Hydrops allantois and hydrops amnion are rare gestational complications of equine pregnancy.\textsuperscript{1,3} Hydrops allantois is typically caused by placental dysfunction, while hydrops amnion is related to congenital abnormalities of the fetus.\textsuperscript{3,4}

A 12 year old Thoroughbred mare presented to the University of Florida College of Veterinary Medicine on day 220 of gestation with signs of inappetance and possible placentitis. The mare’s abdominal circumference was enlarged and circumference measurements were taken daily. The mare was also monitored with transrectal and transabdominal ultrasound. The combined thickness of the uterus and placenta and fetal heart rate were within normal limits. Fetal fluids had an increased echogenicity and the fetus was unable to be palpated transrectally. Three days after initial presentation no fetal heartbeat was detected. Abortion was induced with misoprostol and oxytocin. The chorioallantois was ruptured manually and approximately 100L of fetal fluids were released. The fetus was extracted and found to be a fetal monster. The placenta was retained and passed in its entirety 36 hours after induction. The placenta was grossly abnormal with large avillous regions. There were no gross signs of placental infection. Repeated transrectal ultrasound examinations revealed urine pooling and the development of a body wall hernia with no bowel entrapment. Necropsy findings indicated severe congenital malformations of the fetus, including severe hydrocephalus, palatoschisis, cranioschisis, bilateral anophthalmia, and severe lateral deviation of the muzzle.

Fetal malformations contribute to defects in fetal swallowing and processing of amniotic fluid, causing the excess accumulation of amniotic fluid.\textsuperscript{3,4} Hydrops allantois was also diagnosed due to the large amount of fluid release at parturition, placental insufficiency, increased echogenicity of fetal fluids and the enlarged abdomen of the mare.\textsuperscript{2,3} A breeding soundness examination was advised to assess endometrial abnormalities, urine pooling and resolution of the body wall hernia prior to rebreeding.\textsuperscript{1}

References