



Enlarged right kidney after it was pulled through the incision.

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Hydronephrosis in a Dog. On Dec. 6, 1952 a 13-month-old female Boxer was admitted to the Stange Memorial Clinic. The accompanying history was as follows: The patient had been spayed at approximately 3 months of age and had a very slow convalescence during which time the back was constantly held in an arched position. In four or five weeks, the dog seemingly recovered and remained in good condition for about four months. In July, the owner first noticed that there was a slight abdominal enlargement. From that time on, until its admittance to the Clinic in December, the enlargement was progressive and was accompanied by loss in weight and condition. The appetite remained good at all times. The dog was said to have difficulty in arising from a sitting or lying position.

Upon examination the enlargement was found to be very tense and well forward in the abdomen. A radiograph showed the

mass to be located ventrally, pushing the remaining abdominal viscera dorsally. At this time, on the basis of the radiographic studies, a tentative diagnosis of either tumor, enlarged kidney, or an unusual case of pyometra was made.

A blood sample was taken and red, white and differential counts were made but the results were not indicative of any specific condition. The patient was alert and active at all times but was slightly weak on the hind legs. Vomition after being fed was noted to occur once during the first three days at the clinic.

On December 11, an exploratory laparotomy was performed. The dog was anesthetized with sodium pentobarbitol and the abdominal area prepared for surgery in the usual manner. An incision was made in the area of the umbilicus on the linea alba and was gradually enlarged to 8½ in. during the operation. After entering the peritoneal cavity the abdominal enlargement was found to be a grossly enlarged right kidney. After some manipu-

lation the kidney was pulled through the incision. The attachments and vessels holding the kidney were ligated and severed and the kidney was removed from the abdominal cavity. At this time a transfusion of 500 cc. of citrated whole blood was started into the left cephalic vein.

The peritoneum and muscle were closed with sutures of #1 plain catgut using a continuous stitch, tied every 1½ to 2 in. The abdominal fascia was sutured with a continuous stitch using #1 plain catgut. Interrupted nylon sutures were placed in the skin. A strip of gauze was placed over the wound and secured with flexoseal.

In the next three hours following the operation the patient received 500 cc. of Ringers solution and 500 cc. of dextrose subcutaneously. The common combination of 400,000 units of penicillin and .5 gm. of dihydrostreptomycin was injected intramuscularly. At the end of this time the temperature was 97.5°F., respirations were regular but jerky, and the mucous membranes were regaining their color. The same dose of antibiotic was repeated that night.

The following morning the patient was standing up in her cage and appeared very alert. A combination of 200,000 units of penicillin and .25 gm. dihydrostreptomycin was administered intramuscularly at this time. The same dosage was repeated at 12 hour intervals for two days. No rise in temperature was noted at any time during convalescence.

On December 17, every other skin suture was taken out and the following day all remaining skin sutures were removed.

The patient was fed I/D and K/D rations on alternate days until December 30, at which time it was placed on a regular diet. Recovery was rapid and uneventful and the dog was sent home Jan. 3, 1953.

The affected kidney, which weighed over 7 lbs., was found to be full of blood, with no active kidney tissue remaining.

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Coccidioidomycosis in a Dog.

A 10-month-old male Scotch Terrier was admitted to Stange Memorial Clinic on Nov. 12, 1952. The history given revealed that in Arizona, about five weeks previously, the dog's appetite had failed and a cough was evidenced. The patient was taken to an Arizona veterinary hospital for examination and was retained there for one week. A diagnosis of "Desert Fever" with a swelling of a lymph node near the heart was made. Medication in Arizona consisted of aureomycin, terramycin and chloromycetin in unknown dosages. The dog was brought back to Iowa three weeks prior to admittance to Stange Memorial Clinic, and upon arrival here, the general condition was noted as poor. A temperature of 103.4°F., listlessness, poor appetite, weakness, constipation and a serous discharge from the eyes were recorded.

On November 13, the patient was very depressed and weak; there was a fever of 104.3°F., the pulse was 132, and the respiratory rate was 76. A large amount of encrusted exudate was found around the eyes, this was removed with 2 percent boric acid solution. The bowel function and appetite were poor, but a small amount of horse meat in which 30 cc. of mineral oil was mixed was eaten readily. Upon auscultation, increased vesicular sounds and moist rales were heard on the right side. Therapy at this time consisted of 400,000 units of penicillin and 500 mg. of streptomycin intramuscularly, one-half this amount was given 12 hours later. Vomitus was present in the kennel at this later time.

A laboratory examination of the blood revealed the following:

	Patient	NormalAverage
Sedimentation rate	6mm./hour	1-10mm./hour
White blood cells	28,680	11,800
Neutrophils	87%	64%
Stabs	55%	6%
Segments	32%	58%
Monocytes	1.4%	4.5%
Lymphocytes	11.5%	25%
Eosinophils	00.0	5%