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A CASE OF ABOMASAL IMPACTION IN A CAPTIVE GIRAFFE *(GIRAFFA CAMELOPARDALIS)*

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Introduction

A male giraffe calf was brought into the experimental pens at Skukuza after being found on its own in poor condition in the Kruger National Park, Republic of South Africa. The mother of the calf could not be traced.

The giraffe was fed on full cream powdered milk and given dry lucerne, used to feed all other herbivores in the bomas. The lucerne was placed on a wooden board on top of a normal bovine feeding rack, approximately two metres above ground. The giraffe was also part of an experiment to determine the susceptibility of a number of species to heartwater and had been injected with positive heartwater blood 18 days before it died. The enclosure had an earth floor but the giraffe was penned at night in a stall with bedding on a concrete floor, as a protection against predators. Shade consisted of a number of knobthorn *(Acacia nigrescens)* trees in the enclosure. The leaves of these trees were soon consumed to the maximum reach of the giraffe. It was noticed that the animal then started grazing on grass which had sprouted after very good rains. The giraffe would lower its head to graze, after spreading and bending the forelegs in the same procedure as is normally followed for drinking.

The tongue was used for grazing as when browsing. The grass was collected into the mouth and pulled upward by a jerk of the head. Due to the damp soil the entire root systems of tussocks were uprooted. Leaves, stems, roots and soil adherring to the roots were masticated and swallowed.

No treatment was given to the giraffe when noticed to be ill. This coincided with the expected reaction to the artificial infection with heartwater. Symptoms of anorexia and general apathy were at first presumed to be a reaction to the disease. No fever developed, and the animal died during the night after symptoms were first noticed.

Discussion

Post-mortem examination revealed slight ascites but no other typical heartwater lesions were observed. Brain smears stained with Giemsa revealed no organisms of *Cowdria ruminantium* in endothelial cells. The

abomasal contents were extremely dry and consisted of a number of roughly circular five cm diameter bolus-like conglomerates of lucerne, gravel and sand. One such bolus was situated at the pylorus and completely blocked the lumen. This particular bolus did not break up after dropping onto a concrete slab from a height of approximately one metre. The rumen, reticulum and omasum were well filled with ingesta but the remainder of the intestinal canal, except for normal pellets in the final ~15 cm of rectum, was empty. A diagnosis of abomasal impaction was made.

Conclusion

Cases of a similar nature are not unknown and grazing is fairly common in captive giraffe with insufficient green feed. In the case of giraffe in captivity or in quarantine camps before relocation, an adequate supply of suitable green foliage should be supplied. If this is not available, care should be taken to prevent fresh, highly palatable grass from sprouting in such pens which will produce an abnormal habit of grazing in the giraffe and a real danger of severe losses. Surgical intervention, however, could be attempted after diagnosis but a knowledge of this danger will make preventive measures more effective.

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