**Presentation:**

**Classic case:** Dairy cow in early lactation, “ain’t doing right”: off feed, ↓ milk, "pings"

- ↓ appetite (grain), milk production, rumen motility, and feces; some diarrhea
- ↑ pulse - 80-90 bpm, +/- Atrial fibrillation
- Signs may wax/wane if DA “swings”

**Test of choice:** Auscultation and percussion (“Ping”)

- L side ping - at ribs 9-13, more caudal than RDA
- R side ping - RDA & RTA "pings" between ribs 10-13
  - RTA is palpable on rectal

**Characteristic labwork**  ↓ K⁺, Cl⁻, Ca⁺

- METABOLIC ALKALOSIS, paradoxic aciduria

**Rx of Choice:**

- **LDA** - if you only roll the cow, recurrence is common
  - Blind stitch abomasopexy or R flank omentopexy
  - L flank or R paramedian abomasopexy or laparoscopy
- **RDA** – Rolling is contraindicated with RDAs!
  - R flank omentopexy or R paramedian abomasopexy in cows unable to stand
  - Volvulus - Untwist, then pexy –OR- decompress gas w/ needle, then untwist, then pexy

**Medical Tx** – IMPORTANT to restore metabolic balance, address concurrent dz

- Long duration DA – Lg. volume fluids via stomach tube
- IV fluids for RTA & prolonged DAs w/ severe dehydration/electrolyte imbalance
  - IE: Normal or hypertonic saline + KCl + Ca borogluconate
- **Rx concurrent dz** (mastitis, milk fever, metritis, retained placenta, ketosis)

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**Zuku Review FlashNotes™**

**Classic Question(s)**

What is the classic clinical presentation of a cow with a left displaced abomasum?

What acid-base abnormality is most likely in a dairy cow with a displaced abomasum? Why?