

CLINICAL MEDICINE

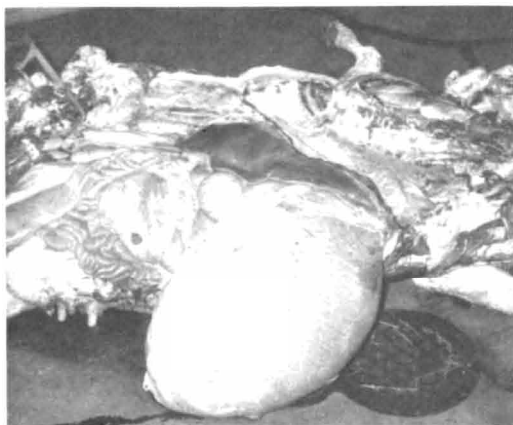
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1

Displaced Abomasum. A 4-year-old Holstein cow was admitted to Stange Memorial Clinic on Jan 10, 1956 as a traumatic gastritis or ketosis suspect. The owner was referred here by a practicing veterinarian in the field. The cow was in poor flesh and reported by the owner to be off feed intermittently.

The animal was examined. Pain was not produced by pressure on the zyphoid area. No abnormalities could be palpated rectally and the aortic pulse was strong and normal. Heart and lungs on auscultation were normal but faint. Only slight rumen motility could be detected by palpating or with the stethoscope. Her temperature was 103° F. and her conjunctiva darker than normal, but her eyes



An example of displaced abomasum on post-mortem.

were bright. The cow's feces were scant and firm, until the rectal examination was completed, then they became quite fluid. A blood sample was taken to the laboratory and the following results were obtained:

Red blood cells	7,860,000
White blood cells	5,420
Lymphocytes	4,200
Segments	900
Stabs	400

An exploratory laparotomy was decided on as a means of a positive diagnosis. The incision was made in the left paralumbar fossa and then, when trying to palpate the rumen for adhesions, the abomasum was felt. It was almost entirely on the left side, extending poster-

iorly to the last rib, dorsally about 4 inches from the costal-vertebral articulation and anteriorly to the reticulum. The incision was then covered with a sterile towel while the right paralumbar fossa was prepared and an incision made. Then with one man's arm in one incision and another man's arm in the other, by a pushing and pulling manipulation, the abomasum was returned to approximately its normal position. The incisions were sutured and 3 million units of penicillin were given intramuscularly.

The next day the cow's temperature was 102.5° F. and she was eating some hay and grain. Weak rumen movement could be felt and the animal's feces were fluid. They remained fluid and the cow ate varying amounts of hay and grain for a week after surgery at which time she was discharged.

The prognosis in this case must be given as no better than fair because the condition was of long standing. The percentage of recoveries in the past has been fairly good. Tonus to the musculature of the stomachs will return very slowly and improvement over a period of weeks is usually the case.

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Rannula Of The Canine is a condition involving the retention of the flow of saliva from the submaxillary gland. Synonymous terms are retention cyst and submaxillary cyst but the condition is erroneously called sublingual cyst, a separate disease. Etiology includes calculi, foreign bodies, trauma, stenosis, and congenital anomalies.

A 4-year-old male Dachshund was admitted to the Stange Memorial Clinic on March 30th, 1956. The dog manifested a soft, fluctuating and noninflammatory swelling in the submaxillary intermandibular space. The history revealed the condition was of two years duration. Upon puncture with a sterile 20 gauge needle, a watery mucoid fluid was obtained. The tonsils were inflamed and enlarged, and the temperature was recorded at

102.4. No generalized symptoms were present.

On April 2nd, surgery was performed. The dog was sedated with ½ gr. morphine and anesthetized with 2.5 cc. of pentobarbital sodium. A liberal area ventral to the mandibles and the larynx was clipped, shaved, scrubbed with germicidal detergent® defatted with ether, and disinfected with phenylmerc.® The incision was made on the ventral midline and extended from the intermandibular area to a point 2 inches posterior to the larynx. The cyst consisted of the entire gland and no duct was found, suggesting that the condition was congenital in nature. The cyst was dissected out and completely removed. The fascia was closed with interrupted sutures of 00 chronic catgut and the skin was brought into apposition with interrupted sutures of medium sized vetafil®. (30 mm.). The area was covered with flexoseal® (Brasel Products Inc.) to help prevent drainage and to assist in keeping the bandage in contact with the area.

Three days following surgery, the area ventral to the mandibles had enlarged with collected serum so a suture was removed from the ventral edge of the incision and the fluid was allowed to drain. On the seventh and eighth days following surgery, 2 percent tincture of iodine was applied to the draining opening in an attempt to hasten the healing process. Ophthalmic ointment was applied to the eyes to prevent irritation from the iodine fumes.

The patient was discharged April 10th, eight days following surgery with the incision granulating satisfactorily and with a minimum amount of drainage.

— Paul Leonard '57

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Ergot Poisoning. On Jan. 20, 1956, a yearling Hereford steer was admitted to Stange Memorial Clinic with a history of possible foot rot of the two back legs. The animal was posted the next day with the following findings. The two claws