Cystic Calculi in a Bitch

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decreased to about normal, the temperature did not rise, the swellings over the body and face had decreased, and the serum exudate was much less in quantity.

This improvement was followed by a sudden exacerbation in which the temperature rose to 104.7° F. and the pulse rate rose to 84 per minute. Sulfanilamide powder and antibacterial equine serum were administered, the former being continued for a number of days. The temperature and pulse slowly dropped to about normal in the next 4 days. At this time the skin in the areas of exudation began to slough. The transfusions which were discontinued for 5 days were resumed. The pulse and temperature again rose to 88 per minute and 104° F. on the twelfth day and remained high for 4 days. The skin continued to necrose and was cut away to prevent intoxication by absorption from developing gangrenous processes. There was no improvement following this relapse and the mare’s condition rapidly became worse. Necrosis of the areas on the hind legs continued and further skin necrosis involved swellings which appeared on the ventral aspect of the neck. On the fifteenth day of hospitalization, the patient went down and died the following night.

The autopsy revealed petechiae in the lungs, trachea, epicardium, and kidneys. Myocardial, hepatic and renal cloudy swelling, and fatty degeneration were observed. A catarrhal metritis was found as was a hypostatic pneumonia of the right lung.

REFERENCE

Cystic Calculi in a Bitch. A case of recurrent cystic calculi was brought to the Stange Memorial Clinic on July 19, 1943. The patient, a 9-year-old female Scottish Terrier, had 53 small bladder stones removed surgically at the clinic 3 years prior to her readmittance. Diagnosis of the condition was made from the history of previous lithiasis, frequent micturition with hematuria, and by abdominal palpation. Surgical treatment was again indicated and on July 20 the dog was prepared for the operation. The bitch was given ¾ gr. of morphine and 1/100 gr. of atropine as a basal narcotic. The operative area was shaved, cleaned with ether, and sprayed with 70 percent alcohol. Merthiolate ophthalmic ointment (1:5000) was applied to the eyes and surgical anesthesia was produced with ether. A 2 inch median incision through the skin, muscle, and peritoneum was made beginning 1½ inches posterior to the umbilicus. The bladder was drawn through the incision and sterile gauze sponges were placed about the organ to prevent urine from entering the abdominal cavity when the bladder was incised. A 1½ inch longitudinal incision was made in the ventral bladder wall through which a large, smooth calculus was extruded by manipulation. Three smaller calculi were removed with a forceps. The largest concretion was 1½ inches in diameter and weighed 1¼ ounces. The bladder incision was closed with a Connell suture using No. 2 catgut. The bladder was replaced and the peritoneum drawn together with No. 2 catgut using a continuous suture. The incision through the skin was closed with 4 interrupted sutures of No. 6 nylon and apposition sutures of No. 2 catgut were placed in the skin edges. A sterile duopack was placed over the wound and the edges affixed with collodion adhesive. A roller bandage was applied to prevent hemorrhage and provide support for the affected parts.

The dog made a rapid post-operative recovery. The roller bandage was removed the day following the operation. The duopack came off without assistance and on July 24, two cutaneous sutures were removed. The two remaining sutures were removed two days later. After removal of the duopack, the wound area was cleaned daily with 70 percent alcohol until the patient was discharged July 29.

The reader is referred to the article,
Urinary Calcuii, by B. W. Kingrey on page 15 of this issue for a discussion of the pathology and dietetic treatment of urinary calculi.

—R. R. Norton, '44

Reference Room

The Iowa State Chapter of the Jr. A.V.M.A. has formulated plans for a reference room in Stange Memorial Clinic. The object of providing such a room is to make outside reading material more accessible to the students during laboratory hours.

The student association has allotted a considerable sum of money from its treasury with which to buy recommended books and journals. Several quality book contributions which will add to the completeness of the library have already been accepted.

Permanent members of the library governing committee are the faculty advisor of the association, at present Dr. L. E. St. Clair, assistant professor of anatomy; Dr. C. H. Covault, director of clinics and head of the Department of Medicine; and the president of the Jr. A.V.M.A. To complete the committee, the executive council of the association will appoint one member from each class to be approved by the student body.

The governing committee will choose books and journals recommended by veterinary instructors. There will be no library attendant so books will be kept in the clinic at all times. A “Library of Congress” system of files will be set up to aid in keeping the literature in order as the library grows.

Certain disease germs grow resistant to penicillin as they do to the sulfa drugs, but Doctors McKee and Houck, of the Squibb Institute for Medical Research, have found that, unlike the result from sulfa drugs, the resistance of these germs following use of penicillin is accompanied by a decrease in their virulence.

-Veterinary Medicine

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