



E-ISSN: 2320-7078

P-ISSN: 2349-6800

[www.entomoljournal.com](http://www.entomoljournal.com)

JEZS 2020; 8(6): 2095-2097

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Received: 20-10-2020

Accepted: 28-12-2020

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## Caesarean section in a Siberian husky dog: A case report

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### Abstract

A case of dystocia was presented in two-year-old Siberian husky dog with the history of persistent straining for the past three hours, anorexia and vulval swelling. The dog's gestation period was already around 68 days. Since there is no response for whelping even after induction, caesarean section has been performed in order to relieve the pain of dog and also to take out the foetus.

**Keywords:** Dystocia, induction, straining, C- section

### Introduction

The C-section or Hysterotomy have been conducted in coordinated manner in order to minimize the risk to Dam and the foetus. C- section is an elective procedure applied on a dam which is failed to respond the medical treatment or foetal distress is evident [1]. Hysterotomy was greatly influenced by the impact of dam weight and foetus weight in the litter, as well as malposition of foetus and uterine inertia. Uterine inertia is the most common causative factor in maternal dystocia representing around 40- 72% related to the dam [3]. Larger the size of the puppy in the litter increases the risk of C-section in lighter weight dam [4]. The pelvic anatomy of the dam and facial skeleton may also be predisposal cause of obstructive dystocia [2]. Whelping date of the dam is determined by date of breeding, date of ovulation, Luteinizing hormone peak time or first day of dioestrus [4]. Usually smaller sized animals have higher frequency of multiple foetus in their litter compared to larger animals. The goal of hysterotomy is delivery of healthy puppy and rapid return of dam consciousness from anaesthesia.

Two years old Siberian husky dog reported with the history of persistent straining, anorectic, restlessness for the past three hours. The owner reported that the gestation period was already over 68 days and pregnancy was confirmed with the X-ray report. On examination, vulval swelling was noticed with no vaginal discharge. Through vaginal manipulation, it was found that the cervix not opened due to uterine inertia. Then the oxytocin induction was initiated and it didn't respond.

### Results and Discussion

Since there was no response to medical treatment for whelping, hysterotomy was immediately recommended for the survival of dam and foetus. The procedure was started by giving premedication such as Diazepam at the dose rate of 0.2 mg/kg of body weight and the induction was given with the Propofol at the dose rate of 4mg/kg of body weight. IV fluids were administered and vital parameters monitored regularly.

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**Fig 1:** Uterus was taken out for incision



**Fig 2:** Pulling foetus from uterus

The surgical site was cleaned and handled in an aseptic manner. The surgical approach was carried out with ventral midline incision from around the umbilicus to near the pubis. Then stab incision was made on *Linea alba* and gravid uterine horn lifted out of the abdomen (Fig. 1). The ventral side of the uterine body incised carefully without damaging the foetus. The incision was extended in longitudinal direction along the ventral aspect of uterine body and it was long enough to prevent damages during the neonate extraction. The foetus was gently squeezed out from cranial aspect to incision site and pulled from the uterus (Fig. 2). After the puppy was taken out, umbilical cord was removed and clamped with forceps in order to arrest bleeding. Then the placenta was gently removed from the endometrium, since pulling of placenta forcefully from the uterine wall results in severe haemorrhage. After the puppies were taken out, uterus was lavage well to remove the debris.

The uterine incision was closed using 3-0 absorbable suture material by lembert suture pattern (Fig. 3) and the abdomen incision closed with simple continuous suture (Fig. 4). The lavage of the surgical site, abdomen was done and inspected for any bleeding.



**Fig 3:** Lembert suture pattern



**Fig 4:** Simple continuous suture pattern

The skin incision was closed ideally using intradermal simple continuous suture pattern to avoid complications through suckling from puppies. Post-operative care therapy was followed by using ceftriaxone antibiotic, meloxicam and tribivet and dressing on every alternate days. A good recovery was observed with no further complications after two weeks.

### Conclusion

C-section at the right time relieved the suffering of the bitch and saved the life of six puppies (4 male and 2 female) (Fig. 5). The neonatal survival rates during C-section was 70 – 90%, if the dam and the puppies were healthy enough. Reportedly, maternal mortality rate is only around 0-2%.



**Fig 5:** Live puppies (4 male and 2 female)

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