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Lacerated Teat and Mastitis in a Bovine

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was then released and permitted to return to her stall.

The next day the cow was again restrained on the table and the bandage was removed from the foot. A new seton saturated with Bipp was reinserted into the abscess. A sulfanilamide and urea pack was placed over the wound and the foot tightly bandaged with gauze and tape. 500 cc of 50 percent glucose solution was given intravenously via the jugular vein. The animal showed marked improvement.

No treatment was undertaken on Nov. 17, and the animal was discharged. The owner was given bandages and dressing powder and instructed as to aftercare, as he did not consider the animal of enough value to incur further expense of treatment at the clinic.

—A. Neumann, '49

4 Lacerated Teat and Mastitis in a Bovine. On Oct. 25, 1947, a 4-year old Holstein cow in fair condition was admitted to Stange Memorial Clinic.

No definite history could be obtained at the time. The patient was brought to the clinic by a trucker who could give no history. A lacerated wound was present on the left front quarter of the udder, extending into the teat sinus on the anterior medial side of the teat. The left rear and left front quarters of the udder were considerably enlarged and swollen. It was immediately decided to use surgical methods in the treatment of the lacerated teat.

On Oct. 3, the patient was cast and placed on the operating table in a left lateral recumbent position. The udder was washed with soap and water, then bathed in a solution of 200 p.p.m. of chlorine in water. The teat orifices were painted with 7 percent tincture of iodine, and milk samples were taken from each quarter for bacteriological examination.

The area around the wound was defatted with ether and painted with 7 percent tincture of iodine. Procaine hydrochloride, 2 percent, was infiltrated at the base of the teat. A teat tube was then inserted into the left front quarter. The laceration was freshened by scraping with a small scalpel. Adhesive tape was wrapped around the teat in such a manner as to bring both edges of the laceration in close contact. Fifty thousand O. U. of penicillin were injected into the left rear quarter. At that time 60 gms. of sulfanilamide were given orally to the patient. An ointment containing 5 percent sulfathiazole was applied to several wounds of the skin about the udder. Later that day an additional 20 gms. of sulfanilamide was given per orum to establish a high concentration of the sulfa drug in the animal.

The following day, another teat tube was inserted in the left front teat. The cow was then milked. After milking, the dressing on that teat was reinforced with tape, and 50,000 O.U. of penicillin in saline was administered via the teat tube. One No. 10 capsule of sulfanilamide was administered orally.

On October 5, and 6, the same treatment was continued. There was no rise in temperature noted and the condition of the left rear quarter remained the same.

The bandage was removed from the left front teat on Oct. 7, and the teat was bathed for 10 min. in 200 p.p.m. chlorine solution. The pressure necessary to remove the milk had separated the wound edges and a milk fistula was present. The sulfanilamide therapy was continued.

For the next 5 days, the quarters were milked and the udder seemed to be improving. More milk was received from the affected quarters, and they had become soft and pliable. On Oct. 15, a milk sample taken from the left front quarter showed some unidentified streptococcus organisms present. The milking was stopped at the time, and no further treatment was given as the owner wanted the cow dried up so that he could take her to slaughter.

Three days later the cow's temperature rose from 101.5° F. to 103.5° F. A copious purulent discharge was noted dripping from the left front teat orifice. The left front quarter was milked out and a milk sample collected for bacteriological examination. *Streptococcus dysgalactiae* in the left front and *Escherichia coli* in the
left hind quarter were isolated in pure cultures from these samples.

Twenty gms. of sulfanilamide were administered per orum. This sulfanilamide therapy was continued for the next 3 days. The left front quarter continually oozed a purulent exudate and was very firm and warm. The udder was milked out each day and the temperature dropped to 101.3° F.

On October 22, 1947, the patient was discharged. The milk had returned to normal in the left front and left hind quarters. At that time it was understood the owner would send the cow to slaughter.

The prognosis of treatment of a lacerated wound of the teat when the quarter is infected is guarded. Had the owner been present when the animal was admitted and the diagnosis of mastitis in two quarters made, he probably would have taken her directly to slaughter instead of trying to have the teat repaired on a quarter already affected with mastitis.

—A. Neumann, '49

**Dystocia Due to Induration of the Cervix.** On Oct. 5, 1947, a Short­horn heifer, approximately 2½ years of age, was admitted to the Stange Memorial Clinic. She had been in labor since the morning of Oct. 4. The local veterinarian, who first attended the case, had advised the owner to bring the heifer to the veterinary hospital.

The cow was placed in the stocks and a vaginal examination was performed. The operator discovered that induration of the cervix was responsible for the dystocia. At that time it was also determined that the fetal membranes and fluids were in a state of decomposition. In view of these facts, a caesarian section was deemed advisable.

The operative area in the right para­lumbar fossa was shaved, washed with soap and water, defatted with ether, and painted with a 7 percent tincture of iodine. The area, where the incision was to be made, was anesthetized by intracutaneous injections of 2 percent procaine hydrochloride solution. The deeper struc­tures beneath the line of incision were anesthetized by liberal injections of the same solution.

An incision was made through the body wall, dorso-ventrally, about midway between the os coxae and the last rib, and was 14-16 in. in length. The skin, underlying fascia, muscles, and peritoneum were successively and separately incised.

Through this opening, the uterus could be reached by the operator. The wall of the uterus was then incised near the apex. The gas formed by the decomposition of the fetal fluids caused the decomposing fetal membranes to bulge through the incision in the uterine wall. The membranes were pulled to the exterior where they were cut and the malodorous fetal fluids allowed to drain away.

The operator grasped the fetus by the hind limbs, applied obstetrical chains, and with the aid of an assistant the fetus was removed. During this process, one of the hoofs was detached from the fetus due to extensive decomposition of the tissues. The teeth of the calf were loose, indicating that it had undergone decomposition for at least 12 hrs. prior to removal from the uterus. The fetal membranes were easily removed as there no longer existed any attachment to the maternal placenta.

The cavity of the uterine horn was cleansed of all debris and the incision was closed in the wall of the uterus with a Connel infolding suture using No. 3 chromic catgut. Contractions of the uterine musculature, observed at this time, were considered a favorable indication for the healing of the uterus.

The incised edges of the peritoneum, transverse fascia, transverse abdominus, obliquus abdominus internus, and obli­quus abdominus externus muscles were sutured separately and in apposition by a continuous suture using No. 5 chromic catgut. Sulfanilimide powder was applied to the fascia before the skin was sutured. Bipp ointment was topically applied over the surgical wound of the skin.

The prognosis in this case was guarded to unfavorable. There existed the possibility of peritonitis and possible intoxication by absorption of the toxic products