Seroma and Lymphocytoma in a Male Pointer

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Available at: https://lib.dr.iastate.edu/iowastate_veterinarian/vol10/iss3/7

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cent glucose on the fourth day. A hemorrhagic vulvar discharge on the second day indicated that the placentae were being eliminated. The animal ate almost nothing for 3 days following the surgery. The fourth day it was observed to have eaten a small amount of grain and hay. The ewe and lambs were discharged March 1, apparently in good condition.

S. B. Wilson, '49

Seroma and Lymphocytoma in a Male Pointer. A 6 year old male Pointer, in fair condition, was admitted to Stange Memorial Clinic Feb. 14, 1947, with a history of an unidentified growth in the left flank region. The swelling, about 5 in. long by 3 in. wide, was very hard and firm when palpated.

The following day the dog was given a pre-anesthetic dose of 2 gr. of morphine sulfate, and 1/100 gr. of atropine sulfate. The swollen area in the left flank was shaved, defatted with ether, and sprayed with 70 percent alcohol. The animal was restrained on the operating table and ether was administered with an ether cone. When relaxation was complete, the skin was incised and a mass of tissue removed. Lugol’s solution was applied to the wound, and sterile gauze packs inserted into the cavity. The skin was closed with interrupted sutures so the packs could be easily removed. Two days later the surgical wound was opened by removing the sutures and the gauze packs. The wound was left open to heal by granulation.

March 4, the patient was given 2 gr. of morphine sulfate together with 1/100 gr. of atropeine sulfate subcutaneously in the right flank. The dog was then anesthetized with pentobarbital sodium, placed on the operating table, and the wound on the left side probed. A tract leading to a chronic abscess was revealed by this examination. The abscess was opened and a seton inserted through the tract. Two sterile gauze packs were inserted into the abscess openings. The wound was left open.

The packs were removed the following day, but the seton was left in place. The seton was taken out the next day, and since drainage was good, it was decided to leave it out. The wound drained well until March 16, at which time it was noted that there was no drainage. The lowest point of the original surgical incision was opened by pressure and a considerable amount of serous fluid was expelled. Plans were made to open the wound the next day, but during the night the patient tore the wound open and it was left to close again.

Sulfanilamide and urea powder was dusted on the wound daily until April 1. Healing had taken place satisfactorily, but there was a small amount of purulent exudate coming from a fistulous opening in the center of the old surgical wound. The process was almost healed when the patient was discharged April 12.

May 15, 1947, the Pointer was readmitted to Stange Memorial Clinic. The wound in the left flank had not completely healed and a large firm swelling was present in the area. This swelling showed fluctuation in the center and a diagnosis of a chronic abscess was made.

Morphine sulfate, 2 gr. and atropine sulfate, 1/100 gr. were administered subcutaneously in the right flank region as a pre-anesthetic sedative. The large area over the swelling was shaved, defatted with ether, and disinfected with 70 percent alcohol. Ether was administered until surgical anesthesia was obtained, then the entire fistulous tract and abscess were dissected out.

The incised tunica abdominalis and abdominal muscles were sutured with a continuous suture using no. 2 chromic catgut. The skin was sutured with a row of interrupted silk sutures and a continuous row of no. 4 plain catgut sutures. Collodion was applied to the incision and the dog placed in the kennels.

May 20, the silk sutures were removed and the dog muzzled because he began to bite the wound. Later in the day a fiberboard collar was fitted to the patient and at that time the area around the incision was swollen, but little exudate was present.

No further treatment was undertaken.
until May 23, when bipp paste was applied to the incision. This treatment was continued until May 25. Many granulations were forming in the wound and sulfanilamide and urea powder was applied to the area. The wound healed satisfactorily and the sulfanilamide and urea treatment was continued until June 4. The restraining fiberboard collar was removed, and on June 5 the patient was sent home.

September 24, 1947, the dog was returned for further treatment. For two weeks the owner had noticed small lumps in the left flank region. Each was firm and about 1 cm. in diameter.

The following day the dog was again given 8 cc of Nembutal and placed on the operating table. The area over one of the chain of nodules was shaved, defatted with ether, and sprayed with 70 percent alcohol. A piece of the tissue was removed and sent to the laboratory for diagnosis. September 26, the biopsy sample was diagnosed as a section of a lymphocytoma. Microscopic examination revealed many cells in the process of mitosis, although the whole tumor was well encased in a fibrous capsule.

X-ray therapy was undertaken. The dog was given X-ray treatments on Sept. 26, 27, and on Oct. 1, 3, and 6. Oct. 8. the patient was discharged. At that time the owner was instructed to bring the dog back for observation in 6 or 8 weeks.

Nov. 6, 1947, the Pointer was returned to the clinic. He had sustained lacerations of the penis while hunting on Nov. 2. Examination of the left flank revealed a single swelling about 1 cm in diameter.

After the wound on the penis had healed, the dog was discharged and the owner was advised to return the dog in 6 weeks, for another examination to reveal the presence of any recurring tumor formation. At the time of this writing the 6 weeks has elapsed and the dog has not been returned.

A. Neumann, '49

In 1821, Dr. Barton, in the Philadelphia Medical Journal, pronounced Scutellaria lateriflora as wholly inert and consequently medically worthless.

Laparotomy in an Equine. The patient, a brown 7 year old American saddle horse, was admitted to Stange Memorial Clinic April 1, 1948. The horse had been a ribbon winner in several shows in the midwest. The owner reported that about a year ago he noticed his horse was losing some of his previous spirit, but his endurance remained. Because of the horse's carriage, he continued to place in every show entered.

In February the horse began losing weight, and occasionally displayed symptoms of colic. A veterinarian observed several attacks of colic, and described them as being intermittent, and from mild to mildly severe. These colicky attacks occurred at intervals of from a few hours to a few weeks. This veterinarian, after a microscopic examination of a specimen of feces, told the owner that the horse had a heavy infestation of strongyles. The animal was given 2 treatments of phenothiazine suspension in March; the fecal examination following the treatment was negative for parasite ova, but the horse continued to show colicky symptoms. The attending veterinarian noted that the attacks were always accompanied by a temperature of from 102° to 104°F., so he recommended that the horse be brought to Stange Memorial clinic.

The horse had lost about 200 lb. at the time he was admitted to the clinic, and although he still performed well, he often appeared depressed while in his stall. Rather severe colic was manifested on two occasions after exercise, during these attacks, the pulse rose from 40-72 beats per minute.

A fecal examination was made after admittance, and was again found negative for parasite ova. The blood examination made on the second day revealed an increase in neutrophils, a lowered erythrocyte count, and a lowered hemoglobin index. The urine was negative for sugar, albumin, acetone and bile.

April 12, rectal palpation was performed by 2 staff doctors in search of an aneurysm or for indications to substantiate a diagnosis of thrombo-embolic colic. Palpation revealed a subperitoneal