

Histological sections confirmed the diagnosis of osteochondrosarcoma.

—Donald A. Dressen '57

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Congestive Heart Failure. On February 11, 1957, a 14-year old male terrier was admitted to Stange Memorial Clinic, with a history of an enlarged abdomen of 2 months duration. Examination revealed dyspnea, hydroperitoneum, depression, moist rales, and valvular insufficiency. Abdominal paracentesis was performed and 3 liters of fluid were removed. The dog was medicated orally with 1.5 grains of aminophylline and .05 mg. of Crystodigin® (digitalis; Eli Lilly and Company) daily. Two days later approximately 2.5 liters of fluid were again removed. Therapy was continued with steady improvement until the dog was discharged on February 19, 1957, with instructions for the owner to administer orally 1.5 grains of aminophylline and .05 mg. of Crystodigin daily for 10 days and then return the patient for a checkup. If fluid began to accumulate or any other signs of decompensation were noted the owner was instructed to return immediately.

On March 7, 1957, the dog was readmitted with reoccurrence of the previous symptoms. Because of the owner's neglect, medication had been discontinued for 7 days. About 14 liters of fluid were removed by paracentesis. Medication consisting of 1.5 grains of aminophylline and .05 mg. of Crystodigin orally twice per day was immediately instituted. Three days later it was necessary to increase the dose to 1.5 grains of aminophylline and .075 mg. of Crystodigin orally three times per day. No more fluid was collecting in the peritoneal cavity and apparently cardiac compensation had taken place. On March 23, 1957, the patient was discharged with instructions for the owner to give 1.5 grains of aminophylline and .075 of Crystodigin orally three times per day. The owner was again impressed with the necessity of continuous medication.

This case graphically illustrates the need to impress the client with the importance of continuous medication and also the importance of post-hospitalization checkups.

—R. M. Hogle '58

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Fracture of the Distal End of the Femur. On April 2, 1957, a 5½ month old Border Collie was admitted to Stange Memorial Clinic with a history of a broken leg. The patient was observed to walk normally on the left rear leg but avoided placing weight upon the right rear leg. With physical examination and



Fracture at epiphysis at distal end of right femur, before treatment.

x-ray, the fracture was located at the epiphysis at the distal end of the right femur.

On April 4, the patient was given ½ grain morphine and 1/100 grain atropine 30 minutes prior to anesthesia. The dog

was then anesthetized with 2½ cc. pentobarbital sodium. The right leg was clipped, shaved, scrubbed, defatted with ether, and disinfected with alcohol and phenylmerc. An incision 4 inches long running parallel with the leg was made on the anterior lateral side of the right



Radiograph showing pin in place, absence of patella, and Thomas splint.

stifle. Blunt and sharp dissection was used to expose the distal fragment of the femur and the joint capsule. The joint capsule was opened. The pin was started in the distal end of the distal fragment of the femur. The bones were then put in their normal position by manual reduction and the pin was pushed up through the medullary cavity so the point was just beneath the skin in the gluteal region. The patella was removed and the joint capsule was sutured shut with triple "O" catgut. The muscles and fascia were pulled together over the wound using "O" catgut. The skin was closed with monofilament nylon. The pin was cut off so that it would be entirely

within the tissue. Two cc. of penicillin-streptomycin mixture were administered intramuscularly and was continued for three days at 2 cc. two times a day.

Two days after the operation, a Thomas splint was put on the fractured leg, mainly to prevent further injury to the leg. The patient convalesced normally with no apparent complications and was discharged April 14, 1957, at which time the Thomas splint was removed. The pin was still in place at the time of discharge and will be removed in approximately 6 weeks from the time of pinning.

—Lawrence Birchmier '58

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Hyperplastic Prostate Gland in Perineal Hernia of Dog.

On April 1, 1957, a 7-year old male shepherd dog was admitted to Stange Memorial Clinic with a history of a tumor in the perineal region.

Physical examination revealed an enlargement in the right perineal region which was suppurative and draining to the outside. A tentative diagnosis of a perineal hernia was made.

An operation to reduce the hernia was performed the following day. An incision was made on the lateral side of the perineal region and the hernia exposed. The hernial mass was found to be composed of a hypertrophied abscessed prostate gland about the size of a baseball. A prostotectomy was performed. The blood vessels supplying the prostate gland were ligated. A catheter was passed up the urethra into the bladder. The urethra was incised just posterior and just anterior to the prostate and the prostate was removed. The catheter which had been withdrawn to the posterior cut surface of the urethra was reinserted into the bladder.

The two exposed ends of the urethra were sutured together in an end to end anastomosis using a continuous suture. The catheter was left in place in the urethra to prevent closure by swelling.

A routine closure was performed on the