1949

Leptospirosis In A Dog

D. H. Crawford

*Iowa State College*

Follow this and additional works at: [https://lib.dr.iastate.edu/iowastate_veterinarian](https://lib.dr.iastate.edu/iowastate_veterinarian)

Part of the [Small or Companion Animal Medicine Commons](https://lib.dr.iastate.edu/iowastate_veterinarian), and the [Veterinary Physiology Commons](https://lib.dr.iastate.edu/iowastate_veterinarian)

**Recommended Citation**


Available at: [https://lib.dr.iastate.edu/iowastate_veterinarian/vol11/iss3/8](https://lib.dr.iastate.edu/iowastate_veterinarian/vol11/iss3/8)

This Article is brought to you for free and open access by the Journals at Iowa State University Digital Repository. It has been accepted for inclusion in Iowa State University Veterinarian by an authorized editor of Iowa State University Digital Repository. For more information, please contact digirep@iastate.edu.
Editors Note:

In the Spring issue the name of the author of A Dwarf Hereford Bull Calf was omitted due to an oversight. Apologies to Max Poole, V.M. 3

1

Leptospirosis In A Dog. An 18-month-old male Cocker Spaniel was admitted to Stange Memorial Clinic March 1, 1949, with a history of anorexia, vomiting, drowsiness and bloody feces. Further examination of the patient revealed icteric mucous membranes, depression, dehydration and a normal temperature.

A urine sample was sent to the bacteriological laboratory for examination. Using the dark-field illumination method, Leptospira sp. were found and a diagnosis of leptospirosis was made.

The patient continued to show severe depression and bloody, tarry feces. Dosages of 200,000 O.U. of procaine penicillin were given intramuscularly every day for the first six days. A normal temperature continued throughout the hospitalization.

Five days after admittance the cornea of the dog was slightly opaque. Five percent sulfathiazole ointment was given into the conjunctival sac and 6cc. of sterile milk was given subcutaneously. The eyes and nose were cleaned daily with 2 percent boric acid solution, and 5 percent sulfathiazole ointment was applied to the eyes.

On March 8 the eyes were clearer, the patient was more alert, ate several yeast tablets and general improvement was noted. The penicillin was withheld. The mucous membranes remained very icteric.

The following day the patient showed marked improvement. The eyes were nearly clear but a slight, watery discharge continued. The appetite was good, the patient eating all of its food. Five cc. of sterile milk was again given subcutaneously for treatment of the eye ulcers. Cod-liver oil was dropped into the eyes. The mucous membranes were less icteric.

The patient was given 20cc. anti-canine-distemper serum subcutaneously in the flanks.

The next three days the patient was given 3 ferrated liver tablets and 2 No. 12 capsules of amino acids. Five cc. of sterile milk was also given subcutaneously, March 11 as treatment for the eye ulcers.

March 12 a fecal sample revealed Ankylostoma caninum ova. Two days later the patient was given 4 cc. of N-butyl chloride as treatment for the parasites. Five cc. of sterile milk was again given subcutaneously for the eye ulcers which were gradually disappearing. The patient continued to show general improvement and was discharged March 17, 1949.

D. H. Crawford, '50

The Veterinary Student