1951

Infectious Canine Hepatitis

Kenneth J. Wales
Iowa State College

Follow this and additional works at: http://lib.dr.iastate.edu/iowastate_veterinarian
Part of the Small or Companion Animal Medicine Commons, and the Veterinary Infectious Diseases Commons

Recommended Citation
Wales, Kenneth J. (1951) "Infectious Canine Hepatitis," Iowa State University Veterinarian: Vol. 13: Iss. 2, Article 15.
Available at: http://lib.dr.iastate.edu/iowastate_veterinarian/vol13/iss2/15

This Article is brought to you for free and open access by the College of Veterinary Medicine at Digital Repository @ Iowa State University. It has been accepted for inclusion in Iowa State University Veterinarian by an authorized administrator of Digital Repository @ Iowa State University. For more information, please contact digirep@iastate.edu.
Position During Operation

moved on the eleventh day post-operative. The case was discharged on Dec. 16, 1950.

Robert Wunder '51

Streptococcus Infection in a Pony.
On Jan. 18, 1951 a male, mixed Shetland pony 2-years-old was admitted to the clinic with the history of having a nail run into his left hind foot some time ago.

The animal was of fair condition, but hardly able to walk. A fistulous tract was on the medial side of the left hock. The tendon had completely necrosed at this place. The pony had a clouded sensorium and, when lying down, did considerable thrashing about with his head and legs.

The patient was given 2.5 grams of aureomycin, one percent in sterile water, I.V., upon arrival and 2.5 grams the next morning. It appeared that the patient wasn't going to respond to treatment; so euthanasia was performed Jan. 20, 1951.

On post mortem the following lesions were found: suppurative tendovaginitis of tendo-achilles of left pelvic limb; suppurative cellulitis on medial side of left pelvic limb extending from hock to deep inguinal lymph nodes; suppurative lymphadenitis of left pre-scapular and posterior cervical lymph nodes; toxic hepatitis and nephritis with pronounced cloudy swelling.

Cultures from the heart, lungs, spleen, and kidneys were negative. This was probably due to the aureomycin that was given. Cultures of the abscesses in the muscles yielded Streptococcus zooepidemicus. The infection apparently entered both left legs; probably through the nail wound and decubitious ulcers as the animal was down much of the time.

The animal also had Gastrophilus spp., strongyles, and ascarids indicating that the pony was poorly cared for.

C. G. Hennager '52

Infectious Canine Hepatitis. On Oct. 3, 1950, two seven-weeks-old Cocker Spaniel pups, litter mates, were admitted to Stange Memorial Clinic. They had the history of being off feed, and listless, with temperatures of 104°F. on the preceding day. Examination revealed their livers to be enlarged and sensitive upon palpation. Tonsillitis was also noted.

Anticanine distemper serum was given in the flanks. Since the patients were in poor general condition, a commercial preparation of cod liver oil and red bone marrow extract was given in the feed.

One patient died on Oct. 3, 1950. Necropsy revealed a catarrhal enteritis with some ascarids present. The stomach and duodenum were edematous. A marked inflammation of the pancreatic and bile ducts was noted. Cloudy swelling was present in the kidneys. Numerous subepicardial hemorrhages varied in size from petechial to ecchymotic. Diffuse sharp petechial hemorrhages were scattered throughout the brain. The history, symptoms, and lesions were very suggestive of infectious canine hepatitis. Histopathological examination of the liver later revealed intranuclear inclusion bodies and verified the above diagnosis. Negative results were obtained from dark-
field examination of the urine for Leptospira, and cultures of the liver, kidneys, heart, and brain for bacterial growth.

Infectious canine hepatitis is synonymous with fox encephalitis. A filtrable virus is the etiologic agent. After transmission by direct contact with respiratory secretions of infected animals, the virus localizes in the endothelium of liver vessels, vessels of brain, and meninges.

The surviving pup was given 0.5 cc. of fox encephalitis antiserum per pound of body weight. Within a few hours, the patient appeared more alert and active. Rapid return to normal was noted. This response to treatment with fox encephalitis antiserum is characteristic of acute cases of infectious hepatitis that recover.

Kenneth J. Wales '52

Sinusitis and Enucleation of Eye of a Cow. An aged Guernsey cow entered the Stange Memorial Clinic on June 30, 1950, showing blindness in one eye and enlargement of the frontal sinus. The cow was examined and the cornea of the left eye was found to be ruptured, the entire eye being inflamed. The frontal sinus was enlarged and the left horn stub showed a hemorrhagic discharge. On diagnosis of a suppurative sinusitis of the right frontal sinus with abscessation and involvement of tissues around the left eye, it was decided that enucleation of the eye and trephining of the frontal sinus for drainage be performed.

The abscess was opened and found to be about 4 in. in depth. Irrigation of the wound with KMnO₄ 1:4000 was continued for a week during which time the original depression of the animal became less marked and healing by granulation progressed. The hole at the horn stub still connected with a fistulous opening below and posterior to the eye, and considerable exudate (having a carious odor) was forced out.

On July 12, the patient was restrained on the operating table, the left periorbital area was shaved and washed and 2 percent procaine hydrochloride solution injected for local anesthesia. A classical enucleation was performed, after which the wound was packed with sulfanilamide and two sterile gauze packs. The wound edges were closed with two sections of continuous glovers' sutures of braided silk.

Two days later the medial section of sutures was removed, packs were removed and the cavity irrigated with KMnO₄ 1:3000. Boric acid and air-slaked lime, equal parts, were applied to the wound and fly repellant applied to the area around the cavity.

On July 17, the remainder of the sutures were removed, the area was irrigated and boric acid and air-slaked lime applied. Two days later the two fistulous tracts dorsal and posterior to the infected eye were cleaned and the cavity dusted with sulfanilamide 10 percent, sulfathiazole 5 percent, and urea 85 percent.

The next day warm water was run on the wound and adjoining structures for 15 minutes. This was followed by irrigation and re-application of the sulfanilamide mixture to the lesions.

On July 25 and 26, the cavity was flushed with a 2 percent solution of boric acid. The patient was discharged on July 27; the area was contracting to normal size and the eye socket was filling in with granulation tissue.

J. Terry '52