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Diaphragmatic Hernia in a Cat

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Diaphragmatic Hernia in a Cat.

On Jan. 1, 1957, a 1½ year old domestic shorthair cat was admitted to Stange Memorial Clinic. History revealed that the patient had been coughing and sneezing since the latter part of December. Peculiar breathing had been noted since the cat had a fight with a dog about a year earlier.

The patient appeared alert and well kept. Auscultation revealed pulmonary congestion and muffled heart sounds. Respirations were abdominal in nature and were 40 per minute. Dyspnea was noted when the hind legs of the cat were elevated. The thorax was greatly enlarged. A small nodule of connective tissue was noted just lateral to the xiphoid cartilage. A fluoroscopic examination revealed abdominal organs within the thorax. The fluoroscopic examination confirmed the tentative diagnosis of a diaphragmatic hernia.

The abdominal surgical approach was used to correct the diaphragmatic hernia. One cc. of Demerol® (Winthrop Stearns) (50 mg. meperidine) was given intramuscularly as a preanesthetic depressant. A large area over the abdomen was clipped, shaved, cleaned, defatted and phenyl mercuric nitrate applied. The patient was anesthetized using pentobarbital sodium. A Prothoracic Respirator® with a tracheal tube was used to apply artificial respiration immediately after the anesthetic had been given. The abdominal incision was made just caudal to thorax and continued caudally for 4 to 5 inches.

Exploration revealed a large rent in the diaphragm. The rent was on the mid-line and extended up to the vena cava and esophageal hiatuses. There was also a smaller tear which extended to the right side of the rib cage. The thorax contained a great deal of the abdominal organs. The entire liver with the exception of the left anterior lobe extended into the thorax. Small intestines and a loop of the large intestine were included.

Little pathology was noted. No adhesions were present. The liver was firm, enlarged and dark bluish red indicating a

—B. D. Maney, '57
passive hyperemia. The spleen was also greatly enlarged.

The abdominal viscera were removed from the thorax and packed in towels soaked with warm physiological saline solution. The tears in the diaphragm were sutured together using a combination of interrupted and mattress type catgut sutures. Number 00 catgut sutures were also used to attach the diaphragm to the thoracic wall. The abdominal incision was closed using interrupted catgut sutures for the peritoneum, muscle and fascia. Vetafil was used for the skin. The air from the thorax was removed by using a syringe. Artificial respiration was continued until the patient came out of anesthesia.

Postoperative care consisted of the use of a bland diet, systemic antibiotics, B-Sol® (Fort Dodge Laboratories) and physiological saline - dextrose solutions given subcutaneously.

1. Professional Veterinary Services, Miami, Florida.
   —Roger Seigert, '57

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3 Two-headed Calf Causes Dystocia. On Jan. 26, 1957, a 3 year old Guernsey cow was brought to Stange Memorial Clinic because of dystocia. Dr. D. E. Gubser of Earlham, Iowa, had diagnosed a two-headed calf in anterior presentation causing the dystocia and recommended sending the cow to the clinic for cesarean section.

Cesarean section was performed through an 18-inch incision in the left flank. Inverted L and epidural anesthesia were used.

The calf was delivered dead. Grossly there were two heads, two necks and one body. Necropsy revealed that there were two gullets with the rest of the digestive tract single. The spinal column was double through the cervical, thoracic and lumbar regions. The sacrum was single. There were two hearts.

Therapy for the cow immediately following surgery consisted of 500 cc. of physiological saline and 500 milligrams of chlortetracycline intraperitoneally, 500 milligrams of chlortetracycline intrauterine and 2,000,000 units of penicillin and 5.0 grams of streptomycin intramuscularly. On each of the following 4 days the above dosage level of penicillin-streptomycin was given intramuscularly.

Recovery was uneventful and on Feb. 2, 1957, the cow was sent home with a good prognosis.
   —Rodney Hall, '58

4 Intestinal Obstruction of the Canine. The possibility of foreign bodies in the intestinal tract should be a consideration in dogs exhibiting persistent emesis. Younger dogs are more likely to ingest foreign objects due to their playful and curious attitude. The object may remain in the stomach and cause varied symptoms depending upon the degree of irritation to the gastric mucosa and the size of the object. No symptoms may be discernible or the dog may exhibit varying degrees of anorexia and vomiting. If the object is small enough to pass through the pylorus it may pass on to the intestinal...