CALL 1962 ANIMAL EMERGENCY

GVK EMRI GREEN HEALTH SERVICES

VET CARE

STRIVING TO STRENGTHEN THE LIVESTOCK HEALTH



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

VOLUME 14

"पशुस्वास्थ्यं कल्याणं च अस्माकं धर्मः"

Jul - Sep 2026
Issue - 5

1962 Partnering States

Government of Tamilnadu

Government of Telangana

Government of Gujarat

Government of Jharkhand

Government of Uttarakhand

Government of Uttar Pradesh

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"



220.38 Lakhs Calls Answered since inception
9.9 Lakhs Calls Answered in this quarter (Jul - Sep 2026)



Treated 297.41 Lakhs Animal Patients since inception with a Fleet of 1581 Mobile Veterinary Units.
24.54 Lakhs Emergencies responded in this quarter (Jul - Sep 2026)
19 animals were treated per minute during this quarter



Assisted 44.87 Lakhs Surgeries, 28.11 Lakhs Gynecological & Obstetrical Cases and Treated 214.24 Lakhs Medical Emergencies by the teams of Mobile Veterinary Units since inception



THE MVUs – HEALERS OF HOPE...

Advancing Compassionate Veterinary Care – A Collective Journey

It gives me great pleasure to present this edition of Vet Care Magazine, capturing the key milestones, achievements, recognitions, and initiatives from Quarter 2 across our operational states. These highlights reflect the continued growth of the 1962 services and the collective efforts of our teams towards making quality veterinary care more accessible and strengthening animal health and welfare across the country.

EMRI GHS in Assam state has completed **3 years of 1962 MVU services,** on 1st July 2026. On 5th July, the **"Integrate, Improve and Inspire"** - Continuing Professional Development Program for VOs from Central and South Gujarat was organized at Waghai, Dang district, Gujarat. **World Zoonosis Day (6th July)** was commemorated through a special note for internal circulation, an animal health camp, and a zoonotic disease awareness program for school children by National VMLC in Hyderabad. The **new 1962 CAD application** was successfully launched for **Telangana 1962** services on 6th July. A coffee-table booklet was developed to mark the achievement of treating 5 lakh animals in Uttarakhand. Recipients of the National Saviour Awards were felicitated by the Honourable Chairman during the **NRM event** held on 24th July in recognition of their exemplary performance and services.

6 Veterinarians, 4 attenders, and 4 pilots were felicitated by their respective District Collectors for their dedicated services under the Tamil Nadu 1962 project on 15th August.

Dr Gagan Kalita, VO, Assam 1962 was recognized as Best Veterinary Officer, MVU Services, by the Department of Animal Husbandry and Veterinary, Government of Assam, for his dedicated service through 1962 on 9th September. The **new 1962 CAD application** was successfully launched for Assam 1962 services on 17th September. **Tamil Nadu state completed 10 years of 1962 services on 21st Sep 2026,** started with 10 ambulances across five districts in 2016 to 277 ambulances under the MVU and MVA models covering all 38 districts in 2026. Special note on **World Rabies day (28th Sep)** was published for internal circulation, **webinar by Dr Lenin Bhatt** has been organized followed by Animal Health camp the next day to create awareness about the Rabies by National VMLC. On 28th September (World Rabies Day), Gujarat veterinarians conducted **rabies awareness campaigns** at public gathering places across the villages during their visit.

In this quarter, **National Veterinary Medicine Learning Centre (National VMLC),** having prime focus on enhancing the quality and effectiveness of the 1962 services through structured capacity-building initiatives and continuous engagement with operational states, had conducted regular review meetings, Foundation and Refresher Training Programs for Vets, Para Vets, pilots, ERC Vets, and EROs, along with **Internal Case Round Presentations,** thus providing valuable opportunities to strengthen clinical skills, improve operational practices, and facilitate knowledge exchange. These efforts contribute to greater consistency in service delivery, improved emergency response preparedness, and the adoption of best practices across the organization.

I sincerely appreciate the dedication and collective efforts of our veterinary professionals, frontline teams, government departments, and partner organizations in supporting EMRI GHS's mission of strengthening the 1962 emergency veterinary services across the country.

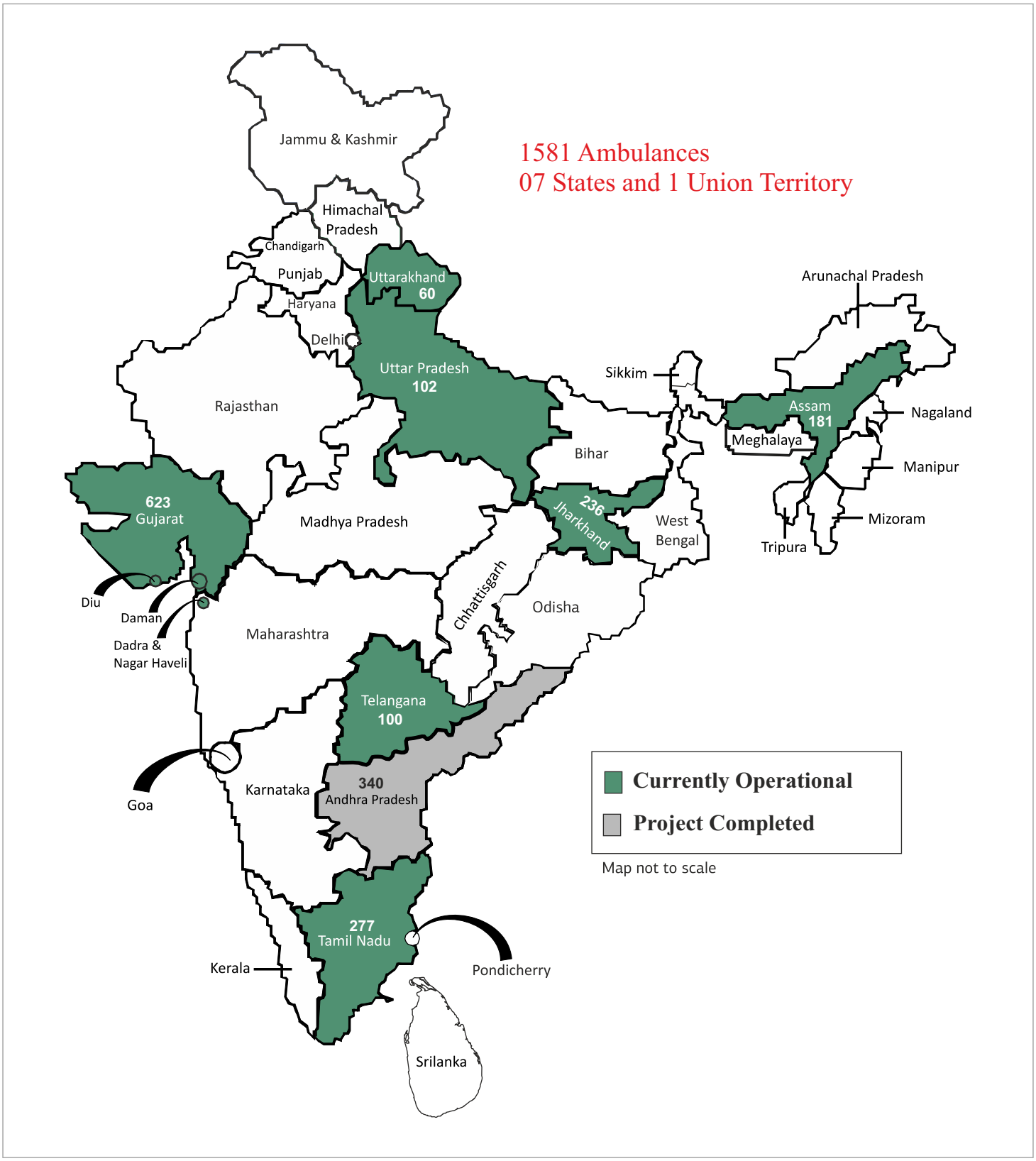
As we move forward, let us continue to build on these achievements through innovation, capacity building, and collaboration, further expanding access to timely and quality veterinary care and advancing animal health and welfare across India.

With Regards,

K. Krishnam Raju

Director - EMRI GHS

FOOTPRINTS OF 1962 IN DIFFERENT STATES OF INDIA



GVK EMRI GREEN HEALTH SERVICES

- 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.
- 1962 Emergency Response Center handled 10765 calls per day during this quarter

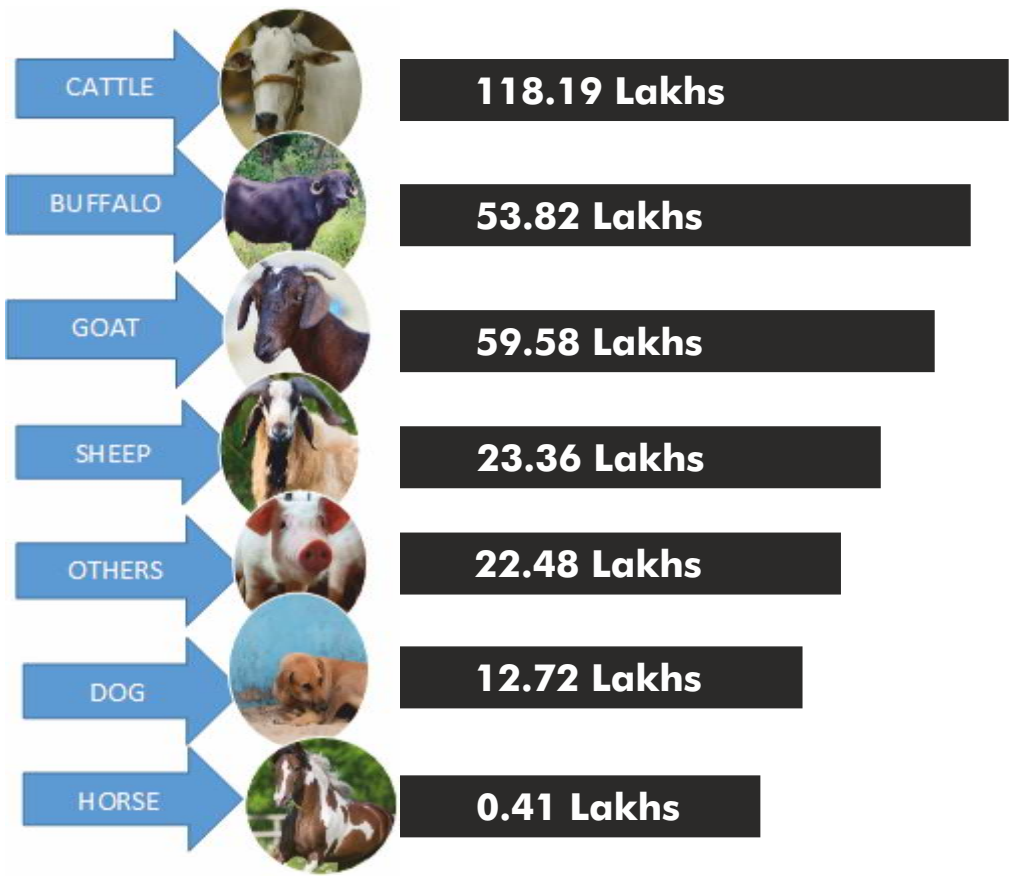
STATE WISE PROGRESS SINCE INCEPTION TO SEPTEMBER 2026

S.No.	Name of State	Operational Vehicles	No. of Animals Treated in this Quarter (July - Sep 2026)	No. of Animals Treated Since Inception
1	Tamil Nadu	277	11.27 Lakhs	70.29 Lakhs
2	Telangana	100	1.77 Lakhs	53.68 Lakhs
3	Gujarat	623	5.17 Lakhs	117.05 Lakhs
4	Uttarakhand	60	0.48 Lakhs	5.62 Lakhs
5	Uttar Pradesh	102	1.02 Lakhs	10.22 Lakhs
6	Assam	181	2.40 Lakhs	14.11 Lakhs
7	Jharkhand	236	2.39 Lakhs	9.26 Lakhs
8	UT(DDNH)	2	0.029 Lakhs	0.16 Lakhs
9	Andhra Pradesh	340*	0 Lakhs	17 Lakhs
	Total	**1581**	**24.54 Lakhs**	**297.41 Lakhs**

Note: -*Service Terminated in May 2025

Average animals treated per day in this quarter (July-Sep 2026) - 26,682

SPECIES WISE ANIMALS TREATED BY 1962 SINCE INCEPTION



Star Performers from July - September 2026

1962 NATIONAL SAVIOUR AWARDEES –Q2 (FY 2026-2027)

S.no	Month	State	Case Condition	Pg No
1	July	Assam	Clinical Management of Lumpy Skin Disease In a Calf	8
2	August	Tamil Nadu	Surgical Management of Traumatic Laceration of Cornea in Cow	14
3	September	Uttarakhand	Obstetrical Management of Uterine Prolapse In Cattle	20

VET CARE CRITICAL CASES FOR THE QUARTER Q2 (July to September 2026)

S.no	Month	State	Case Condition	Pg No
1	July	Assam	Clinical Management of Lumpy Skin Disease in a Calf	8
2	July	Tamil Nadu	Surgical Correction of Traumatic Evisceration of Rumen in Calf	9
3	July	Uttarakhand	Clinical Management of Colic in Horse	10
4	July	Assam	Clinical Management of Lantana Camara Poisoning in Calf	11
5	July	Uttar Pradesh	Surgical Correction of Tumor on Abdomen in Buffalo	12
6	July	Gujarat	Clinical Management of Severe Ruminal Tympany (bloat) in Goat	13
7	August	Tamil Nadu	Surgical Management of Traumatic Laceration of Cornea in Cow	14
8	August	Assam	Obstetrical Management of Dystocia in Goat	15
9	August	Tamil Nadu	Surgical Management of Caesarean Section in Cow	16
10	August	Uttarakhand	Obstetrical Management of Uterine Torsion in Buffalo	17
11	August	Assam	Clinical Management of Mastitis in Cow	18
12	August	Jharkhand	Surgical Management of Caesarean Section in Cow	19
13	September	Uttarakhand	Obstetrical Management of Uterine Prolapse in Cattle	20
14	September	Gujarat	Clinical Management of Milk Fever in Buffalo	21
15	September	Jharkhand	Clinical Management of Infectious Bovine Keratoconjunctivitis in Calf	22
16	September	Uttarakhand	Obstetrical Management of Dystocia in Cattle	23
17	September	Telangana	Obstetrical Management of Cervico Vaginal Prolapse in Buffalo	24

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

JULY - 2026

1962 TEAM - ASSAM - KARBI ANGLONG



1. LUMPY SKIN DISEASE IN A CALF

Lumpy Skin Disease (LSD) in calves is a viral infection transmitted primarily by blood-feeding insects such as flies, mosquitoes, and ticks. Affected calves typically develop fever, firm skin nodules, swollen lymph nodes, and sometimes limb oedema. Secondary bacterial infections may occur if skin lesions become ulcerated. Early diagnosis, supportive treatment, vector control, and vaccination as per veterinary guidance are essential to minimize complications and promote recovery.

CLINICAL MANAGEMENT OF LUMPY SKIN DISEASE IN A CALF

CASE DETAILS:

District : KARBI ANGLONG
MVU : STATE VETERINARY DISPENSARY, PHULONI
Date : 28/07/2026
Case ID : 171400
Call Time : 08:20 AM
Doctor : Dr. RAJIB KRO
DCH : Mr. ANKUR CHETIA

1. **History:** An 8-month-old male indigenous calf from Phuloni, Karbi Anglong district, Assam, was presented to the 1962 Mobile Veterinary Unit on 28 July 2026 with a history of high fever, reduced feed intake, depression, lacrimation, nasal discharge, and multiple skin nodules since three days. The calf had not been vaccinated against Lumpy Skin Disease (LSD).

2. **Clinical Presentation:** Clinical examination revealed a rectal temperature of 104°F, respiration rate of 32/min, pulse rate of approximately 96/min, capillary refill time (CRT) of more than 2 seconds, and ruminal movements of 2 per 3 minutes. The mucous membranes were congested.

3. **Signs and Symptoms:** The calf exhibited high fever, multiple firm skin nodules, reduced appetite and water intake, dullness, lacrimation, nasal discharge, enlarged lymph nodes, and mild limb edema.

4. **Diagnosis:** Based on the history, clinical examination, and characteristic skin lesions, the case was tentatively diagnosed as Lumpy Skin Disease (LSD).

5. **Procedure:** Supportive treatment was initiated to control fever and inflammation, prevent secondary bacterial infections, and promote recovery. The treatment included Conmox injection (antibiotic), Meloxicam (anti-inflammatory), Cadistin (antihistamine), Rumipro Bolus (digestive support), Trivet (Vitamin B complex), Intalyte Oral (electrolyte supplement), and E-care Se (immune support). The owner was advised to isolate the affected calf, maintain proper hygiene, implement vector control measures, and provide adequate nutrition and clean drinking water.

6. **Recovery and Reflection of Farmer:** The calf responded favorably to the treatment, with the fever subsiding and feed and water intake gradually improving. No new skin nodules developed after the initiation of treatment. The owner has appreciated the timely intervention and veterinary care provided by the 1962 Mobile Veterinary Unit.

7. **Reflection of Veterinary Team:** The Veterinary Officer and MVU staff were satisfied with the timely intervention and successful supportive management of the Lumpy Skin Disease case, which helped improve the calf's clinical condition, promote recovery, and minimize the risk of disease transmission through appropriate isolation and vector control measures.



Before Treatment





During Treatment



Recovered animal

JULY - 2026

1962 TEAM – TAMIL NADU - SIVAGANGAI



2. TRAUMATIC EVISCERATION OF RUMEN IN CALF

Traumatic Evisceration of the Rumen in a calf is a serious condition in which the rumen protrudes through an abdominal wound following traumatic injury. The affected calf may present with an open abdominal wound, exposed ruminal tissue, pain, bleeding, and signs of distress. If left untreated, the condition can lead to contamination, infection, shock, and potentially death. Immediate veterinary intervention, surgical repair, and appropriate supportive care are essential to prevent complications and improve the calf's chances of recovery.

SURGICAL CORRECTION OF TRAUMATIC EVISCERATION OF RUMEN IN CALF

CASE DETAILS:

District : SIVAGANGAI
MVU : MVU, VD, DEVAKOTTAI
Date : 25/07/2026
Case ID : 317650
Call Time : 04:15 PM
Doctor : Dr. PAVENDHAN
DCH : Mr. BALAJI

1. **History / Anamnesis:** A 6-month-old male Jersey-cross calf from Siruvati, Devakottai, Sivagangai district, Tamil Nadu, was presented to the 1962 Mobile Veterinary Unit on 25 July 2026 with a deep lacerated wound on the left flank and protrusion of the rumen through the wound following a road traffic accident involving an auto-rickshaw.

2. **Clinical Presentation:** Clinical examination revealed pink mucous membranes, respiration rate - 35 breaths/min, pulse rate - 100/min, capillary refill time (CRT) - 2 seconds, and rectal temperature - 101.8°F. The rumen was visibly protruding through the left abdominal wall, with dirt and debris contaminating the exposed tissue.

3. **Signs and Symptoms:** The calf presented with a deep wound over the left flank, visible protrusion of the rumen, and contamination of the exposed tissue following trauma.

4. **Diagnosis:** Based on the history and clinical examination, the calf was diagnosed with Traumatic Evisceration of the Rumen.

5. **Procedure/Treatment:** The calf was stabilised with Ringer's lactate, Streptopenicillin (antibiotic), Meloxicam (anti-inflammatory), and CPM (antihistamine). The surgical site was prepared aseptically, and local anaesthesia was administered using 2% lignocaine. The exposed rumen was thoroughly lavaged with sterile saline to remove dirt and debris before being carefully repositioned into the abdominal cavity. The peritoneum and transverse abdominis muscle were closed using an inverting suture pattern, the internal and external oblique muscles using a cross-mattress pattern, and the skin using a simple interrupted pattern with non-absorbable silk. A tincture benzoin seal was applied to protect the incision from contamination. Post-operative care included Ceftriaxone (antibiotic), Meloxicam (anti-inflammatory), and daily antiseptic wound dressing. The owner was advised to maintain the calf in a clean, quiet enclosure, provide fresh water with electrolytes, restrict movement, and monitor the wound for signs of infection.

6. **Recovery and Reflection of Farmer:** The calf showed improved activity within 24 hours of surgery, with no wound infection reported. Complete wound healing was achieved by day 14, when the skin sutures were removed. The farmer expressed gratitude to the 1962 Mobile Veterinary Unit for its prompt response, successful surgical intervention, and follow-up care.

7. **Reflection of Veterinary Team:** The V.O and MVU staff were satisfied with the timely intervention& successful surgical management of traumatic rumen evisceration, which saved the calf's life, restored the integrity of the abdominal wall, and facilitated complete wound healing.



Before Treatment





During Treatment



Recovered animal



3. COLIC IN HORSE

Colic in horses refers to abdominal pain caused by various gastrointestinal conditions, including intestinal gas accumulation, impaction, or intestinal displacement. Affected horses may exhibit restlessness, pawing, flank watching, sweating, rolling, loss of appetite, and reduced faecal output. If left untreated, severe cases can progress to intestinal damage, shock, or death. Early veterinary assessment, appropriate medical management, and timely surgical intervention when indicated are essential to prevent complications and improve recovery.

CLINICAL MANAGEMENT OF COLIC IN HORSE

CASE DETAILS:

District : ALMORA
MVU : SALT
Date : 25/07/2026
Case ID : 135318
Call Time : 12:22 PM
Doctor : Dr. PRATIBHA KABDOLA
Paravet : Mr. HIMANSHU

1. **History:** A horse was reported to the Emergency Response Centre (ERC) on 25 July 2026 at 12:22 PM with a history of loss of appetite and absence of defecation for two days. The animal exhibited abdominal discomfort, kicking at its belly, repeatedly getting up and down, and rolling. The symptoms reportedly began after the horse was bathed with cold water following work. Previous treatment with NSAID Flunixin Meglumine and antibiotic Intacef by a local veterinary hospital resulted in slight improvement. There was no history of deworming, and urination was normal.

2. **Clinical Presentation:** Clinical examination revealed red and congested mucous membranes, respiration rate-15 breaths/min, pulse rate-42/min, capillary refill time (CRT) - 2 seconds, and rectal temperature of 103.2°F. The horse exhibited signs of abdominal pain and restlessness.

3. **Signs and Symptoms:** The horse exhibited anorexia, absence of defecation for two days, abdominal discomfort, kicking at the belly, repeated getting up and down, and rolling, indicating colic.

4. **Diagnosis:** Based on the history and clinical signs, the horse was diagnosed with Equine Colic.

5. **Procedure:** The horse was properly restrained, and emergency treatment was initiated. Fluid therapy with normal saline and metronidazole was administered, along with antibiotic Ceftiofur sodium, NSAID Flunixin, Vitamin B complex, and anti-histamine Chlorphenaramine maleate. Oral treatment included magnesium sulphate, live yeast culture boluses, and liquid paraffin. Follow-up treatment included Albendazole tablet, Best-XL (cefixime), Meloxicam, Hung Up bolus, magnesium sulphate, and Vimeral. The owner was advised to provide clean water with electrolytes, withhold solid feed until gut function and defecation returned, avoid heavy grains and coarse hay during initial recovery, and allow controlled walking and adequate rest.

6. **Recovery and Reflection of Farmer:** The horse recovered following emergency veterinary intervention and supportive treatment. The owner expressed gratitude to the 1962 Mobile Veterinary Unit for its timely response and treatment, highlighting the horse's importance as a source of family income and the relief its recovery brought to the family.

7. **Reflection of Veterinary Team:** The Veterinary Officer and MVU staff were satisfied with the timely intervention and successful management of the equine colic case, which relieved the horse's clinical distress and facilitated recovery.



Before Treatment



During Treatment



After treatment

JULY - 2026

1962 TEAM – ASSAM - DHEMAJI



4. LANTANA CAMARA POISONING IN CALF

Lantana camara poisoning in calf is a toxic plant poisoning caused by ingestion of the Lantana camara shrub, leading primarily to liver damage and secondary photosensitization. Affected animals commonly exhibit anorexia, ruminal stasis, jaundice, weakness, dehydration, and necrotic skin lesions over exposed areas following sunlight exposure. Since no specific antidote is available, early diagnosis and prompt supportive therapy, along with removal from contaminated grazing areas, are essential to prevent severe complications and ensure recovery.

CLINICAL MANAGEMENT OF LANATANA CAMARA POISONING IN CALF

CASE DETAILS:

District : DHEMAJI
MVU : VETERINARY DISPENSARY, SIMEN CHAPORI
Date : 20/07/2026
Case ID : 160410
Call Time : 10:26 AM
Doctor : Dr. BHASKAR JYOTI CHUTIA
DCH : Mr. ANIMEKH SAIKIA

1. **History:** A one-year-old indigenous female calf from Sereng Nepali Gaon, Dhemaji district, Assam, was presented to the 1962 Mobile Veterinary Unit on 20 July 2026 with a history of reduced appetite, decreased rumination, progressive weakness, and necrotic skin lesions. The animal had grazed in a pasture heavily infested with Lantana camara for three days. Following ingestion, the animal developed signs of liver dysfunction and photosensitization.

2. **Clinical Presentation:** Clinical examination revealed icteric mucous membranes, respiration rate of 27 breaths/min, pulse rate of 72/min, capillary refill time (CRT) of 2 seconds, ruminal movements of 1/3 min, and rectal temperature of 100.8°F. The animal was dull and dehydrated, with dark yellow urine, reduced appetite, and painful, cracked, and necrotic skin lesions over exposed body areas.

3. **Signs and Symptoms:** The animal exhibited anorexia, reduced ruminal motility, progressive weakness, jaundice, dark yellow urine, and necrotic skin lesions associated with photosensitization. The affected skin was painful on palpation, with discomfort increasing upon exposure to direct sunlight.

4. **Diagnosis:** Based on the history of grazing on Lantana camara and the clinical signs of jaundice, liver dysfunction, and photosensitization, the case was diagnosed as Lantana Camara Poisoning.

5. **Procedure/Treatment:** Supportive treatment was provided to manage toxicity, dehydration, liver dysfunction, inflammation, and secondary infection. Medicines used included Activated Charcoal, Pepsid-C, Intalyte Oral, Intamox-O Bolus, Meloxicam, Cadistin, Tribivet, Rumentas Bolus, and Zigbo liver tonic. Skin lesions were cleaned with povidone-iodine and treated with Charmil Plus gel and Topicure spray. The owner was advised to provide shade, clean drinking water, nutritious fodder, and prevent further access to Lantana-infested pasture.

6. **Recovery and Reflection of Farmer:** The calf showed gradual improvement in appetite and general condition, with reduced jaundice and weakness. The skin lesions began healing. The farmer expressed gratitude and agreed to follow the care and preventive measures advised.

7. **Reflection of Veterinary Team:** The Veterinary Officer and DCH were satisfied with the timely intervention and supportive management of the Lantana camara poisoning case, which improved the animal's clinical condition and promoted healing of the skin lesions. The case provided valuable learning in recognizing plant toxicity, managing photosensitization, and educating farmers on prevention.



Before Treatment



During Treatment



Recovered animal

JULY - 2026

1962 TEAM – UTTAR PARDESH - DEORIA



5. TUMOR ON ABDOMEN IN BUFFALO

Abdominal Tumor near the Umbilical Region in a buffalo refers to an abnormal tissue growth or mass occurring around the navel. The swelling may vary in size and consistency and may be associated with discomfort, skin changes, or secondary infection, depending on its nature and extent. Differential diagnoses include neoplastic growths, umbilical hernia, and abscesses. Early veterinary examination and appropriate diagnostic evaluation are essential to determine the cause and guide suitable medical or surgical management.

SURGICAL CORRECTION OF TUMOR ON ABDOMEN IN BUFFALO

CASE DETAILS:

District	:	**DEORIA**
MVU	:	**UP32EG4092**
Date	:	**29/07/2026**
Case ID	:	**20260000307955**
Call Time	:	**10:47 AM**
Doctor	:	**Dr. PARAS NATH PRAJAPATI**
Paravet	:	**Mr. UPENDRA CHAUHAN**

1. **History / Anamnesis:** On 29 July 2026, the 1962 Emergency Response Centre (ERC) received a call regarding a three-year-old buffalo with a progressively enlarging mass near the umbilicus for the past year. The mass caused discomfort during walking and feeding, restlessness, and difficulty in movement. The Veterinary Officer and MVU team promptly visited the site, collected the history, and performed surgical removal of the mass.

2. **Clinical Presentation:** The buffalo was presented with a progressively enlarging abdominal mass near the umbilicus, pain and difficulty in standing and walking. The mucous membranes were pale. Clinical parameters were: rectal temperature 102.2°F, pulse rate 65/min, respiration rate 16/min, capillary refill time (CRT) 3 seconds, and ruminal movements 4 per 5 minutes.

3. **Signs and Symptoms:** The Progressive enlargement of the abdominal mass over one year, pain and discomfort during movement, difficulty in standing and walking normally, restlessness, and discomfort while feeding.

4. **Diagnosis:** Based on the history of progressive growth of the mass over one year and the associated clinical signs, the case was diagnosed as a tumor in the abdominal region near the umbilicus.

5. **Procedure / Treatment:** After obtaining the owner's consent, the buffalo was properly restrained, and the surgical site was cleaned with povidone-iodine. Local anaesthesia was administered using 2% lignocaine, followed by general anaesthesia with Xylazine. The tumor was surgically excised under aseptic conditions, and the wound was sutured. Tincture Benzoin Seal was applied over the suture line. Medicines administered included Normal Saline, Xylazine, Atropine, Chlorphenaramine maleate, Tribivet, Amoxicillin, Lignocaine, Trenaxa, and Melonex. Follow-up medications included Amoxicillin, Melonex, Chlorphenaramine maleate, and B-complex.

6. **Recovery and Reflection of Farmer:** The owner was happy and relieved to have the tumor removed, as it had caused discomfort and difficulty in the animal's daily activities. The owner was advised to restrict sudden movements and provide boiled grains and soft feed during recovery.

7. **Reflection of Veterinary Team:** The Veterinary Officer and MVU staff were satisfied with the timely intervention and successful surgical removal of the abdominal tumor. The case provided a valuable learning experience in the clinical assessment, anesthetic management, and surgical treatment of progressively enlarging masses in livestock.



Before Treatment





During Treatment



Recovered animal



6. RUMINAL TYMPANY (BLOAT) IN A GOAT

Ruminal Tympany (Bloat) in goats is a condition characterized by excessive accumulation of gas in the rumen, causing abdominal distension, particularly on the left side. Affected goats may exhibit restlessness, discomfort, reduced appetite, difficulty breathing, and repeated attempts to lie down or stretch. If left untreated, severe bloat can compress the lungs and lead to respiratory distress or sudden death. Early veterinary intervention, appropriate gas relief, and management of dietary factors are essential to prevent complications and ensure recovery.

CLINICAL MANAGEMENT OF SEVERE RUMINAL TYMPANY (BLOAT) IN GOAT

CASE DETAILS:

District : BHARUCH
MVU : MVD CHHIDRA
Date : 29/07/2026
Case ID : 35262907261714
Call Time : 09:00 AM
Doctor : Dr. NIYATI RANA
DCH : Ms. BHARGAV PATEL

1. **History:** A three-year-old female non-descript goat from Sambha village was presented to the 1962 MVU with severe left-sided abdominal distension for approximately two days. The condition developed after grazing, but the specific dietary cause could not be established. The goat showed progressive dullness, depression, complete loss of appetite, and mild salivation, requiring emergency veterinary intervention.

2. **Clinical Presentation:** The goat presented with severe left-sided abdominal distension, marked ruminal Tympany, dullness, depression, and mild salivation. Clinical parameters were: rectal temperature 103°F, pulse rate approximately 84/min, respiration rate approximately 32/min, CRT less than 2 seconds, pink mucous membranes, and decreased ruminal movements.

3. **Signs and Symptoms:** Severe left-sided abdominal distension, tympanic resonance on percussion, complete anorexia, reduced ruminal movements, dullness, depression, mild salivation, and reduced general activity.

4. **Diagnosis:** Based on the history of acute abdominal distension and clinical findings, the case was diagnosed as ruminal Tympany (bloat).

5. **Procedure:** Initial supportive treatment included intravenous Normal Saline with Sodium Bicarbonate, followed by Ringer's Lactate. Oral Sodium Bicarbonate and Simethicone were attempted but were poorly tolerated. Due to persistent severe distension, sterile rumen puncture was performed under aseptic precautions, resulting in gas release and immediate relief. Medications administered included antibiotic Ceftriaxone, NSAID Meloxicam, Vitamin B-Complex, Sodium Bicarbonate, Simethicone, and Rumentas Bolus. Supportive treatment continued for three days, with monitoring of appetite, rumination, hydration, and abdominal distension.

6. **Recovery and Reflection of Farmer:** The goat showed noticeable relief following decompression and resumed eating and drinking by the following day. The owner expressed heartfelt gratitude to the 1962 team for saving the life of the animal and was advised on appropriate feeding practices to prevent recurrence of bloat.

7. **Reflection of Veterinary Team:** The Veterinary Officer and MVU staff were satisfied with the timely intervention and successful emergency management of ruminal Tympany. The case provided a valuable learning experience in recognizing life-threatening bloat, performing emergency rumen decompression, and providing appropriate supportive care to improve the animal's recovery.



Before Treatment



During Treatment



Recovered animal



7. CORNEAL LACERATION IN COW

Corneal Laceration in a cow is an injury involving a cut or tear in the transparent outer layer of the eye, commonly caused by trauma from sharp objects, plant materials, or accidental injuries. Affected animals may exhibit excessive tearing, eye redness, swelling, pain, squinting, and corneal opacity. If left untreated, the injury can lead to infection, corneal ulceration, or vision loss. Early veterinary examination and appropriate treatment are essential to prevent complications and preserve vision.

SURGICAL MANAGEMENT OF TRAUMATIC LACERATION OF CORNEA IN COW

CASE DETAILS:

District : CUDDALORE
MVU : MVU, VD, VRIDHASALAM
Date : 16/08/2026
Case ID : 227440
Call Time : 10:05 AM
Doctor : Dr. S. JAYAPRAKASH
DCH : Mr. SRI ARAVINTH

1. **History:** On 16th August 2026, the 1962 MVU team attended a case in Cuddalore district involving a 6½-year-old female Jersey crossbred cow that sustained trauma to the left eye following a fight with another cow. Surgical intervention was performed to repair the corneal injury and preserve vision.

2. **Clinical Presentation:** On clinical examination, revealed a lacerated wound at the lateral corneal limbus, corneal edema and opacity, and hyphema in the anterior chamber. Clinical parameters were: rectal temperature 39.2°C, pulse rate 70/min, respiration rate 21/min, CRT 2 seconds, pink and moist mucous membranes, and ruminal movements 3/min.

3. **Signs and Symptoms:** Left eye trauma, partial closure of the affected eye, excessive lacrimation, corneal laceration, corneal edema and opacity, hyphema, dullness, and depression.

4. **Diagnosis:** Based on the history and ophthalmic examination, the case was diagnosed as a traumatic corneal laceration involving the left corneal limbus, with corneal edema and hyphema.

5. **Procedure / Treatment:** The cow was restrained, and the affected eye was cleaned with normal saline. Auriculopalpebral nerve and Peterson eye blocks were administered using 2% lignocaine. Ciplox-D eye drops were instilled before surgery. The periocular area was clipped and cleaned with povidone-iodine diluted with normal saline, and necrotic tissue was removed. The corneal edges were apposed and sutured using 1-0 PGA absorbable suture material in a simple interrupted pattern. Postoperative medications included antibiotic Cef-Tazo, anti-inflammatory Meloxicam, and anti-histamine Chlorphenaramine maleate (CPM). Lixen bolus, Melonex Plus, and Ciplox-D eye drops were advised for follow-up treatment.

6. **Recovery and Reflection of Farmer:** The cow recovered following surgical repair (keratorrhaphy), with satisfactory wound apposition, progressive corneal healing, reduced lacrimation, and preserved vision. No postoperative complications were reported. The farmer expressed gratitude to the 1962 team for its prompt response, successful treatment, and continued follow-up, which helped preserve the cow's vision.

7. **Reflection of Veterinary Team:** The Veterinary Officer and MVU team appreciated the prompt response and effective surgical management of the corneal injury. This case offered valuable practical experience in ophthalmic assessment, regional nerve blocks, corneal suturing techniques, and postoperative management to ensure ocular healing and preserve vision in livestock.



Before Treatment



During Treatment



Recovered animal

AUGUST-2026

1962 TEAM – ASSAM - MAJULI



8. DYSTOCIA IN GOAT

Dystocia in goats refers to difficult or prolonged kidding due to factors such as abnormal fetal presentation, oversized kids, or inadequate uterine contractions. Affected goats may exhibit prolonged straining, restlessness, and failure to deliver the kid normally. If left untreated, dystocia can lead to maternal exhaustion, genital tract injuries, infection, and fetal death. Early veterinary intervention, appropriate obstetrical management, and surgical assistance when necessary are essential to ensure the survival of both the doe and the kid.

OBSTETRICAL MANAGEMENT OF DYSTOCIA IN GOAT

CASE DETAILS:

District : MAJULI
MVU : STATE VETERINARY DISPENSARY, GORMUR
Date : 18/08/2026
Case ID : 199533
Call Time : 01:10 PM
Doctor : Dr. GONESH PAYENG
DCH : Mr. BEDANTA BARUAH

1. **History:** A 3-year-old female indigenous goat was presented to the 1962 Mobile Veterinary Unit at Kamalabari, Majuli district, Assam, with a history of prolonged labour, repeated abdominal straining, restlessness, and failure to deliver the kid normally. Veterinary intervention was required due to the lack of progress in parturition.

2. **Clinical Presentation:** On clinical examination, the doe was conscious but restless, with repeated abdominal straining and signs of discomfort. Clinical parameters were: pink mucous membranes, respiration rate 25/min, pulse rate 75/min, capillary refill time <2 seconds, ruminal movements 2–3 per 3 minutes, and rectal temperature 102.2°F.

3. **Signs and Symptoms:** The doe exhibited prolonged labor, repeated abdominal straining, restlessness, and failure of normal delivery. Examination revealed a dead fetus with unilateral forelimb flexion and a second fetus in normal anterior presentation.

4. **Diagnosis:** Based on the history and clinical examination, the case was diagnosed as obstructive dystocia due to fetal malposture. Manual examination confirmed twin fetuses, with one dead fetus exhibiting unilateral forelimb flexion and the second fetus in normal presentation.

5. **Procedure:** The doe was restrained in right lateral recumbency, and the perineal region was cleaned with 2% povidone-iodine. Liquid paraffin was used to lubricate the birth canal. The flexed forelimb of the first fetus was gently corrected, and the fetus was delivered by controlled traction but was dead. The second fetus was then manually extracted which was alive. The uterus and birth canal were examined for injuries and retained fetal membranes, followed by uterine flushing with Cflox-TZ IU. Post-procedure treatment included antibiotic Conmox, anti-inflammatory meloxicam, anti-histamine Chlorphenaramine maleate, intravenous Intalyte, and Trivet Vitamin B-complex injection to manage infection risk, pain, and inflammation and support recovery.

6. **Recovery and Reflection of Farmer:** One kid was delivered dead and the other alive. The doe recovered satisfactorily, and the farmer expressed gratitude to the 1962 MVU team for its timely intervention and for saving the goat's life.

7. **Reflection of Veterinary Team:** The case provided a valuable learning experience, for the Veterinary doctor and MVU staff, in the timely diagnosis and management of dystocia, fetal repositioning, and coordinated obstetrical intervention to ensure maternal recovery and neonatal survival.



Before Treatment



During Treatment



After treatment



9. CAESAREAN SECTION IN COW

Caesarean Section in cows is a surgical procedure performed to deliver a calf when normal vaginal delivery is difficult or impossible due to dystocia, abnormal fetal presentation, or feto-pelvic disproportion. Affected cows may exhibit prolonged straining and failure to deliver despite active labor. Timely surgical intervention, performed under appropriate anesthesia and aseptic conditions, is essential to prevent maternal and fetal complications and improve the chances of survival and recovery.

SURGICAL MANAGEMENT OF CAESAREAN SECTION IN COW

CASE DETAILS:

District : ERODE
MVU : VETERINARY POLY CLINIC, ERODE
Date : 05/08/2026
Case ID : 246272
Call Time : 02:30 PM
Doctor : Dr. VIJAYAKUMAR
Paravet : Mr. SRIDHARAN

1. **History:** A 5 years Jersey cross cow (full-term pregnant) was presented with a history of prolonged labor and continuous straining since 6:30 AM. The amniotic sac had ruptured, with discharge of amniotic fluid, but the cow was unable to deliver the calf normally.

2. **Clinical Presentation:** On clinical examination, the cow showed signs of distress, restlessness, reduced appetite, and continuous straining. Per-vaginal examination revealed incomplete cervical dilatation. Clinical parameters were: pale mucous membranes, respiration rate 60 breaths/min, pulse rate 75/min, capillary refill time 2 seconds, and rectal temperature 100.9°F.

3. **Signs and Symptoms:** The cow exhibited prolonged labor, continuous straining, restlessness, distress, reduced appetite, rupture of the amniotic sac, and failure to deliver the calf due to incomplete cervical dilatation.

4. **Diagnosis:** Based on the clinical examination and obstetrical findings, the case was diagnosed as incomplete cervical dilatation resulting in dystocia. An emergency caesarean section was performed to facilitate delivery and prevent further complications.

5. **Procedure:** The cow was restrained in right lateral recumbency, and epidural anaesthesia was administered using lignocaine. The left flank was clipped and aseptically prepared, followed by an Inverted-L block using 2% lignocaine. An incision was made through the left Para lumbar fossa to access the abdominal cavity. The uterus was exteriorized and incised, and the calf was delivered by gentle traction. The uterus was sutured using Cushing and Lembert patterns, and the abdominal layers and skin were closed by simple continuous and simple interrupted sutures respectively. Treatment included intravenous Calboral, D5, and antibiotic Cef-Tazo, anti-inflammatory meloxicam and anti-histamine Chlorphenaramine maleate (CPM). Postoperative care included Cef-Tazo, meloxicam, CPM, and Tribivet for three days was advised, along with antiseptic dressing of the surgical site. Skin sutures were removed on the 12th postoperative day, and the cow recovered without major complications.

6. **Recovery and Reflection of Farmer:** A live female calf was delivered successfully, and the cow recovered uneventfully with appropriate postoperative care. The farmer expressed satisfaction and gratitude to the 1962 team for its timely intervention and the dedicated care provided by them.

7. **Reflection of Veterinary Team:** The case provided a valuable learning experience in the timely diagnosis of incomplete cervical dilatation, emergency caesarean section, and postoperative management, highlighting the importance of prompt intervention in safeguarding both the dam and calf.



Before Treatment



During Treatment



Post-surgery animal

AUGUST-2026

1962 TEAM – UTTARAKHAND - ALMORA



10. UTERINE TORSION IN BUFFALO

Uterine Torsion in buffalo is a reproductive emergency in which the uterus twists along its longitudinal axis, commonly during late pregnancy or at the onset of labor. Affected buffaloes may exhibit restlessness, abdominal discomfort, prolonged labor, and failure to deliver the calf. If left untreated, the condition can lead to uterine damage, fetal death, and maternal complications. Early diagnosis and prompt veterinary intervention through uterine de-torsion by Schaffer's method or caesarean section, when indicated, are essential to improve maternal and fetal survival.

OBSTRECTICAL MANAGEMENT OF UTERINE TORSION IN BUFFALO

CASE DETAILS:

District : ALMORA
MVU : SALT
Date : 04/08/2026
Case ID : 142738
Call Time : 10:41 AM
Doctor : Dr. PRATIBHA KABDOLA
Paravet : Ms. HIMANSHU

1. **History:** A 6-year-old female buffalo was presented to the 1962 Mobile Veterinary Unit at Inolu with a history of completed gestation, restlessness, active labor but unable to parturate. The emergency call was received at 10:41 AM, following which the MVU team promptly attended the case.

2. **Clinical Presentation:** On clinical examination, the buffalo showed restlessness, straining, and vaginal bleeding. Rectal examination revealed the broad ligament crossing over, while per-vaginal examination indicated partial cervical dilatation. Clinical parameters were: red and congested mucous membranes, respiration rate 28/min, pulse rate 62/min, capillary refill time 2 seconds, and rectal temperature 102°F.

3. **Signs and Symptoms:** The buffalo exhibited restlessness, difficulty in calving, straining during urination, vaginal bleeding, and signs of distress.

4. **Diagnosis:** Based on the clinical examination and obstetrical findings, the case was diagnosed as uterine torsion, confirmed by the abnormal position of the broad ligament on rectal examination and partial cervical dilatation with vaginal bleeding on per-vaginal examination.

5. **Procedure:** The buffalo was properly restrained by securing the forelimbs and hind limbs separately. Uterine torsion was corrected using Schaffer's method, following which the dead fetus was extracted by manual traction. Normal urination resumed after correction. Treatment included antibiotic ceftiofur sodium, anti-inflammatory flunixin, anti-histamine Chlorphenaramine maleate, Tribivet, Nycal, Tonophosphan, etamsylate, and Epidosin, along with intrauterine urea boluses and oral Replanta powder. The owner was advised to continue the prescribed medications, fluid therapy, and nutritional supplements as directed.

6. **Recovery and Reflection of Farmer:** The uterine torsion was successfully corrected, and the buffalo was relieved of distress despite the loss of the fetus. The farmer expressed his satisfaction with the 1962 team for its timely intervention and for saving the animal's life.

7. **Reflection of Veterinary Team:** The case provided a valuable learning experience in diagnosing and correcting uterine torsion using Schaffer's method. The Veterinary Officer, paravet, and driver-cum-helper appreciated the coordinated teamwork that helped relieve the buffalo's distress and save its life.



Before Treatment



During Treatment



After Treatment



11. MASTITIS IN COW

Mastitis in cow is an inflammation of the mammary gland, usually caused by bacterial infection. Affected cows may exhibit udder swelling, heat, pain, and abnormal milk containing clots or flakes, with reduced milk production. If left untreated, severe cases can lead to systemic illness and permanent udder damage. Early diagnosis, appropriate veterinary treatment, and proper milking hygiene are essential to control infection and restore udder health.

CINICAL MANAGEMENT OF MASTITIS IN COW

CASE DETAILS:

District	:	**HOJAI**
MVU	:	**STATE VETERINARY DISPENSARY, HOJAI**
Date	:	**18/08/2026**
Case ID	:	**198355**
Call Time	:	**08:35 AM**
Doctor	:	**Dr. SAURAV DUTTA**
DCH	:	**Mr. DHIRUJIT BHUYAN**

1. **History:** A 5-year-old female HF crossbred cow from Moinapur was presented to the 1962 Mobile Veterinary Unit with a history of abnormal yellow to creamy-yellow milk from the left rear quarter since two days. The affected quarter was swollen and painful, with reduced milk production and discomfort during milking. The cow was otherwise consuming feed and water normally.

2. **Clinical Presentation:** Clinical examination revealed enlargement, warmth, and pain in the left rear mammary quarter. The milk from the affected quarter was yellowish to creamy-yellow with an abnormal consistency. Clinical parameters recorded were: pink mucous membranes, respiration rate 27/min, pulse rate 72/min, capillary refill time 2 seconds, ruminal movements 2–3 per 3 minutes, and rectal temperature 101.8°F.

3. **Signs and Symptoms:** The cow exhibited swelling, warmth, and pain in the affected udder quarter, abnormal milk color and consistency, discomfort during milking, and reduced milk production from the affected quarter.

4. **Diagnosis:** Based on the history, abnormal milk characteristics, and inflammatory changes in the affected mammary quarter, the case was diagnosed as acute clinical mastitis.

5. **Procedure / Treatment:** The affected quarter was gently milked out completely to remove the milk and to reduce Intramammary pressure. Treatment included antibiotic Bilcef I/V at 10 mg/kg body weight for 5 days, anti-inflammatory meloxicam at 0.5 mg/kg I/M for three days, anti-histamine Chlorphenaramine maleate I/M at 0.2 mg/kg, and Trivet injection at 12 ml I/M for 5 days. Moxomast powder (60 g orally once daily for 4 days) and Tissue Aid bolus (3 boluses orally twice daily for 3 days) were also administered. The farmer was advised to maintain proper milking hygiene and observe the prescribed milk withdrawal period.

6. **Recovery and Reflection of Farmer:** The swelling, warmth, and pain gradually decreased, while milk quality and production improved gradually. The farmer was satisfied and expressed gratitude to the 1962 MVU team for its timely intervention and treatment.

7. **Reflection of Veterinary Team:** The V.O & MVU staff were satisfied as this case provided a valuable learning experience in the early identification and management of clinical mastitis, emphasizing appropriate treatment, udder hygiene, and farmer education to prevent recurrence.





Before Treatment



During Treatment





Recovered animal

AUGUST-2026

1962 TEAM – JHARKHAND - SAHIBGANJ



12. CAESAREAN SECTION IN COW

Caesarean Section in cow is a surgical procedure performed to deliver a calf when normal vaginal delivery is difficult or not possible due to dystocia, abnormal fetal presentation, or feto-pelvic disproportion. Affected cows may exhibit prolonged straining and failure to deliver the calf. Timely surgical intervention under appropriate anesthesia and aseptic conditions is essential to prevent complications and improve the survival and recovery of both the cow and the calf.

SURGICAL MANAGEMENT OF CAESAREAN SECTION IN COW

CASE DETAILS:

District : SAHIBGANJ
MVU : SAHIBGANJ
Date : 12/8/2026
Case ID : 632811
Call Time : 11:15 AM
Doctor : Dr. KRISHNA MURARI
Paravet : Mr. PURUSHOTTAM JHA

1. **History:** A 4.5-year-old female HF cow from Baihodtana was reported to the 1962 helpline on 8 August with udder swelling and failure to deliver despite showing signs of parturition. The cow was nearing or had exceeded its expected calving date, but labor had not progressed to normal delivery.

2. **Clinical Presentation:** The cow was conscious and responsive but showed restlessness and abdominal straining. Per-rectal examination revealed a fetus in normal presentation and position; however, the cervix remained undilated. Clinical parameters were: pink mucous membranes, respiration rate 32/min, pulse rate 65/min, capillary refill time greater than 2 seconds, and rectal temperature 101°F. Ruminal movements were not recorded.

3. **Signs and Symptoms:** The cow exhibited restlessness, abdominal straining, failure to deliver despite signs of parturition, udder swelling, and scanty vaginal discharge. Examination confirmed failure of cervical dilatation despite the fetus being in a normal position.

4. **Diagnosis:** Based on the history and obstetrical examination, the case was diagnosed as dystocia due to failure of cervical dilatation. Medical management with cloprostenol and intravenous fluids was attempted, but adequate cervical dilatation did not occur even after 24 hours. A caesarean section was therefore performed to deliver the fetus.

5. **Procedure:** The cow was restrained in right lateral recumbency, and the left Para lumbar fossa was clipped and aseptically prepared. Epidural anaesthesia and local infiltration with 2% lignocaine were administered. A surgical incision was made through the left flank, and the gravid uterus was exteriorized. The uterus was incised and the live fetus was delivered. The uterine incision was closed with an inverting suture pattern, followed by layered closure of the abdominal wall with simple continuous suture and simple interrupted sutures for skin. Postoperative treatment included intravenous fluids (RL & NS), antibiotic Intacef Tazo, Tribivet, Tetvac, and anti-inflammatory Melonex. Continued fluid therapy, prescribed medications, wound care, nutritional support, and monitoring were advised.

6. **Recovery and Reflection of Farmer:** A live, viable calf was delivered, and the cow remained alive and stable after surgery. The farmer appreciated the 1962 team's timely intervention and regular follow-up, expressing gratitude for its dedication to the cow's recovery.

7. **Reflection of Veterinary Team:** The case was a valuable learning experience in managing dystocia caused by failure of cervical dilatation and performing a field-level caesarean section.



Before Treatment



During Treatment



After treatment



13. UTERINE PROLAPSE IN CATTLE

Uterine Prolapse in cattle is a postpartum condition in which the uterus protrudes through the vagina and vulva, usually shortly after calving. Affected animals may exhibit a large mass of exposed uterine tissue, bleeding, swelling, and signs of discomfort. This condition can lead to tissue damage, hemorrhage, shock, and potentially death. Immediate veterinary intervention, careful cleaning, replacement of the uterus, and appropriate supportive treatment are essential to prevent complications and ensure recovery.

OBSTETRICAL MANAGEMENT OF UTERINE PROLAPSE IN CATTLE

CASE DETAILS:

District : RUDRAPRAYAG
MVU : AGASTMUNI
Date : 07/09/2026
Case ID : 168610
Call Time : 11:52 AM
Doctor : Dr. VANDANA
Paravet : Mr. RAVINDER

1. **History:** A 5-year-old female ND cow from Rampur was presented to the MVU which had experienced dystocia two days earlier, which was managed by a local paravet through forceful manual extraction of the fetus. Following delivery, a prolapsed mass was observed, and the local paravet had sutured the vulva along with the prolapsed tissue. Vulvar swelling was subsequently noted.

2. **Clinical Presentation:** On examination, the cow had vulvar swelling following the previous obstetrical intervention. Clinical parameters were: pink mucous membranes, respiration rate 17/min, pulse rate 98/min, capillary refill time 2 seconds, and rectal temperature 101.1°F.

3. **Signs and Symptoms:** The cow presented with a visible uterine prolapse, with the prolapsed mass protruding through the vulva. Significant vulvar swelling was also observed, associated with the previously applied sutures around the vulva and prolapsed tissue following forceful fetal extraction.

4. **Diagnosis:** Based on the history and clinical examination, the case was diagnosed as uterine prolapse, with the prolapsed tissue requiring reduction and repositioning.

5. **Procedure:** The cow was restrained, and the previously applied sutures were removed. The prolapsed mass was cleaned with potassium permanganate solution. Sugar and magnesium sulphate diluted in cold water were applied to reduce swelling, and the retained placenta was manually removed. The prolapsed mass was gently repositioned into the uterus, and a rope truss was applied to help prevent recurrence. Supportive treatment included intravenous fluids, metronidazole, antibiotic Oxytetracycline, anti-histamine Chlorphenaramine maleate, Nycal, and sodium acid phosphate, along with meloxicam–paracetamol boluses. The uterus was flushed with diluted Cflox-TZ IU solution. The owner was advised to continue the prescribed medications and provide appropriate supportive care.

6. **Recovery and Reflection of caller:** The cow recovered following treatment and resumed milk production of approximately 2 liters. The farmer expressed happiness and gratitude to the 1962 team for saving the animal's life.

7. **Reflection of Veterinary Team:** The Veterinary Officer and MVU staff expressed that the case provided a valuable learning experience in managing a complicated prolapse case following dystocia.



Before treatment



During Treatment



Recovered animal



14. MILK FEVER IN BUFFALO

Milk Fever in buffaloes is a metabolic disorder caused by low blood calcium levels, commonly occurring around calving or during early lactation. Affected animals may exhibit muscle tremors, weakness, difficulty standing, loss of appetite, and recumbency. If left untreated, severe cases can progress to unconsciousness and death. Early diagnosis, prompt calcium supplementation under veterinary supervision and appropriate supportive care are essential for recovery and prevention of complications function.

CLINICAL MANAGEMENT OF MILK FEVER IN BUFFALO

CASE DETAILS:

District : JAMNAGAR
MVU : MVU MURILA
Date : 24/09/2026
Case ID : 626110
Call Time : 11:20 AM
Doctor : Dr. DHIRAJ
DCH : Mr. SAGAR

1. **History:** A 9-year-old female Jafarabadi buffalo was attended by the 1962 Mobile Veterinary Unit at Badhla village, Jamnagar district, on 24 September 2026. The animal was presented with anorexia and sternal recumbency. Details regarding recent calving, feeding history, duration of illness, and previous treatment were not available as the animal was recently bought.

2. **Clinical Presentation:** The buffalo was recumbent and showed loss of appetite. Clinical parameters were: pink mucous membranes, respiration rate approximately 21/min, pulse rate approximately 68/min, capillary refill time below 2 seconds, and rectal temperature 98°F.

3. **Signs and Symptoms:** The major clinical signs were anorexia, sternal recumbency, and reduced body temperature.

4. **Diagnosis:** Based on the history and clinical symptoms, the case was provisionally diagnosed as suspected milk fever (hypocalcaemia).

5. **Procedure:** The buffalo was examined and managed on an emergency basis. Calcium borogluconate (CBG), 450 mL, was administered slowly intravenously under veterinary supervision with cardiac monitoring. Supportive treatment included anti-inflammatory Meloxicam @ of 0.5 mg/kg body weight, Inj Tonophos 15 mL IM, and Inj Neurobion 10 mL IM. The animal was monitored for changes in alertness, muscle tone, ruminal activity, appetite, and ability to stand. The owner was advised to provide soft bedding, adequate hydration, appropriate feed, and continued observation.

6. **Recovery and Reflection of Farmer:** The buffalo responded favorably to treatment and regained the ability to stand. By the following day, it had resumed feed and water intake, with further improvement reported over the next three days. The owner was advised to monitor the animal closely and seek veterinary reassessment if weakness or recumbency persisted or recurred. The owner expressed satisfaction with the treatment and the animal's recovery.

7. **Reflection of Veterinary Team:** The case provided a valuable learning experience in the emergency assessment and management of a recumbent buffalo with suspected milk fever. It highlighted the importance of prompt intervention, careful monitoring during calcium administration, and documenting the animal's response to treatment.



Before Treatment



During Treatment



Recovered animal



15. INFECTIOUS BOVINE KERATOCONJUNCTIVITIS IN CALF

Infectious Bovine Keratoconjunctivitis (IBK) in calves is a contagious eye disease commonly associated with bacterial infection, particularly Moraxella bovis. Affected calves may exhibit excessive tearing, eye redness, squinting, corneal opacity, and ulcers, often accompanied by pain and sensitivity to light. If left untreated, severe cases can lead to corneal damage and vision loss. Early diagnosis, appropriate veterinary treatment, and fly control are essential to prevent complications and promote recovery.

CLINICAL MANAGEMENT OF INFECTIOUS BOVINE KERATOCONJUNCTIVITIS IN CALF

CASE DETAILS:

District : LATEHAR
MVU : GARU
Date : 21/09/2026
Case ID : 771767
Call Time : 11:43 AM
Doctor : Dr. PURUSHOTTAM KUMAR
Paravet : Mr. SURYODAYA SINGH

1. **History / Anamnesis:** A 6-month-old female nondescript (ND) calf was attended by the Mobile Veterinary Unit (MVU) at Surkumi village with a history of discharge from the left eye since three days.

2. **Clinical Presentation:** Clinical examination revealed pink mucous membranes, a respiratory rate of 29/min, a pulse rate of 78 bpm, a capillary refill time (CRT) of 2 seconds, ruminal movements of 1–2/min, and a rectal temperature of 102.6°F. Ocular examination revealed cloudy white corneal opacity, marked conjunctival redness, ocular discharge, and partial closure of the eyelids.

3. **Signs and Symptoms:** The calf exhibited discharge from the left eye, cloudy white corneal opacity, marked conjunctival redness, and partial closure of the affected eyelids, indicating an inflammatory condition of the eye.

4. **Diagnosis:** Based on the history and ocular findings, the case was diagnosed as infectious bovine Keratoconjunctivitis (IBK), commonly known as pinkeye.

5. **Procedure / Treatment:** The calf was gently restrained, and the eyelids, conjunctiva, and cornea were examined. The affected eye was gently flushed with sterile 0.9% normal saline to remove discharge and superficial debris. Discharge around the eyelids was cleaned using sterile gauze. Treatment included antibiotic Inj. Oxytetracycline LA and anti-inflammatory Inj. Meloxicam and Paracetamol. The owner was advised to apply Terramycin ophthalmic ointment twice daily for four days and administer Melonex Plus bolus once daily for four days, as prescribed. The owner was also advised to protect the affected eye from dust, flies, and excessive light and minimize contact with other cattle.

6. **Recovery and Reflection of Farmer:** The calf recovered following treatment. The owner expressed satisfaction with the MVU team's care and appreciated the clear treatment instructions and respectful approach.

7. **Reflection of Veterinary Team:** The Veterinary Officer and MVU staff considered the case a valuable learning experience. The case reinforced the importance of early identification, careful ocular examination, and appropriate treatment in managing eye infections in calves. The calf's recovery was a satisfying outcome for the veterinary team.



Before Treatment



During Treatment





Recovered animal

SEPTEMBER-2026

1962 TEAM – UTTARAKHAND - NAINITAL



16. DYSTOICA IN CATTLE

Dystocia in cattle refers to difficult or prolonged calving due to factors such as abnormal fetal presentation, oversized calves, or inadequate uterine contractions. Affected cows may exhibit prolonged straining, restlessness, and failure to deliver the calf normally. If left untreated, dystocia can lead to maternal exhaustion, reproductive tract injuries, infection, and fetal death. Timely veterinary intervention, appropriate obstetrical assistance, and caesarean section when necessary are essential to improve the survival and recovery of both the cow and the calf.

OBSTETRICAL MANAGEMENT OF DYSTOCIA IN CATTLE

CASE DETAILS:

District : NAINITAL
MVU : BETALGHAT
Date : 08/09/2026
Case ID : 169425
Call Time : 11:22 AM
Doctor : Dr. SANDEEP
Paravet : Ms. GAURAV

1. **History:** A 10-year-old female nondescript (ND) cow from Amel village was presented with the complaint that its water bag had ruptured the previous night, but the cow had not delivered and was anorectic. The Mobile Veterinary Unit (MVU) promptly attended the animal to provide emergency care.

2. **Clinical Presentation:** Clinical examination revealed pink mucous membranes, a respiratory rate of 18 breaths/min, a pulse rate of 70/min, a capillary refill time (CRT) of less than 2 seconds, and a rectal temperature of 102°F.

3. **Signs and Symptoms:** The cow had a history of ruptured amniotic sac without subsequent delivery and reduced appetite. Per-vaginal examination revealed incomplete cervical dilation and posterior presentation of the fetus.

4. **Diagnosis:** Based on the history and clinical examination, the condition was diagnosed as Dystocia due to incomplete cervical dilation and posterior presentation of the fetus

5. **Procedure:** The cow was properly restrained, and a per-vaginal examination was performed to assess cervical dilation and fetal presentation. Inj Epidosin (15 mL IM) was administered. The fetus was repelled as required, and its presentation, position, and posture were corrected manually. The birth canal was lubricated with paraffin, and the dead fetus was delivered by manual traction. Post-delivery treatment included antibiotic Inj. Enrofloxacin, anti-inflammatory Inj. Meloxicam, Inj. Dexamethasone and Inj. Sodium Acid Phosphate. Uterine flushing was performed using diluted povidone-iodine solution.

6. **Recovery and Reflection of Farmer:** The cow was gradually recovered following treatment. The owner was advised to provide jaggery and rice and monitor the animal for placental expulsion. Pulv. Replenta (50 g orally) was provided for use if the placenta was not expelled naturally within 12 hours. The owner expressed gratitude to the 1962 MVU team for saving the animal's life.

7. **Reflection of Veterinary Team:** The case provided valuable experience in managing dystocia involving incomplete cervical dilation and posterior fetal presentation. Timely intervention and appropriate manual correction helped resolve the difficult delivery and support the cow's recovery.



Before Treatment



During Treatment



Recovered animal



17. CERVICO VAGINAL PROLAPSE IN BUFFALO

Pre-partum Cervico-Vaginal Prolapse in buffalo is a reproductive condition occurring during late pregnancy in which the cervix and vaginal tissues protrude through the vulva due to hormonal changes, increased abdominal pressure, or relaxation of pelvic tissues. Affected animals commonly exhibit a visible prolapsed mass, swelling, irritation, and difficulty urinating. Prompt veterinary intervention through cleaning, repositioning of the prolapsed tissues, and appropriate supportive care is essential to prevent tissue damage, infection, and complications during calving, ensuring maternal health and successful delivery.

OBSTETRICAL MANAGEMENT OF CERVICO VAGINAL PROLAPSE IN BUFFALO

CASE DETAILS:

District : WANAPARTHY
MVU : WANAPARTHY
Date : 21/09/2026
Case ID : 141120
Call Time : 08:32 AM
Doctor : Dr. G. ANUSHA
Paravet : Mr. K. RAMU

1. **History / Anamnesis:** A 5-year-old female nondescript buffalo from Thirumalapur village was presented with a history of a mass protruding through the vulva since the previous day. The animal was in the last trimester of pregnancy and remained active, with normal feed and water intake. No prior treatment had been given to the animal.

2. **Clinical Presentation:** Clinical examination revealed pink mucous membranes, a respiratory rate of 26 breaths/min, a pulse rate of 63/min, a capillary refill time (CRT) of less than 2 seconds, ruminal movements of 2 per 3 minutes, and a rectal temperature of 102.1°F. An inflamed and edematous mass was observed protruding through the vulva.

3. **Signs and Symptoms:** The primary clinical sign was the protrusion of an inflamed, edematous Cervico-vaginal mass through the vulva during late pregnancy. The buffalo remained active and maintained normal feed and water intake.

4. **Diagnosis:** Based on the history and clinical examination findings, the case was diagnosed as pre-partum Cervico-vaginal prolapse.

5. **Procedure / Treatment:** The prolapsed mass was gently cleaned with potassium permanganate solution, and saturated sugar solution was used to reduce edema. The mass was carefully elevated to the level of the vulva and repositioned using a lubricant. A rope truss was applied to help prevent recurrence. Medical treatment included Inj. P-Depot , Inj. Spasmovet, antibiotic Inj. X-Ceft, anti-inflammatory Inj. Melonex (12 mL IM), Syp. Calmore Forte (100mL orally), and Pulv. Nutramin B (50 g orally). The owner was advised to provide calcium supplementation, maintain the animal in a clean environment, provide soft bedding, slightly elevate the hindquarters, avoid bulky feed, offer feed that minimizes straining during defecation, and monitor the animal closely and monitor closely for recurrence or complications.

6. **Recovery and Reflection of Farmer:** The buffalo recovered successfully without recurrence following treatment. The owner was satisfied with the timely veterinary intervention and expressed gratitude to the 1962 veterinary team for saving the animal.

7. **Reflection of Veterinary Team:** The Veterinary Officer and MVU staff were satisfied with the successful management of the case, which reinforced the importance of prompt correction, proper replacement of the prolapsed mass and appropriate post-treatment care in achieving complete recovery.



Before Treatment



During Treatment



Recovered animal

Foundation Training- 103 Vets (96 Veterinary Officers & 7 VRC-Ps) from T.N, U.P, Uttarakhand, Gujarat, Jharkhand & Assam 1962 states

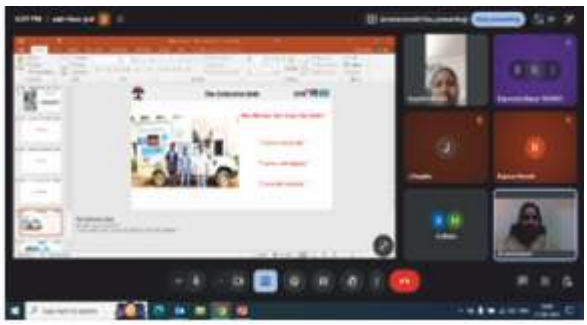






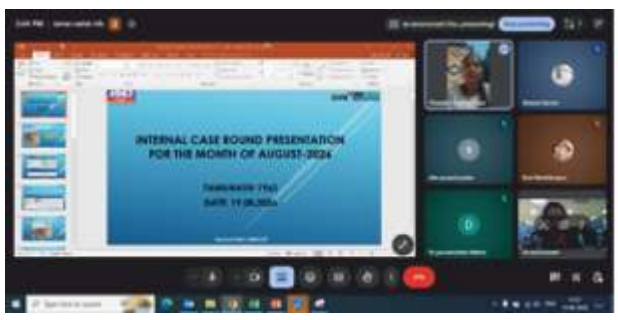
Refresher Training (Virtual mode) for Veterinary Officers, Para Vets, VROs & Pilots

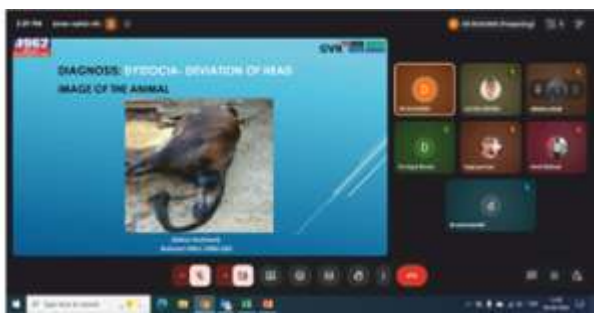




Capacity Building of 238 Veterinary Officers, 95 Para vets 286 Pilots & 55 VROs from Assam, Uttarakhand, Telangana, Gujarat, U.P & Tamil Nadu

Internal case round presentation by EMRI GHS TOTs of all the 1962 operating states





Glimpses of various activities by 1962 operating states during Q2 FY 2026-27

NATIONAL SAVIOUR AWARDS DURING NRM held on 24th JULY 2026







MEDIA COVERAGE DURING THE QUARTER 2 (JULY - SEPTEMBER 2026)


বানপীড়িত অঞ্চলত পশু চিকিৎসা সেৱা ই এম আৰ আই গ্ৰীন হেল্থ ছার্ভিচেছৱ


सूर्य


23 सितंबर 2026
300 गोवंशों का किया टीकाकरण


गंगोलीहाट की 1962 पशु चिकित्सा टीम को नेशनल अवार्ड, उत्तराखंड में अकेली टीम को मिला सम्मान


कोडरमा में 2.04 लाख से अधिक पशुओं को लगाया जाएगा एफएमडी का मुफ्त टीका


પેટમાંથી 30 કિલો પ્લાસ્ટિક કાઢી બચાવી ગાય!



VMLC - Monthly Animal Health Camps (41 till Sep-26)



3 years for Assam 1962



"Integrate, Improve and Inspire" program for VOs – Gujarat 1962

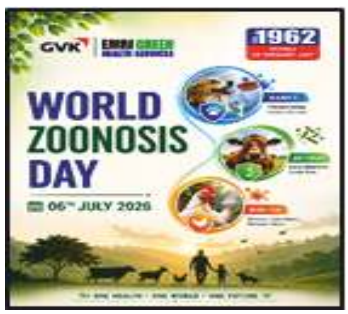


Awareness program on World Rabies Day 2026





Felicitation of 1962 Veterinary Officers (V.Os) by District collectors on 15th August - Independence Day at Tamil Nadu state



Special note on World Zoonoses Day



Best Veterinarian award to Assam 1962 V.O



New CAD application launch at Assam 1962



Webinar on World Rabies Day by National VMLC





Awareness campaign on World Rabies Day by Gujarat 1962 Veterinary team

DID YOU KNOW?
The Black Panther's Hidden Spots: Nature's Genetic Secret!



Did you know that a black panther is not a separate species? Their dark coats result from a genetic condition called melanism, involving increased dark pigmentation.

Here is the fascinating part: Their spots do not disappear! Even beneath the apparently uniform black coat, the characteristic rosette patterns remain. These are known as ghost rosettes and can sometimes be seen when light falls on the animal at the right angle.

Nature's secret: What appears to be a completely black coat is actually a familiar spotted pattern concealed beneath dark pigmentation-a remarkable example of genetic variation in wild felids!

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EMRI Green Health Services

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