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A Canine Dental Abscess

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was fully extended from anterior to the scrotum to the distal end of the sheath but would not protrude from the prepuce.

The diagnosis was phimosis and underdevelopment of the penis. The owner indicated he did not wish to waste the time necessary to determine whether or not the penis would develop to normal size so the bull was taken to market.

The etiology of the multiple pin point adhesions could not be determined, but it is presumed to have been of an infectious nature and having occurred during the pre-puberal development of the bull.

D. W. Clausen '51

2

A Canine Dental Abscess. On Oct. 1, 1950, a 10-year-old male Fox Terrier was presented at Stange Memorial Clinic with a history of having refused to eat for several days. A clinical examination revealed severe pain when the mouth was opened, but no cause could be determined. Since the dog was owned locally, it was sent home with instructions that it be returned the next day if there was no improvement.

The dog was again presented on the following morning with an extensive, edematous swelling of the right side of the head, involving the eye to such an extent that it could not be closed. The nictitating membrane and the ventral conjunctiva were edematous and the latter everted. The right upper lip was pendulous and about three times the normal thickness due to the edema. The mucous membrane of the mouth appeared normal, but the dog showed severe pain when an attempt was made to open the mouth.

One grain of morphine was given to the dog as a combination sedative and analgesic. The dog was then placed on the operating table and a speculum inserted in the mouth. After a careful examination of the oral cavity, it was determined that the upper right second molar was slightly loosened in its alveolus. After removal of this tooth, a small

area of necrosis was found on its root. The right eye was manually closed and a pack soaked in 2 percent boric acid solution was bandaged in place. The dog was then placed in a kennel.

The next day the dog was very depressed, had a pulse rate of 200 per minute and a temperature of 103.6°F.

On the fourth day the dog was somewhat more alert, but a brownish stained saliva having a necrotic odor was noted coming from the mouth. Also an area of crepitation was noted between the eye and the ear. A speculum was again inserted in the mouth and an abscess was found draining into the mouth through the alveolus of the infected tooth. After infiltrating the skin with 2 percent procaine hydrochloride, the crepitant swelling between the eye and the ear was incised. A sanguinous, purulent exudate similar to that found in the mouth drained freely from the wound.

A differential blood count was made at this time and revealed a total white count of over 14,800. About 7,000 of these were stab cells and about 5,000 were mature neutrophils. The dog was given 300,000 O.U. of procaine hydrochloride penicillin in oil and wax and returned to the kennel.

On the following day the dog was alert enough to resent handling and had eaten some food for the first time. The pulse rate had dropped to 144 and the temperature to 102.6°F. A fistula had opened opposite the third upper premolar and was draining profusely. The surgical incision and the alveolus were also draining. Soon afterwards the alveolus stopped draining, but another fistula broke through the skin at the medial canthus of the right eye.

On Oct. 19, 1950, the dog was discharged. At this time the cornea of the right eye was cloudy, probably due to damage received in the period when the eye could not be closed. The surgical wound and the fistula opposite the third upper premolar were still draining. However, the dog had regained his appetite, was in excellent spirits and had a normal temperature and pulse.

When last seen by the writer, Oct. 29, 1950, the surgical wound and the fistula had healed, but another fistula just ventral to the eye had broken out. The cornea was cloudy and sight in the right eye is probably permanently lost.

It is believed that in this case, the cause of the abscess was a defective tooth. A low grade infection entered by this route and slowly developed to the point where it caused pain when the jaws were moved. Then as it broke through the bone into the soft tissue on the side of the face and head, it set up a strong irritation causing the severe edema noted on the second day of examination. The eye damage was only secondary being due to a fixation of the eyelids by the great amount of edema.

R. L. Gillespie '51

3

Intestinal Strangulation in a Dachshund.

On June 24, 1950, a 2 year-old male, smooth-haired Dachshund was admitted to the Stange Memorial Clinic for treatment. The history given by the owner was that the dog had been off feed and vomiting frequently for at least three days.

The symptoms shown were dehydration, slight incoordination of the rear legs, some congestion of the conjunctiva, fetid odor on the breath, slight congestion of the buccal membranes and a temperature of 100°F.

It was known that the dog came from a community in which leptospirosis had been diagnosed in the past few weeks and a tentative diagnosis of leptospirosis was made.

A daily dose of 400,000 O.U. of procaine hydrochloride penicillin in distilled water was given intramuscularly for five days. The patient seemed somewhat improved on the third day but thereafter became progressively worse and expired on June 29.

Postmortem findings revealed an internal strangulation of a portion of the jejunum through the great mesentery resulting in necrosis and gangrene of the

small intestine. Sanguinous fluid filled the abdominal cavity and the anterior portion of the small intestine.

J. Q. Bell '51

4

Cystic Calculi in a Spitz.

On Sept. 9, 1950, a Spitz dog was admitted to Stange Memorial Clinic. It had the history of being unable to urinate. Further history was that these attacks had been coming on for some time and that during this last one the dog had not urinated for two days. Urethral calculi were suspected.

A human catheter, French size No. 8, was introduced into the urethra until a solid object was met which was just posterior to the os penis. The dog was fluoroscoped and several calculi were seen in the bladder, and one fairly large one was seen about $\frac{1}{2}$ in. posterior to the os penis. The bladder was full and distended, occupying most of the abdominal cavity. The dog was x-rayed to more accurately determine the number and size of the calculi in the bladder. The x-ray showed quite clearly at least nine calculi approximately $\frac{3}{8}$ to $\frac{3}{4}$ in. in diameter and one large calculus posterior to the os penis. Immediate surgery was decided on.

The dog was given pentobarbital sodium intravenously to deep surgical anesthesia. The entire abdominal area from the umbilicus to the pubis was shaved, scrubbed with soap and water, defatted with ether and sprayed with isopropyl alcohol. Before operating, an alligator forceps was introduced into the external urethral opening and up the urethra until it met the calculus. The calculus was grasped, but it was too hard to break down in order to extract it by this means. An incision was then made down to the calculus in the urethra and the calculus was removed. No sutures were placed in this incision.

A longitudinal incision was made through the abdominal wall 1 in. lateral to the os penis on the right side of the median line. The bladder was brought