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# CLINICAL MEDICINE

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**Rupture of the Prepubic Tendon in a Belgian Mare Associated with a Hydrocephaloid Foal.** A seventeen year old Belgian mare was admitted to the Stange Memorial Clinic on April 9, 1959. Examination revealed a large thick layer of edema along the underline which extended from the anterior part of the udder to the xiphoid region. The horse exhibited some lordosis and was cautious and deliberate in its movement. The history revealed that the mare was to foal in about one month. A rectal examination was made and it revealed an excessive amount of fluid in the uterus.



**Hydrocephaloid Foal from the mare**

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A tentative diagnosis of rupture of the prepubic tendon was made. In an effort to combat the edema two grams of Diuril (Chlorothiazide Sodium-Merck, Sharpe and Dohme) was given each day for three days. No improvement could be seen, presumably, because the cause of the edema was mechanical in nature. The mare was observed closely for signs of labor. On April 21, the udder was turgid and secreted milk. On April 22, a reddish discharge from the teat orifices and a reddish discharge from the vulva was noticed. An examination of the vulva revealed hemorrhoid-like growths in the region of the hymen. The mare was examined again on April 23 and it was

found that the cervix had dilated. It was decided that an emergency cesarean section should be performed in an attempt to recover the foal. The mare was anesthetized with thiamylal sodium (Surital-Parke, Davis and Co.) and the operation performed. It was found that 10 to 15 gallons of allantoic and amniotic fluid was present and that the fetus had a hydrocephalus.

On post mortem examination, a rupture of the prepubic tendon and associated muscles was revealed about thirteen inches anterior to the pubis. When the foal was examined it was found that there was no communication between the sub-arachnoid space and the fourth ventricle. Also, the meninges of the cerebellum were continuous with the dorsal surface of the medulla.

It was felt that hydrops of the fetal membranes, the weight of the hydrocephalus, and the age and weight of the mare all contributed to the rupture of the prepubic tendon.

Edward Mather, '60

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### Repair of a Bilateral Perineal Hernia in a Dog.

On September 26, 1959, a ten year old, male dog of mixed breeding was admitted to Stange Memorial Clinic for repair of a bilateral perineal hernia. The condition was diagnosed by a veterinarian in private practice and was referred for surgical repair.

Four pre-operative enemas were given the dog to remove the fecal matter from the colon and rectum. Anesthesia was produced by a combination of morphine sulfate as a preanesthetic and pentobarbital sodium as the anesthetic. The dog was placed in a perineal stand to raise the rear quarters. The area was then prepared for surgery. A purse string suture was placed in the anus to prevent escape of any fecal material. A six inch incision was made on the left side extending elliptically from the root of the tail to the mid-line of the perineal region. The hernial contents were found to be mainly omentum-like fat. The musculature of the pelvic diaphragm was sutured starting dorsally

and working ventrally using 00 catgut. The internal anal sphincter was sutured to the medial and lateral coccygeal muscles in an area expressed as from 11 to 9 o'clock. From 9 to 7 o'clock it was sutured to the sacro-sciatic ligament, and from 7 to 6 o'clock it was sutured to the head of the internal obturator muscle. A layer of subcuticular sutures was employed to draw the perineal fascia over the area. The skin was trimmed radically to reduce the possibility of post-operative pocketing. Interrupted sutures of Vetafil (synthetic suture material, Bengen and Co., Hannover, West Germany) were used to close the skin incision. The dog was then castrated.



Picture showing repair of the left perineal hernia

Post-operatively, the dog was fed a gruel of dog food and milk. The recovery from the first operation was uneventful.

Repair of the hernia on the right side was accomplished October 13, 1959 using the same procedure employed on the left side. On the right side, the rectum was found to have ballooned through a gap between the anal sphincter and the coccygeal muscles.

Post-operatively, a slight infection developed in the incision. *E. coli* and *Streptococcus sp.* were isolated from the exudate. A combination of penicillin and di-