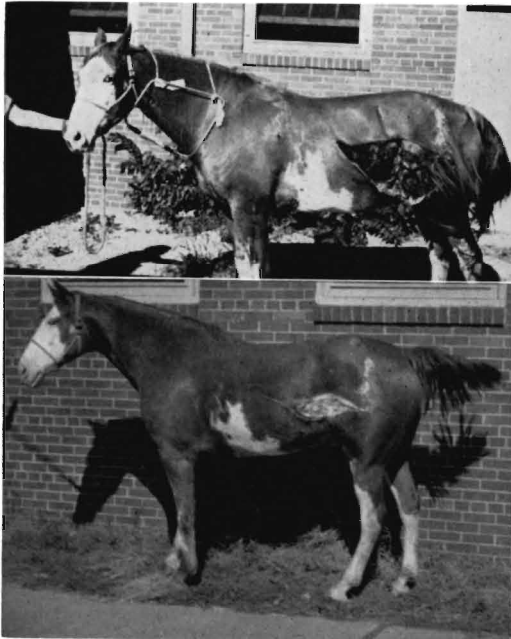


## 2

**Extensive Laceration in a Gelding.** An eight-year-old Tennessee Walking Horse was admitted to Stange Memorial Clinic on July 23, 1953, with an extensive laceration on its left side. The wound began about eight inches behind the point of the shoulder and extended well back into its flank. It was about six inches deep just above the stifle and the wound gaped widely; there was also a small laceration on the point of the shoulder. The course and damage may be seen in Figure 1. Sight was gone from the left eye, this presumably being a predisposing factor to the injury which occurred when the animal brushed against the top of a metal fence post.



The top figure depicts the gelding on the day of arrival; the bottom, at the time of discharge.

Upon arrival two days after the injury occurred, a guarded prognosis was given. This was based largely on the chance of a possible abdominal hernia, for the bowel could be seen moving in the deeply traumatized area. There was also danger that because of the extensive injuries to the muscles of the flank, loss of function would result to the left leg. The wound

could not be sutured since infection had gained entrance.

The first week the area was kept covered with a drying wound powder (air slaked lime and boric acid powder, equal parts) and fly repellant was routinely applied. For a short time it was found necessary to cleanse and irrigate the wound with potassium permanganate (1:1000) before applying the powder because of the large accumulation of exudate. The animal began to improve and looked brighter and after the second week of this treatment, it was discontinued in favor of the original treatment.

Much interest was shown by those observing this animal and it was gratifying to see the rapid improvement that was being made. Daily examination disclosed the slowly but surely closing of the wound. Figure 2 shows the animal shortly before dismissal on October 9, at which time the animal showed no apparent lameness and further treatment seemed unnecessary.

**Roderick Zachary, '55**

## 3

**Coronary Thrombosis in a Dog.** A thirteen and one-half-year-old Airedale Terrier was admitted to Stange Memorial Clinic on July 2, 1953. The history revealed that the animal was constantly straining to defecate, drank excessive amounts of water and had suffered four heart attacks, the last being about a month previous. Further, the dog was unable to walk, had a fair appetite and had no vomitus during the preceding week.

The initial examination, together with the history, suggested a myocardial involvement. Hence, an electrocardiogram was made and this was suggestive of an occluded coronary artery.

The patient was then given an ampule (1.5 gr.) of Digifolin intramuscularly and placed in an oxygen tent. The following morning, July 3, a large amount of fluid feces was found in the cage. One ampule of Digifolin was again administered and the dog returned to the oxygen tent. In

the evening another ampule of Digifolin was given. On July 4, the patient died.

Post-mortem examination revealed a valvular vegetative endocarditis involving the left atrio-ventricular valve, marked cardiac dilatation and a hemorrhagic infarct in the lateral wall of the left ventricle measuring 3 cm. in diameter. Two emboli were present in the left coronary artery that supplied the infarcted portion of the myocardial wall. Multiple renal hemorrhagic infarcts were detected, and there was also a generalized chronic passive hyperemia with a moderate amount of hepatic cirrhosis.

Valvular defects and cardiac dilatation are not uncommon findings in old dogs, but coronary thrombosis has seldom been diagnosed in a living dog.

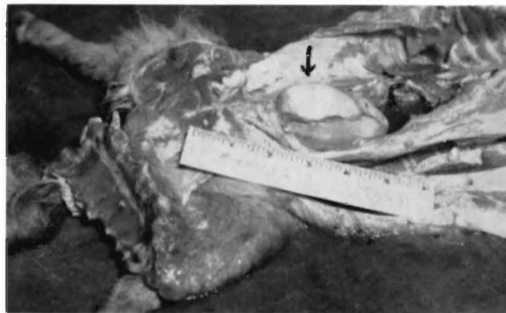
**Gary Kempers, '55**

**4**

#### **Cystic Calculus in a Pekingese.**

Sept. 30, 1953, a three-year-old Pekingese female was admitted to Stange Memorial Clinic. She was emaciated, depressed and appeared toxic with a history of being sick periodically for the past two years. She had been treated several times for a kidney infection by a local veterinarian. Her owner noticed a hematuria along with frequent and scanty urination, and thought she could feel a stone in the abdominal area. Palpation of the abdomen revealed a large circumscribed mass in the region of the bladder; fluoroscopy disclosed a cystic calculus. Because kidney infection was suspected, a blood urea determination was made and found to be 172 mg. per 100 cc. of blood.

Although the patient was a poor surgical risk, a cystotomy was decided upon for the following morning. In the meantime, the patient was given 200 cc. of dextrose and B-complex solution and 70 cc. of parenamine subcutaneously. In addition, 250 mg. of aueromycin was given orally. The latter was given to control infection in the bladder, but the patient vomited the medication a short time after administration. The patient was more de-



**Arrow points at the large cystic calculus.**

pressed in the afternoon and became comatose. During the evening prior to surgery, she died.

The post-mortem findings revealed uremia as the cause of death. A cystic calculus, measuring approximately 7 x 8 cm., was found along with focal nephritis of the left kidney, a thickened bladder and an ulcerative hemorrhagic gastritis.

While this case is not unusual in itself, it serves well to emphasize the necessity for a thorough examination of the patient: the cystic calculus was easily palpable and should not have been overlooked previously.

**Jerry Shey, '54**

**5**

#### **Paratuberculosis in a Bovine.**

Aug. 17, 1953, a three-year-old Shorthorn cow was admitted to Stange Memorial Clinic with a history of a chronic intestinal disorder. There had been other animals with the same symptoms in the neighborhood, and a creek which ran through the pasture where this cow grazed also ran through several other neighboring pastures.

Samples of blood, urine and feces were collected and tested. The blood and urine samples tested negative for any pathology. A few nematode ova and coccidial oöcysts were found in the fecal sample.

On August 20, a test was run using avian tuberculin. Six cubic centimeters of avian tuberculin was injected intravenously at 9:10 a.m. The results were as follows: