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Clinicotherapeutic management of abortion in a goat: A case report

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Abstract

Abortion is a significant reproductive disorder in goats, adversely affecting herd productivity, economic returns and overall reproductive efficiency. The present case reports abortion and its successful management in a 3.2-year-old second-lactation Jamunapari goat at approximately four months of gestation, presented with blood-mixed vaginal discharge and persistent vocalization. Clinical and gynecological examination revealed a dilated cervix with malodorous discharge and a partially expelled fetus, which was removed manually per vaginum under aseptic conditions. Post-treatment included intrauterine metronidazole infusion and supportive therapy with fluids, antibiotics and vitamins. No retained fetal membranes were observed. Based on history and clinical findings, the abortion was likely of non-infectious origin, associated with stress and nutritional imbalance during late gestation. The case emphasizes the importance of timely intervention and proper management in reducing reproductive losses.

Keywords: Abortion, ultrasonography, jamunapari goat

1. Introduction

The remarkable ecological adaptability of goats makes them a vital component of low-input production systems, where they contribute significantly to food security, income generation and employment opportunities. Nevertheless, reproductive disorders such as abortion represent a major constraint to productivity in goat herds. Abortion increases the proportion of unproductive females while simultaneously reducing the number of productive animals and overall milk yield (Lokamar *et al.*, 2020) ^[1]. In a well-managed herd, the abortion rate should remain below 2%, whereas rates exceeding 5% necessitate rigorous surveillance and implementation of appropriate control measures (Menzie, 2011) ^[2]. Etiologically, caprine abortion can be broadly classified into infectious and non-infectious causes. Meanwhile, non-infectious abortions often pose greater diagnostic challenges due to their multifactorial and complex nature (Pugh & Baird, 2012) ^[7].

2. Case history and its management

A 3.2 year old second-lactation Jamunapari goat was presented at the Veterinary Gynaecology and Obstetrics section of the Referral Veterinary Clinical Complex (VCC)

College of Veterinary Science and Animal Husbandry, Jabalpur with the history of blood mixed vaginal discharge on 11 December 2025 with approximately 4 months of gestation. The animal was continuously vocalizing since previous night. Ultrasound examination was performed previously on Day 70 of gestation which has confirmed the presence of live fetus at VCC, Jabalpur.



Fig 1: Foetal vertebrae visible in USG examination

The goat was clinically responsive and bit dull, with a rectal temperature of 102.8°F. Following restraint in lateral recumbency, a detailed gynecological examination was conducted. A reddish grey, malodorous discharge with mass string was observed from the external genitalia. Per-vaginal examination revealed that the cervix was open and dilated. The string was meticulously followed and palpated, followed by its gradual detachment; the fetus attached to it was subsequently delivered manually per vaginam under adequate lubrication (Fig. 1).

Hematological assessment of the Jamunapari doe demonstrated a hemoglobin level of 8.0 g/dL, consistent with mild anemia. The total leukocyte count was increased to 15,500/ μ L, indicating leukocytosis. Differential counts revealed a predominance of neutrophils accompanied by a mild reduction in lymphocytes. Such changes in the hematological profile are suggestive of an active infectious condition with an associated inflammatory response, which may have contributed to the occurrence of abortion.



Fig 2: The aborted fetus was removed from the cervical opening of a goat

After confirming the absence of any retained fetal remnants, intrauterine 10 mL Metronidazole (Metrogyl®, Unique Pharmaceuticals Ltd, Mumbai, India) was infused using a sterile AI sheath. The goat was administered with supportive therapy which included intravenous dextrose normal saline (DNS) for hemodynamic stabilization, vitamin B-complex supplementation and broad-spectrum antimicrobial therapy to prevent secondary bacterial infections. Follow-up treatment

consisted of antibiotics, anti-inflammatory and antihistaminic agents, along with vitamin supplementation for three days.



Fig 3: Administration of fluid and injectables after treatment

3. Discussion

The occurrence of abortion in goats in the present case showed a higher incidence during the winter season, suggesting a possible influence of environmental stress. Most cases were recorded in late gestation, a stage commonly associated with both infectious and non-infectious causes (Purohit *et al.*, 2006) ^[5]. However, the presence of decomposed fetuses and associated complications such as dystocia and increased doe mortality indicate a more severe clinical presentation. It is suggested that abortion in very late pregnancy may increase doe mortality due to does being unable to expel decomposing, term lambs that is less probable in mid-pregnancy due to the smaller fetal size (Robertson *et al.*, 2025) ^[4]. Although infectious agents cannot be completely ruled out, the absence of confirmatory diagnostic evidence limits definitive conclusions. Based on the history and the known sensitivity of goats to short-term nutritional and environmental stress, a stress-related, non-infectious origin appears more likely. Contributing factors such as inadequate nutrition, mineral imbalance and adverse climatic conditions may have played a role (Mellado *et al.*, 2014) ^[6]. These observations highlight the importance of proper management, nutritional support and timely intervention in reducing reproductive losses in Jamunapari goats.

4. Conclusion

A case of fetal abortion and its successful management in a Jamunapari goat is reported, with future reproductive efficiency unlikely to be compromised due to prompt veterinary intervention. The condition was likely associated with non-infectious, stress-related factors during late gestation, influenced by poor nutrition and environmental conditions, highlighting the importance of proper management and timely care to reduce reproductive losses.

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Conflict of Interest

Not available

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