A molar pregnancy in a Hereford donor cow

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A 6 year old Hereford donor cow was referred for a mass in the tip of her left uterine horn. Cow had undergone several embryo collections that had yielded unfertilized, degenerate ova. Cow underwent transrectal palpation and ultrasonography. A multi locular mass enveloped by two separate compartments similar to amnionic and allantoic cavities, and bilateral cystic ovaries were visualized on ultrasonography. Vaginoscopy revealed a closed cervix with no evidence of urine pooling or any abnormalities. A complete blood count, serum chemistries, and an abortion profile were submitted. Cystic ovaries were treated by administering 2,500 IU of hCG IV and transvaginal aspiration of cystic follicles. Cow was put on a CIDR synch program to induce estrus for possible evacuation of mass from uterus. Cow was given 20 IU of oxytocin IM while in estrus. Additionally, misoprostol paste was smeared on her cervical os and placed within her cervix via a mare infusion pipette to assist in dilating cervix for hysteroscopy. However, cervix did not dilate enough to allow a hysteroscope to pass through cervix. So, a Foley catheter was placed and the uterus was massaged and flushed many times with sterile saline to dislodge the mass. Pieces of tissue were collected and submitted for histopathology. Tissue was determined to be placenta, confirming the diagnosis of a molar pregnancy. Molar pregnancies are rare and characterized by abnormal growth of trophoblastic cells leading to formation of intrauterine cystic masses. This case emphasizes the need of a follow up reproductive tract ultrasonography 30 days following a nonsurgical collection to detect any abnormalities such as pregnancies and cystic conditions. This case also demonstrates the importance of keeping all diagnostic possibilities in mind, regardless of perceived prevalence.

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