NADIS Cattle Disease Bulletin

Displaced Abomasum in Cattle

*NADIS is a network of 40 veterinary practices and 6 veterinary colleges monitoring diseases in cattle sheep and pigs in the UK.*

The NADIS data show that last year there was a very much higher incidence of Displaced Abomasum than in previous years, especially in the period from January to April.

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**What is a Displaced Abomasum**

The abomasum (or true stomach) normally lies on the floor of the abdomen, but can become filled with gas and rise to the top of the abdomen, when it is said to be ‘displaced’. The abomasum is more likely to be displaced to the left (LDA) than the right (RDA). Two main risk factors have been implicated:

1. **Calving:** The majority of cases occur soon after calving. During pregnancy the uterus displaces the abomasum, so that after calving the abomasum has to move back to its normal position, increasing the risk of displacement

2. **Atony of the abomasum:** If the abomasum stops contracting and turning over its contents, accumulation of gas will occur and the abomasum will tend to move up the abdomen

**Clinical Signs**

- Inappetance, milk yield drop, reduced rumination are the most common signs
- Can be scanty diarrhoea, mild colic and distended abdomen
- Normally, very like acetonaemia, with ketones in blood, milk, breath and urine. It often responds to treatment but relapses.

**Diagnosis**

- On the clinical signs above, but cannot be distinguished from ketosis on these alone.
- On examination with a stethoscope the presence of a pinging noise, that sounds like a tap dripping into a steel bucket, is indicative of a gas-filled organ, which is almost certain to be a displaced abomasum.
- A blood sample can be useful in identifying the severity of the ketosis and other metabolic changes
Treatment

- Veterinary advice and assessment is essential.
- Treatment can be conservative or surgical

- **Conservative treatment:** This involves casting and rolling the cow and manipulating the abomasum so that it returns to its normal position. This can be effective, if done early but about 50% relapse.

  Rolling can be used in conjunction with toggling, where a toggle is passed through the skin into the abdomen and twisted fixing the abomasum in the correct position. This significantly reduces the relapse rate.

- **Surgery:** Many surgical techniques have been used some involving opening both flanks.

Prevention

Of the two major risk factors, only atony of the abomasum is preventable. Thus prevention should be aimed at ensuring dry matter intake is maintained in early lactation:

1. Ensure cattle are not too fat at calving (i.e. >3.5 BCS)
2. Feed high quality feeds, with good quality forage
3. Feeding a total mixed ration as opposed to concentrates
4. Ensure plenty of space at feeding sites
5. Minimise changes between late dry and early lactation ration
6. Prevent and promptly treat, diseases such as milk fever, metritis, toxic mastitis and retained afterbirth which reduce feed intake
7. Maximise cow comfort, minimise stress

It is likely that a farm with DA problem (>3% of calving cows) is feeding the late dry and/or early lactation cows wrongly. If you get the nutrition right to prevent DA’s, you will also increase your milk production as cows with DA’s are just the tip of an iceberg.

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The Meat and Livestock Commission is a sponsor of NADIS (National Animal Disease Information Service), which is a network of 40 veterinary practices and 6 veterinary colleges monitoring diseases in cattle, sheep and pigs in the UK.