

## SUCCESSFUL MANAGEMENT OF FALSE ANESTRUS IN A PUNGANUR COW BY DOUBLE PGF2 $\alpha$ PROTOCOL

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### ABSTRACT

*A pluriparous Punganur cow calved 9 months back was presented to Large Animal Gynaecology Unit with the history of anestrus. On rectal examination, uterus was flaccid and uterine horns were similar. Transrectal ultrasonography revealed presence of corpus luteum in the right ovary and small follicles in the left ovary. Based on the history, per rectal examination and transrectal ultrasonography, the case was diagnosed as false anestrus due to silent estrus. Double prostaglandin (PGF2 $\alpha$ ) protocol was followed. After first injection of PGF2 $\alpha$ , animal was examined on day 11 where the ultrasonography revealed corpus luteum in the right ovary and medium size follicle in the left ovary. Animal came to estrus after 72 hours of second PGF2 $\alpha$  injection and inseminated. Pregnancy was confirmed by 90 days post insemination.*

**Key words:** Anestrus, double prostaglandin, ultrasonography

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### INTRODUCTION

Failure of estrus or anestrus is the most common cause of infertility in cattle. Anestrus in cows can be classified into two classes - class I (false anestrus), cows with a functional corpus luteum whereas class

II (true anestrus) are cows with inactive ovaries (Roberts, 1982). Gautam (2023) reported 61% of the cows had postpartum anestrus where two-third of the animals had true anestrus and one-third had silent estrus. The incidence of silent ovulation is high in first postpartum ovulation when compared to second and subsequent postpartum ovulation (Isobe *et al.*, 2004). Silent estrus or weak estrus is characterized by the absence of the behavioral indicators of estrus at the anticipated period (Mwaanga and Janowski, 2000). Treatment include improved management practices, frequent rectal examination for predicting the time of estrus, removal of corpus luteum and estrus

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synchronization by progestagens (Roberts, 1982). One of the practical ways to induce estrus in cows with silent heat is through prostaglandin (PGF $2\alpha$ ) therapy (Mwaanga *et al.*, 1999).

## CASE HISTORY AND OBSERVATIONS

A pluriparous Punganur cow calved three times was presented to Large Animal Gynaecology Unit, Madras Veterinary College, Vepery, Chennai with the history of anestrus even after 9 months of calving. On clinical examination, all the parameters were within the normal range. Animal's body condition score was 3 out of 5. On rectal examination, cervix and uterus were palpable in pelvic cavity. The uterus was flaccid and uterine horns were similar. Transrectal ultrasonography revealed presence of corpus luteum (Size: 15.8 × 16.0 mm) in the right ovary (Fig. 1) and small follicles in the left ovary. Based on the history, per rectal examination and transrectal ultrasonography, the case was diagnosed as false anestrus due to silent estrus.

## TREATMENT

On the day of presentation (Day 0) the animal was administered Inj. Cloprostenol sodium 500 mcg I/M, Inj. Vitamin AD3E 5ml I/M and Inj. Phosphorus 7ml I/M. On day 11, per rectal examination revealed cervix and uterus were in the pelvic cavity and uterus was flaccid. Transrectal ultrasonography revealed presence of corpus luteum in the right ovary (Fig. 2) and medium size follicle in the left ovary and second

PGF $2\alpha$  injection was given on day 11 after the first PGF $2\alpha$  injection. Animal exhibited estrus 72 hours after second PGF $2\alpha$  injection and ultrasonographic examination revealed presence of follicle of size 10.2 × 13.3 mm in the left ovary (Fig. 3), regressing corpus luteum in the right ovary (Fig. 4) and animal was inseminated. Pregnancy was confirmed on day 90 post insemination (Fig.5).

## RESULTS AND DISCUSSION

Farm animal infertility can result from a number of factors, including diet, physiological disturbances, hormonal causes and infectious causes that can act separately or in combination. In silent estrus the cow may not exhibit estrus, despite the herdsman's attentive observation, yet upon rectal examination the cow shows evidence of having ovulated by the presence of corpus luteum. Silent estrus may result from insufficient estradiol or from a higher threshold of estradiol being required in the central nervous system to elicit behavioural signs. A regressing corpus luteum that is still generating progesterone also may be necessary for good signs of estrus to occur. Treatments include improved management practices, frequent rectal examination, removal of corpus luteum, estrogenic therapy and estrus synchronization by using oral progestogens. Estrus can be induced either by using single or double PGF $2\alpha$  alone or in combination with other hormones like estrogen, GnRH or progestogen (Roberts, 1982). In the present report, double PGF $2\alpha$  protocol was followed. Macmillan and Day (1982) noted normal or above normal fertility following induction of estrus with

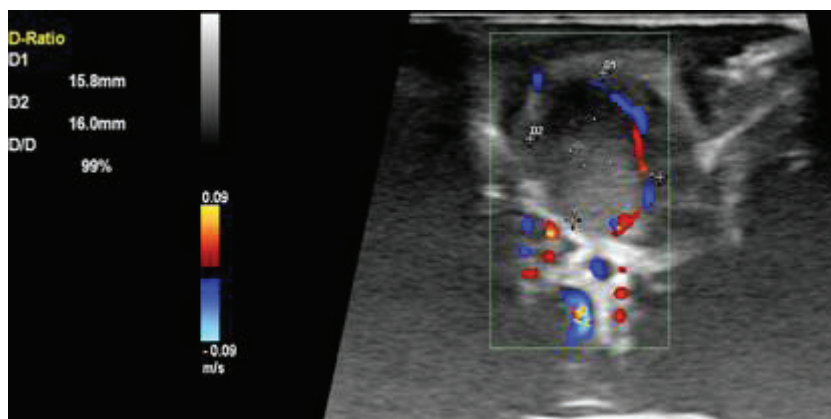
PGF2 $\alpha$ . The luteolytic effect of PGF2 $\alpha$  requires the animal to be in diestrus (days 7–17). Ultrasonography was the important tool in this case, by which the size of dominant follicle, mature corpus luteum and regressing corpus luteum were confirmed thus favoured to opt the treatment protocol. Poor estrus detection or silent estrum has greater impact on the economical status of a farm and farmer. Khan *et al.*, (2009) estimated that 18-40% of the cattle and buffaloes were culled due to infertility problems which include anestrus and repeat breeding.

## CONCLUSION

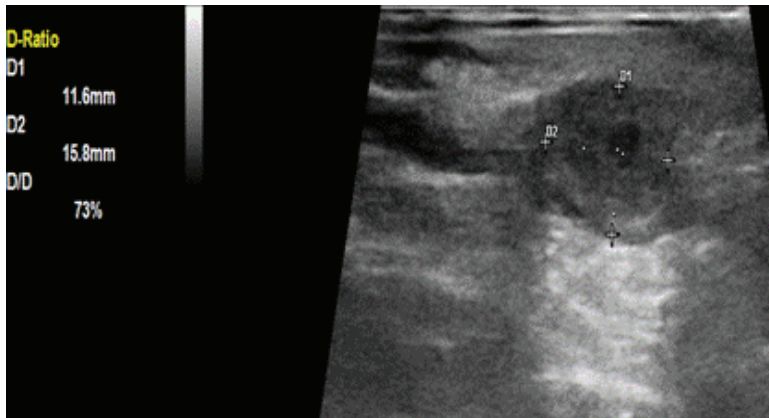
Anestrus is one of the causes of infertility in cows, which affect the economic status of the farmer. In the present case, the false anestrus is due to silent estrus caused by hormonal imbalance. Regular observation of estrus cycle and ultrasonographic examination in appropriate time helps to diagnose the condition of the animal. Here, diagnostic tool and adopting efficient therapeutic measures plays a major role to control economic loss of the farm.

Structures visualized in ultrasonography and treatment protocol followed:

Day	Structures visualized in Ultrasonography		Treatment
	Right ovary	Left ovary	
Day 0	Corpus luteum	Small follicles	Inj. Cloprostenol sodium
Day 11	Corpus luteum with cavity	Medium sized follicle	Inj. Cloprostenol sodium
72 hours after second PGF2 $\alpha$ injection	Regressing Corpus luteum	Dominant Follicle	Animal was inseminated



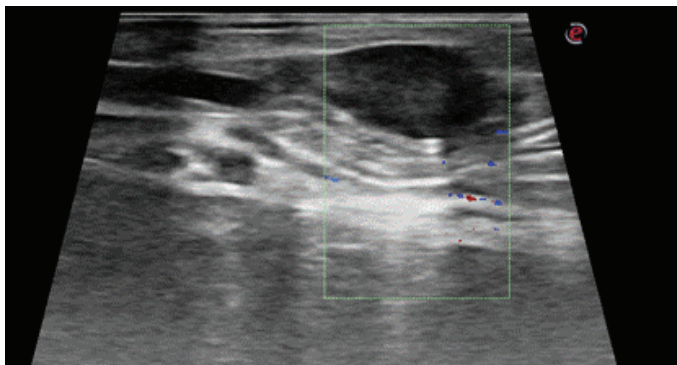
**Fig. 1** Ultrasonographic picture of corpus luteum (15.8 × 16.0 mm) in the right ovary on day 0



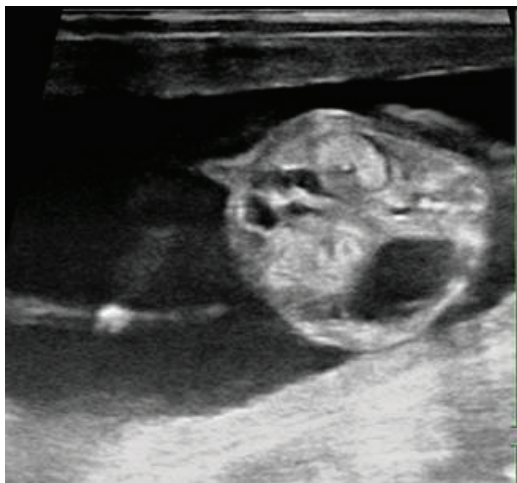
**Fig. 2** Ultrasonographic picture of corpus luteum with cavity in the right ovary on day 11



**Fig. 3** Ultrasonographic picture of follicle (10.2 × 13.3mm) in the left ovary 72 hours after second PGF2 $\alpha$  injection



**Fig.4** Ultrasonographic picture of regressing corpus luteum in the right ovary 72 hours after second PGF2 $\alpha$  injection



**Fig.5** Ultrasonographic picture of fetal parts

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