



PILOT STUDY ON CAUDAL VENA CAVA SIZE BY FAST ULTRASONOGRAPHY THROUGH DIFFERENT VIEWS IN HEALTHY CALVES

Casalta H¹, Gommeren K², Grulke S³, Sartelet A¹, Merveille AC²

¹ Clinical Department of Production animals, Faculty of Veterinary Medicine, University of Liège, Belgium

² Clinical Department of Companion animals, Faculty of Veterinary Medicine, University of Liège, Belgium

³ Clinical Department of Equines, Faculty of Veterinary Medicine, University of Liège, Belgium

INTRODUCTION Raising calves from birth to one year without excessive mortality is an important and economic challenge for breeders. Hence, there is an interest to improve treatment of calves suffering from diseases possibly accompanied by severe changes in circulating volume status (diarrhea, intestinal obstruction). Ultrasonographic measurements of the caudal vena cava (CVC) and aorta (Ao) are known as reliable tools to assess intravascular volume status in humans and companion animals.

AIM OF THE STUDY: To evaluate the feasibility of obtaining ultrasonographical measurements of CVC and Ao in two different views, assess intra- and interobserver variability, and study the effect of sex, age, body weight, and breed on measurements in healthy calves.

MATERIALS AND METHODS:

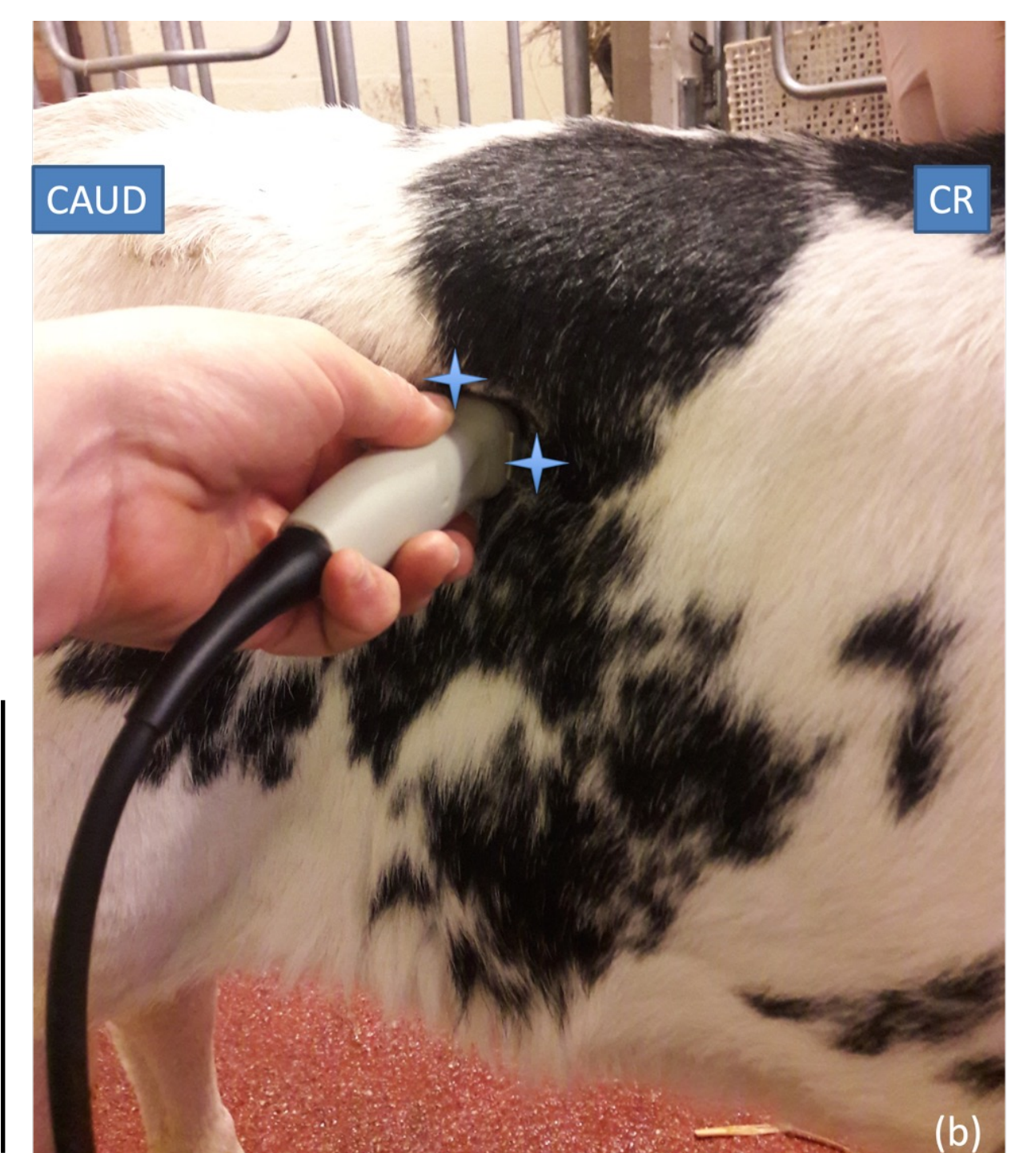
Healthy calves
2 phases

- t1 Aged < 60 days
- t2 2.5 months later



2 anatomical sites

Fig. 1 a and b: probe placement site. The blue star shows the position of the probe marker in transversal and longitudinal view. CR: cranial; CAUD: caudal.



ULTRASOUND IMAGES

SUBXIPHOID VIEW (SV)

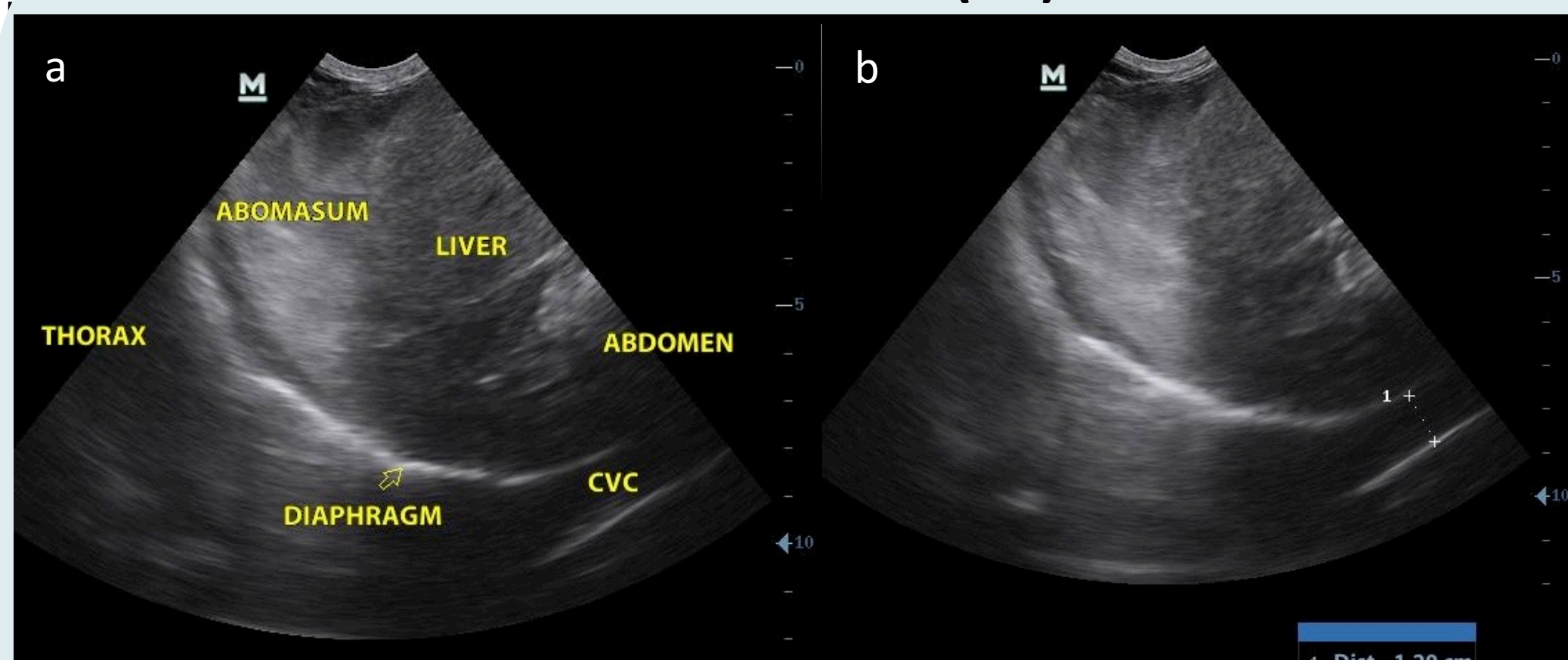


Fig. 2: Subxiphoid view, anatomic description (a) (CVC: caudal vena cava) and measurement of caudal vena cava diameter (b)

PARALUMBAR VIEW (PV)

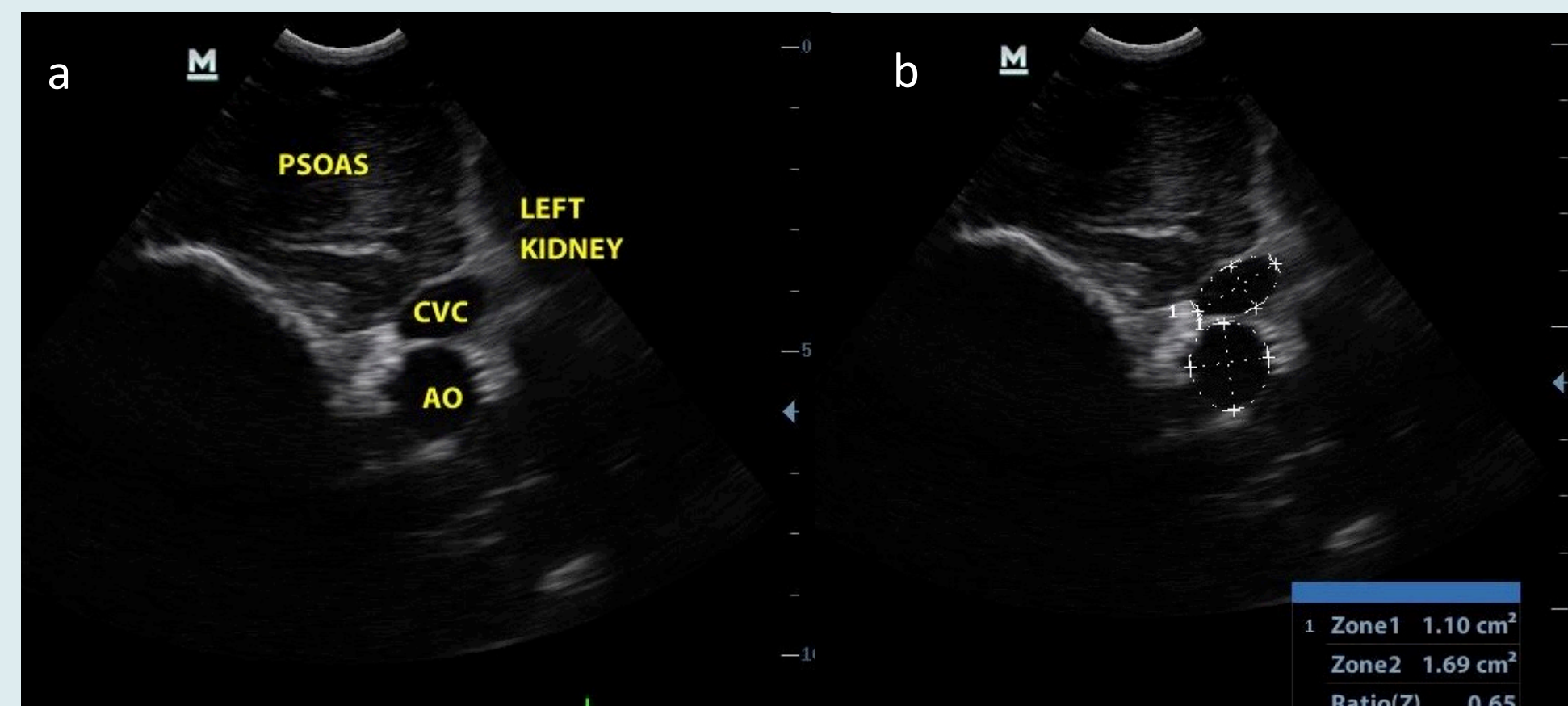


Fig. 3: Transversal paralumbar view, anatomic description (a) (CVC: caudal vena cava, Ao: aorta), and measurement of caudal vena cava and aorta area and ratio (b)

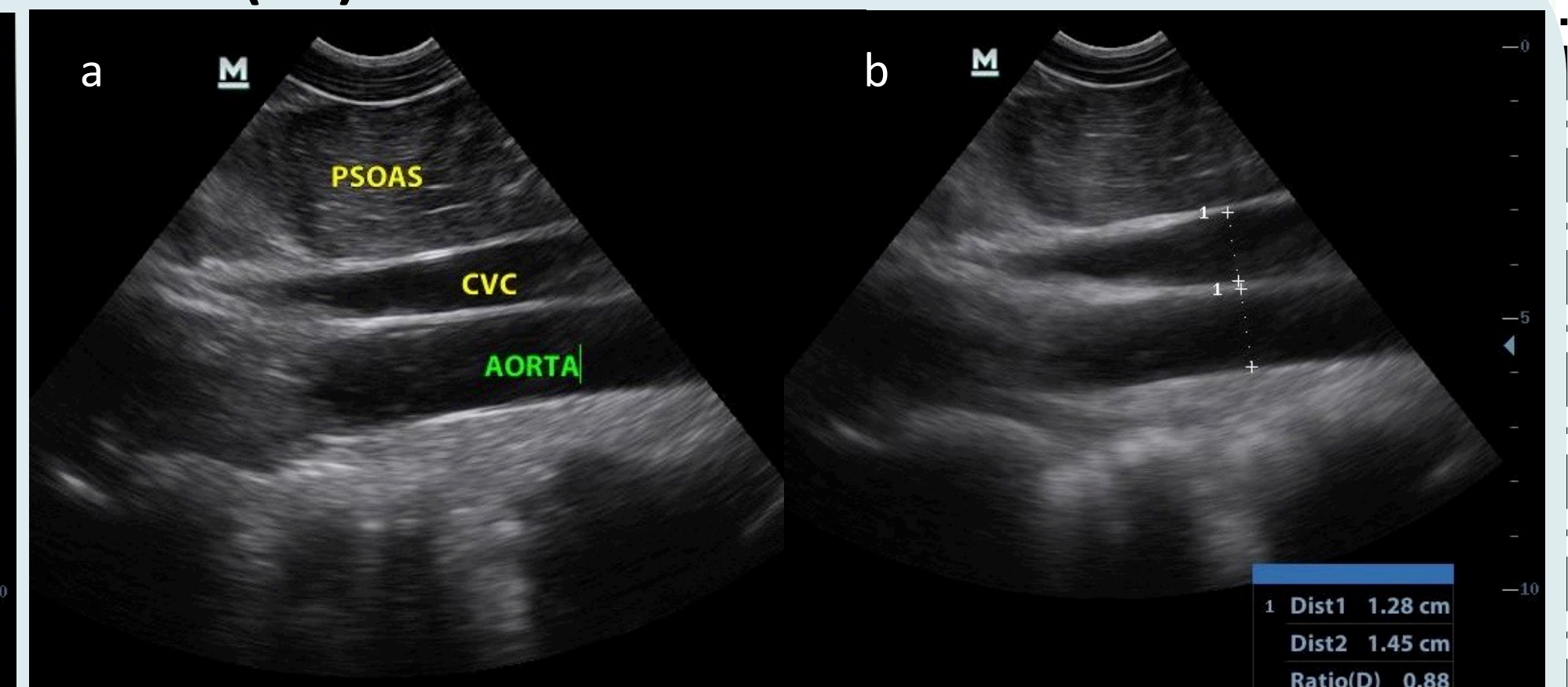


Fig. 4: Longitudinal paralumbar view, anatomic description (a) (CVC: caudal vena cava) and measurement of caudal vena cava and aorta diameter and ratio (b)

RESULTS:

Paralumbar site

t1
48 calves
Age 21 days (range 1-41)
Weight 67 kilos (range 33-98)
26 ♂
22 ♀

PV + SV

- CVC and Ao measurements easily obtained
- High repeatability and reproducibility
- CVC and Ao measurements increase with the AGE of the calf

t2
17 calves
Age 112 days (range 100-126)
Weight 134 kilos (range 103-170)
10 ♂
7 ♀

Only PV

	POCUS View	r	p-Value
PV-long	Ao diameter (cm)	0.65	<0.001
	CVC diameter (cm)	0.32	<0.05
	CVC/Ao diameter index	0.58	<0.001
PV-trans	Ao diameter (cm)	0.70	<0.001
	Ao area (cm ²)	0.66	<0.001
	CVC area (cm ²)	-	-
	CVC/Ao area index	0.47	<0.01

Table 1: Correlation coefficient (r) between age and caudal vena cava (CVC) and aorta (Ao) diameter and area and ratio in paralumbar view (PV), and p-values showing significant correlations except for aortic area in transversal PV.

	POCUS View	t1	t2	p-Value
PV-long	Ao diameter (cm)	1.09 ± 0.10	1.24 ± 0.14	0.0004
	CVC diameter (cm)	0.92 ± 0.14	1.25 ± 0.24	0.00005
	CVC/Ao diameter index	0.84 ± 0.09	0.97 ± 0.19	0.009
PV-trans	Ao diameter (cm)	1.13 ± 0.12	1.28 ± 0.13	0.00001
	Ao area (cm ²)	0.99 ± 0.23	1.05 ± 0.3	0.3269
	CVC area (cm ²)	1.04 ± 0.35	1.55 ± 0.6	0.002
	CVC/Ao area index	1.05 ± 0.26	0.97 ± 0.19	0.002

Table 2: Ultrasonographic measurements and calculated variables (mean ±SD) obtained on images from the paralumbar view in 17 calves for the first part of the study (t1) and the second part of the study (t2). PV-long = longitudinal paralumbar view, PV-trans = transversal paralumbar view, Ao = aorta, CVC = caudal vena cava. P-value < 0.01 indicates significant difference between measurements in t1 and t2.

CONCLUSION Caudal vena cava size assessment by point of care ultrasound can be easily performed at a paralumbar site in calves under 4 months of age and could be used to assess intravascular volume status. Further studies could compare CVC and Ao measurements in healthy calves to those in calves suffering from diarrhea or surgical digestive disease to see if CVC and Ao measurements are related to dehydration or state of shock and could complement other shock evaluation parameters such as L-lactates or arterial blood pressure measurements.

Refers to



Article
Ultrasonographical Assessment of Caudal Vena Cava Size through Different Views in Healthy Calves: A Pilot Study

Hélène Casalta ^{1,*}, Valeria Busoni ², Justine Eppe ¹, Sigrid Grulke ³, Anne-Christine Merveille ², Nassim Moula ^{4,5} and Kris Gommeren ²