

CLINICAL MEDICINE

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Retention Cysts in the Uterus of the Bitch. A three-year-old Saint Bernard bitch was presented at the Stange Memorial Clinic on January 23, 1946. The owner had sold the dog as a pup for a farmer's pet, but had repurchased her for breeding purposes. In December, 1945, the bitch had an atypical estrum and was bred at this time. The dog again had an abnormal heat period in July, 1945, and was again bred without conception occurring. Early in January, 1946, another atypical heat period occurred and the dog was bred with considerable difficulty.

The owner desired an examination of the genital tract of the bitch, and if there was no chance for conception he wanted her spayed. A glass speculum was passed and the cervix was observed. The os was closed and there was no evident discharge.

Blood Analysis

A blood analysis was run in the clinical laboratory with the following findings: hemoglobin, 14.65 gm.; red blood cells, 6,170,000; white blood cells, 15,120; stabs, 20 per cent; segments, 63 per cent; monocytes, 1 per cent; lymphocytes, 16 per cent.

The count demonstrated a normal red blood cell count and a slight increase in the leucocytes characterized by an increase in polymorphonuclear cells. This was believed to be indicative of a slow moving but active infection. Since a bitch with endometritis often has a flare up subsequent to estrum, it was believed that the blood examination revealed suspicion of such a process in this bitch, although the white blood cell count was not markedly increased.

While in the hospital tapeworm segments were noted and 1½ gr. of arecoline hydrobromide were given as a taeniocide. Also while hospitalized, the patient was dipped in pine oil, 3 ounces to the gallon, to combat a flea infestation. The dog was placed under observation for four days and then was prepared for a laparotomy for diagnostic purposes.

Surgical Technic

Two gr. morphine sulfate and 1/25 gr. atropine sulfate were given subcutaneously. The dog was placed on the table, and an area from the diaphragm to the vulva was shaved, defatted with ether and sprayed with 70 per cent alcohol. The bladder was emptied by manual expression. Merthiolate ophthalmic ointment was applied to the eyes and over the nose to combat the irritant properties of the ether which was to be used to induce surgical anesthesia. An incision 4 cm. in length was made beginning 2.5 cm. posterior to the umbilicus. A blunt pointed bistoury was used to enlarge the peritoneal incision. Then a Covault hook was employed and the right horn was located

and gently removed from the abdomen for digital and visual examination. One large cyst was detected between the body of the uterus and the ovary. The right uterine cornua was then replaced and the Covault hook employed to locate and gently remove the left uterine horn for examination. Two smaller cysts were detected in this horn, one about an inch from the body and the other at the extreme ovarian end of the horn. Neither ovary seemed to be involved in the cystic processes. The condition was diagnosed as a cystic genital tract and since conception was deemed impossible it was decided to perform an oophorohysterectomy.

Ferguson's angiotribe was placed distal to the right ovary and the ovarian ligament was severed allowing the right horn to hang from the incision. No. 4 cat gut was used to ligate the tissue still held by the angiotribe. The body of the uterus was located by extracting the horn and again an angiotribe was employed, and the stump of the uterus was sutured with the same type cat gut. The entire uterus and ovaries were then removed by placing an angiotribe just anterior to the left ovary and again suturing the tissue held by the angiotribe. The peritoneum was then closed with a continuous suture of No. 4 cat gut. The muscles and skin were closed with four interrupted sutures of No. 10 silk. A sterile gauze pleget was then placed across the incision and a roller bandage was applied.

Post-operative Treatment

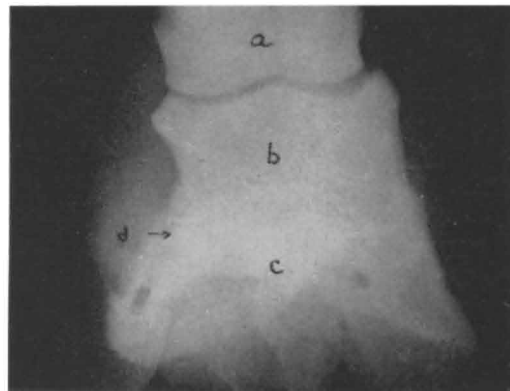
The silk sutures were removed four days after the operation and the bitch made an uneventful recovery. Large retention cysts were present in both uterine cornua. A sero-sanguinous exudate was present on the uterine mucosa. The ovaries were quite flaccid and showed no evidence of ovarian activity. It was evident from the pathology present that the bitch would have been hopelessly sterile. This case offers further support for the conduction of a laparotomy examination in sterility in the bitch. A laparotomy with direct visual examination of the genital tract is of great value in the establishment of a diagnosis.

John Nelson, '46

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Ankylosis of the Pedal Joint. On January 10, 1946, a six year old chestnut American Saddle Horse was admitted to the Stange Memorial Clinic. The history stated that the horse had been lame in the left front leg for the last two months and had received no treatment for the lameness. Upon examination for lameness it was noted that in using the left front foot the horse would first place his weight on the heel and then roll over on the toe. No sensitivity could be evidenced by using pressure, palpation, or through use of the hoof testers. The shoes were removed from all the feet and this seemed to alleviate the lameness to a very slight extent.

Radiographic plates were taken from an anterior-posterior view and a lateral view. As may be observed in the accom-



X-ray by Dr. M. Emmerson

- a. First Phalanx
- b. Second Phalanx
- c. Third Phalanx
- d. Area of Ankylosis

panying reproduction of the X-rays, the lateral view showed a marked impaction of the second phalanx into the third phalanx with the formation of exostoses and resultant ankylosis. The anterior-posterior view also illustrated the ankyloses and exostoses and a very faint line showed the only evidence of the pre-existing articulation.

It was considered inadvisable to perform a posterior digital neurectomy because the majority of the lameness demonstrated was due to mechanical interference rather than pain. The ankylosis was

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