Cystitis in a Bovine

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tured with No. 3 catgut by continuous sutures, and the skin was sutured with continuous and interrupted sutures (non-absorbable). Whole citrated blood, 100 cc, was given intravenously every 30 minutes for the first one and a half hours after surgery. Epinephrine hydrochloride, 1 cc. of 1:1000, was given.

The cyst was examined and found to have a firm, white, heavy capsule 1-2 cm. thick which appeared to surround a cavernous cystic mass containing a sanguinous exudate. There were large areas of necrosis throughout the mass. Histological studies revealed that this was a neoplasm.

On the following day the patient was very depressed, had very pale mucous membranes, and vomited when she attempted to eat. One hundred cc. whole citrated blood were given. Because the patient showed signs of mild shock immediately after the blood transfusion, 1 cc. of 1:1000 adrenalin was injected subcutaneously. In about 5 minutes the patient raised her head, began licking the abdominal wound and the decubitus ulcers, and drank about 1 pt. of water. On the fourth day after surgery the patient was again given 100 cc. of blood. Her appetite was normal and urine was present in the kennel.

The patient's condition continued to improve slowly. She was given 100 cc. of blood on the sixth and seventh post-operative days. The continuous nylon suture and every other interrupted suture was removed on the eighth day after surgery. On the tenth post-operative day the remaining sutures were removed and the patient took a few steps unassisted. The patient's condition continued to improve, and she was discharged on October 25, 15 days after surgery.

Peter Bendorf '53

Cystitis in a Bovine. A Hereford cow, age 5½ years, was admitted to Stange Memorial Clinic on Oct. 20, 1951, for sterility examination with a history of having been bred several times. The cow had been purchased and at the time of purchase was with calf. She gave birth to a normal healthy calf, but would not conceive subsequently.

A sterility examination revealed the posterior end of the cervix to be enlarged, indicating a chronic hypertrophic cervicitis. The uterus was abdominal and bilaterally symmetrical but did not show any signs of the congestion of estrus although the owner stated the cow should have been in heat on the day of examination. The right ovary came out of the ovarian bursa normally and contained neither palpable follicles nor corpora lutea. The left ovary showed no adhesions to the ovarian bursa and contained a large corpus luteum on the free pole. A tentative diagnosis of a cystic corpus luteum on the left ovary and a chronic hypertrophic cervicitis was made.

During the course of the sterility examination, it was noted that the urine passed was viscid, cloudy and dark colored. Urine was collected for urinalysis and bacteriological culture because Proteus ammoniae or Corynebacterium renale urinary infection was suspected.

No medication was attempted pending laboratory findings. The bacteriological examination of the urine revealed the presence of C. pyogenes. The urinalysis revealed the following:

<table>
<thead>
<tr>
<th>Reaction pH</th>
<th>8.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albumin</td>
<td>++</td>
</tr>
<tr>
<td>Sugar</td>
<td>Negative</td>
</tr>
<tr>
<td>Acetone</td>
<td>Negative</td>
</tr>
<tr>
<td>Blood</td>
<td>Negative</td>
</tr>
<tr>
<td>Sediment</td>
<td>Leucocytes and bacteria</td>
</tr>
</tbody>
</table>

On the basis of these laboratory examinations a diagnosis of cystitis was made and the owner was notified of these findings in addition to the results of the sterility examination.

Terramycin therapy was started on Nov. 8, 1951. Two gm. of terramycin hydrochloride were injected intravenously daily for three consecutive days. Two days after the last treatment another urine sample was sent to the laboratory for culture. The urine culture still showed the presence of C. pyogenes. The patient was discharged from the clinic on Nov. 16, 1951, with a recommendation for slaughter.

Meredith H. Moore '53

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