Cystic Calculi in a Spitz

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When last seen by the writer, Oct. 29, 1950, the surgical wound and the fistula had healed, but another fistula just ventral to the eye had broken out. The cornea was cloudy and sight in the right eye is probably permanently lost.

It is believed that in this case, the cause of the abscess was a defective tooth. A low grade infection entered by this route and slowly developed to the point where it caused pain when the jaws were moved. Then as it broke through the bone into the soft tissue on the side of the face and head, it set up a strong irritation causing the severe edema noted on the second day of examination. The eye damage was only secondary being due to a fixation of the eyelids by the great amount of edema.

R. L. Gillespie '51

Intestinal Strangulation in a Dachshund. On June 24, 1950, a 2 year-old male, smooth-haired Dachshund was admitted to the Stange Memorial Clinic for treatment. The history given by the owner was that the dog had been off feed and vomiting frequently for at least three days.

The symptoms shown were dehydration, slight incoordination of the rear legs, some congestion of the conjunctiva, fetid odor on the breath, slight congestion of the buccal membranes and a temperature of 100°F.

It was known that the dog came from a community in which leptospirosis had been diagnosed in the past few weeks and a tentative diagnosis of leptospirosis was made.

A daily dose of 400,000 O.U. of procaine hydrochloride penicillin in distilled water was given intramuscularly for five days. The patient seemed somewhat improved on the third day but thereafter became progressively worse and expired on June 29.

Postmortem findings revealed an internal strangulation of a portion of the jejunum through the great mesentery resulting in necrosis and gangrene of the small intestine. Sanguinous fluid filled the abdominal cavity and the anterior portion of the small intestine.

J. Q. Bell '51

Cystic Calculi in a Spitz. On Sept. 9, 1950, a Spitz dog was admitted to Stange Memorial Clinic. It had the history of being unable to urinate. Further history was that these attacks had been coming on for some time and that during this last one the dog had not urinated for two days. Urethral calculi were suspected.

A human catheter, French size No. 8, was introduced into the urethra until a solid object was met which was just posterior to the os penis. The dog was fluroscoped and several calculi were seen in the bladder, and one fairly large one was seen about ½ in. posterior to the os penis. The bladder was full and distended, occupying most of the abdominal cavity. The dog was x-rayed to more accurately determine the number and size of the calculi in the bladder. The x-ray showed quite clearly at least nine calculi approximately ⅛ to ⅜ in. in diameter and one large calculus posterior to the os penis. Immediate surgery was decided on.

The dog was given pentobarbital sodium intravenously to deep surgical anesthesia. The entire abdominal area from the umbilicus to the pubis was shaved, scrubbed with soap and water, defatted with ether and sprayed with isopropyl alcohol. Before operating, an alligator forceps was introduced into the external urethral opening and up the urethra until it met the calculus. The calculus was grasped, but it was too hard to break down in order to extract it by this means. An incision was then made down to the calculus in the urethra and the calculus was removed. No sutures were placed in this incision.

A longitudinal incision was made through the abdominal wall 1 in. lateral to the os penis on the right side of the median line. The bladder was brought...
out through the incision and the ventral portion was incised. Eleven calculi were removed varying in size from a BB shot to a mid-size acorn. The bladder wall was greatly thickened and 2 rows of modified Connel sutures of plain catgut were used to close the incision. The peritoneum was then closed with a continuous apposition suture using No. 1 plain catgut. The muscle was sutured in a like manner. The skin was closed with interrupted nylon sutures, and then covered with collodion and cotton. The patient was then given 400,000 O.U. of procaine hydrochloride penicillin in the left hip. The patient was returned to the kennels and covered with a light cloth to preserve body heat.

The following day the patient was standing and evidence of urine was noted on the papers on the floor of the kennel. Three days after the operation the urine had a pH of 5.5 and the dog was urinating normally.

During the following week the incisions healed satisfactorily but the abdominal incision showed considerable swelling. One week after the operation, the healed skin incision was opened by blunt dissection and considerable sero-hemorrhagic fluid escaped. After this the dog made a satisfactory recovery and was discharged on Oct. 8, 1950.

D. H. Perkins '51

Internal Intestinal Strangulation in a Steer. On Oct. 3, 1950, a fifteen-month-old Hereford steer was admitted to Stange Memorial Clinic with a history of having failed to respond to treatments for constipation.

Rectal palpation revealed a hard pear-shaped mass of intestine just anterior to the pelvic brim. A tentative diagnosis of intussusception was made. The animal was too weak and toxic for surgery. Supportive therapy for the next several days failed and euthanasia was performed.

Post mortem examination revealed a strangulation of the last 3 feet of ileum through an acquired hernial ring in its own portion of the great mesentery. Adhesions of the ileum to the omentum and to proximal surfaces of the bladder as well as to loops of itself had constricted the lumen to a non-functional diameter in several places.

Sam Holman, '51

Fracture of the Ilium. A 2-year-old Holstein cow was admitted to Stange Memorial Clinic on Sept. 14, 1950, with a fracture of the external angle of the ilium. The symptoms were as follows: A contused wound over the tuber coxae from which was draining a purulent exudate. There was heat and swelling and the area was very sensitive.

On Sept. 16, the cow was placed on the operating table and a piece of the ilium was removed. The wound was packed and partly sutured. Three days later the pack was removed and the wound irrigated with 1:3000 potassium permanganate, dusted with healing powder and sprayed with fly repellent. This treatment was repeated daily until Sept. 29, when the patient was placed in the stocks and another sequestrum was removed. At this time it was determined that a large sequestrum was still in the wound, but too far anterior and ventral to be removed with the patient in the stocks. The wound was again packed and partly sutured. The purulent exudate still persisted.

In the belief the sequestrum could now be removed the decision to operate was made. On Oct. 5, the patient was given a general anesthetic (chloral hydrate), and placed on the operating table in a right lateral recumbency. The operative area was prepared. The previous incision was enlarged about 3 in. ventrally, and several large pieces of necrotic tissue were removed. Another incision was made at right angles to the first and extending about 3 in. anterior to it. It was found that the involved bone was not a sequestrum, but the entire external angle of the ilium, and could be moved about. An obstetrical cutting wire was placed

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