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Removal of Multiple Tumors of the Mammary Glands

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On November 14, no noticeable improvement was noted; 200,000 units of penicillin and 259 mg. of streptomycin were given intramuscularly. Horse meat with mineral oil was again fed. The tonsils were swollen and a serous exudate was still present in the eyes. The temperature was 104°F., the pulse, 124 and the respiratory rate, 68. Seventy milligrams of terramycin was given intravenously and 200 cc. of a 5 percent dextrose-vitamin B complex solution injected subcutaneously.

On November 15 and 16, the patient appeared more alert. Seventy milligrams of terramycin and 200 cc. of dextrose with vitamin B complex were given each day. The fever continued at 104°F. The following day, the terramycin therapy was discontinued, but the 5 percent dextrose with vitamin B complex solution was continued for the next five days. During this time, the temperature varied between 103.6° and 104.4°F. The general condition was not improved. Exudate from the eyes was still quite profuse; yet it appeared to be improving. Rales in the lung persisted. During this five day period, horse meat was eaten enthusiastically.

On November 21, the temperature reached its highest level, 104.4°F., and the pulse rate increased to 136 beats per minute. The next day permission was obtained from the owner to perform euthanasia. To accomplish this, nine grains of pentobarbital sodium was given intravenously.

Post mortem findings showed that the left lung was entirely consolidated and enlarged. It had a brownish yellow color and the cut surface appeared granular. A white tenacious exudate filled the air passages. The right lung was somewhat enlarged, pink and approximately 75 percent functional. It contained many yellow foci up to 6 mm. in diameter; these were surrounded by a hyperemic, pneumatic zone 2-3 mm. wide. All the bronchial lymph nodes were fused into a solid, white tough granular mass about 6x3x3 cm. The tonsils were white, opaque, hyperplastic and slightly enlarged; there were splenic follicular enlargements up to 1 mm. The liver contained white foci 1 mm. in size and the parenchyma was congested. The kidneys showed acute nephritis, edema, cloudy swelling and a widened cortex with a hyperemic intermediate zone. There was a subacute catarhal gastroenteritis.

Bacteriological cultures obtained from the lungs and bronchial lymph nodes produced colonies of Escherichia coli; it was assumed to be a contaminate. A positive diagnosis of coccidioidal granuloma (coccidioidomycosis) caused by the fungus Coccidioides immitus was made from tissue sections of the lung, lymph nodes, liver and kidney. The lesions were typical but few fungi were found in the sections.

This is the third time the disease has been diagnosed at this clinic. It is sometimes called "San Joaquin Valley Fever" or "California disease." It is thought that the dog may have become infected while in Arizona.

Barrie Watson, '54

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Removal of Multiple Tumors of the Mammary Glands. On Nov. 6, 1952, a ten-year-old female Cocker Spaniel was admitted to the Stange Memorial Clinic for removal of multiple tumors of the mammary glands. The only history obtained was of a previous oophorohysterectomy with no indication of how long the tumors had been present.

The patient was given a preanesthetic dosage of 1 gr. of morphine sulfate and 1/100 gr. of atropine sulfate subcutaneously one-half hour before the operation. The patient was restrained on the operating table in dorsal recumbency and the abdominal area clipped and prepared for surgery. Ether anesthesia was induced very cautiously because of the large preanesthetic morphine dosage and the advanced age of the animal. Tumors varying in size from a small pea to a marble were removed surgically from the third and fourth mammary glands of the right side. Due to a nearly complete involvement of the fourth and fifth mammary
glands of the left side, it was decided to remove these entire glands. An involvement of the left superficial inguinal lymph node also was suspected, so this node was removed, care being taken to dissect out the tissue containing the lymph vessels which drained from the fourth and fifth mammary glands of that side to the lymph node. Separate skin incisions were made over each mammary gland operated on.

The subcutaneous fascia was sutured with interrupted number 0 chromic catgut and the skin incisions were closed with interrupted sutures of 6 pound test nylon. Three FlexoSeal gauze dressings were placed over the sutured areas and the patient was returned to her cage. Every other one of the sutures was removed on the fifth day following surgery, and the next day the remaining sutures were removed. The patient, apparently making an uneventful recovery, was discharged on November 13.

Edwin Branaman, ’54

Prolapse of the Rectum in a Dog.
A six-month-old Boston Terrier was admitted to Stange Memorial Clinic on Oct. 13, 1952. History revealed that approximately one month previously, the patient underwent surgery at the clinic to correct a prolapse of the rectum and that since being released, the rectum continued to prolapse at intervals of three days.

On October 14, the patient awaited surgery; no prolapse was evident at this time. One-half grain of morphine and 1/100 gr. of atropine sulfate were given subcutaneously as a preanesthetic. The abdominal area was shaved and washed with soap and water, defatted with ether and soaked with alcohol. The patient was anesthetized with ether. A mid-line incision approximately 1 in. long was made posterior to the umbilicus. The prolapsed bowel was then withdrawn through the incision with gentle traction and replaced to its normal position. The bowel was then held in place by suturing (number 00 chromic catgut) to the ventral floor peritoneum (ventro-fixation). Three sutures were used here, these being applied carefully through the serosa and muscularis of the bowel.

The incision was closed with three, through and through sutures of six pound nylon. Three skin sutures of the same material were used to allow for closer apposition. The objective of the operation was to set up an irritation so that adhesions would form between the bowel and peritoneum and thus prevent recurrence of the prolapse.

A FlexoSeal bandage was put over the incision and the patient was given 300,000 units of penicillin and 0.5 gm. of streptomycin intramuscularly. In addition the patient was given 0.5 cc. of a penicillin-streptomycin combination in the afternoon and again in the evening. Liquid foods were fed.

On October 16, the patient appeared in good spirits and did not seem to notice the operative wound. The bandage was removed on the following day and the wound appeared to be healing nicely. Four days later three stitches were removed; and on October 22, all remaining stitches were removed and ointment applied to soften the wound. The patient was discharged this same day.

Stanley Romans, ’54

Chronic Bilateral Paralaryngeal Abscesses in a Hereford Bull. On Oct. 24, 1952, a 2-year-old Hereford bull was admitted to the Stange Memorial Clinic with a history of difficult breathing for two weeks and of not eating for the past two days. Examination of the animal revealed a mucous exudate from the nostrils, and when the larynx was compressed laterally the air passage was almost completely blocked. Pressure on the larynx induced coughing. The breath had a putrid odor. Auscultation over the lungs was not revealing because of the stertorous sounds produced by the stenotic condition of the larynx.

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