

Investigation of clinical hypocalcaemia in cattle and goats at the selected veterinary hospitals in Bangladesh and India

Abstract

Hypocalcaemia is a metabolic disease of cattle, goat, sheep, buffalo and birdet hypocalcaemia occurs when the level of Calcium in blood goes to down 10 mg/dl or less. The study was conducted to estimate the proportionate prevalence of hypocalcaemia in cattle and goat and its animal level distribution at Upazila Veterinary Hospital, Chakaria; Shahedul Alam Quaderi Teaching Veterinary Hospital, Chittagong and Madras Veterinary College, India. The study also aimed to describe clinical signs of hypocalcaemia and treatment given for it. Data obtained were analyzed by STATA-11. Hypocalcemic cases were significantly higher in cattle than in goat within study site comparison (UVH: 14% versus 8.3%, $p \leq 0.05$, SAQTVH: 20% vs 17.4% $p \leq 0.05$ and MVC: 20% vs 10%, $p \leq 0.05$). Both cross breed cattle and Jamnapari had more hypocalcemic cases (13 and 11, respectively) than that of local indigenous cattle and goat (5 and 4, respectively). Female cattle and goat had higher cases (11 and 13, respectively) than male (7 and 2, respectively). The predominant clinical sign was unable to move for cattle and recumbency for goat. Eleven of 18 hypocalcemic cattle were recovered, whereas 12 of 15 hypocalcemic goats were recovered after the treatment.

Keywords: hypocalcaemia, proportionate prevalence, cattle, goat

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Introduction

Hypocalcaemia is a nutritional deficiency of Calcium (Ca) in blood. It occurs in different livestock species such as cattle, goat etc when the blood Ca level goes down to 10mg/dl or less. It is characterized by anorexia, lethargic, unable to move, recumbency, subnormal rectal temperature and sluggish pupillary light reflection and relaxed of anal sphincter.¹ The potential causes of hypocalcaemia are low dietary Ca and vitamin D supplement, improper ratio of Ca and Phosphorus (P) (2:1) and also imbalance of parathyroid hormone and calcitonin.^{2,3} Alkalosis due to excessive cations of Potassium, Sodium, Ca and Magnesium predisposes the animal to milk fever and subclinical hypocalcaemia.⁴ Hypomagnesaemia in periparturient cow also increases the susceptibility of hypocalcaemia and milk fever.⁵

The prevalence of hypocalcaemia was reported to be 15% in cattle, 9% in goat, 7% in sheep and 12% in buffalo in Bangladesh⁶ whereas 10% in cattle, 9% in goat, 8% in sheep and 14% in buffalo in India.⁷ The identified potential risk factors associated with hypocalcaemia includes species, age, sex, breed and stage of production period. Cattle were reported to be more susceptible than any other livestock species.² Cross breed, female, older animals and lactating animals were commonly affected by hypocalcaemia.³

Hypocalcaemia greatly reduces the milk production, rumen and abomasal motility and increases the risk of abomasal displacement.⁸ It also reduces feed intake so that greater body fat mobilization occurs in early lactation.⁷ Hypocalcaemia also directly impairs with immune cell responding to an activating stimulus.⁹

The available treatment options were as follows^{10,11} Treatment

of hypocalcemia should be given as early as possible, especially if recumbency occurs. The fastest way to restore normal plasma Ca concentration is to administer an intravenous injection of Ca salts.

- The most effective IV Ca dose is about 2g Ca/100kg body weight (BW) but it is safe to administer the Ca at a rate of 1g/min. If administered too rapidly, fatal arrhythmia of the heart and cessation during systole can occur. Intravenous Ca treatment elevates blood Ca above normal for about 4 hours.
- Calcium salts can also be injected subcutaneously (SC). The amount of Ca that can be injected into a single SC site should be limited to 1-1.5gCa/100kg BW.
- Calcium preparations designed for intramuscular administration are Calcivulinate and Ca lactate. The dose is 0.5-1.0gCa/100kg BW and injected at 6-10 injections site.

The hypocalcaemia can be controlled by followings ways:^{8,10,11}

- Oral Ca treatment at calving to prevent hypocalcemia to the fresh cow. Best results are obtained with doses of Ca between 50 and 125gCa/dose. For the best control of hypocalcemia a dose is given at calving and again 24 hours after calving.
- The benefit of adding oral Ca on top of a properly or mulated low dietary cation diet programmed does not seem to warrant the added expense.
- Maintain proper proportion of Ca in feed.

The present clinical study was conducted at a Government Veterinary Hospital and Teaching Veterinary Hospitals in Bangladesh

and India. Among different cases of nutritional deficiency hypocalcemic cases were predominantly found and therefore clinical hypocalcaemia in cattle and goat were considered to investigate the details. The study was aimed to estimate the proportionate prevalence of hypocalcaemia in cattle and goat with its animal level distribution. The study also described clinical signs of the hypocalcaemia and treatment given against the cases.

Materials and methods

The present study was conducted at a Government Veterinary Hospital and Teaching Veterinary Hospital in Bangladesh and India. The Veterinary Hospitals included Upazila Veterinary Hospital, Chakaria, Chittagong, Bangladesh (13 January to 15 March 2015), Shahedul Alam Quaderi Teaching Veterinary Hospital, Chittagong Veterinary and Animal Sciences University, Bangladesh (23 to 28 April 2015) and Madras Veterinary College, Chennai, India (13 June to 9 July 2015, but this study based on 2 days worked at Large Animal Section). Both retrospective and prospective hypocalcemic cases were included in this study. Species, breed, age, sex, clinical signs (according to clinical and physical examination) and drug details for each individual case were recorded using the record keeping sheet.

In order to calculate the proportionate prevalence of hypocalcaemia in cattle and goats cases other than hypocalcemic cases were also recorded. The clinical hypocalcaemia was diagnosed based on clinical signs like unable to move, recumbency, subnormal rectal temperature and sluggish pupillary light reflection, and blood Ca level (below

10mg/dl or less) (for some cases) and also response to Ca therapy (for some cases).

Data obtained were entered into Microsoft excel 2007 and exported to STATA-11 (Stata corp, 4905, Lake Way Drive, College Station, Texas 778-45, USA) for statistical analysis. Descriptive statistics were performed. Fisher's exact test was applied to assess the difference of proportion of hypocalcemic and non hypocalcemic cases for different factors. The results were expressed as frequency and percentage against categories of each variable under the study. The level of significance was set at ≤ 0.05 .

Results

Proportionate prevalence and distribution of clinical hypocalcaemia in cattle and goat

Hypocalcemic cases were significantly higher in cattle than in goat within study site comparison (UVH: 14% versus 8.3%, $p \leq 0.05$; SAQTVH: 20% vs 17.4%, $p \leq 0.05$ and MVC: 20% vs 10%, $p \leq 0.05$) (Table 1). Cross breed, female and younger cattle were frequently affected by hypocalcaemia across study sites in this study (Table 2). Jamnapari and female goats had more cases (11 and 13, respectively) in comparison with the local and male goats (4 and 2, respectively). Older goats were commonly affected by hypocalcaemia (Table 3). Jamnapari and female goats had more cases (11 and 13, respectively) in comparison with the local and male goats (4 and 2, respectively). Older goats were commonly affected by hypocalcaemia (Table 3).

Table 1 Proportionate prevalence of clinical hypocalcaemia in cattle and goat at the selected Veterinary Hospitals in Bangladesh and India

Species	UVH				SAQTVH				MVC			
	Hypocalcaemia				Hypocalcaemia				Hypocalcaemia			
	N	+	(%)	-	N	+	(%)	-	N	+	(%)	-
Cattle	100	14	(14%)	86	5	1	(20%)	4	15	3	(20%)	12
Goat	120	10	(8.3%)	110	23	4	(17.4%)	19	10	1	(10%)	9

UVH, upazila veterinary hospital; SAQTVH, shahedul alam quaderi teaching veterinary Hospital; MVC, madras veterinary college

Table 2 Frequency distribution of proportionate prevalence of clinical hypocalcaemia in cattle at the selected Veterinary Hospitals in Bangladesh and India

Variable	Category	UVH	SAQTVH	MVC
		N	N	N
Breed	Local	4	0	1
	Cross breed	10	1	2
Sex	Male	6	1	0
	Female	8	0	3
Age(month)	< 6	8	1	0
	>6	6	0	3

N, frequency number; UVH, upazila veterinary hospital; SAQTVH, shahedul alam quaderi teaching veterinary hospital; MVC, madras veterinary college

Table 3 Frequency distribution of proportionate prevalence of clinical hypocalcaemia in goat at selected veterinary hospitals in Bangladesh and India

Variable	Category	UVH	SAQTVH	MVC
		N	N	N
Breed	Local	2	1	1
	Jamnapari	7	4	0
Sex	Male	0	2	0
	Female	10	2	1
Age(month)	< 6	3	3	0
	>6	7	2	1

N, frequency number; UVH, upazila veterinary hospital; SAQTVH, shahedul alam quaderi teaching veterinary hospital; MVC, madras veterinary college

Distribution of clinical signs of hypocalcaemia in cattle and goat

Predominant clinical sign in cattle was unable to move (12) followed by recumbency (9) and sluggish pupillary light reflection (7). More frequently observable sign in goat was recumbency (8) followed by sluggish pupillary light reflection (7) and unable to move (6) (Table 4). Calcium level was determined only for 6 hypocalcemic case in MVC (5-7mg/dl) and 2 cases in SAQTVH (7.9mg/dl) and 6 hypocalcemic goats in SAQTVH (6.3-7mg/dl) (Figure 1).

Treatment given against hypocalcaemia

The recovery rate after treatment was 7 of 11 for hypocalcemic cattle and 8 of 10 for hypocalcemic goats (Table 5).

Table 4 Distribution of clinical signs recorded for hypocalcaemia in cattle (N=18) and goat (N=15)

Clinical Signs	Cattle	Goat
	N	N
Recumbency	9	8
Sluggish Pupillary Light Reflection	7	7
Unable to Move	12	6

N, Frequency number



Figure 1A Sternal recumbency.



Figure 1B Lethargic goat of goat.



Figure 1C Lateral recumbency.



Figure 1D Drug administration of calfin calf.



Figure 1E Calcium therapy.



Figure 1F Lateral recumbency in cattle.

Figure 1 Typical clinical signs of hypocalcaemia observed for cattle and goat.

Table 5 Treatment prescribed against hypocalcaemia in cattle and goat and their response

Species	Drug and route	Dose	Recovered no.	Died no.
Cattle	Cal D Mag and IV/SC	2g/100kg body weight	11	7
	5% DNS and IV/SC	Based on level of dehydration		
	Vitamin ADE and IM	15-20ml		
Goat	Similar line of treatment as followed for cattle	Do	12	3

IV, intravenous; IM, intramuscular; SC, subcutaneous; BW, body weight

Discussion

When serum calcium level falls below 10mg/dl or less then the condition is called hypocalcaemia. It frequently occurs in cattle, goat, sheep, buffalo etc. Hypocalcaemia abruptly reduces milk production. Cattle were more commonly affected by hypocalcaemia than goats in this study which is supported by a previous study.¹² This could be because cattle is large animal and produce more milk and therefore needed for more Ca. Cross breed had more hypocalcemic case in this investigation which is similar to the finding of⁹ and it may be due to more milk production occurred in cross breed than local and thus more Ca losses through milk and hence hypocalcaemia occurs. Higher number of cases in the female and older cattle in the present study corresponds to the study performed by.¹³

Jamnapari appeared more hypocalcaemia than local indigenous goats in this study. It may be due to larger body size than local. However, a study conducted by Littledike ET¹⁴ reported the greater hypocalcaemia cases in local indigenous goat. In present study, the unable to move was predominant clinical sign in hypocalcemic cattle which is well supported by earlier studies.¹⁵⁻¹⁷ In goat recumbency was commonly encountered clinical signs in present study, which is supported by Ramberg A¹⁸ Hypocalcemic cases of cattle and goat treated with the combination of Caborogluconate, Vitamin (ADE) and DNS were successful in recovery of cases in this study which suggests treatment given was satisfactory. This result conforms to other studies.^{10,11}

Limitations

The present study includes small area, short time period and less number of cases. Diagnosis was broadly based on clinical signs. Inclusion of retrospective hypocalcaemia was also a limitation as information of retrospective cases was not as accurate as prospective cases.

Conclusion

Hypocalcemic cases were significantly higher in the cattle than in goats. Cross breed (cattle), Jamnapari, female and older animals were commonly affected by hypocalcaemia. Common clinical signs were unable to move and recumbency. Calcium preparation along with vitamin ADE and DNS was successful in recovery of most of the cases.¹⁹⁻²²

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Conflict of interest

Author declares that there is no conflict of interest.

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