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Gastric Rupture in a Horse

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An Anomaly in a Lamb. While performing an orchidectomy on a two month old lamb, the owner pointed out what he had considered a long standing wound under the left ear of the animal.

Examination of the area, after cleaning away the matted wool and debris, revealed the fact that the supposed wound was instead rudimentary mouth parts. The area from the base of the ear, half-way down the posterior border of the mandible, and extending posteriorly for three quarters of an inch was covered with a bluish white mucous membrane. At the ventral border of the area was a protuberance an inch long and one-half inch wide. The dorsal surface was covered with the same mucous membrane which covered the rest of the opening while the ventral surface was covered with skin and wool. At the tip of the protuberance were two perfectly formed teeth which, upon palpation, were observed to be set in the anterior portion of the rudimentary mandible. The mucous membrane on the dorsum was pinched back at the tip and along one side suggestive of a rudimentary tongue.

Digital palpation into the depths of the opening revealed that the partially developed mouth parts had a communication into the otherwise normal pharynx. This opening was large enough to allow passage of a finger.

The owner, after observing the anomaly, stated that the lamb had at first refused to nurse but after repeated hand feedings had learned to nurse and had gotten along as well as other lambs in the same flock.

It was observed at the time of examination that particles of food and saliva had been forced through the pharyngeal opening and had soiled the wool under the rudimentary mandible.

This anomaly is known as distomea.

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Gastric Rupture in a Horse. On the morning of June 16, 1942, an old mare which had tentatively been diagnosed as a “sleeper suspect” was admitted to the Stange Memorial Clinic. The history given was that the mare had been out on pasture in apparently normal condition in the evening. The next morning she was found standing with her head down in a stupor-like condition. Her back and sides were soiled, indicating that she had suffered pain during the night.

In the clinic, the mare stood with her head hung down to the ground, and occasionally made circles as if to lie down. Marked incoordination was evident from her constant shifting in order to maintain her balance. The visible mucous membranes were injected and muscular twitching in the abdominal and pectoral regions was apparent. Respirations were
shallow, the pulse weak, and the temperature slightly elevated. A distention of the abdomen was present.

On rectal examination, the bladder was found distended. A catheter was passed. The urine obtained was light brown in color and somewhat viscid. The intestines were full and the rectum contained a large quantity of mucus. Peristaltic movements were not present. A tentative diagnosis of intestinal volvulus or stomach rupture was made.

A little later in the morning a stomach tube was passed and the mare was given one gallon of mineral oil and five pounds of magnesium sulfate.

That afternoon the mare died; and, on post-mortem examination, gastric rupture on the greater curvature of the stomach with an accompanying peritonitis was found.

It may be said that many similar clinical conditions are confused with sleeping sickness by the practitioner. In the summer of 1939, of 30 cases of “sleeper suspect” which were presented at the clinic, all except two were definitely diagnosed as not being equine encephalomyelitis. Disease conditions from varied etiological factors may produce symptoms that might be confused with those of brain lesions. Disturbances of the brain cause a variety of symptoms that range from maniacal excitement to stuporous depression; therefore, a positive diagnosis of the clinical condition is almost impossible to make. A careful differential examination will aid in the tentative diagnosis.

L. E. Fisher, ’43

3 Actinomycosis—Like Lesions Caused By Corynebacterium. On February 11, 1942, a veterinarian was called to treat an eight month old purebred Hereford steer. The caretaker gave a history of a slowly developing enlargement posterior to the mandible. The condition was diagnosed as parotitis and the animal was treated with an organic iodide per orum.

A week later the veterinarian was called to treat an enlargement which had developed on the medial surface of the left metacarpus. This enlargement proved to be an abscess and it was incised for drainage.

The enlargement in the mandibular region was later diagnosed on February 23, 1942, as probably being an actinomycotic process, and it was treated by oral administration of a commercial organic iodide. However, since the enlargement continued to increase in size, the animal was presented at the Stange Memorial Clinic on March 3, 1942. Symptoms noted at this time were a considerable enlargement posterior to and ventral to the mandible, and a slight dyspnea due to pressure on the pharynx.

The area over and around the swelling was prepared for surgery. After infiltrating the area with procaine, a sterile exploratory needle was inserted into the abscess and a sample of the purulent exudate was collected and sent to the laboratory for bacteriological study. This study proved the material to be negative for Actinomyces bovis but positive for Corynebacterium pyogenes.

A drainage incision was made into the abscess located ventral to the mandible, and two more incisions were made into the diffuse swelling posterior to the mandible. The pus contained in the abscesses was drained and the cavities were flushed with Lugol’s solution, 2 percent. A seton was placed through the two posterior incisions to assure complete drainage, and postoperative care consisted of routine wound treatment. The owner at this time was informed of the hopeless character of the case because of the possibility of serious recurrence and metastasis of the abscesses. He was advised to dispose of the steer.

On March 9, 1942, the abscess on the medial aspect of the left metacarpus was again opened; no exudate was present but considerable connective tissue proliferation had taken place throughout the area. Further routine wound treatment was continued until March 13, at which time the case was dismissed from the clinic. Healing of the surgical incisions had occurred and the swelling in the mandibular region had receded to one-half its former size.

The steer re-entered the clinic on April 14, 1942. The abscess area posterior to the