

poultice application, and the support sling were continued. The draining tract was lavaged daily through a catheter with a 10 liter carboy of normal saline containing 0.5% betadine solution. Silver sulfadiazine was infused along the draining tract daily. The draining tract improved briefly but the abscess recurred and ruptured a second time. The silver sulfadiazine infusions were discontinued and the lavage frequency was reduced to every other day until the draining tract could no longer be accessed. After 33 days in clinic, the bull was discharged. The bull returned 6 weeks after discharge for evaluation and breeding soundness examination. On electroejaculation, erection, protrusion, and ejaculation were successful. His semen was of good quality with 70% motility and 83% normal morphology. This case demonstrated successful medical management of a condition that commonly has a poor clinical outcome.

Keywords: Cattle, preputial laceration, retropreputial abscess

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Spermatic cord torsion in an Arabian stallion

Hannah Neer, Eduardo Santos Villanueva, Lauren Huggins, Thomas Bergstrom, Isabelle Kilcoyne, Marcos Perez-Nogues, Ghislaine Dujovne, Pouya Dini

Pritchard Veterinary Teaching Hospital, School of Veterinary Medicine, University of California-Davis, Davis, CA

Spermatic cord torsions greater than 180 degrees compromise the vascular supply to the affected testis and are a medical emergency in stallions.¹ A 5-year-old Arabian stallion presented for an episode of acute colic signs. Diagnostic work-up including physical examination, bloodwork, abdominal ultrasonography and transrectal examination did not reveal a cause for colic signs. No sign of pain or discomfort was noted on or after admission. The left testis felt enlarged on palpation and a pronounced tubal structure was noted in the left inguinal canal during transrectal palpation. However, the scrotal structures were in the correct orientation on palpation and ultrasonography. Scrotal ultrasonographic examination had an increased left spermatic cord diameter (6.5 cm) compared to right spermatic cord (3 cm). Doppler demonstrated a reduction in blood flow through the left spermatic cord and testis compared to contralateral structures. Although suggestive, the ultrasonographic findings did not confirm spermatic cord torsion (complete occlusion of

the cord). Therefore, it was elected to continue monitoring the stallion's condition. On the following day, scrotal ultrasonography demonstrated changes to the left testicular parenchyma with minimal to no blood flow through the left spermatic cord. Spermatic cord torsion of ≥ 360 -degrees was diagnosed based on these findings and a closed hemicastration was performed. Although potentially at higher risk for contralateral torsion,² the owner elected hemicastration to preserve the breeding potential of the stallion. The stallion had an uneventful recovery and was discharged 5 days following presentation. Ischemic (coagulative) necrosis was observed on histopathological analysis of the testicular parenchyma. Although 360-degree spermatic cord torsions occur infrequently, torsion should always be considered for stallions presenting with symptoms of colic. It is important to note that colic signs and pain can subside due to the necrotic/ischemic changes in ≥ 360 -degree torsions.

Keywords: Stallion, spermatic cord torsion, hemicastration

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