

1940

Acute Gastro-enteritis In a Dog

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After a hard day in lab or clinic there's nothing like the fellowship of the Grill and a cup of hot coffee at

MEMORIAL UNION

. . . our college club . . .

tient was discharged.

The calculus removed was about 1½ inches in diameter. Unfortunately it wasn't weighed. It was broken, however, and showed alternating concentric rings of a yellowish gray and dark gray color.

Acute Gastro-enteritis In a Dog

H. F. BEARDMORE
Class of 1941

The patient, a black male Dachshund, 10 months of age, was admitted to the Iowa State College Veterinary Clinic on Oct. 10, 1940. At the time of admission he was apparently in good condition.

In accord with the routine procedure of prophylaxis, an injection of 20 cc. of homologous anti-serum for canine distemper was administered; the history indi-

cated no previous immunity in this respect had been afforded.

Further history revealed there had been a slight catarrhal discharge from the eyes and denuded areas were noted around the ventral and lateral borders of the eyelids. It might be stated at this point that skin scrapings of these areas were positive for demodectic mange mites, as studied microscopically. The symptoms noted were loss of appetite with vomition of undigested food particles, the aforementioned eye discharges and marked halitosis. The diagnosis made was acute gastritis and demodectic mange.

On Oct. 14, the respiration was 40 per minute, pulse 100 per minute and the temperature was 102°. The treatment consisted of two grams of equal parts of milk of bismuth and lactated pepsin and two ounces of mineral oil per os.

The patient was markedly worse on Oct. 15, the respiration having risen to 50 per minute, the pulse to 110, while the tem-

(Continued on Page 32)

Keloid Formation in A Horse

G. W. CORNWELL
Class of 1941

In equines the formation of exuberant granulation tissue is of common occurrence in wounds which are attended by considerable irritation. However, certain individuals have what is known as "blastoma constitution", which is a tendency to produce enormous amounts of connective tissue from comparatively slight irritation. Frequent sequelae of these exuberations are keloids, which are not true tumors but excessive formations of scar tissue.

The accompanying plate is of a black Percheron mare, five years of age, which was presented at the Iowa State College Clinic on Aug. 12, 1940. On the left rear leg an unusually large keloid extended from the hock to the fetlock joint.



The history, as given by the owner, was that the mare had received a wire cut in the region the previous spring; also, that the keloid was three times as

large as it had been two weeks previously. The latter part of the history was, however, probably an exaggeration on the part of the owner, but if this is true, it would be very suggestive of a true tumor formation.

A very unfavorable prognosis was given. The keloid was largely subcutaneous, almost completely encircled the leg, and extended from above the hock to the hoof head. Removal being virtually impossible the case was immediately discharged.

GASTRO-ENTERITIS—

(Continued from Page 29)

perature had dropped to 95.6°. As it was evident supportive treatment was needed, 290 cc. of a 5% dextrose solution in physiological saline were given intravenously into the cephalic vein of the right foreleg using the Abbott intravenous apparatus. As so often happens, this excess fluid caused urination accompanied by voidance of dark foul smelling feces and vomitus. The vomitus at first consisted of brownish mucoid material, but later pure blood was voided. The patient at this time was very depressed and the condition was regarded as critical. To attempt the control of the internal hemorrhage 10 cc. of thromboplastin were injected into the flank regions.

Examination on Oct. 16, revealed a subnormal temperature of 92°, pulse of 72 per minute and respirations of 40 per minute. The patient was weakening rapidly and blood was being voided per rectum. During mid-afternoon an indirect transfusion of 500 cc. of 3% citrated blood was given. The dog rallied momentarily but soon weakened and died during the night.

The post-mortem diagnosis revealed an acute catarrhal gastritis and an extensive severe hemorrhagic enteritis. Renal and hepatic degeneration with bilirubinemia was noted. Subcutaneous edema and icterus were marked. This acute condition was highly suggestive of mineral poisoning, though no chemical tests were used to confirm this suspicion.