Streptococcus Infection in a Pony

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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 fistula 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 prescapular 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 decubitus 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-