

a radiogram that showed a calculus approximately .75 cm. in diameter in the urethra 1.2 cm. anterior to the posterior end of the os penis. No other calculi were demonstrated by the radiogram in the urethra or the urinary bladder.

On the afternoon of Oct. 10, the patient was placed on the operating table in a dorsal recumbent position. The preputial area ventral to the posterior portion of the os penis was shaved, defatted with ether and sprayed with 50 percent isopropyl alcohol as an antiseptic. Ether was administered to the patient until a stage of light surgical anesthesia was reached. An incision 2.5 cm. long was made into the urethra and the calculus exposed. The calculus was so imbedded in the urethral mucosa that it was necessary to introduce a sound into the urethral orifice to aid in dislodging the calculus which was then removed without further incident. The incision was left to heal by granulation.

Subcutaneous edema of the prepuce was present for the next five succeeding days during which time the patient voided blood-tinged urine through the urethral orifice and the surgical incision. By the sixth and seventh postoperative days, the urine voided was progressively less blood-tinged, edema of the prepuce was almost absent and exudate had ceased to drain from the surgical incision. On the tenth day after the operation the urine was clear, voided normally, and the surgical wound was filled in with normal granulation tissue. On Oct. 23, 1949, the patient was discharged.

William Fennessy, '51

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**A Case of Canine Filariasis.** A 5-year-old Boxer bitch was readmitted to Stange Memorial Clinic, Oct. 10, 1949. This Boxer had been treated at the Clinic previously, entering April 18, 1949, and being discharged May 5, 1949. At that time she had a history of a persistent cough since January. She had been treated (before entry into the Clinic) with sulfonamides and



Fig. 1. Flaccid, dilated heart.

penicillin, but the coughing did not stop.

Upon clinical examination, both inspiratory and expiratory dyspnea were observed. The heart labored considerably and the dog continued to cough up a catarrhal exudate. A radiogram was taken and multiple granular densities throughout the lungs were seen. A blood sample taken was positive for *Dirofilaria immitis* larvae.

The Boxer was treated with sodium antimony III biscatechol disulfonate of sodium (Fuadin) intravenously for several days and was discharged May 9, 1949.

When she was readmitted to the Clinic Oct. 10, 1949, with symptoms of fainting and dyspnea, another blood sample was taken and *Dirofilaria immitis* larvae were found in great numbers. Due to the history of previous treatment for filariasis in the bitch with only fair success and the apparent heavy concentration of the microfilaria in the vascular system, the owner was informed that treatment would be costly and probably would continue for a long time. With

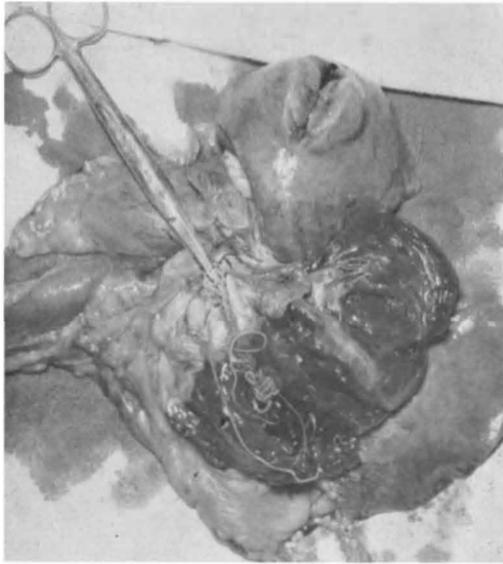


Fig. 2. Heart opened to show adult worms.

this information the owner granted permission to perform euthanasia which was accomplished by the administration of a lethal dose of pentobarbital sodium.

Autopsy revealed a heart which grossly showed very little enlargement, but the right ventricle was dilated, flaccid and definitely atonic. Adult heart worms measuring up to 20 cm. in length were found in the lumen of the right ventricle. Several were in the pulmonary artery partially occluding that vessel. Infarcts and foci of necrosis in the lungs were found indicating parasitic emboli. Other lesions noted were fibrosis of the liver, chronic catarrhal enteritis and a neoplastic-like growth 3 cm. in diameter in the right diaphragmatic lobe of the lungs.

Canine filariasis has been diagnosed in every section of the country, but is more prevalent in the South. Upon checking the history of this case it was found that she was born in New York, went from there to Pennsylvania and finally came to Iowa. It is likely that she picked up the dirofilaria in the East as the disease is more common there. Also, it is approximately a year after the initial infection by the heart worm until the mature dirofilaria are found in the heart.

Verle Footz, '51

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#### A Case of Dystocia Due to Hydrops Amnii Associated with a Fetal Monster.

A 6-year-old grade Holstein dairy cow was referred to Stange Memorial Clinic because of dystocia. The cow was due to freshen and labor was noticed first some four hours before the patient was brought to the clinic. History revealed that for the past two months the cow's abdomen was becoming excessively large, but it was assumed by the owner that the cow was going to have twins.

On examination the patient appeared bright and in good condition, the abdomen was distended somewhat more than normal, the vulva was enlarged, and the cow occasionally strained moderately.

Examination per vaginam showed the cervix well dilated, and at full arm's length the top of a firm object could be touched with the finger tips. The same object could be felt by low abdominal ballottement. The fetal membranes were distended with fluid and it was with some difficulty that a finger was forced through the membranes and the opening enlarged by tearing. Many gallons of fluid gushed forth and the cow began to strain more frequently, each expulsive effort causing a gallon or so of fluid to gush out. After some of the fluid had escaped it was possible to reach down into the uterus and grasp a fetal leg and bring it up toward the pelvic inlet. One could feel a withered leg, a small tail and several fairly sharp bony projections in the pelvic region. No clear-cut normal relationship of parts could be established. A diagnosis of dystocia due to hydrops amnii associated with a fetal monster, probably *Schistosomus reflexus*, was made.

Embryotomy was contemplated but a caesarean section was decided upon for the following reasons:

1. The fetus was relatively small, but due to the deformities, rather extensive embryotomy would be required, and in general, caesarean section is to be preferred because it is postive.
2. As the prognosis for the life of the