

prepuce to allow excision of ancillary and scarred preputial tissue,^{3,4} ensuring 1.5 times the length of the free portion of the penis of preputial tissue is left to reduce the risk of phimosis and recurrent prolapse.^{1,2} Prognosis following recovery from this procedure is good to excellent provided hemorrhage is minimized, urine flow is diverted away from the surgical sites, and extension of the penis remains achievable.^{3,4}

Keywords: Prepuce, prolapse, injury, *Bos indicus*, reefing

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Atypical mammary mass in an intact geriatric female Labrador retriever

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Mammary pathology is a significant finding in any bitch. Published research suggests intact bitches are at a greater risk of developing mammary neoplasia than those ovariectomized before their first heat cycle.¹ A 12-year-old intact female black Labrador Retriever was examined in February 2021 for a rapidly growing mammary mass. The mammary mass was first noticed by the owner in July 2020 and grew slowly until December when it began to rapidly increase in size following standing estrus in late November. At presentation, a fluctuant mass (15 cm) extended from the cranial left abdominal mammary gland to the caudal abdominal mammary gland. The left inguinal lymph node was also enlarged and painful during palpation. All other lymph nodes palpated normally. The patient was over-conditioned, had age-related dental attrition, bilateral nuclear sclerosis, and a soft, free-moving subcutaneous mass medial to the right cranial abdominal mammary gland. All other physical exam findings were within normal limits. An ultrasonographic exam was performed on the mammary mass that revealed an accumulation of hypoechoic, heterogenic fluid with tags of tissue extending from the margins of the mass into the fluid filled center. Hair over the mass was clipped and skin was prepared for a fine needle aspirate which retrieved a hemopurulent, thin and nonfetid fluid. Few epithelial cells and red blood cells, moderate neutrophils, and no bacteria were evident on cytology. An aerobic bacterial culture of the fluid yielded no growth after 4 days. The mass was diagnosed as a sterile intramammary abscess. The patient was sedated

with IV fentanyl and medetomidine then standard surgical preparation and anesthetic monitoring were used throughout the procedure. Stab incisions were made on the cranioventral and caudoventral aspects of the abscess. Compression was applied on the skin over the abscess to facilitate drainage. A gloved finger was used to digitally probe the abscess and debride tissue within the cavity. The cavity was lavaged repeatedly with dilute chlorhexidine solution and 2 Penrose drains were placed. The patient was reversed with intramuscular atipamezole. Recovery was uneventful and the patient was discharged on oral trimethoprim sulfa (960 mg twice daily for 2 weeks) and oral meloxicam (once daily for 5 days). The patient removed 1 drain tube 5 days after the procedure. Reevaluation was performed at 7 and 14 days with normal healing and minimal discharge. The second drain tube was removed 14 days after the procedure. At this abstract submission, the patient has not had recurrence of the mammary swelling. The cause of this sterile abscess is not known. Why the sterile intramammary abscess increased in size exponentially during diestrus is also unknown, though it may have to do with increased blood supply to the mammary glands during this stage of the estrous cycle. Due to financial constraints, concurrent mammary pathology could not be ruled-out histologically. Although the draining lymph node was enlarged, the pain and enlargement were likely due to reactivity from the abscess rather than neoplasia. Additional diagnostics were not performed. In addition, thoracic radiographs were not performed. This case illustrated that not all mammary masses are neoplastic in geriatric intact bitches.

Keywords: Canine, intramammary, sterile abscess, diestrus, geriatric

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Abnormal mobility in neonatal Labrador Retrievers

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A litter of 3-week-old Labrador Retrievers (n = 5) were evaluated for abnormal ambulation that was noted in 1 puppy. Upon presentation all puppies were evaluated for mobility on a blanket to improve traction. It was determined that the puppy in question had abnormal movement of the rear limbs compared to the remainder of the litter. In addition to this finding, a second puppy was determined to have an abnormally flat chest with decreased ambulation compared to littermates. The owner provided a daily weight chart and records of developmental milestones, such as opening eyes and first steps. Upon review

of this information, it was determined that the average daily gain of this litter was 3.37 ounces (95.5 grams) per day and that the 2 puppies exhibiting abnormalities had indeed met all developmental milestones within the same timeframe as littermates. Despite receiving no nutrition beyond milk supplied by the dam, all 5 puppies were considered obese. Of note, milk supply was plentiful, presumably due to the relatively small litter size. Prior to pursuing further diagnostics, the owner elected to complete at-home physical therapy and dietary management for both affected puppies and monitor for improvement. Physical therapy consisted of passive range of motion of both hind limbs and climbing over rolled towels for 15 minutes twice daily. After 1 week of physical therapy and dietary restriction, both puppies had improved overall mobility consistent with littermates and the puppy with altered hindlimb gait had a more consistent pattern of normal ambulation. Physical therapy was performed until 6 weeks of age with continued improvement of ambulation. At 13 weeks of age, both affected puppies successfully entered training to become working dogs. This case illustrated the importance of monitoring puppy weights and the detection of early abnormalities to prepare the animal for the best outcome

Keywords: Neonatal, canine, conformation, working dog

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Recurrent uterine torsion in an Arabian mare

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An 11-year-old multiparous 270 days pregnant Arabian mare was referred for a suspected uterine torsion. On arrival the mare was colicky, tachycardic, and normothermic. A 270 degree clockwise uterine torsion was diagnosed by transrectal palpation. She was anesthetized using a triple drip regimen and rolled 5 times using the flank plank technique. The mare recovered uneventfully. Two days after uterine torsion resolution the CTUP (6 mm) was within normal limits. The fetus was alive, and the mare was discharged. Ten days later, the mare returned with another colic episode. She was examined and a 90° clockwise torsion was identified. The mare was rolled again and recovered uneventfully. One day after resolution of the torsion, serum progesterone concentrations were normal (9.88 ng/ml) but serum estrogen concentrations (765.12 pg/ml) were lower than expected at 280 days of pregnancy. There was a concern

about this as estrogens are a good indicator of fetal viability and tend to decline over the last trimester of pregnancy.¹ The mare delivered a healthy colt at home at 344 days. Uterine torsion in the mare is most common in mid to late pregnancy. Suspected causes include vigorous fetal movement, rolling, a large fetus in a relatively small volume of fetal fluid, lack of uterine tone, and a deep abdomen in larger breeds.² Transrectal palpation is the best way to diagnose uterine torsion and identify its direction that is essential for treatment. Repeated uterine torsions during the same pregnancy are rare. This case is important to the field of Theriogenology because uterine torsion in the mare is an emergency and presents with nonspecific clinical signs. Client education regarding the urgency of colic signs or discomfort in late pregnancy is essential. Early diagnosis and treatment improve outcome for the mare and foal. Close monitoring until foaling should be recommended.

Keywords: High risk, plank flank technique, endocrinology, colic

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Dystocia and diaphragmatic hernia in a Quarter Horse mare carrying twins

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Twin pregnancy is one of the major noninfectious causes of abortion and may jeopardize the health and welfare of the mare. A 16-year-old primiparous Quarter Horse mare was referred for dystocia due to abortion at ~ 10 months of pregnancy. She was depressed, tachycardic, tachypneic, and hypothermic. Rectum and vulva were edematous and malodorous; fetal membranes were protruding from the vulva. Due to signs of septic shock, she was treated with intravenous fluid and corticosteroids prior to attempting controlled vaginal delivery. The fetus was emphysematous and in anterior presentation with bilateral shoulder flexion and lateral deviation of the neck. Due to poor prognosis, humane euthanasia of the mare was performed. On necropsy, the uterus was friable and edematous with a partial thickness tear. Dysmature, autolyzed twins were removed from the uterus. An acute diaphragmatic hernia of the large colon was also diagnosed, which may have been a complication of straining efforts and the enlarged uterus. Incidence of double ovulation ranges from 8 - 21% in Quarter Horses, with an incidence of twin pregnancy ranging from 8 - 11%.¹ Spontaneous twin reduction occurs frequently by day 40 of pregnancy in