Importance
Treating an infertile cow for a condition that affects fertility is important to avoid removing that cow from the herd.

Diagnostic approach and treatment
A 2-year-old, Guernsey cow was presented to the University of Tennessee for evaluation of a mass on the left side of the pelvic cavity. The cow had developed bacterial metritis six months previously after delivering twins, but metritis had resolved with treatment. During examination of the cow’s abdomen per rectum, a large immovable mass was palpated within the pelvic cavity. Ultrasonographic examination of the mass revealed the mass to be heterogeneous, fluid-filled, and thickly encapsulated. The mass was thought to be a paravaginal or ovarian abscess, or an ovarian neoplasm. A mass identified in the pelvic cavity during exploratory laparoscopy became dislodged when manipulated, causing it to drop into the abdominal cavity. After becoming dislodged, it appeared to be suspended by a pedicle from the tip of the left uterine horn. After conversion to a caudal left flank laparotomy, the 15-cm X 10-cm X 10-cm mass was removed from the abdomen after ligating and transecting its pedicle. After surgery the cow was maintained on IV fluids, ceftiofur, and flunixin meglumine. The cow died 6 hours after surgery.

Results and discussion
The mass contained caseous cream colored material and the tissue revealed mixed bacterial proliferation. A diagnosis of severe chronic active salpingitis with ovarian abscess was made. During necropsy severe hemoabdomen was diagnosed due to a focal acute partial mesometrial tear with uterine vessel tear not directly associated with the surgical ligatures. Ovarian abscesses in cattle are rare, 0 out of 8071 are reported in slaughtered.¹ One case was reported in a 3-year-old Jersey cow.² The use of ultrasonography helps to identify the abscesses when they are a more manageable size.

Keywords: Ovary, abscess, salpingitis, laparoscopy

References