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Caesarean Section in a Dwarf Cow

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placed by a many-tailed bandage. The patient was beginning to eat again and growing stronger, evidence of dehydration was not as marked as previously.

During the following week the abdominal wound was redressed and sulfathiazole and urea powder applied. On Dec. 8, half the nylon sutures were removed and on Dec. 9, the rest were removed. Dec. 12, 15 cc. of mineral oil were given orally to aid defecation.

The patient made a complete recovery and was discharged from the clinic on Dec. 17, 1950. Robert Schricker ’52

2 Ascites in a German Shepherd Dog. On Jan. 26, 1951, a 1-year-old male canine of the German Shepherd breed was presented at the Stange Memorial Clinic. Accompanying history indicated that the animal had been drinking large quantities of water but had been refusing food. An enlargement of the abdominal cavity had first been noted two weeks previously.

Clinical examination of the patient revealed a greatly distended abdomen. Respirations were labored and the heart sounds were weak and rapid—bordering on fibrillation. The temperature was not elevated.

The patient was restrained in right lateral recumbency on the operating table and 8500 cc. of a viscous amber colored fluid was aspirated from the abdominal cavity. A blood sample was drawn and sent to the clinical laboratory for a hepatic function test. Results of the test (thymol turbidity test, Maclagan method) indicated the possibility of a parenchymatous liver disease.

The following day a tarry, liquid, fetid stool was passed. The patient was again restrained on the operating table and another 750 cc. of fluid was withdrawn. Auscultation revealed very indistinct cardiac valvular sounds, pulse was still rapid and weak. The patient died on Jan. 28, 1951.

The cadaver was removed to the post mortem laboratory where a necropsy examination was performed. Ascites was demonstrated by the presence of a great amount of transudate in the peritoneal cavity. There was a passive congestion of the liver and parenchymatous hepatic degeneration was evidenced. Lesions of myocarditis and miliary suppurative nephritis were also seen. Examination of the intestinal tract revealed a catarrhal to hemorrhagic enteritis with heavy infection of ascarids and tapeworms.

It would seem likely that the primary etiological factor in this case was a cardiac insufficiency. The resulting stasis of blood in the liver caused hepatic degeneration and a reduction in the amount of albumin produced for the blood plasma. This decrease in the amount of serum albumin lowered the colloidal osmotic pressure of the blood, hence the transudate in the peritoneal cavity.

Ascites is quite common in the dog. Mild cases are often overlooked during life, and are only found on necropsy or surgery involving the abdominal cavity. In most cases the prognosis is unfavorable. H. P. Sandberg, ’52

3 Caesarean Section in a Dwarf Cow. A 2-year-old dwarf Aberdeen-Angus heifer was admitted to Stange Memorial Clinic on Dec. 1, 1950. The heifer was due to calve and the owner had anticipated the necessity of a Caesarean operation. The owner had intended to bring the animal to the clinic a few days before the onset of parturition, but the heifer was already in labor at the time of admittance.

Vaginal examination showed the fetus to be in normal position, but normal birth was impossible due to the small size of the maternal pelvis. The heifer was in good condition although she was moderately bloated and had some dyspnea. The owner stated that the bloat and dyspnea were of long standing. The heifer was not a very well-proportioned dwarf and one can assume that the bloat and dyspnea were mechanical in nature due to disproportionate growth.

The right paralumbar fossa was shaved and scrubbed, defatted with ether, and
Dwarf Heifer was disinfected with strong tincture of iodine. The heifer was given an epidural injection of 20 cc. of 2 percent procaine hydrochloride solution. Restraint was accomplished by laying the animal on her left side and tying her feet together. The intended line of incision was infiltrated with 4 percent procaine hydrochloride solution. A 12 in. laparotomy incision was made, the omentum and abdominal viscera were pushed forward out of the way, and the uterus was pulled up to the incision. Two pairs of tumor forceps were used as aids in pulling the uterus up to the incision. After packing sterile towels around the presenting part of the uterus to prevent contamination of the peritoneal cavity by fetal fluids, a 10-in. incision was made in the uterus and a normal size dead calf was removed. The fetal membranes were removed with but slight traction, and four proprietary sulfa-urea uterine boltabs were placed in the uterus. The uterine-incision was closed with two rows of Connell sutures using No. 3 chromic catgut. The uterus was sponged with physiological salt solution and returned to the abdominal cavity. The peritoneum was closed with a continuous suture using No. 3 chromic catgut; the muscle layers with their fascia were sutured separately with No. 3 chromic catgut using a continuous lockstitch, and the skin was approximated with interrupted mattress sutures of ¼-in. umbilical tape. The skin incision was covered with a 5 percent colloidal silver oxide ointment.

Post-operative care consisted of ½ cc. per lb. body weight of a 7½ percent sodium sulfamerazine — 7½ percent sodium sulfathiazole solution given intravenously immediately following the operation. Prophylaxis was repeated on the third day post-operative using ¼ cc. per lb. body weight of a 25 percent solution of sodium sulfamethazine intravenously.

The heifer made an uneventful recovery except for a small abscess which formed at the bottom of the skin incision. The abscess was treated by simple surgical drainage. All the skin sutures were re-
moved on the eleventh day post-operative. The case was discharged on Dec. 16, 1950.

Robert Wunder '51

Streptococcus Infection in a Pony. On Jan. 18, 1951 a male, mixed Shetland pony 2-years-old was admitted to the clinic with the history of having a nail run into his left hind foot some time ago.

The animal was of fair condition, but hardly able to walk. A fistuluous tract was on the medial side of the left hock. The tendon had completely necrosed at this place. The pony had a clouded sensorium and, when lying down, did considerable thrashing about with his head and legs.

The patient was given 2.5 grams of aureomycin, one percent in sterile water, I.V., upon arrival and 2.5 grams the next morning. It appeared that the patient wasn't going to respond to treatment; so euthanasia was performed Jan. 20, 1951.

On post mortem the following lesions were found: suppurative tendovaginitis of tendo-achilles of left pelvic limb; suppurative cellulitis on medial side of left pelvic limb extending from hock to deep inguinal lymph nodes; suppurative lymphadenitis of left pre-scapular and posterior cervical lymph nodes; toxic hepatitis and nephritis with pronounced cloudy swelling.

Cultures from the heart, lungs, spleen, and kidneys were negative. This was probably due to the aureomycin that was given. Cultures of the abscesses in the muscles yielded *Streptococcus zooepidemicus*. The infection apparently entered both left legs; probably through the nail wound and decubitous ulcers as the animal was down much of the time.

The animal also had *Gastrophilus* spp., strongyles, and ascarids indicating that the pony was poorly cared for.

C. G. Hennager '52

Infectious Canine Hepatitis. On Oct. 3, 1950, two seven-weeks-old Cocker Spaniel pups, litter mates, were admitted to Stange Memorial Clinic. They had the history of being off feed, and listless, with temperatures of 104°F. on the preceding day. Examination revealed their livers to be enlarged and sensitive upon palpation. Tonsillitis was also noted.

Anticanine distemper serum was given in the flanks. Since the patients were in poor general condition, a commercial preparation of cod liver oil and red bone marrow extract was given in the feed.

One patient died on Oct. 3, 1950. Necropsy revealed a catarrhal enteritis with some ascarids present. The stomach and duodenum were edematous. A marked inflammation of the pancreatic and bile ducts was noted. Cloudy swelling was present in the kidneys. Numerous subepicardial hemorrhages varied in size from petechial to ecchymotic. Diffuse sharp petechial hemorrhages were scattered throughout the brain. The history, symptoms, and lesions were very suggestive of infectious canine hepatitis. Histopathological examination of the liver later revealed intranuclear inclusion bodies and verified the above diagnosis. Negative results were obtained from dark-