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Diaphragmatic Hernia in a Dog

Daryl K. Thorpe
Iowa State College

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graphic studies indicated a diagnosis of generalized lymphocytomatosis.

The patient showed continued weakness and depression and on Jan. 22 developed respiratory distress and difficulty in swallowing. The latter two conditions were probably due to the presence of the enlarged thoracic and cervical lymph nodes on the trachea and esophagus.

The patient died on Jan. 23. A necropsy was made and the original diagnosis was substantiated. On necropsy the spleen measured 42 by 18 by 4-6 cm. in size. The liver was enlarged and had undergone fatty degenerative changes. There were three thickenings 6 cm. in diameter on the liver which were lymphoid in character. All lymph nodes were enlarged to 15-20 times their normal size. The intestinal tract was empty, but normal and the animal was quite emaciated.

At present this disease is considered to be incurable, but the life of the patient can be prolonged by the use of blood transfusions.

Donald Fritz '52

Diaphragmatic Hernia in a Dog.

On Feb. 19, 1951, an 11-month-old, male, mixed Shepherd dog was admitted to the Stange Memorial Clinic. The history was that the dog had probably been run over by a car. Examination revealed a fracture of the tibia and fibula of the right hind leg. The pulse rate was 240 per minute, and the respiratory rate was 60 per minute. The respirations were rapid, labored and of the abdominal type. When the dog was held in a sitting position, there was some relief from the respiratory distress.

A diagnosis of a diaphragmatic hernia was made. This was confirmed by a radiograph. The radiograph showed that a greater portion of the stomach had passed through the diaphragm into the thoracic cavity.

Euthanasia was advisable due to the extensive trauma. The owner was informed and with his permission the animal was destroyed.

The cadaver was sent to the post mortem laboratory where a necropsy examination was performed. The crura of the diaphragm had been severed, and the stomach was protruding through the opening in the diaphragm, so that it was partially in the thoracic cavity. There was no blood in the abdominal cavity. The distal portion of the ileum for about 4 cm. was traumatized to the extent that it was becoming necrotic. The lungs were very much congested. There were subcutaneous hemorrhages in the cervic-
Intestinal Obstruction in a Chinchilla. A 9-month-old female Chinchilla was admitted to Stange Memorial Clinic, Friday, Feb. 12, 1951, with a history of constipation.

The animal had been purchased shortly before being presented for treatment so little information of dietetic error could be given by the owner. The animal had suffered an environmental change, however, in being taken off wire mesh screen and placed on sawdust litter. A diagnosis of obstipation was confirmed when a fluoroscopic examination revealed a large compact fecal mass in the digestive tract.

It was decided that the fecolith could be macerated and broken up by introducing liberal quantities of fluid per rectum. This was attempted in a manner similar to the intestinal lavage so commonly used in the dog. No positive results were noted from the intestinal irrigation, however, so the patient was returned to its cage.

The following morning the animal was found dead, and necropsy examination revealed a dehydrated, firm, fecal obstruction in the posterior portion of the ileum. The wall of the affected intestine was hyperemic, hemorrhagic and necrotic. Anterior to the obstruction a tympanitic condition was noted. Three normal fetuses were present in the uterus.

This case is interesting because it illustrates a type of digestive ill which may result from a sudden change in feeding schedule, ration or environment. In disorders like these the Chinchilla breeder looks to the veterinarian for aid. It is certain that as Chinchilla numbers increase the demand for this type of professional service will also increase.

J. R. Mattison '52