Inguinal Hernia in a Filly

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and iron and ammonium citrate 3 grs., was administered five times daily.

The treatment was continued until May 11, 1945. On this date another differential blood count was run.

<table>
<thead>
<tr>
<th>Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>White blood cells</td>
<td>30,210</td>
</tr>
<tr>
<td>Stabs</td>
<td>24%</td>
</tr>
<tr>
<td>Segments</td>
<td>6%</td>
</tr>
<tr>
<td>Monocytes</td>
<td>4%</td>
</tr>
<tr>
<td>Lymphocytes</td>
<td>66%</td>
</tr>
</tbody>
</table>

The results of this blood count show a decrease in the polymorphonuclear leukocytes, and an increase in the monocytes and lymphocytes. At this time the disease was diagnosed as lymphatic leukemia. The patient died on that night and the necropsy was run the next day. The post mortem findings were described as malignant lymphomas involving all the lymph nodes, spleen, and tonsils accompanied with leukemia.

The course of this disease is usually prolonged, rapidly developing cases being rare in small animals. The prognosis, however, is unfavorable in all cases as there is little chance of recovery once the disease manifests itself.

—M. Henry Wykoff, '46

Inguinal Hernia in a Filly. A three weeks old filly was presented at the Stange Memorial Clinic, with a very large inguinal hernia. This hernia had been present since birth and was slowly increasing in size. The hernial ring was very large, approximately three inches in diameter and four inches in length. The filly was in a good condition of health and there was no evidence of strangulation.

Anesthesia

Nembutal was selected as the anesthetic of choice, but this drug had to be abandoned when it was found to be impossible to pass a needle into the exceedingly small jugular veins. The filly was then prepared for chloroform anesthesia. A combination of careful separation of tissue with the knife and blunt dissection was employed but the thin tunica vaginalis finally tore necessitating an open reduction. The tearing of the tunica vaginalis almost invariably occurs in foals of this age as the structure is so exceedingly thin.

An incision about six inches in length was made through the skin and fascia over the right inguinal region. The tunica vaginalis was exposed and was noted to be exceedingly thin and to be firmly adherent to the surrounding fascia. A combination of careful separation of tissue with the knife and blunt dissection was employed but the thin tunica vaginalis finally tore necessitating an open reduction. The tearing of the tunica vaginalis almost invariably occurs in foals of this age as the structure is so exceedingly thin.

The ring was closed with three rows of Connell sutures using No. 5 cat gut. Sulfanilamide powder was liberally dust-
ed into the peritoneal cavity and about the area of the hernial ring before the suturing of the ring was completed. It was found necessary to remove some of the excess skin and the skin and fascia was then closed with a blanket suture of silk.

After Treatment

The day after the operation the skin over the operative site was noted to be distended with fluid. Drainage was provided at the most ventral portion of the hernial sac and a large quantity of serosanguineous fluid was removed. The colt appeared quite normal and nursed the mare vigorously. Considering the great possibility of peritonitis following open reduction in the equine, the filly was placed on penicillin therapy. 50,000 units of penicillin was given intramuscularly Every six hours for four doses. This same dosage scheme was maintained for the succeeding ten days.

Several times it was found necessary to enlarge the wound for drainage. Routine wound treatment was employed and the operative wound soon healed.

The colt made an uneventful recovery, and did not show any symptoms indicative of latent chloroform poisoning. One interesting observation was made while the colt was convalescing. It was noted that the hair came off the colt's body in several places. Skin scrapings were negative and the etiology of this alopecia remained undetected. It was postulated that this alopecia might be a toxicity manifestation of the penicillin. The filly was discharged from the clinic 21 days after the operation.

---Jack M. Nelson, '46

Caprine Acetonemia Complicated with Parturient Paresis. A four-year-old female Togenberg goat was presented at the Stange Memorial Clinic, June 27, 1945, for observation and treatment. This goat was a heavy milk producer. Her ration consisted of grass, ground oats, and corn. At this time, ten days after parturition, a pronounced diminution of appetite and a slowing of ruminations were apparent. An examination revealed a pulse of 120, normal temperature, abdominal breathing, and the animal remained in a drowsy state being unsteady on its legs. A sample of urine was collected. A test was made for acetone bodies by placing 5 cc. of urine and 1 gm. of sodium nitroprusside-ammonium sulfate mixture in a test tube and shaking until the solid material went into solution. To this was added 2 cc. of ammonium hydroxide solution. A deep purple color resulted indicating a marked presence of acetone bodies.

Initial Treatment

Considering the above findings a diagnosis of acetonemia was made and the following treatment was given: 10 grams of chloral hydrate, 6 ounces of molasses, and water sufficient to make 16 ounces of solution given as a drench. No apparent change was noted in symptomatology from this treatment. In the afternoon the goat was given 50 cc. of calcium gluconate intravenously. Marked improvement was seen in a few minutes. The animal became alert and its locomotion appeared normal.

On each of the following two mornings 8 ounces of molasses were given and complete recovery apparently had occurred. Milk flow had returned to normal and her appetite was good. On June 29 she was discharged.

Diagnosis of typical attacks of aceto-