cause of agnathia could be the consumption of a teratogenic plant. In fact, Binns et al. (1965) found that sheep embryos were highly susceptible to the plant *Veratrum californicum* when it is eaten by ewes on day 14 of gestation. A case of extreme agnathia-otocephaly in a female lamb of the Chiotiko breed was reported by Pourlis (2008).

**Summary**

A rare case of inherited congenital defect named catlin mark and agnathia in a ewe fetus and its delivery through caesarian section is described here.

**References**


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**Polycystic Kidney Disease in a Persian Cat –A report**

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**Abstract**

5 year old Persian cat weighing 4.5 kg was presented to the University veterinary Hospital Kokkalai with the complaint of anorexia and weakness. Both right and left kidneys were found to be enlarged on abdominal palpation. On ultrasound scanning, multiple fluid filled cysts were observed in both kidneys. Hematological examination revealed leucocytosis. The biochemical examination revealed azotemia. Blood gas analysis revealed metabolic acidosis. The animal was treated with antibiotic and fluids.

**Key Words**: Polycystic kidney disease, Persian cat
Polycystic kidney disease is an autosomal dominant inherited disease in Persian cats and domestic long haired cats. In affected cats multiple cysts form in both kidneys and occasionally in the liver. Renal cysts arise from tubules and occur in both cortex and medulla. They occur early in life and gradually become more numerous and larger in size as the cat ages. Ultrasonography is used as a diagnostic tool. Cysts can sometimes be detected in kittens as young as 6-8 weeks of age. The number and size of cysts increases with time. This paper reports a case of polycystic kidney disease (PKD) in a Persian cat (Elliott and Grauer, 2007).

**Case History and Observations**

A 5 year old female Persian cat weighing 4.5 kg was presented to the University Veterinary Hospital Kokkalai with the complaint of anorexia and weakness. Physical parameters were in normal range on examination. Both right and left kidneys were found to be enlarged on abdominal palpation. Haematological parameters were in normal range, except an increased WBC count (28,500/ microlitre). Serum biochemistry revealed increased concentrations of blood urea nitrogen (255 mg/dl) and creatinine (2.67 mg/dl). Blood gas analysis revealed metabolic acidosis (pH 7.32, pCO2 36 mmHg, pO2 20 mmHg, cHCO3 15.5 mmol/L and BE -12 n), hypomagnesemia (136 mmol/L), hypocalcemia (Ca++ <0.25 mmol/L) and high lactate (Lac 3.30 mmol/L) concentration. On ultrasound scanning, multiple fluid filled cysts were observed in both kidneys (Fig 1).

**Treatment and Discussions**

The animal was treated with intravenous injections of Enrofloxacin@ 5 mg kg body weight, Ranitidine, crystalloids and B complex vitamins for 5 days. The animal became active and had started taking diet by third day onwards. By the fifth day BUN and creatinine concentration became normal. The antibiotic was continued for 5 more days orally. Renal diet (Hill’s Prescription Diet k/d feline) was advised for the animal for the rest of life. The animal was leading a healthy life on the review after two months.

The precise changes in the nephron wall that lead to PKD are not known. A weakening in the tubular basement membrane and support structures and hyperplasia of tubular epithelial cells with consequent occlusion and obstruction of the tubule are observed in PKD (Shaer, 2006). Clinical signs may be absent if the condition is unilateral or not severe or cats may present with varying signs of chronic renal failure. Renomagaly may be obvious with kidneys being irregular out line (Chandler et al., 2004).

Cyst growth eventually causes renomegaly, which can be an incidental finding during the general examination of seemingly healthy cats, and renal failure ensues later in adult life. Pyelonephritis may be seen concurrently in some cases and precipitate renal insufficiency (Kahn 2010).

**References**


