1957

Bovine Enlarged Soft Palate

Lawrence H. Birchmier

Iowa State College

Follow this and additional works at: https://lib.dr.iastate.edu/iowastate_veterinarian

Part of the Large or Food Animal and Equine Medicine Commons, and the Veterinary Pathology and Pathobiology Commons

Recommended Citation

Birchmier, Lawrence H. (1957) "Bovine Enlarged Soft Palate," Iowa State University Veterinarian: Vol. 19 : Iss. 1 , Article 9.
Available at: https://lib.dr.iastate.edu/iowastate_veterinarian/vol19/iss1/9

This Article is brought to you for free and open access by the Journals at Iowa State University Digital Repository. It has been accepted for inclusion in Iowa State University Veterinarian by an authorized editor of Iowa State University Digital Repository. For more information, please contact digirep@iastate.edu.
diarrhea. Loss of weight and increasing anemia progressed slowly. Ascites became pronounced. Moist rales with solidification of lung parenchyma soon became evident. The red blood cell count decreased about one million cells per week in spite of blood transfusions until it was one million per cu. mm. just before death. The white blood cell count increased from 9,000 to 15,000 per cu. mm. shortly after entrance to the clinic and remained at this level during the following five weeks. The patient died on October 28, 1956.

Necropsy examination revealed: neoplastic or granulomatous infiltrations of greatly enlarged liver, spleen and adrenal glands; hemorrhagic gastro-enteritis; edematous lungs infiltrated with neoplastic or granulomatous tissue; enlargement of peripheral, mesenteric, hepatic, and bronchial lymph nodes; generalized anemia and icterus.

Adrenal gland. Cytoplasm of mono-nuclear cells distended with Histoplasma Capsulatum x100.

Microscopic sections were made of the liver, kidney, spleen, lung, mesenteric lymph nodes, and adrenal glands. It was interesting to note that the heaviest concentration of the organisms appeared to be in the adrenal glands. All of the sections made revealed the organism.

It should be emphasized that a clinical diagnosis of specific fungus diseases is usually very difficult, and unless the infected tissue is biopsied, an antemortem diagnosis usually cannot be made. Negative reactions to histoplasmin have often been reported in known cases of the disease, especially in the latter stages of the disease. The test, however, is not specific for histoplasmosis, as cross reactions have been noted in man and animals infected with Blastomyces dermatitidis and Coccidioides immitis. It is interesting to note that the peripheral lymph nodes, though often enlarged, frequently show no microscopic abnormalities, whereas the mesenteric, hepatic, and bronchial nodes usually show a chronic granulomatous lymphadinitis.

—Samuel Vainisi '57

Bovine Enlarged Soft Palate. On October 25, 1956, a one year old dark roan Shorthorn heifer was admitted to Stange Memorial Clinic at Iowa State College. The animal had been sick most of the summer with difficult respiration. When the heifer was turned out on pasture, her condition declined steadily. She appeared in fair condition upon arrival at the clinic, not showing any extreme emaciation. She was showing dyspnea, polypnea, anorexia, and constipation but did not seem to be extremely depressed. There was a mucous nasal discharge with some sloughing of muzzle epidermis. The skin seemed to lack normal pliability. In addition, the animal showed considerable mouth breathing. The respiratory rate was 52 per minute, the pulse rate 120 per minute, and the temperature 102.8 degrees. Upon exertion or exercise, the animal tired very easily and showed increased respiratory difficulty. Auscultation of the lungs revealed increased vesicular sounds over the entire lung on both the left and right sides.

A blood sample was taken with the following clinical picture: Hb 114%–13.71; R.B.C. 12,370,000; W.B.C. 19,180; eosinophils 200; segments 5700; stabs 9600; monocytes 100; lymphocytes 3500.
A possible diagnosis of chronic suppurative pneumonia was made.

As symptomatic treatment, she was given ½ gallon of mineral oil and 5 oz. of Turcapsol® by stomach tube.

On Monday, October 29, the animal was euthanized by owner’s direction and posted. The post-mortem report was as follows: stenosis of the opening from nasopharynx into pharynx, 1 cm. in diameter; soft palate, 3 cms. in thickness; emphysema of lungs, no abscesses in lungs or other gross lesions.

—Lawrence H. Birchmier '58

Surgical Correction of a Case of Traumatic Pericarditis. A 5 year old Holstein cow was entered into the clinic with a history of loss of condition for approximately 4 weeks. She gave birth to twins 10 days previous to the date of admission to the clinic. Both calves were healthy and doing fine. No pronounced symptoms of traumatic pericarditis had been exhibited until 1 or 2 days prior to entrance to the clinic.

The following symptoms were noted upon examination: temperature of 103 degrees; subcutaneous edema of the intermandibular space and brisket area; “slushing” heart sounds noted upon auscultation; rapid, weak pulse; rapid respirations, mainly of the abdominal type; pale mucous membranes; diarrhea; exudate in the pericardial sac detected by needle puncture; and a severe metritis.

The cow was eating and ruminations were nearly normal. No pain was exhibited upon palpation of the xyphoid area.

A diagnosis of traumatic pericarditis was based on the heart sounds, edema, and the presence of exudate in the pericardial sac.

The prognosis was very unfavorable, especially with the accompanying metritis.

The animal was given to the clinic for experimental purposes so it was decided to do a Pugh operation which consists of removing a portion of the 5th rib, and incising the pleura and pericardium, allowing the exudate to drain to the exterior.

An area over the left fifth rib, extending from 1 inch ventral to the costo-chondral junction to approximately 10 inches above the junction, was shaved, scrubbed and disinfected with alcohol. The subcutaneous tissues and muscles were infiltrated with four per cent procaine. The operation was performed with the animal in standing position.

Incision after Pugh operation completed.