

SURGICAL MANAGEMENT TRAUMATIC CYSTORRHEXIS IN A DACHSHUND DOG

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A Dachshund dog of one and half year has met with an accident one day before presentation to Surgery & Radiology Deptt., Veterinary College, Tirupati. Since then swelling of the abdomen was there, animal was not passing urine. Clinical and ultrasound examination confirmed cystorrhexis. By caudal – midventral laparotomy bladder was repaired.

Keywords: Bladder, Cystorrhexis, Laparotomy.

Urinary bladder rupture is the most common traumatic urinary injury in dogs and cats (Thornhill and Cechner, 1981). Trauma of lower urinary tract is frequently recognized in veterinary patients and is the most common cause of uroperitoneum in cats and dogs (Rieser, 2005). As the bladder fills, it moves into the abdomen and makes it more vulnerable to the injury (Fletcher and Clarkson, 2011). Ultrasonography was useful diagnostic tool in such cases (Helling and Wilson, 2007). In present paper successful surgical management of traumatic cystorrhexis in a Dachshund male dog is reported.

One and half year old male Dachshund dog of was brought to Department of Surgery and Radiology, College of Veterinary Sciences, Tirupati with the history

of increasing size of a abdomen after motorcycle accident. The animal was taking food and water normally but did not pass the urine. Clinical examination revealed contusions over the ventral abdomen and bilateral distension of the abdomen with fluid thrill. Urinary catheter could not be passed upto bladder without obstruction but without flow of urine, Ultrasound examination revealed excess anechoic fluid in the abdomen with loss of bladder contour. Upon injection of normal saline through catheter into bladder revealed escape of anechoic fluid in the abdomen through urinary bladder. Based on history, clinical signs, physical and ultrasound examination it was confirmed as a case of cystorrhexis and cystorrhaphy was decided.



Fig-1: Ruptured bladder

The dog was pre-anaesthetized with Atropine sulphate @ 0.04 mg/kg body weight S/C. and Xylazine hydrochloride @ 1.0 mg/kg body weight I/M. The general anesthesia was induced with Ketamine hydrochloride @ 5 mg/kg body weight I/V and maintained with Ketamine hydrochloride @ 5mg/kg body weight and Diazepam @ 0.2mg/kg body weight I/V. On indirect midline incision abdominal cavity was exposed and huge amount of fluid was removed from the abdomen. Upon exploration of urinary bladder a rupture at the neck of bladder was found (Fig-1). Edges were scraped and bladder was closed by double inversion pattern using catgut no 2-0 and peritoneum was lavaged with warm normal saline. The linea alba was closed by simple interrupted pattern using no 1 polyglycolic acid and skin was sutured with no 1-0 monofilament polyamide horizontal mattress pattern. Post-operatively Inj.cefotaxime @25mg/kg body weight for I/M for 5 days and Inj. meloxicam @ 0.02

mg/kg body weight I/M for 3 days were administered. Fluid therapy was done with normal saline @ 25ml/kg body weight I/V for 3 days. The dog made uneventful recovery without any complications..

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