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Murugan M

Assistant Professor, Department of
Clinics (VGO), Veterinary College and
Research Institute, Namakkal
Tamilnadu Veterinary and Animal
Science University, Tamil Nadu India

Senthilkumar K

Professors, Department of Clinics and
VGO, Veterinary College and
Research Institute, Namakkal
Tamilnadu Veterinary and Animal
Science University, Tamil Nadu India

Manokaran S

Professors, Department of Clinics and
VGO, Veterinary College and
Research Institute, Namakkal
Tamilnadu Veterinary and Animal
Science University, Tamil Nadu India

Kathirvel S

Professor and Head, Department of
Clinics, Veterinary College and
Research Institute, Namakkal
Tamilnadu Veterinary and Animal
Science University, Tamil Nadu India

Palanisamy M

Professor and Head, Department of
Veterinary Gynaecology and
Obstetrics, Veterinary College and
Research Institute, Namakkal
Tamilnadu Veterinary and Animal
Science University, Tamil Nadu India

Selvaraju M

Dean, Veterinary College and
Research Institute, Veterinary
College and Research Institute,
Namakkal Tamilnadu Veterinary and
Animal Science University, Tamil
Nadu India

Corresponding Author:

Murugan M

Assistant Professor, Department of
Clinics (VGO), Veterinary College and
Research Institute, Namakkal
Tamilnadu Veterinary and Animal
Science University, Tamil Nadu India

Fetal mummification and its successful management in a queen cat

**Murugan M, Senthilkumar K, Manokaran S, Kathirvel S, Palanisamy M
and Selvaraju M**

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Abstract

A one and half years old Himalayan female cat was presented with the history of abortion and brownish vaginal discharge since two days. On clinico-obstetrical examination, haematological and biochemical parameters were evaluated. Based on history, ultrasonography and radiography examination a mummified or non-mineralized retained fetus were diagnosed. Ovario-hysterectomy followed by antibiotics and supportive therapies for consecutive five days and the cat had an uneventful recovery with restoration of normal appetite and activity.

Keywords: Himalayan female cat - Fetal mummification - Surgical Management

Introduction

The result of fetal death followed by autolytic changes in the fetus, absorption of placental and fetal fluid, involution of maternal placenta and presence of corpus luteum is called as fetal mummification, (Roberts, 1971) ^[1]. However, the fetal mummification in cats are uncommon and sporadic in nature but apparently similar to that of swine. As per the references, the highest incidence of fetal mummification in swine (2 - 4%), cattle (0.5 – 1.8%) but in feline is extremely low and sporadic, mostly documented individual clinical case reports only (Roberts, 1971 and Drost, 2007) ^[1, 2]. The causes of fetal mummification such as genetic defects, uterine overcrowding, feline panleukopenia, feline leukemia, feline rhinotracheitis and feline infectious peritonitis (Roberts, 1971; Drost, 2007 and Murugan *et al.*, 2023) ^[1-3]. Hence, immediate medical or surgical intervention reduces the life threatening and fertility of the animals. The present case describes the medical management was failed to resolve, an ovariohysterectomy was performed under general anaesthesia.

Anamnesis and clinical observation

A one and half years old Himalayan female cat was presented at small animal Gynaecology and Obstetrics Unit, Veterinary Clinical Complex, Veterinary College and Research Institute, Namakkal with a history of abortion and intermittent vaginal brownish discharge. On clinico-obstetrical examination, the brownish vaginal discharge, dehydration, lethargy, pale pink mucous membranes, distended abdominal and pyrexia (41.4°C) could be observed. All Haematological and biochemical parameters were within normal range except reduced haemoglobin (anaemia). Ultrasonography revealed retained fetal contents within the uterus (Fig.1), whereas radiography failed to demonstrate a mineralized fetal skeleton, suggesting a mummified or non-mineralized retained fetus.

Treatment and Discussion

Based on the anamnesis, clinical signs and observation the case was confirmed as foetal mummification. Initially, the medical management with synthetic steroid such as progesterone blocking agent (Tab. mifepristone @ 2.5 mg/kg body weight) and intravenous fluid therapy (Ringer's lactate @ 10 ml/kg), ceftriaxone (10 mg/kg), metronidazole (10 mg/kg), ondansetron

(0.5 mg/kg) and ranitidine (1mg/kg) for consecutive three days. As the condition failed to resolve completely after three days of medical management the cat was evaluated by ultrasonography to confirm that the foetal remnants retained in the uterus. The advanced gestational age, inaccurate dosage or timing of medications, ectopic pregnancy and/or individual biological resistance to the drug may be the reason for failure of mifepristone. According to Talukder *et al.*, (2021) [4] the failure of uterine muscles contractions and evacuation of the contents following medical therapy due to loss of uterine receptors and uterine muscles get exhausted.

Since the future breeding possibilities was limited in this condition it was decided to perform ovariohysterectomy under general anaesthesia with injections of dexmedetomidine (15 mcg/kg) and butorphanol (0.2 mg/kg) for induction, propofol (3 mg/kg) and diazepam (0.5 mg/kg) for maintenance, respectively. A surgical site was prepared aseptically and a mid-ventral incision (Fig. 2) was performed just caudal to the umbilicus. The uterus containing retained fetal contents was successfully removed without intraoperative complications (Fig. 3 and 4). The linea alba was closed by continuous interlocking suture pattern by using poly glycolic acid 1-0. Subcutaneous and subcuticular sutures were done as per the

standard procedure and skin was closed by cross mattress suture pattern. Postoperatively, the queen cat was treated with antibiotics, anti-inflammatory (Tramadol @ 2 mg/kg) and intravenous fluids therapy for seven days.

The pathognomic clinical disorder of fetal mummification is failure to expel and retention of the foetus even after foetal death has been postulated to occur as a result of cervical incompetence, malpositioning of the foetus and uterine inertia also occurs (Roberts, 1971, Chaudhari and Dabas, 2018 and Murugan *et al.*, 2023) [1, 5, 3]. According to Harshitha *et al.* (2025) [6] radiography and ultrasound imaging techniques are pivotal in establishing an accurate evaluation of uterus and diagnosis. However, the routine therapeutic strategies like transcervical removal of mummified fetus or bones either manually or through serial uterine lavage (Ajitkumar *et al.*, 2007) [7] and by surgical procedure like colpotomy and laprohystrotomy (Prakash *et al.*, 2017 and Murugan *et al.*, 2021 and 2023) [8, 9, 3].

Conclusion

This case highlights the importance of prompt diagnosis, timely medical or surgical intervention to extend the lifespan of the animals.

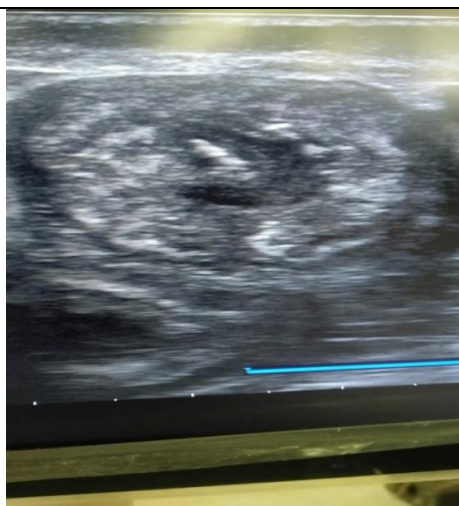


Fig 1: Ultrasonography - Retained fetal contents within the uterus



Fig 2: Mid ventral surgical approach- Extirpation of uterus



Fig 3: Uterus



Fig 4: Post-surgical dissection of uterus

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