A Dwarf Hereford Bull Calf

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atrophic. The owner was instructed that further convalescence was necessary to insure complete healing.

Three months after the accident the dog had regained all the strength in the injured leg and was as active and capable as ever.

This case has been presented, not because of the complexity of the surgery, but as a further illustration of service that may be rendered to the client. Had it not been for the intramedullary pinning this Collie would probably have lost his leg.

R. C. Williams, '49

Vaginal Tumor in a Hereford Cow. January 25, 1949 a 5-year old female Hereford was admitted to Stange Memorial Clinic having been sent in by a practicing veterinarian. She was in good condition, and temperature, respiration, and pulse were within normal limits.

The only history available stated that she was due to freshen in May, 1949, and that there was a tumor-like mass which partially occluded the vagina.

The cow was examined per vagina and per rectum to ascertain the nature and size of the tumorous mass. The growth was found to be quite soft and pliable. Its size was approximately 10 inches long and had a maximum diameter of 3 inches. The peduncular attachment to the left lateral wall was also about 3 inches in diameter.

January 27, 1949, the cow was prepared for surgery. The perineal and vulvar areas were shaved, cleansed with soap and water, and disinfected with Quesecutive solution. The cow was then secured to the operating table in right lateral recumbency. No anaesthesia was administered. A spaying ecraseur was then introduced into the vagina, the chain was placed around the pedunculated base, and the tumor removed. There was little hemorrhage; neither suturing nor packing was necessary.

There was a slight hemorrhagic vaginal discharge at 72 hours but follow-up treatment was unnecessary. The cow continued to eat normally and to have normal evacuations. She was sent home Feb. 16 in good health.

The tumor was found by laboratory examination to be a myxo-lipo-fibroma.

S. King, '49

A Dwarf Hereford Bull Calf. An interesting case of abnormal development in a purebred Hereford bull calf was observed at the Stange Memorial Clinic during the first month of the winter quarter. This calf was admitted to the clinic on Jan. 6, 1949, and was six weeks old at that time. While not especially underweight for its age, the calf was abnormally short and compressed. There was a history of extensive bloating since birth and this condition was evident at all times while the calf was in the clinic.

A study of pedigrees of the sire and dam revealed the Domino strain was predominant, especially on the dam's side. The calf was the dam's first offspring.

The only treatment consisted of a transfer of a ruminal flora from a healthy cow to the calf. This was accomplished by obtaining the flora, transferring it to a
bottle and administering it to the calf in the form of a drench. It was hoped that a flora would be established in the calf's rumen in this manner that would eliminate the bloat. The patient was observed for a period of 10 days following this treatment but no improvement was noted.

Three x-ray pictures of the patient were taken. One lateral view of the head, and two ventro-dorsal views of the pelvis. The x-ray of the head showed an under-shot lower jaw suggestive of bulldog characteristics. The radiographs of the pelvis revealed no abnormalities. It was thought that some aseptic necrosis of the coxo-femoral joint might be detected. This condition has been observed in some other so-called dwarf Hereford bulls. Evidently the bone development was not sufficiently advanced to show it in this case if it was present.

A hopeless prognosis for normal development was given and the calf was discharged Jan. 17, 1949. The owner deemed it advisable to destroy the calf and the left half of the bony pelvis was sent back to the clinic. These bones were macerated and showed early aseptic necrosis of the left coxo-femoral articulation.

Carcinoma of the Eye. October 25, 1948, a 10-year-old white stock-horse was admitted to Stange Memorial Clinic.

Prior to its entry the horse had been treated for a carcinoma by surgical removal of the left lower eye lid.

The symptoms noted were: suppuration from the surgical wound; recurrent neoplastic growth on the remains of the lower left eyelid and the nictitating membrane of the left eye; corneal opacity of the left eye; suppurative eschar involving medial canthus and medial third of the upper right eyelid; neoplastic growth on the nictitating membrane of the right eye, and a purulent discharge from both nasal lacrimal ducts.

The day following the patient's entry to the clinic a series of x-ray treatments were begun. Therapy was given every other day giving twice as much exposure to the left eye as to the right. This series of five treatments extended over a period of 10 days, and constituted a cancericidal dosage to the left eye while the neoplastic lesion of the right eye received a total of 1278r.

Each day both eyes were cleansed with 2 percent boric acid solution.

Throughout the period of treatment a brownish, tenacious exudate was present around the lower eyelid and on the side of the face below the left eye. Only a slight purulent exudate was noticed in the right eye. There was no appreciable change in temperature, pulse or respiration during this period. X-ray therapy ceased on Nov. 3, 1948.

For the next four days, both eyes were cleansed with a 2 percent boric acid solution and a 2 percent yellow oxide of mercury ointment was instilled into each eye. On the fifth day the right eye was clean but exudation continued from the left eye. From the eighth to the twentieth second day after cessation of x-ray treatment, the exudate was removed from the