

A CASE OF VENTRAL HERNIA IN A MONGOOSE

V.S.C. Bose¹, I. Nath², S.K. Panda³ and S. Mohapatra⁴

¹ Head, ² Assistant Professor, Department of Surgery, ³ Assistant Professor, Department of Pathology, ⁴ M.V.Sc. Scholar, Orissa Veterinary College, O.U.A.T., BBSR, Orissa, India.

Animals belonging to the family Viverridae like mongoose normally do not suffer from conditions requiring surgical techniques as observed in canids and felids (Rettig & Divers, 1985). This paper describes a successful management of ventral hernia and punctured wounds in the abdomen of a mongoose.

A captive-born, approximately one-year old mongoose weighing 1.2kg was presented with multiple puncture wounds and epiplocele due to dog bite. It was anaesthetized with a mixture of atropine sulphate (0.02mg), xylazine hydrochloride (0.2mg) and ketamine hydrochloride (12mg) injected

intramuscularly. The mongoose was recumbent within two minutes. A cover of hypodermic needle cut at closed end was applied to both canine teeth to serve as a mouth gag and the tongue was pulled out. The skin and abdominal muscles were incised to enlarge the hernial ring. The omentum and intestines were flushed with normal saline and herniorrhaphy was performed using No.1 chromic catgut after reducing the contents. Similar procedure was repeated at two more sites. The animal was given 10ml of DNS 5% intravenously using an Insulin Syringe. Cefotaxim sodium 125mg was administered intramuscularly once for five post operative days. The animal took six hours to recover from anaesthesia. Skin stitches were removed after 12 days. The animal had an uneventful recovery.

In the present case, the Mongoose was well anaesthetized with a mixture of atropine, xylazine and ketamine. Rettig and Divers (1985) suggested the use of ketamin hydrochloride at the dose rate of 11-22mg/kg body weight intramuscularly for restraint and handling of animals of family Viverridae. They further advice addition of xylazine 1.1-2.2mg/kg for muscle relaxation. The same anaesthetic technique was adopted here which was sufficient for conducting herniorrhaphy in this mongoose.

Reference

Rettig, T. and B.J. Divers (1985). Viverridae, pp.823-828. In: Fowler, M.E. (editor). *Zoo and Wild Animal Medicine*. 2nd Edition. W.B. Saunders Company Philadelphia.



*Figure 1. Mongoose undergoing surgery
a - lacerated wound; b - evisceration of omentum; c & d - ventral hernias*