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Cystic Calculus in a Dog

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slowly but continually progressed to the condition seen at the abattoir.

It is assumed that the habitual bloat was due to the displacement of the liver and its numerous adhesions to the diaphragm. These were undoubtedly sufficient to cause a slight compression of the esophagus, probably at the esophageal hiatus of the diaphragm. This compression did not interfere with deglutition or passage of the Kingman tube, but did halt rumination and eructation of gas.

R. L. Gillespie, '51

Cystic Calculus in a Dog. A 1½ year-old male black Cocker Spaniel was admitted to the Stange Memorial Clinic on Dec. 30, 1949, with a history of having been run over by a tractor several months previously. His condition had become steadily worse since that time, and he was unable to control the voiding of urine. The dog displayed an irritable and snappy disposition when first approached for examination. Manual manipulation and examination of the skeletal structures revealed no visible defects or injuries. His temperature was slightly elevated to 103° F. When examination was made of the abdominal region, the dog evidenced severe pain. Deeper palpation of the region immediately anterior to the pubis revealed a hard mass in the region usually occupied by the bladder. A tentative diagnosis of cystic calculus was made, and further examination conducted with the fluoroscope. With this diagnostic aid, a large oval mass, approximately one and one-half times the size of a hen's egg, was visible in the bladder region, confirming the diagnosis.

The dog was placed in a cage and kept off feed that night. In the morning, a sedative dose of 1 gr. of morphine sulfate with 1/100 gr. of atropine sulfate was injected subcutaneously in the flank. Later, he was brought to the operating table and restrained thereon in dorsal recumbency. The entire abdominal region was shaved, defatted with ether, and sprayed with 50 percent isopropyl alcohol. The prepuce was tied shut with linen suture material to prevent the leakage of urine during the operation. Ophthalmonic ointment (merthiolate 1:5000) was placed in both eyes and upon the nose.

Ether was administered by inhalation until a stage of surgical anesthesia was produced. The table was tilted down to tip the dog's head down and to throw the viscera forward in the abdominal cavity. A sterile rubber shroud was placed over the patient, with its opening positioned just anterior to the preputial orifice.

An incision was made along the mid-line from a point just anterior to the prepuce extending forward about 2 in., cutting through the skin and fascial layers. The peritoneum was grasped with a small forceps, punctured, then cut open to correspond with the opening in the body wall. By digital manipulation, the bladder was located and brought out through the opening onto the shroud. Sterile cotton towels were clamped in place beneath it to prevent leakage of its contents into the peritoneal cavity upon opening. A straight incision was made through the ventral aspect of the bladder wall for approximately 2 in. The single large calculus was firmly adherent to the bladder mucosa and had to be separated from it by blunt dissection and properly applied pressure. When removed finally, it was found to be oval shaped, 2½ in. long and 1½ in. wide at its greatest diameters, and had a rough sandy surface.

The bladder was examined for other calculi, but none were found. The wall of the vesicle was greatly thickened and hemorrhagic, and no normal mucosa was evident. The incision in the wall of the bladder was closed with two layers of Cushing continuous infolding sutures, using No. 1 plain catgut. The towels beneath the bladder were removed and that organ returned to the abdominal cavity. The peritoneum was grasped with forceps, its edges brought into apposition, and closed with a line of continuous using No. 1 plain catgut. The sutures, edges of the skin and fascia were brought
into apposition and closed by a continuous dermic suture supported by several interrupted dermic sutures.

A sterile gauze pad was placed over the wound region and held in place by an “Ace” bandage which encircled the body, compressing the abdomen in that region. An injection of 400,000 O.U. of aqueous penicillin was given intramuscularly in the right thigh, and 25 cc. of anti-canine distemper serum given subcutaneously in the flanks. An unfavorable prognosis was given by the surgeon because of the extent of the tissue damage in the bladder. The patient was then returned to his kennel.

The temperature of the dog remained within normal limits during his entire stay at the clinic. On the second post-operative day, the bandage was removed. The sutures were all in place, the area dry, and no swelling evident. Urine, which was slightly bloody the day before, was becoming clearer.

During the following days, the dog became unmanageable, threatening anyone who approached him. His appetite improved and he drank a good deal of water. When snared for examination, he urinated freely in his excitement, said urine appearing normal in color and consistency. On Jan. 7, 1950, the seventh post-operative day, he was snared and 2 gr. of morphine sulfate with 1/25 gr. of atropine sulfate injected subcutaneously in the flank. When completely quieted by the narcotic, he was manually restrained upon the operating table. All of the dermic sutures in the skin were removed. The operative wound was completely closed and healed.

The patient was discharged the following day.

Thomas Flynn, '50

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**A Case of Alopecia Areata in an Opossum.** On Dec. 30, 1949 a male opossum of undetermined age was presented at Stange Memorial Clinic, with a history of having lost its hair in irregular shaped patches.

Microscopic examination of skin scrapings was negative for parasites.

A diagnosis of nutritional alopecia areata was made. Cod liver oil was administered per os for 12 consecutive days. A proprietary skin lotion containing a local anesthetic and an antihistamine drug, was applied topically to relieve the irritated skin.

The hair was beginning to reappear on the involved areas, and the skin appeared normal when the animal was discharged on Jan. 17, 1950.

George E. Swift, '51

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Fig. 3. Opossum showing Alopecia Areata.