

placed by a many-tailed bandage. The patient was beginning to eat again and growing stronger, evidence of dehydration was not as marked as previously.

During the following week the abdominal wound was redressed and sulfanilamide, sulfathiazole and urea powder applied. On Dec. 8, half the nylon sutures were removed and on Dec. 9, the rest were removed. Dec. 12, 15 cc. of mineral oil were given orally to aid defecation.

The patient made a complete recovery and was discharged from the clinic on Dec. 17, 1950. **Robert Schricker '52**

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Ascites in a German Shepherd Dog.

On Jan. 26, 1951, a 1-year-old male canine of the German Shepherd breed was presented at the Stange Memorial Clinic. Accompanying history indicated that the animal had been drinking large quantities of water but had been refusing food. An enlargement of the abdominal cavity had first been noted two weeks previously.

Clinical examination of the patient revealed a greatly distended abdomen. Respirations were labored and the heart sounds were weak and rapid—bordering on fibrillation. The temperature was not elevated.

The patient was restrained in right lateral recumbency on the operating table and 8500 cc. of a viscous amber colored fluid was aspirated from the abdominal cavity. A blood sample was drawn and sent to the clinical laboratory for a hepatic function test. Results of the test (thymol turbidity test, Maclagan method) indicated the possibility of a parenchymatous liver disease.

The following day a tarry, liquid, fetid stool was passed. The patient was again restrained on the operating table and another 750 cc. of fluid was withdrawn. Auscultation revealed very indistinct cardiac valvular sounds, pulse was still rapid and weak. The patient died on Jan. 28, 1951.

The cadaver was removed to the post mortem laboratory where a necropsy examination was performed. Ascites was

demonstrated by the presence of a great amount of transudate in the peritoneal cavity. There was a passive congestion of the liver and parenchymatous hepatic degeneration was evidenced. Lesions of myocarditis and miliary suppurative nephritis were also seen. Examination of the intestinal tract revealed a catarrhal to hemorrhagic enteritis with heavy infection of ascarids and tapeworms.

It would seem likely that the primary etiological factor in this case was a cardiac insufficiency. The resulting stasis of blood in the liver caused hepatic degeneration and a reduction in the amount of albumin produced for the blood plasma. This decrease in the amount of serum albumin lowered the colloidal osmotic pressure of the blood, hence the transudate in the peritoneal cavity.

Ascites is quite common in the dog. Mild cases are often overlooked during life, and are only found on necropsy or surgery involving the abdominal cavity. In most cases the prognosis is unfavorable.

H. P. Sandberg, '52

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Caesarean Section in a Dwarf Cow.

A 2-year-old dwarf Aberdeen-Angus heifer was admitted to Stange Memorial Clinic on Dec. 1, 1950. The heifer was due to calve and the owner had anticipated the necessity of a Caesarean operation. The owner had intended to bring the animal to the clinic a few days before the onset of parturition, but the heifer was already in labor at the time of admittance.

Vaginal examination showed the fetus to be in normal position, but normal birth was impossible due to the small size of the maternal pelvis. The heifer was in good condition although she was moderately bloated and had some dyspnea. The owner stated that the bloat and dyspnea were of long standing. The heifer was not a very well-proportioned dwarf and one can assume that the bloat and dyspnea were mechanical in nature due to disproportionate growth.

The right paralumbar fossa was shaved and scrubbed, defatted with ether, and