

felt that this condition might possibly be due to a sensitivity, therefore the infusions were stopped. The patient was discharged on November 12, at which time the eye was very nearly healed.

This case is interesting in that while seen occasionally in cattle, the condition is relatively rare in the dog, this being the first case in three years at the Stange Memorial Clinic.

**Donald McKenna, '54**

**3**

**Pyometritis in a Springer Spaniel.** On Oct. 12, 1953, an eight-year-old Springer Spaniel was admitted to the Stange Memorial Clinic. It had a history of a swelling in the "stomach" for the past week as well as of refusing food but desiring much water. The bitch had been treated previously for an uterine infection, after which time she had shown improvement; however, a vulvar discharge had been noted a week previous to admittance to the clinic.

Examination showed the abdomen to be greatly distended and the patient in a much depressed state. A blood sample was drawn and a white blood cell count of 77,500 was found to exist. There was no evidence of discharge from the vulva at this time due to the cervix being tightly closed. The prognosis was deemed guarded and it was decided an oophorohysterectomy was in order.

The patient was given morphine as a preanesthetic and a local anesthetic was used along the line of midventral incision due to the toxic condition of the animal. Upon incision of the abdominal cavity the greatly distended, cyanotic appearing uterus was encountered. This structure, upon removal, measured approximately 60 cm. in length for the longest horn and 10 cm. in diameter at the largest point; it weighed approximately nine pounds. Because of enlarged blood supply to the part due to the infection, extensive ligation was necessary. Since the patient was in a severe toxic condition, 150 cc. of whole



**Greatly distended horns exposed and about to be removed.**

blood was administered during the operation.

For the next two days following the operation the patient appeared very depressed; however, by the third day definite improvement was noted and the patient began eating small amounts of horse meat. On the sixth day after the operation the sutures were removed; the patient was in good spirits and eating well. She was discharged on October 21.

**John Haromy, '54**

**4**

**Partial Torsion of the Cecum of a Bovine.** On Dec. 21, 1953, a three-year-old Holstein cow was admitted to the clinic with the history of having passed only scanty amounts of watery fecal material for ten days. Upon further questioning of the owner, it was learned that she had been off feed for about five days and that at the onset of the condition the first thing he noted was her discomfort while urinating.

While under observation at the clinic, it was noted that her frequent attempts at defecation resulted only in the passage of a small amount of watery material. Although she remained quite alert, her

movements around the stall indicated that there was still some abdominal pain present.

A rectal examination revealed a large accumulation of fibrin and mucus in the rectum, a greatly distended cecum and a displacement and tension of the dorsal mesentery. The genital and urinary tracts were found to be normal as far as could be determined by rectal palpation. The history and symptoms indicated that the condition might be a partial obstruction or partial torsion of some part of the intestinal tract, so an exploratory laparotomy through the right paralumbar fossa was decided upon.

Palpation through the incision revealed the enlarged cecum to be three times larger than the average because of a constriction at the junction of the ileum, cecum and colon. Manipulation of the cecum to correct its position was impossible because of its distention, therefore the laparotomy site was enlarged and a portion of the organ was carried out through the incision. Most of the fluid content of the cecum was removed by incising the wall, after which it was closed with continuous Lambert sutures. The cecum had revolved around the junction of the ileum and colon, carrying some of the small intestine with it. As the cecum was revolved back to its normal position, the mass of intestines revolved with it and the constriction was relieved. Because of the voluminous mass of intestines, it could not be determined for certain that the manipulation had not formed a torsion at some other point. The fact that the tension on the dorsal mesentery had been relieved led to the belief that there were no more constrictions.

On December 23, two days following surgery, a small amount of solid dejecta was passed. On each succeeding day more solid fecal material was passed until the amount could be considered normal. Because of the extensive visceral manipulation, sulfa preparations were administered intraperitoneally (1 gr./lb. on two successive days following surgery) to reduce the possibility of peritonitis. Ruminal stimulants were given to aid in

restoration of the digestive processes.

The cow was discharged on December 29, and word from the owner on Jan. 8, 1954, indicated the animal was again in the milking line, completely recovered from her previous condition.

Sisson states that the posterior one-third of the bovine cecum is free floating without mesenteric attachment, so it seems that it would lend itself to torsion. Nothing could be found in literature concerning such a condition however, so it is probable that a displacement of the cecum, in most cases, would not carry a mass of small intestines with it to hold it in malposition as was true in this case.

James D. Francis, '54

## 5

**Compound Comminuted Fracture of the Left Metatarsus of a Pony Mare.** A pregnant Shetland pony mare with a compound comminuted fracture of the left metatarsus was admitted to the clinic on March 22, 1953. An x-ray of the leg showed that there were about one hundred fragments of bone in the area of the fracture. The leg had been fractured the previous day. The mare was treated with 1500 units of tetanus antitoxin and 1,500,000 units of penicillin.

On the following day the patient was anesthetized with 150 cc. of Equitol and a splint type cast applied to the broken member. Surprisingly, the patient was rather alert for the next two days, but she then became depressed at which time daily use of 1,500,000 units of penicillin and 1 Gm. of streptomycin was instituted.

The splint type cast was removed on April 1, and the entire area cleaned. A new cast was applied at this time, Equitol again being used as the anesthetic agent. On April 7, the patient was anesthetized with Equitol for the third time in as many weeks and the cast removed. A foul smelling exudate was found to have saturated the cast, but the wound areas were found to be in good condition otherwise.