

## Number: 41

# Liver abscesses



Ambic

Berg &amp; Schmidt

Boumatic

CCPA

CID Lines

Coventry Chemicals

Diamond V

GEA

Henke-Sass Wolf

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Schaumann

## Introduction

Liver abscesses can occur in cattle at any age. In calves they are often a sequel to omphalophlebitis, whereas in older animals they are often secondary to reticulorumenitis or traumatic reticulitis.

The most common bacteria isolated from hepatic abscesses are *Fusobacterium necrophorum* and *Arcanobacterium pyogenes*, while *Streptococci* and *Staphylococci* spp. are often found in mixed cultures.

## Clinical signs

Local, circumscribed liver abscesses typically show no clinical signs and are an incidental finding at post mortem examinations.

If abscess(es) are adjacent to the vena cava they can distort the vessel's wall causing phlebitis and thrombosis. Septic thromboembolism from the vena cava can cause a respiratory syndrome typified by cough, dyspnoea and/or pulmonary haemorrhage.

The percentage of adult slaughtered cows showing abscesses is relatively low (<5%), although in as many as a quarter of these, they are positioned such that they have the potential for causing vena caval thrombosis.

Liver abscesses can be associated with constitutional abnormalities including fever, anorexia, weight loss and reduced milk production. Abscessation in the region of the bile duct can result in obstruction to bile flow. Liver abscesses can cause vagal indigestion.

Hepatic abscesses can be as large as 20cm in diameter and, on rare occasions, such large abscesses can result in displacement of the diaphragm.

## Treatment

Treatment consists of the use of antibiotics and/or surgical drainage. The use of the latter procedure depends upon the abscess size and location and the condition and value of the cow. On the antibiotic front, success is possible with penicillin but relapses are common unless treatment is for at least four weeks.

Prognosis is guarded.