Intestinal Strangulation in a Dachshund.

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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

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

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 fluroscoped and several calculi were seen in the bladder, and one fairly large one was seen about ½ 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 ¾ to ¾ 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 dog 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