesia combined with anti-inflammatory and antimicrobial cover was critical in salvaging this high-risk prolapse case. The Paravet expressed satisfaction in observing the buffalo standing and feeding normally within 48 hours.



Cervico-Vaginal Prolapse



Procedure of Repositioning of Prolapse



Recovered animal



11. TAIL GANGRENE IN BUFFALO

Tail gangrene in buffaloes is commonly caused by traumatic constriction, thrombosis, or secondary infection, and can lead to systemic toxæmia if untreated. Surgical amputation proximal to the necrotic area, along with antimicrobial and anti-inflammatory therapy, is essential for survival and restoration of function. Prompt intervention ensures better outcomes in affected animals.

TAIL GANGRENE IN BUFFALO

CASE DETAILS:

District : Nagarkurnool
MVU : Kalwakurthy
Date : 23-08-2025
Case ID : 621328
Call Time : 9:10
Doctor : Dr. Vilekha
Paravet : Urkonda Tejasree

1. History: On 23/08/2025 at 9:10 AM, a call was received at the Veterinary Response Centre (VRC) regarding an 8-year-old non-descript female buffalo exhibiting acute tail swelling for 2 days, accompanied by anorexia and lethargy. On arrival, the animal was dull and depressed with a necrotic, malodorous distal tail segment showing dry gangrene demarcation.

2. Clinical Presentation: Clinical parameters were mucous membrane pink, pulse rate 71/min, respiration 14/min, ruminal movements 2/3 per minute, rectal temperature 101.2°F, and capillary refill time 2 seconds.

3. Tentative Diagnosis: The condition was diagnosed as tail gangrene, likely secondary to vascular compromise from trauma or constriction.

4. Procedure: The buffalo was restrained in standing position, and regional anaesthesia was achieved via intra-coccygeal lignocaine infiltration. The necrotic tail portion was surgically amputated proximal to the demarcation line using aseptic technique, with haemostasis secured and primary closure performed using absorbable sutures. Systemic therapy included intramuscular broad-spectrum antibiotics (procaine penicillin with streptomycin) for 5 days to prevent sepsis, and meloxicam for analgesia and anti-inflammatory support over 3 days. The surgical site was dressed with antiseptic ointment.

5. Advice to Farmer: The farmer was instructed to continue antimicrobial therapy for 5 days, perform daily wound cleansing and dressing with povidone-iodine, ensure fly repellence, and provide a clean, dry environment to facilitate healing and prevent myiasis.

6. Recovery and Reflection of Farmer: My buffalo got better quickly, started eating normally within two days, and her wound healed completely by the tenth day. I was very worried she might get an infection, but the Kalwakurthy MVU team's quick surgery and careful guidance helped her recover fully. I am very thankful to them.

7. Reflection of Veterinary Team: The Veterinary Officer emphasized that urgent amputation was critical to avert ascending infection and preserve animal welfare. The Paravet expressed satisfaction in assisting the procedure and witnessing the buffalo's swift return to normal activity.



Infected and damaged tail



After completion of Tail Amputation



Completely Recovered Animal

12. SWINE ERYSIPELAS IN PIG



Swine erysipelas, caused by *Erysipelothrix rhusiopathiae*, is a highly contagious bacterial disease affecting growing pigs. It commonly presents with characteristic cutaneous “diamond skin” lesions, fever, and lethargy, and can lead to severe illness or death if not treated promptly. Early administration of appropriate antimicrobial therapy, combined with anti-inflammatory and supportive care, is essential for effective recovery. In addition, isolation of affected animals and strict hygiene measures are critical to prevent the spread of infection within the herd.

SWINE ERYSIPELAS IN PIGS

CASE DETAILS:

District : Chirang
MVU : State Veterinary Dispensary, Bijni
Date : 5/09/2025
Case ID : 198035
Call Time : 1:16PM
Doctor : Dr. Jupismita Medhi
Paravet : Mr. Akkas Ali

1. History : On 05/09/2025 at 1:16 PM, a call was received at the Veterinary Response Centre (VRC) regarding a 9-month-old Large Black female swine exhibiting acute onset of high fever, anorexia, reluctance to move, and characteristic skin lesions for the past 24 hours. On arrival, the animal was febrile, depressed, and lame with prominent diamond-shaped erythematous rhomboidal plaques on the skin progressing to necrotic wounds with serosanguinous exudate.

2. Clinical Presentation: Clinical parameters were mucous membranes congested, pulse rate 120/min, respiration 40/min, rectal temperature 104.2°F, and capillary refill time 3 seconds. The animal showed febrile depression, lameness, and characteristic diamond-shaped erythematous plaques progressing to necrotic wounds with exudation.

3. Tentative Diagnosis: The case was diagnosed as acute cutaneous form of swine erysipelas.

4. Procedure: Following detailed history and clinical appraisal, the swine was treated with intramuscular meloxicam for fever and inflammation, high-dose penicillin G for specific antimicrobial therapy, and Tribivet (vitamin B-complex) to bolster immunity and metabolic support. Oral rehydration solution was administered for immediate fluid and electrolyte replenishment. Daily follow-up ensured adherence to the regimen, with continued penicillin for 5 days, meloxicam for 3 days, and Tribivet for 3 days.

5. Advice to Farmer: The farmer was educated on the contagious zoonotic nature of erysipelas, emphasizing immediate isolation of the affected animal, thorough pen disinfection, biosecurity protocols, and vaccination against *Erysipelothrix rhusiopathiae* to avert herd outbreaks.

6. Recovery and Reflection of Farmer: My pig got better quickly, started eating normally, and its skin healed within two days. By the fifth day, it was moving around normally. No other pigs got sick. I am very thankful to the MVU team for acting quickly and saving my pig, while also protecting the rest of my herd.

7. Reflection of Veterinary Team: The Veterinary Officer emphasized that prompt penicillin-based therapy and isolation were pivotal in curtailing the outbreak. The Paravet expressed delight in seeing the pig foraging actively and reintegrating with the group post-recovery.



Cutaneous Lesions in Pig



During Treatment



After Recovery of Pig



13. TRAUMATIC EAR INJURY IN HORSE

Traumatic avulsions and lacerations of the equine pinna, often caused by kicks or collisions, are uncommon injuries. Prompt and appropriate surgical intervention, combined with supportive care, generally results in excellent functional and cosmetic restoration, with low complication rates. Conservative repair techniques are often sufficient, reducing the need for advanced grafting procedures and ensuring effective recovery.

TRAUMATIC EAR INJURY IN HORSE

CASE DETAILS:

District : U.S.Nagar
MVU : Rudrapur
Date : 05/09/2025
Case ID : 160406
Call Time : 12:14 P.M
Doctor : Dr. Bharat
Paravet : Mr. Dheerendra

1. History: On 05/09/2025 at 12:14 PM, a call was received at the Veterinary Response Centre (VRC) regarding a 6-year-old non-descript male horse sustaining a traumatic ear injury from a conspecific kick, resulting in partial avulsion and pendulous deformity of the pinna.

2. Clinical Presentation: On arrival, the animal was alert but distressed with active haemorrhage from the lacerated site. Clinical parameters were mucous membrane pink, rectal temperature 100°F, and CRT> 2sec. The horse presented with partial auricular avulsion, pendulous deformity of the pinna, and active haemorrhage.

3. Tentative Diagnosis: Severe traumatic auricular avulsion with vascular compromise.

4. Procedure: The horse was restrained in standing position using a twitch for restraining. Tetanus toxoid was administered prophylactically. Local anaesthesia was achieved via ring block infiltration around the ear base and direct wound instillation. The laceration was meticulously debrided and irrigated with antiseptic solution, haemostasis secured by ligation of disrupted vessels, and primary closure performed with non-absorbable sutures in a tension-free manner. Topical antibiotic powder was applied along the suture line. Systemic supportive therapy included broad-spectrum antibiotics and non-steroidal anti-inflammatory drugs (NSAIDs) to mitigate infection and edema.

5. Advice to Farmer: The farmer was advised on daily wound hygiene, antiseptic ointment application, nutritional optimization, and fly prevention to fast wound healing.

6. Recovery and Reflection of Farmer: My horse healed well, and its ear was back to normal and working properly within two weeks. I am very happy and thankful to the veterinary team for doing such an excellent job.

7. Reflection of Veterinary Team: The Veterinary Officer emphasized that immediate field stabilization with swift haemostasis and closure was paramount to avert sepsis. The Paravet expressed joy at the animal's robust recovery and the owner's gratitude.



Injured Horse-Bleeding



During Surgery



Recovered Animal



14. SURGICAL REMOVAL OF MAMMARY TUMOR IN DOG

Mammary tumors are the most common neoplasms in intact female dogs, with many showing malignant potential. Large or ulcerated masses can cause cachexia, debility, and reduced welfare due to mechanical obstruction, chronic inflammation, or secondary infections. Timely surgical removal with wide margins under general anesthesia is the primary treatment, providing effective local control for benign lesions and improving the animal's quality of life.

SURGICAL REMOVAL OF MAMMARY TUMOR IN DOG

CASE DETAILS:

District : Barabanki
MVU : Kotwadham
Date : 11-09-2025
Case ID : 20250000403868
Call Time : 10:19 AM
Doctor : Dr. Birendra kumar Verma
Paravet : Mr. Brijendra kumar

1. History: On 11/09/2025 at 10:19 AM, a call was received at the Veterinary Response Centre (VRC) regarding a 5-year-old non-descript female dog presenting with a progressively enlarging abdominal swelling for one year, culminating in anorexia, dullness, and ambulatory impairment over the past 6 days despite local para-veterinary intervention. On arrival, the animal was cachectic and depressed with a pendulous, ulcerated ventral mass weighing approximately 2 kg impeding locomotion.

2. Clinical Presentation: Systematic physical examination confirmed a solitary, oval-shaped (23 cm length), firmly adherent mammary mass with overlying ulceration, erythema, and haemorrhage, alongside non-enlarged axillary and inguinal lymph nodes.

3. Tentative Diagnosis: Benign mammary neoplasia without evident metastasis.

4. Procedure: The surgical site was aseptically prepared with povidone-iodine. Under general anaesthesia induced with xylazine and atropine, supplemented by local lignocaine infiltration and intravenous normal saline with ethamsylate for haemostasis, the tumor was excised en bloc with wide margins via elliptical incision incorporating affected glandular tissue. Haemostasis was secured, and layered closure achieved using catgut for subcutaneous layers and nylon for cutaneous apposition. Topical povidone-iodine ointment was applied postoperatively. Systemic support included intramuscular meloxicam for analgesia and inflammation.

5. Advice to Farmer: The owner was counselled on meticulous wound hygiene to prevent dehiscence or infection, scheduled melonex and enrofloxacin administration, e-collar use to deter self-trauma, activity curtailment for 2 weeks, and provision of palatable, nutrient-dense diet with unrestricted water access to expedite cachexia resolution.

6. Recovery and Reflection of Farmer: My dog's wound healed slowly but steadily. By the seventh day, it was eating and walking normally, and after four weeks, it was completely well. I am very happy and thankful to the veterinary team.

7. Reflection of Veterinary Team: The Veterinary Officer noted that en bloc excision with wide margins under field anaesthesia was crucial in achieving curative outcome.



Dog with Tumor



During Surgical Procedure



Recovered Animal and Media coverage



15. ENUCLEATION IN THE CATTLE

Ocular squamous cell carcinoma (OSCC) is the most common neoplasm in cattle, often appearing as periocular or intraocular masses in adult animals. The condition can progress to secondary glaucoma, pain, and blindness, typically associated with UV-induced damage. Enucleation under regional anesthesia is an effective treatment, providing pain relief and local tumor control while having minimal impact on productivity in animals with a single affected eye. Prompt recognition and management are essential to preserve welfare and function.

ENUCLEATION IN THE CATTLE

CASE DETAILS:

District : Banaskantha
MVU : Jetda, Tharad
Date : 22/09/2025
Case ID : 592889
Call Time : 11:24:00
Doctor : Dr. Sanjay Kumbhar
Paravet : Navinbhai

1. History: On 22/09/2025 at 11:24 AM, a call was received at the Veterinary Response Centre (VRC) regarding a 6-year-old HF crossbred female cow with progressive unilateral blindness, severe ocular pain, persistent purulent discharge, and suspected intraocular mass over several months. On arrival, the animal exhibited marked photophobia, blepharospasm, and head-shaking.

2. Clinical Presentation: Clinical parameters were mucous membranes congested, pulse rate 78/min, respiration 25/min, ruminal movements 2/3 per minute, rectal temperature 101.4°F, and capillary refill time 2 seconds. Ophthalmic examination confirmed a large, firm periocular and intraocular mass with secondary glaucoma (elevated intraocular pressure), corneal vascularization, hyphema, and complete vision loss in the affected eye.

3. Tentative Diagnosis: Advanced periocular squamous cell carcinoma with possible congenital orbital malformation.

4. Procedure: The cow was restrained in lateral recumbency and sedated. Regional anaesthesia was achieved via retro bulbar and auriculopalpebral nerve blocks. Under strict aseptic protocol, a trans palpebral enucleation was performed: the eyelids were sutured shut, a circumferential peritomy incision made, extraocular muscles transected, and the globe, conjunctiva, and nictitating membrane excised. Haemostasis was secured with orbital packing using haemostatic gauze, and a Penrose drain was inserted. The orbit was partially closed with absorbable sutures, leaving a vent for drainage. Systemic therapy included broad-spectrum antibiotics (Ceftiofur), meloxicam, and vitamin B-complex for metabolic support. Daily orbital lavage and antiseptic dressing were instituted.

5. Advice to Farmer: The farmer was counselled on postoperative care, including drain management, fly control, restricted movement, and nutritional enhancement to support healing and adaptation to monocular vision.

6. Recovery and Reflection of Farmer: By the fifth day, the swelling around my cow's eye went down, the discharge stopped, and she started eating and walking normally. After two weeks, the wound healed completely and looked fine. I am very thankful to the veterinary team for taking such good care.

7. Reflection of Veterinary Team: The Veterinary Officer emphasized that enucleation was essential to alleviate intractable pain, prevent orbital cellulitis, and eliminate neoplastic burden. The Paravet expressed satisfaction in assisting the procedure and monitoring recovery.



Oedematous Eye with Discharges



Showing the Removed Eye ball



After relieving choke



16. HORN AMPUTATION IN CATTLE

particularly in high-UV regions. It often arises from chronic irritation at the horn base and can progress to bone destruction and sinus involvement. Complete surgical amputation with appropriate flap reconstruction is the preferred treatment, providing effective local control and preserving function and productivity when performed before metastasis. Early detection and timely intervention are essential for successful outcomes.

HORN AMPUTATION IN CATTLE

CASE DETAILS:

District : Gir Somnath
MVU : Savni
Date : 17/09/2025
Case ID : 20250000570861
Call Time : 14:50
Doctor : Dr. Jayendra Naghera
DCH : Samir Sumra

1. History: On 17/09/2025 at 2:50 PM, a call was received at the Veterinary Response Centre (VRC) regarding a 9-year-old female Gir cow exhibiting progressive horn base swelling with foul purulent discharge, intermittent haemorrhage, horn instability, and head tilting for several months.

2. Clinical Presentation: On arrival, the animal was ambulatory but irritable with evident chronic irritation and nasal discharge suggestive of sinus involvement. Clinical parameters were mucous membranes congested, pulse rate 82/min, respiration 20/min, ruminal movements 2/3 per minute, rectal temperature 101.4°F, and capillary refill time 2 seconds. Local examination revealed an ulcerated, malodorous lesion at the right horn base with purulent exudate, dried crusted blood, exquisite tenderness on palpation, and radiographically confirmed osteolytic changes.

3. Tentative Diagnosis: Advanced squamous cell carcinoma of the horn (horn cancer).

4. Procedure: In standing sedation and local anaesthesia, the affected horn was amputated using the flap technique: circumferential incision at the corneal base with periosteal undermining to create a pedicle flap for coverage. Major vessels were ligated with absorbable catgut, and the flap sutured to the sinus margin using non-absorbable silk for tension-free closure. The surgical site was dressed with antiseptic gauze, and systemic supportive therapy initiated including intravenous dextrose-normal saline for hydration, broad-spectrum antibiotics to combat secondary infection, non-steroidal anti-inflammatory drugs for analgesia and anti-endotoxic effects, and multivitamin injections to bolster convalescence. Serial wound debridement and dressings were performed over 7 days to promote granulation.

5. Advice to Farmer: The farmer was apprised of the neoplastic etiology, emphasizing neoplastic progression risks, daily site hygiene, fly repellence, and nutritional enhancement to support healing. Long-term surveillance for contralateral horn involvement was recommended.

6. Recovery and Reflection of Farmer: Within three days, my cow felt much better and the discharge stopped. By two weeks, her wound healed completely and she was back to her normal self. I was losing hope for my milker, but the Savni MVD team's skilled surgery and careful follow-up saved her. I am very thankful to them.

7. Reflection of Veterinary Team: The Veterinary Officer emphasized that decisive oncologic dehorning via flap reconstruction was indispensable in restoring welfare amid advanced local invasion. The Paravet highlighted satisfaction in observing the cow graze contentedly post-recovery, while the Driver/Helper expressed pride in delivering life-extending interventions in remote pastoral communities.



Infiltration of Lignocaine for Ring nerve block



During Surgical Procedure



After Completion of surgery



17. UTERINE PROLAPSE IN CATTLE

shortly after calving and commonly associated with hypocalcemia, prolonged labour, and excessive straining. Immediate manual reduction, vulval retention, and supportive therapy including fluids and antimicrobials are essential to ensure survival and preserve fertility. Prompt recognition and proper management are critical for successful outcomes.

UTERINE PROLAPSE IN CATTLE

CASE DETAILS:

District : CUDDALORE
MVU : MVU
Date : 26/09/2025
Case ID : 301365
Call Time : 12.00 AM
Doctor : DR.S.THEEPIKA
DCH : S. SIVABALAN

1. History: On 26/09/2025 at 12:00 AM, a call was received at the Veterinary Response Centre (VRC) regarding a 5-year-old Jersey crossbred female cow that had delivered a live calf at midnight on 25/09/2025 and subsequently developed a complete uterine prolapse. On arrival, the animal was stable but distressed with a fully everted, edematous uterus protruding from the vulva, accompanied by moderate Haemorrhage from the serosal surface.

2. Clinical Presentation: Clinical parameters were mucous membrane pink, pulse rate 79/min, respiration 40/min, ruminal movements 2/3 per minute, rectal temperature 103.5°F, and capillary refill time 2 seconds. The cow presented with a complete uterine prolapse, edematous protruding mass, moderate Haemorrhage, and distress following parturition.

3. Tentative Diagnosis: Acute total uterine prolapse, likely precipitated by postpartum tenesmus and hypocalcaemia after uncomplicated calving.

4. Procedure: The prolapsed mass was gently cleansed and hypertonic substance applied topically to induce osmotic detumescence, reducing edema within 20 minutes. Urinary catheterization relieved bladder distension, facilitating manipulation. Under aseptic conditions, the uterus was manually reinverted into the pelvic cavity using steady digital pressure, followed by intrauterine infusion of povidone-iodine and metronidazole for antisepsis. A vulval tape retention suture was secured to prevent re-eversion. Systemic supportive therapy included intravenous dextrose-normal saline and Ringer's lactate for volume resuscitation and electrolyte balance, intramuscular non-steroidal anti-inflammatory for analgesia and anti-endotoxic effects, broad-spectrum antibiotics to avert metritis, and anti-hemorrhagic agents to control ongoing bleeding.

5. Advice to Farmer: The farmer was counselled on balanced periparturient nutrition, calcium supplementation to mitigate hypocalcaemia, restricted ambulation for 48 hours, and vigilant monitoring for signs of shock, infection, or recurrence. Suture removal was scheduled after 5 days.

6. Recovery and Reflection of Farmer: My cow got stabilized quickly, stopped bleeding within a day, and started eating by the second day. She recovered fully without any problems, and the calf grew well with colostrum. I am very happy and thankful to the team for taking such good care of both my cow and her calf.

7. Reflection of Veterinary Team: The Veterinary Officer emphasized that rapid reduction under aseptic conditions combined with systemic supportive therapy was critical in salvaging this high-risk prolapse case. The Paravet expressed satisfaction in assisting the procedure and monitoring recovery, while the Driver/Helper highlighted pride in enabling timely emergency obstetrical care in the field.



Cattle – Complete CV prolapse



Replacement of prolapsed mass



Recovered animal with her calve



18. PRE PARTUM CERVICO-VAGINAL PROLAPSE IN CATTLE

observed in heavily pregnant cows. It occurs due to relaxation of pelvic ligaments and perineal tissues under the influence of late-gestation hormonal changes. Genetic predisposition, excessive body condition, or poor nutrition can increase susceptibility. Prompt veterinary intervention is essential to reposition the prolapsed tissues, prevent secondary infections, and preserve future reproductive performance.

PRE PARTUM CERVICO-VAGINAL PROLAPSE IN CATTLE

CASE DETAILS:

District : SALEM
MVU : SALEM-NANGAVALLI -MVU
Date : 03/09/2025
Case ID : 274737
Call Time : 11:15AM
Doctor : Dr. M.SRIBALAJI
Paravet : SALEM

1. History: On 03/09/2025 at 11:15 AM, a field case was reported from Salem district under the Salem–Nangavalli Mobile Veterinary Unit (MVU). The case was attended by Dr. M. Sribalaji and recorded under Case ID 274737. The affected animal belonged to a farmer from Puthuchinnakavur village, Mettur, and was a six-year-old Jersey cow in the advanced stage of pregnancy. The owner reported that the cow, approximately nine months pregnant, had developed a prolapsed mass hanging from the vulva.

2. Clinical Presentation: On arrival, the cow was standing and alert, with a moist, edematous mass protruding from the vulva. Clinical examination revealed pink mucous membranes, normal respiration, active ruminal movements, and body temperature within the physiological range. No bleeding or necrosis was observed on the prolapsed tissue.

3. Tentative Diagnosis: Pre-partum Cervico-vaginal prolapse.

4. Procedure: The exposed mass was gently cleansed with sterile normal saline to remove debris and contaminants. A urinary catheter was inserted to relieve bladder pressure, after which the prolapsed vaginal and cervical tissue was carefully repositioned inside the pelvic cavity. Ceftriaxone, flunimeg & Avil were administered to control infection, inflammation, and discomfort. The animal was kept under observation until full recovery and to ensure that the prolapse did not recur.

5. Advice to Farmer: The farmer was advised to provide the cow with adequate nutrition, a comfortable bedding area, and restricted movement, particularly in the final trimester of pregnancy. Emphasis was placed on maintaining clean surroundings and monitoring for any signs of recurrence or labor-related complications.

6. Recovery and Reflection of Farmer: My cow recovered well with careful observation, and the prolapse did not come back. I feel relieved and am very thankful to the team for their timely help and guidance.

7. Reflection of Veterinary Team: The Veterinary Officer emphasized that early recognition and careful repositioning of the prolapsed tissue, combined with supportive therapy, were crucial in preventing complications. The team noted the importance of farmer education in managing pre-partum prolapse cases effectively.



Prolapsed mass in Cattle



Cleaning of Prolapsed mass



Replacement of the prolapsed mass

Veterinary First Aid Course for 28 SCG, NSG Dog Handlers, Hyderabad- 23rd to 24th JULY 2025

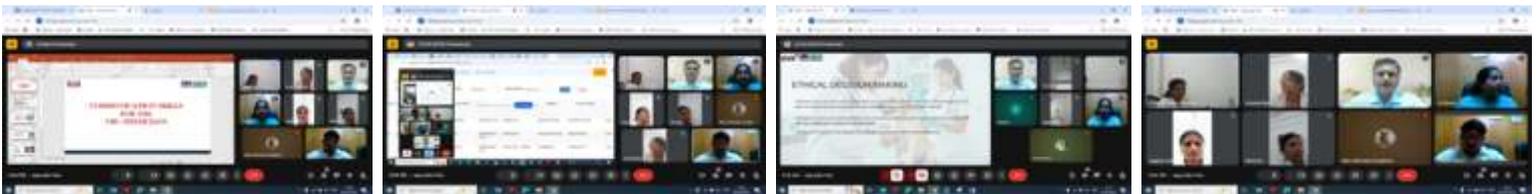


Demonstration session

CPR Hands on

Application of POP

1962 VRCP- 1-day Online Orientation Program TN-9th Sep 2025



Foundation Training of Veterinary Doctor-TS Pas-15th To 19th September 2025



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Webinar 13

TOT Program: - (UKD, TG and TN)-19th To 20th August

INTERNATIONAL CASE ROUND PRESENTATION



Case #1: Brown Swiss Heifer

- 1 year old Brown Swiss heifer
- Weight: 1000kg
- Feeding: 10kg concentrate + 10kg roughage
- Water: 10L/day
- History: 10 days of anorexia
- Signs: Depression, weight loss
- Diagnosis: Acute rumenitis
- Treatment: 10L of 0.9% NaCl, 10L of 0.5% NaHCO₃
- Outcome: 10 days of treatment, 10kg weight gain

Large Animal Neurologic Examination

- 1. Observation
- 2. Gait
- 3. Posture
- 4. Reflexes
- 5. Pain
- 6. Temperature
- 7. Heart rate
- 8. Respiration
- 9. Blood pressure
- 10. Pupils
- 11. Vision
- 12. Hearing
- 13. Smell
- 14. Taste
- 15. Touch
- 16. Vibration
- 17. Pain
- 18. Proprioception
- 19. Coordination
- 20. Balance

Media coverage of Q2- July to September 2025

नैतिक जगरण

51% (कृषि क्षेत्र में नैतिक जगरण)

17,136 (कृषि क्षेत्र में नैतिक जगरण)

25,965 (कृषि क्षेत्र में नैतिक जगरण)

1,56,273 (कृषि क्षेत्र में नैतिक जगरण)

26%

65%

55%

छाटाडिंडपुर जिल्लामा आशीवाड्डपु साहित्य यतुं इरतुं पशु दवायानुं

इरतुं यतुं इरतुं पशु दवायानुं

The Veterinary first aid course for "Dog Handlers" was organized by EMRI Green Health Services

EMRI GREEN HEALTH SERVICES

गौशरीय पशुओं को लपी बीमारी से बचाव के लिए किया टीकाकरण

*With a motto of healing the animal ailments
and strengthening the livestock health*



EMRI Green Health Services

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