Black Tongue in a Dog

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needle and injecting 30 cc. of a 50 per cent Lugol's solution into the joint cavity. The stifle area was mildly blistered. A long period of rest was recommended to the owner, and the animal was discharged.

—R. T. Howard, '47

Black Tongue in a Dog. On Oct. 18, 1946, a 1½-year-old male cross-bred Cocker Spaniel entered the Stange Memorial Clinic. The owner reported the history that the dog had been slightly depressed and had demonstrated vomiting and anorexia for the previous 2 days. The patient was examined and a tentative diagnosis of gastritis was made.

The animal was hospitalized, observed and treated symptomatically by the use of kaolin, pectin and mineral oil. The symptoms of slight depression and anorexia persisted. The owner returned 2 days later and decided to take the animal home. A kaolin and pectin mixture was dispensed, and the owner was informed that if the animal continued to vomit and demonstrate symptoms it should be promptly returned for further examination, observation and treatment.

On Oct. 22, 1946, the animal was returned to the clinic. He had not improved and continued to demonstrate the same symptoms. Upon examination hyperemia of the conjunctival and oral mucosae was noted. He showed moderate dehydration, extreme depression, anorexia, vomiting and constipation. The diagnostic symptoms were fetid breath, numerous small areas of erosion on the oral mucosa and a brown-colored tongue.

The first 3 days that the animal was treated at the hospital 250 cc. of normal saline with 5 per cent dextrose was administered intravenously b.i.d., 5 cc. of vitamin B complex was given intramuscularly every 12 hours and 4 ounces of a mixture of kaolin, pectin and mineral oil was given orally each day.

On the second, third and fourth days of hospitalization 25,000 Oxford Units of penicillin in oil was given intramuscularly every 12 hours.

Five times each day the oral cavity was irrigated with a 10 per cent aqueous solution of hexylresorcinol. On the sixth day of hospitalization the anterior ½ of the tongue sloughed. On the seventh day the patient began to eat small amounts of a mixture of raw horse meat and dog meal.

The general condition of the animal improved, and he was bathed and discharged 10 days after admittance.

By the therapeutic measures described above an attempt was made to maintain all of the normal metabolic functions. The use of penicillin was thought to be justified due to the animal's severely lowered body resistance plus the fact that erosion and ulceration of the oral and gastro-intestinal mucosae in black tongue cases allows the pathogenic bacteria ready admittance to the lymph and blood channels in the submucosa.

This case emphasized the fact that black tongue can occur in animals that are on a diet high in niacin. This animal

Advanced stage showing interior ½ of tongue sloughed.
had been consistently fed raw liver, which is a good source of niacin. Thus, it may be that some animals are unable to digest, absorb and assimilate niacin from the digestive tract.

The use of intestinal protectives and astringents aids greatly in protecting the gastro-intestinal tract and easing the pain that is undoubtedly present in advanced cases of black tongue. When these measures are not taken, a fetid catarrhal hemorrhagic fecal discharge often develops due to degeneration and ulceration of the gastro-intestinal mucosa. Oral irrigation and cleansing with mild antiseptics help to make the patient comfortable.

—R. P. Fisler, Spring '43

5 Compound Fractures of Metacarpals in the Dog. A 7-year-old male terrier was admitted to the Stange Memorial Clinic July 16, 1946. The dog had been accidentally cut in a mower earlier that morning.

There were severe lacerations on the left front foot and on the right fore arm. The third, fourth and fifth metacarpals were severed, as well as the tendons of the third and fourth phalanges. The carpometacarpal joint capsule was involved at the articulation of the fifth metacarpal.

The patient was given nembutal for anesthesia, the wound areas were cleaned and the hair at the edges was shaved. The flexor tendons were sutured with No. 000 catgut. After careful cleansing, all wound surfaces were covered with a solution of sulfonamides. The skin wound was closed with metal wound clips and bandaged with a sulfanilamide pack. A splint was applied to keep the left foot flexed, preventing any tension on the flexor tendons and holding the severed bones in position. The skin wound on the right fore arm was closed with metal wound clips and dressed.

Aftercare included treatment with sulfanilamide powder and sulfathiazole ointment. The metal wound clips were removed after a week, and 10 days later the splint was discarded. The wound healed without further complications and the dog was discharged Aug. 9.

A guarded prognosis was made in this case due to the complete severing of the tendons, opening of joint capsules and exposure of the open wound to bacterial infection.

This report was included here due to the frequency of such accidents involving dogs and mowing machines. Usually little infection is encountered in cases like this, but the unusually rapid and uneventful recovery in this particular case is largely attributed to the use of sulfonamides.

—H. Heins, '49

6 Uremia Due to Cystic Prostate in the Dog. On October 22, 1946, a 4-year-old male German Shepherd was admitted to the Stange Memorial Clinic. The owner's history of the case included vomiting and failure to eat for 3 days. The owner was reasonably sure that the dog had not passed urine for several days. The bladder had been emptied by the local veterinarian through the use of a trocar and canula on the morning of the day that the case was admitted.

Upon examination the animal demonstrated an elevated temperature (105.6°), extreme depression, hydroperitoneum and a breath heavy with the odor of urine. The blood urea laboratory test showed 304 mg. urea per 100 cc. of blood. This is the highest level recorded in the clinic for a dog. A large spherical swelling could readily be palpated in the abdominal cavity. At first this seemed to be the distended bladder, but after catheterizing and completely emptying the bladder it was still evident. This gave rise to speculation that it was an hematocyst caused either by rupture of the liver or of a blood vessel in the abdominal cavity. Thus, a tentative diagnosis of severe contusion was made.

The initial treatment consisted of administration of 250 cc. of 5 per cent dextrose in normal saline as a detoxifying agent and to partially restore the body...