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X-ray Diagnosis of Foreign Body

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or the patient may be restrained on the ground or on a table in a lateral recumbent position with the affected leg uppermost. The operative area is prepared by shaving and disinfecting the skin. The thumb is used to displace the tendon backward and at the same time tense the skin along the anterior border of the tendon. Next with a sharp-pointed knife, an incision is made about ¼ in. long through the skin and fascia. The incision is made parallel to the tendon and the knife is advanced between the deep fascia of the tendon and the bone. After a tract is established by rocking the handle, the knife is removed and a blunt pointed tenotome is inserted. The cutting edge of the tenotome is turned toward the tendon which is divided by cutting toward the skin while the foot is flexed. The wound is closed by one suture or by using collodion to cover it.

Controversial Question

Some clinicians think the operation is more efficient when a portion of the tendon is removed. Others believe that removing a portion of the tendon is of no advantage and delays healing. In this type of surgery the incision is enlarged and by the use of a forceps the tendon is drawn out through the incision. This is accomplished by having the hoof extended. Then with either a scissors or knife a portion of the tendon is removed.

This method of surgery brings relief if the condition is due to the spasmodic contraction of the lateral digital extensor muscle. However, only about 30 per cent of the stringhalt cases are due to this condition. This surgical procedure is not practiced when it is known that the condition is the result of some definite cause such as spavin, gonitis, or cracked heels. Some veterinarians do a tibial neurectomy for this condition, but as a whole this has not been very satisfactory.

Early healing results if the instruments, operator’s hands and dressings are sterile. Following the operation the patient should be rested for 10-14 days. After this, the patient may be turned loose in a box stall or exercised slowly on soft ground.

—E. J. Janson, ’43

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X-ray Diagnosis of Foreign Body.

On the 21st of October a five-year-old sorrel saddle mare was admitted to the Stange Memorial Clinic. This horse had a history of having kicked through a window during an attack of colic about 5 weeks previously. At this time the patient had suffered several small lacerations on the medial side of the right rear leg about 3 inches above the fetlock. The owner reported that there had been quite profuse bleeding from these lacerations; it had seemed to him that a rather large artery had been cut.

The horse had been allowed to stand in the stall for 5 weeks following the injury. The Sunday previous to bringing the animal to the clinic the owner took her out for a short ride. After having gone only a short distance the horse became severely lame on the right rear leg.

Upon arriving at the clinic there was some swelling and she showed moderate sensitiveness of the affected fetlock, but no lameness. It was noticed, however, that while standing in the stall she put very little weight on the leg.

Two x-ray pictures were taken of the affected part, one a lateral view and one a posterior view. Nothing of any significance was found. The following day 2 more pictures were taken, both at an oblique angle. These latter 2 pictures showed a foreign body about 3 inches above and posterior to the proximal sesamoidian bones. Upon close observation it seemed that there were 2 small objects, one superimposed upon the other.

Preoperative Procedure

The following morning the area was shaved and a mercury bichloride pack, 1:1000, was bandaged over the area. The next morning the horse was given 1 ounce of chloral hydrate with the use of a stomach tube and placed on the operating table. The operative area was infiltrated with 2 percent procaine solution. The x-ray plate was superimposed on the leg and the location of the foreign object found in that way. A small incision was then made over the indicated area. Imbedded in the tissues about ⅛ inch beneath the skin were found 2 pieces of glass, one rectangular
piece about ½ inch by 1 inch and one tri­angular piece about 1 inch long and ½ inch wide at the base.

The edges of the wound were brought into apposition with 1 silk suture, a bipp pack was bandaged over the wound and the horse returned to her stall. The wound healed by primary union and the case was dismissed 4 days later.

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A Case of Gynandromorphism in the Equine. On Oct. 17, 1943, a five year old, black and white spotted horse entered the Stange Memorial Clinic. The owner had previously written the clinic concerning the patient, giving a history which suggested nymphomania. The patient was observed for several days, but no symptoms of true nymphomania were exhibited. Instead, the horse showed symptoms of sexual desire resembling a stallion. Rectal palpation revealed rudimentary development of the uterus and vagina, the anterior poles of the uterine cornuae being terminated in pendant, cord-like structures of such length that the ovaries could not be palpated. A tentative diagnosis of gynandromorphia was made. After consulting the owner, it was decided to submit the horse to surgery.

On Oct. 27, the patient was given 1½ oz. of chloral hydrate per orum as a basal anesthetic and restrained in a right lateral recumbent position on the operating table. An operative area extending 12 in. ventral to the transverse processes of the lumbar vertebrae, and extending from the posterior border of the ribs posteriorly for 10 in. was shaved. The area was cleaned with ether and painted with tincture of iodine. The surrounding hair was moistened with bichloride of mercury solution (1-1000). Inhalation of chloroform completed the anesthesia.

The surgeon's hands were prepared by thorough scrubbing with soap and water followed by immersion in 70 per cent isopropyl alcohol. A sterile shroud was placed over the operative area and secured with forceps. An incision was made through the abdominal wall in the para-lumbar area, its dorsal aspect beginning 4 in. anterior to the tuber coxae on the same level and extending ventrally 8 in. The organ at the normal location of the left ovary was picked up and removed using the chain ecreser to secure hemostasis. The organ on the right side was removed in a similar manner. Approximately 10 oz. of sulfanilamide were placed in the peritoneal cavity. The peritoneum was closed with a continuous suture of No. 4 plain catgut. The layers of muscle and fascia were brought into apposition in a like manner. The skin incision was closed with 10 interrupted silk sutures.

The patient was removed from the table to floor mats and in 30 minutes was stable enough to walk to its stall. Feed and water were withheld until the next day.

On Oct. 28 the horse showed a keen appetite and bright disposition. Pulse, temperature, peristalsis, and respirations were normal. Three No. 10 capsules of sulfanilamide were given per orum and this treatment was continued for 7 days. On the fourth day the two ventral skin sutures were removed to allow drainage of a slight sero-sanguinous exudate which had collected beneath the skin. The wound was treated with a thin suspension of sulfanilamide in distilled water. On the seventh day the remaining skin sutures were removed. Throughout the post-operative period the condition of the patient appeared excellent. The only systemic