Perforated Umbilical Hernia in a Foal

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long and three-quarters of an inch wide. Again no history could be obtained.

The eye was anesthetized with four percent butyn and a section of the growth removed. Frozen sections were made and microscopic examination showed it to be a badly feeted squamous cell carcinoma. There was no visible transfer to the adjacent structures of the eye.

An ounce and a half of chloral hydrate was given via the stomach tube and the horse was placed on the table. The enucleation of the eye was carried out in the same manner as before. Examination of the eye after its removal revealed a transfer of the malignancy to the eyeball. The same after treatment was used and the patient is making a satisfactory recovery.

—W. H. Calhoun, '43

3 Perforated Umbilical Hernia in a Foal. The animal, a crossbred Belgian, was first seen on January 15, 1942, at which time there was evidence of colic with much pain. The hernial sac was hard, distended, and there was some edema of the surrounding tissue. The sac was oval in outline and about 10 by 6 inches in size. There was much pain on pressure over the area, the pulse rate was 60-70 per minute but regular and strong, the temperature was 102.5. A diagnosis of strangulated hernia was made and as attempts at manual reduction were in vain the owner was advised to dispose of the animal.

Two weeks later (January 19, 1942) the animal was seen again. The hernial sac seemed smaller, not painful but more definitely circumscribed. The temperature was 100.5 and the pulse 45-50. There were six openings in the hernial sac, all of which opened internally into a common cavity of the digestive tube. The character of the material discharging from the openings indicated that a loop of colon or a saculation of the caecum had become strangulated and perforated the abdominal wall.
The colt was given three-fourths ounce of chloral hydrate, cast, the area shaved and painted with iodine, infiltrated with procaine solution. A longitudinal incision through the skin—extending in direction from the left patella to the right olecranon—was made. The incision began at the most posterior opening and extended to the most anterior of the perforations. The skin was normal but much dense, vascular connective tissue was encountered just underlying it. The incision opened two more loops of intestine, apparently nearly ready to perforate. The intestinal wall was thick in most areas but the mucosa was easily recognized. The hernial ring was found to be about two inches in diameter, the edges thickened and the intestine firmly adherent to the margins of the ring. Attempts to close the intestinal opening and ring were practically useless as the suture material tore the tissue before apposition was obtained. The excess of tissue and intestinal loop were dissected away leaving a single opening at the umbilicus, the skin was sutured up to the opening and the owner was once again advised to dispose of the animal.

The filly was sold to the local fox farm.

—Dr. Ray D. Hatch, Blacksburg, Va.

Pyometra in a Bitch. A female Great Dane, aged seven, was admitted to the Stange Memorial Clinic on March 24. The history received was that the dog had been depressed and off feed. The owner also reported observing a purulent discharge from the vulva. The dog had previously been given ergotrate as a uterine stimulant.

Examination revealed the pulse to be 120, respiration 24, and temperature 102.6° F. The general condition of the animal was poor. Other symptoms observed were a purulent discharge from the vulva, anorexia, and depression.

A diagnosis of pyometra was made and the dog was given one-half grain of morphia and placed in a kennel.

The next morning the condition of the dog was unchanged. In an attempt to evacuate some of the exudate present in the uterus, the dog was given 1/160 grain of ergotrate in solution subcutaneously. This caused the expulsion of a copious quantity of a sanguinous, purulent material from the vulva. In order to provide nutrition, and at the same time for its detoxifying and flushing action, 1000 cc. of a 10 percent dextrose in physiologic saline solution was given intravenously.

Surgery

The following day the dog was extremely depressed and very weak. The same treatment as was given the day before was carried out except that only 850 cc. of the dextrose solution was administered. On the next morning, since the dog's condition was not improving, surgical intervention was deemed necessary. Because of the dog's poor condition, an unfavorable prognosis was given to the owner.

The bitch was given 2 grains of morphia. The abdominal area from the sternum to the vulva was shaved, and tincture of iodine was applied topically. Anesthesia was completed by the inhalation of ether. About twenty minutes before the operation, 1 cc. of adrenal cortex was given as a cardiac and circulatory stimulant.

Just posterior to the umbilicus, a three inch incision was made through the skin, abdominal muscles and peritoneum. The horns of the uterus were carefully worked through the incision. The horns were greatly enlarged and hyperemic. An angioteube forceps was placed on the mesovarium of each ovary, and after ligating with number four catgut, each was severed from its attachment. Because the blood supply to the uterus was very profuse, the large posterior uterine artery and vein on each side was ligated with catgut. Two hemostat forceps were used to clamp off the body of the uterus just anterior to the cervix. Sterile gauze was packed around the body of the uterus and the uterus was incised between the two hemostats. The stump of the uterine body was closed with a purse-string suture. The peritoneum was closed with a continuous

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