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Papilloma of the Canine Urinary Bladder

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bacteriological culture was obtained which proved to be a resistant Pseudomonas which was sensitive to the following antibiotics: Tetracycline, Neomycin, Polymyxin and Furacin. An ointment containing tetracycline hydrochloride was then used with slight improvement being noted in a few days. Twelve days later (November 3) another attempt was made to correct the entropion which still persisted in both upper and lower lids. An operation similar to the previously mentioned procedure was performed. Strips of skin about \( \frac{1}{4} \) to \( \frac{3}{4} \) inches wide and about one inch long were removed from the upper and lower lids. This surgery was more radical than the previous procedure. Tetracycline hydrochloride ophthalmic ointments were used three times daily with marked improvement each day. Several days following the second operation the photophobia lessened as did the conjunctivitis and the ocular discharge. There appeared to be a slight over correction of the right lower lid. The patient was discharged on Nov. 15, 1959. Two months following discharge the dog was observed to have completely recovered from the entropion, conjunctivitis, and the corneas were relatively clear even after months of irritation.

This case is interesting from the standpoint of the severity of the entropion, the fact that it involved the upper and lower lids, and the relative resistance of the organism causing the infection.

Chuck Wyatt '60

2 Papilloma of the Canine Urinary Bladder. Reports of neoplasms of canine urinary bladder are not uncommon in the literature, however, this condition is not frequently seen in practice. The urinary bladder mucosa is most frequently involved with single or multiple, papillomas or carcinomas. Mesenchymal tumors occur less frequently and usually involve the smooth muscle (leiomyomas).

On January 31, 1960, a 12 year old spayed female dog of mixed breeding was admitted to Stange Memorial Clinic. The history offered was that of a recurring hematuria with urinary incontinence for a period of three years. The condition had failed to respond to medicinal and hormonal therapy.

The patient's appetite and rectal temperatures were normal, however bowel movements were irregular and the rectum was impacted. Gross examination revealed a large quantity of fresh blood being voided, evenly admixed, in the urine.

An enema was administered to relieve the constipation, and to make possible palpation per rectum. This palpation revealed an indefinite fluctuating tissue mass in the region of the bladder. Abdominal palpation, though difficult because of the obesity of the dog, gave similar results. The patient did not object or elicit pain when palpated.

Radiological examination was performed immediately after the dog had micturated. The film revealed a partially distended urinary bladder with an absence of radiopaque material in the lumen. A tentative diagnosis of a tumor in the region of the urinary bladder was made.

An exploratory celiotomy and probable cystotomy was indicated to confirm the diagnosis, and to relieve the condition. The owner's permission was requested and granted on February 6.

The surgical procedure was that of a routine celiotomy (midventral approach). The incision into the bladder exposed a large, pedunculated, neoplastic mass. The tumor was very vascular, and soft in consistency. The single attachment to the ventro-lateral bladder mucosa was by a short, thin (about 1 cm.), stalk of tissue. The body of the tumor measured 2.5 cm. X 3.75 cm. X 2 cm., and displaced the entire lumen. The tumor was extirpated at its attachment to the mucosa and the hemorrhage that ensued was controlled by sutures of 00 chromic catgut. The cystotomy and abdominal incisions were closed in a routine manner. Postoperatively, 2 cc. of antibiotic combination (Procaine Pencillin G and Dihydrostreptomycin, Cornstates Laboratories), was administered intramuscularly.

Two days following surgery the temperature was reported to be 103.7°F. The respirations were increased, and the appetite was negative. Treatment with 250 mg. of chloramphenicol (Chloromycetin, Iowa State University Veterinarian
Parke-Davis) three times daily, by oral administration, was initiated. On the following day the temperature was 101.4°F, and the appetite had returned. This therapy was continued for one week. Throughout this period gross examination revealed normal urine. Laboratory examination of the urine on February 12 was negative for occult blood, with a specific gravity of 1.032. On the following day the bowels and appetite were normal and Geriodiet (Atlas Canine Products) was prescribed. The patient's condition remained favorable until released on February 23, 1960.

The tissue examined histologically revealed an infected papilloma containing small cysts in the epithelium. Microscopically, such tumors are composed of numerous papillae, each with a central stalk of delicate vascular connective tissue, which is covered by layers of transitional epithelium. There was also evidence of a concurrent purulent cystitis.

Approximately two months after the operation, the client reported no evidence of hematuria or urinary incontinence in the dog. Recurrence in this case seems improbable because of the favorable postoperative history and the benign nature of the tumor. Recurrence of such papillomas, and a tendency to become malignant have been reported as frequent unfavorable sequelae by Bloom.

Francis J. Judge '61

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Shoulder Atrophy (Sweeny) In a Bovine. On February 2, 1960, a one and one-half-year old registered Angus bull was admitted to Stange Memorial Clinic. The history revealed that the animal seemed to drag the right foreleg. The clinical examination confirmed the dragging of the leg and a pronounced shoulder lameness was noticed. Atrophy of the supraspinatus and infraspinatus muscles was evident.

A diagnosis of shoulder atrophy (Sweeny) was made. This condition, which is due to injury and/or atrophy of the suprascapular nerve, is quite rare in the bovine. This is probably because the suprascapular nerve lies deeper and is less vulnerable to injury than in the horse. In the horse the suprascapular nerve lies quite superficially as it passes around the anterior border of the scapula at its distal fourth. The direct relation of this nerve to the scapula renders it more liable to injury and accounts for the more common affliction of the horse with this condition.

The owner was given a poor prognosis for complete correction, but he asked that treatment be attempted. The condition involves an apparent lack of innervation which causes muscle atrophy, and the muscle atrophy allows the humerus to pull away from the scapula thus loosening the scapula-humeral articulation. It was hoped a counterirritant injected into the atrophied muscles would cause inflammation and scar formation which might tighten up the joint as well as the possibility of stimulating nerve regeneration.

The area over the right scapula was clipped, shaved, washed with soap, and antiseptic applied. Then 6 cc. of a counterirritant (one part chloroform, one part turpentine, and two parts vegetable oil) was injected intramuscularly into the atrophied muscles. This was injected in ½ cc. amounts about two and one-half inches apart and in three lines. The first line was placed anterior to the scapular spine, and the second two were placed about three inches apart posterior to the scapular spine.