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A Case Report on Coccidiosis in a Lamb in Damot Sore District, Wolaita Zone, Southern Ethiopia

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Abstract

Coccidiosis is an intestinal protozoan parasitic disease and it is one of the major constraints to sheep producing countries worldwide. This case report describes the clinical case of ovine coccidiosis. A 6-month-old lamb was examined on March 26, 2024, at Gununo veterinary clinic, WolaitaSodo. The lamb displayed fever (40.9°C), straining with eversion of the rectum and painful vocalization. The perineum of the lamb was stained with blood-tinged feces. The mucus membrane was also slightly congested. A floatation technique for fecal sample examination revealed typical coccidian/Eimeria oocytes under a microscope with X40 objective lens. The lamb was treated successfully with sulfadimidine sodium at a dose of 1.5 ml/2.5 kg /day as initial dose and 0.75 ml/2.5kg/day as a maintenance dose intramuscularly, for three successive days and 2.5 mg/kg diclofenac sodium as a single intramuscular injection. Therefore, thorough diagnosis and opportune treatment is indispensable in reducing economic losses due to coccidiosis.

Introduction

Coccidiosis is an intestinal protozoan parasitic disease and it is one of the major constraints to livestock productivity worldwide [1]. It is a contagious enteritis caused by protozoans of genus Eimeria that develop in small intestine and large intestine and it affects 4-6-month-old kids and lambs in particular [2,3]. So far 15 species of Eimera are known to occur in sheep, Eimeria ovinoidalis and Eimeria crandallis are the most pathogenic and widespread [4,3]. The principal source of clinical coccidiosis for lambs is contamination of bedding, drinkers and feeders by fecal matter from adult sheep which contains large numbers of oocytes. Stressors such as weaning, harsh weather, dietary changes, traveling and regrouping are significantly influence incidences of coccidiosis in small ruminant [5].

Coccidian can invade and destroy intestinal cells of their host and causing anemia, electrolyte loss and poor absorption of nutrients. The clinical coccidiosis can be manifested by diarrhea (fetid and contains mucus and flecks of fresh blood in severe

cases), fever, abdominal pain (manifested by straining accompanied by painful vocalization and tenesmus), anorexia and reduced weight gain [1,6,4]. The subclinical form is commonly manifested by unthriftiness [7]. Diagnosis of coccidiosis should be based on clinical signs, oocyst counts in faecal samples, pathological findings and, finally, clinical response to treatment [8]. Anti-coccidian such as Decoquinate and diclazuril are considerably more expensive and not available ubiquitously thus sulfa-drugs such as sulphamethoxypyridazine and sulfadimidine accompanied with hygienic protocols are found to be effective and reasonable [1].

Case presentation

A 6month-old lamb was brought to Gununo veterinary clinic, Wolaita Sodo, on March 26, 2024 from Demba peasant association, with a major complaint of straining in attempt to pass feces and contain blood. The feed intake of the lamb was also reduced which started three days before admission. The lamb was managed intensively with her dam and other flock of sheep.



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Clinical Examinations and Findings: On clinical examination the lamb was febrile with rectal body temperature of 40.9°C; the respiratory, and heart rates were within the normal limits. There was straining, eversion of the rectum and painful vocalization in attempts to defecate. A fleck of fresh blood with staining of perineum and tail has been appreciated. The evacuated fecal matter was semi-solid and blood tinged. The conjunctiva mucus membrane was slightly congested and the lamb was depressed.

Diagnosis

Differential Diagnosis: Coccidiosis, salmonellosis and colibacillosis from which coccidiosis was diagnosed tentatively.

Sample Collection: Faecal sample was taken and wet smear was prepared.

Laboratory investigation and findings: For further investigation of the case, fecal samples were collected directly from rectum and immediately processed before the lamb dispatched at Gununo Veterinary Clinic. Fecal examination for coccidian oocytes was carried out using floatation method as described by [9]. Three grams of feces was added to 42 ml of saturated salt solution in a graduated cylinder. The contents were then mixed thoroughly using a glass rod, and were poured through a tea strainer into another beaker. The filtrate was then filled to 10ml test tube until convex meniscus formed and the cover-slip was putted on the top thoroughly and kept for 20 min in the test tube rack. Finally, the cover-slip was carefully lifted and placed on glass-slide and viewed under a compound microscope X40 objective lens. Fortunately, the floatation technique was found helpful and no further investigations were performed. Accordingly, typical coccidian/Eimeria oocytes were appreciated under microscope with X40 objective lens (Figure 1). Therefore, based on the history, clinical findings and laboratory results, a definitive diagnosis of coccidiosis was made and treatment regimen was arranged.



Figure 1: Emeria oocytes under microscope: magnified: X 40.

Treatment And Management: Prompt and vigorous treatment regimen was continued with thorough follow up. Accordingly, broad-spectrum antibiotic Sulfadimidine sodium 33.3% (HebeiYuanheng Pharmaceutical Co., Ltd, China) with 1.5 ml/2.5

kg /day as initial dose and 0.75 ml/2.5kg/day as maintenance dose, for three successive days, IM and 2.5 mg/kg diclofenac sodium (Jiangsu PengyaoPharma.China) as a single intramuscular injection were administered. Forty-eight hours post treatment, the lamb was presented with rectal body temperature of 38.9°C. The appetite of the lamb was also returned to normal (owner report). Generally, considerable change was appreciated at the end of the therapy (72 hours post-treatment).

Discussion

The present incident in lamb was diagnosed as ovine coccidiosis based on the history, clinical findings and laboratory results. Coccidiosis is one of the most economically significant diseases of sheep worldwide and caused by protozoans of genus Eimeria of which Eimeria crandallis and Eimeria ovinoidalis are the most pathogenic species in lambs (usually 1-6month old). The agents parasitize the epithelium lining of the alimentary tract and cause loss of epithelial cells and villous atrophy [1]. Alike current case, coccidiosis in lambs is exhibited by unthriftiness, diarrhea (blood-stained soft feces in rectum), perineum smudged with feces, abdominal pain, weakness, inappetence, fleece damage, mild fever, recumbency and emaciation; death may proceed if the case left untreated promptly [4-6]. The present case was treated successfully with sulfadimidine and Diclofenac administration. The improvement was noted fortyeight hours post treatment which is in agreement with a case reported by [6,10-12] also reported the therapeutic efficacy of Sulfadimidine (sulfamezathine) against Emeria in goat kids, ram and calf, respectively with improvement 48hrs post treatment in goats and ram while it takes five days in calf.

Conclusion and Recommendations

In conclusion, coccidiosis is an intestinal protozoan parasitic disease and it is one of the major constraints to sheep producing countries worldwide. Hence, thorough diagnosis and opportune treatment of coccidiosis with sulfadimidine drugs plays a paramount role in combating economic losses of the disease.

The following recommendations are forwarded

Maintaining the hygiene of the premises and feeding trough and separating youngs from adults plays significant role in reducing the incidence.

Providing a well-balanced diet to affected lamb that supports the immune system.

The owner should be advised to isolate the new animals for a week before introducing them to the herd to prevent the introduction of coccidia or other pathogens.

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