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Blastomycosis in a Dog

Thomas White

Iowa State College

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Blastomycosis in a Dog. Blastomycosis, a granulomatous type fungus infection, affects dogs, horses, and man with the majority of the cases being in dogs. This disease is caused by the fungus, *Blastomyces dermatitidis*. It is a chronic, insidious disease manifested in two forms, either cutaneous and/or generalized systemic. Blastomycosis is fatal once the disease is disseminated. Cutaneous lesions may persist for months.

A typical picture of blastomycosis was presented by a mixed terrier type canine that was admitted to the Stange Memorial Clinic on August 7, 1957.

The patient, a 5-year old male, was admitted with a history of difficult urination for several days. An immediate examination revealed a temperature of 103.4, anorexia, and mild depression. The bladder was distended but when it was manually compressed, urine flowed from the urethra. The prostate gland was found to be large, nodular, firm, and painless upon rectal palpation. A catheter could not be passed beyond the prostate gland. The right testicle was enlarged, hard, and insensitive. A small area of dermatitis was noted on the toe of the right hind foot.

Urine and liver function tests revealed nothing abnormal. The hematology report showed the following: hemoglobin, 74.1%; red blood cells, 7,500,000; white blood cells, 30,000; stabs, 20,600; segments, 7,700; monocytes, 300; lymphocytes, 1,400. Leucocytosis with a shift to the left in the Schilling index is apparent.

Three-hundred thousand units of penicillin and 0.5 Gm. of streptomycin were given intramuscularly. An intramuscular injection of 0.25 cc. of Octin® (methylamino-iso-octene) was also given as an antispasmodic to relax the urethra.

The next day the patient was anesthetized with pentobarbital sodium. The surgical area was prepared and both testicles were removed. The enlarged testicle was taken to the pathology laboratory to have sections made.

The patient recovered from the anesthesia but remained depressed for the next several days. The temperature stayed around 103.5 regardless of therapy used. Urine continually dribbled from the urethra. Therapy consisted of penicillin (400,000 units) and streptomycin (1 Gm.) daily, in two divided doses.

Four days after surgery the patient began to show difficulty in breathing. The lesion on the right hind foot ruptured and was draining. One-hundred mg. tetracycline was then given intravenously. This was given daily for the next 2 days until the patient died 7 days after admittance.

Necropsy revealed very little functional lung tissue remaining. There were multiple lesions in the lung tissue giving it a grayish-white and pink-mottled appearance. Bronchial and mediastinal lymph nodes were abscessed and a pleuritis existed. Microscopic sections of the lung and enlarged testicles revealed a heavy concentration of organisms.

*Blastomyces dermatitidis* reproduces by budding in the tissues. It grows as a typical fungus in the soil, the spores being the infective stage of the organism. Care should be taken in performing a necropsy.
on infected animals as humans are susceptible.

REFERENCES

—Thomas White ’58

Removal of Pharyngeal Polyp in the Horse. A 7-year old, female, Tennessee Walker was admitted to Stange Memorial Clinic in late August. The owner had purchased the animal rather cheaply, knowing it was in poor condition and hoping that it could be restored to normal.

There was a history of making noise on respiration which seemed to be getting worse. The animal would cough and choke and seem to get something out of its throat and then feel better for a while.

A very striking symptom other than general condition was the coughing of solid materials through the nasal passages after mastication and attempted deglutition. Fluids were taken with little difficulty. A radiograph revealed an opaque mass in the pharyngeal area. Thorough gross examination revealed absolutely nothing. The owner’s permission was granted for an exploratory operation into the pharyngeal region to attempt to ascertain the cause of the dysphagia.

Equitol® (Allied Laboratories) was used for sedation and the horse was cast. The intravenous anesthetic was continued until surgical anesthesia was reached.

A tracheal tube was inserted and sutured to the skin. A mouth speculum was used to facilitate palpation of the inside of the pharynx. A growth in the pharynx could be palpated, so a student with small hands was summoned to make a more thorough examination. He described a pedunculated growth about the size of a baseball attached to the floor of the pharynx posterior to the base of the tongue, anterior to the epiglottis, and slightly to the right of the midline. The growth was in such a position that it flopped back over the glottis and esophageal opening each time the horse swallowed.

Due to the fact that the isthmus faucium is relatively small and does not dilate very easily in the horse, a special instrument had to be devised for removal of the polyp. The instrument consisted of obstetrical wire run through a Frick Mouth Speculum so that there was a loop at one end and two free ends at the other.

The rather simple operation of placing the loop end of the obstetrical wire over the polyp and sawing it off was performed. The polyp was removed as close to the pharyngeal mucosa as possible. There was very little hemorrhage.

The only aftercare consisted of tetanus antitoxin injection.

Biopsy disclosed that this was a pharyngeal polyp with abscesses throughout and little likelihood of recurrence.

Probably the most gratifying thing was the animal picking up a mouth full of hay, chewing it, and swallowing it while she was still coming out of the anesthesia.

Two months later the owner visited the clinic and reported complete recovery of the horse.

—Rodney E. Hall ’58