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North American Blastomycosis

G. M. Miller, M.S., D.V.M.

History

On June 23, 1958, a 3-year old male Scottish Sheep Dog was presented for examination. This dog had been treated three times the previous year for a non-specific dermatitis and one month before successfully for an otitis externa. The owner reported that the dog was listless, had a poor appetite and made frequent attempts of vomition. The dog's temperature was 103.2. A gastric sedative was administered orally and 200,000 units of penicillin with 0.2 gram of dihydrostreptomycin were given intramuscularly. Nine days later the owner returned with the dog to report that it had stopped vomiting but was eating only a small amount of food. The dog had a slight cough and exhibited a generalized muscular stiffness. Its temperature was 103.5. Twenty-five cc. of bivalent hepatitis-disseminated serum was given and the dog was placed on chloramphenicol (two 100 mg. capsules per day). On July 5 the dog was seen again. The owner reported that it was eating better, but still showed muscular stiffness. Its temperature was 103.2. Treatment with chloramphenicol was continued. The owner again presented the dog on July 14. Its temperature was 103.2. By this time the muscular stiffness had passed but it was becoming progressively weaker and thinner. The popliteal, prescapular and submaxillary lymph nodes were enlarged. The cornea of the right eye was cloudy. July 20, the dog was returned again. It had become very weak; the right prescapular lymph node had abscessed and

was draining to the outside. Both eyes were cloudy and the dog was apparently blind. The owner was advised that nothing more could be done to help the dog. It was returned on July 24 for euthanasia.

Necropsy

The external manifestation of disease in this dog was suppuration of the right eye, pre-scapular, and popliteal lymph nodes. It was quite emaciated.

Internally, the lungs showed greatest involvement. The right cardiac lobe was completely non-functional appearing as a firm, grayish-white structure. Numerous, small, firm, nodular lesions were observed throughout the lungs. The mediastinal lymph nodes were firm and enlarged. There were several small, grayish, necrotic areas in the liver and one infarct in the spleen. All other organs appeared normal.

Diagnosis

After observation of the lesions at necropsy, the following were considered as possible causes of the disease: miliary tuberculosis, a mycotic infection or a highly malignant cancer. Sections of tissues involved were submitted to the Division of Veterinary Pathology and Parasitology at the University of Minnesota where a positive diagnosis of blastomycosis was made.

In cases where there is persistent fever, progressive emaciation, muscular stiffness and lack of response to therapy, the systemic, mycotic disease, blastomycosis, should be considered. Blastomycosis is transmissible to man and early diagnosis is essential to prevent possible human exposure.

End

Dr. Miller received his D.V.M. from the University of Penn. in 1950. He has a general practice at Brodhead, Wis., in partnership with Dr. R. Pawlisch.