CATTLE TAILORIOSIS (LITERATURE ANALYSIS)

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ABSTRACT

This article presents an analysis of the literature on bovine theileriosis..

Theileriosis was first discovered among large mammals in Uzbekistan by parasitologist I.M. Kovalevsky in 1906-1909. Later, in 1928, this disease was studied by G.A. Obolduev, I.G. Galuzo, and Z.M. Bernadsky, employees of the Veterinary Bacteriological Institute in Tashkent (now the UzVIT in Samarkand). They concluded and recorded that a new species of the pathogen, Theileria turkestanica, existed in the Republic, but subsequent studies have shown that this pathogen is Theileria annulata [1].

The causative agents of the disease are transmitted by ticks of the genus Hyalomma. In the conditions of Karakalpakstan, the two-host tick H. detritum and the three-host tick H. anatolicum are of primary importance. Tick attacks on animals occur in pastures and livestock farms in the conditions of Karakalpakstan. Since ticks of this species are also adapted to live in livestock farms, transmission cases are also observed when theileriosis is kept in livestock farms.Farm animals are infected with this disease during the warm seasons of the year. If the H. detritum tick is prevalent on the farm, the disease mainly lasts from late April to September, and in areas where H. anatolicum is found, it lasts from March, April to October (peaks in June-July) (K. Orifjonov, T. Rakhimov, A. Gafurov) [2,3].

Among animals brought to the farm from other farms, theileriosis occurs mainly in an acute form, characterized primarily by a non-uniform enlargement of the external lymph nodes: especially the inguinal, suprapubic and other lymph nodes (depending on the location of the infected ticks on the animal's body). The lymph nodes are 2-4 times larger than in healthy animals, and are hard and painful to palpate.

These changes in the lymph nodes cause the body temperature of sick animals to rise to 41 degrees, sometimes even higher, after 1-3 days, along with a decrease in their appetite and a decrease in milk production. In the disease, animals quickly lose weight, slow down in movement, lose their reaction to external stimuli, their abdomen hangs low, and the animal becomes thirsty (drinks water frequently and in small amounts). In the first days of the increase in body temperature, it is observed that the mucous membranes of the eyes and nose

of sick animals are hyperemic and there is bleeding from the spot. In some animals, depending on the course of the disease, there is bleeding on the inner skin of the ear, the skin of the udder, and the root of the tail [4,6].

When the disease has a semi-acute form, the animals lymph nodes enlarge, the body temperature rises to 41 degrees and above, decreases after 2-3 days, then rises again and continues at a high level until the end of the disease. It was observed that the disease in this form lasts for 2-3 weeks.

The visible mucous membranes were slightly hyperemic, then turned pale, and numerous pinpoint hemorrhages were observed. Hemorrhage was also observed in the unpigmented parts of the animal's skin. The patient's pulse and respiration were accelerated, the animals lost their appetite, and at the beginning of the disease, intestinal peristalsis increased, and diarrhea occurred, which quickly replaced constipation [2,5].

It was observed that the carcass of an animal that died of theileriosis was thin, the thin and non-pigmented parts of the skin were weakly yellow, and the mucous membranes were pale yellow and bleeding. The subcutaneous tissue is yellowish, and blood has leaked from some places. The external lymph nodes are enlarged, moist, and bloody, and the muscles are relaxed and pale. It was observed that there was a slightly clear fluid in the chest, and the pleura was yellow with many punctate hemorrhages.

In emphysematous lung, there is abundant hemorrhage in the mucous membranes of the bronchi. The heart is enlarged, dilated, and the epicardium and endocardium are abundantly hemorrhaged. The abdominal walls are slightly yellow and hemorrhaged. The liver is enlarged, dilated, yellowish or reddish-brown in color, with hemorrhage under its capsule. The gallbladder is enlarged and filled with bile. The spleen is enlarged, soft, and hemorrhage under its capsule.The bladder is filled with yellow urine. The abdomen is dry, densely packed with food, and characteristic changes include: the presence of numerous ulcers on the surface of the mucous membranes, measuring 2-10 mm, and hemorrhages. The mucous membranes of the small intestine are swollen, hyperemic, covered with mucous substances, and hemorrhages [6].

Useful literature:

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