

Case log # 44 **Date:** 07/20/2012 **Patient ID:** Bucker **Species/Breed:** Caprine/Nubian **Age:** 24 Months
Sex: Buck **Weight:** 79.54 kg

Diagnosis: Owner wanted the patient to be examined because he was off feed, had decrease water intake, and has not produced any urine over the past 24 hours. On physical exam the patient was in lateral recumbency, heart rate was 85 bpm, respiratory rate was 25 bpm. Upon palpation, the patient was painful at his abdomen. Tentative diagnosis is urethral blockage secondary to uroliths. After medical treatment the definitive diagnosis is urethral blockage. Treatment possibilities were discussed and the owners elected for a tube cystotomy would be performed if medical treatment didn't work.

Treatment plan: To administer an antibiotic which would consist of 11 ml *florfenicol 300mg SC q3d*, diuretics that would include 3.5 ml *furosemide 500mg IV q24h*, steroids, non steroidal anti-inflammatory such as 2 ml *dexamethasone 2 mg IV q24h*, 2 ml *flunixin meglumine 50mg IV q24h*, and 0.2 ml *acepromazine 25mg IM q24h* which would act as an anti-spasmodic to see if the patient was able to urinate. The patient would also be administered 250ml of *sterile saline IV q24h*. If the patient is still unable to urinate, the urethral process would be removed with a pair of sharp dissecting scissors. If urination still didn't occur, a tube cystotomy surgery would then be performed. The patient would be induced and maintained under general anesthesia using *isoflurane*. A paramedian approach would be used in this case. The surgery site would be clipped from the lateral aspects of the ventral abdomen to midline, with the length of the surgical area extending from the scrotum to the xiphoid process. The surgery site scrubbed and then surgery would begin. An incision would be made lateral to the prepuce. During surgery a Foley catheter would surgically be placed into the bladder, allowing urine to evacuate from the bladder without interrupting the healing process of the urethra. The abdominal muscles and skin are sutured closed. Following surgery the patient's urine output is closely monitored. After a few days the catheter would be clamped and urine output monitored. If the patient is able to urinate through the penis, the Foley catheter is removed and the patient would be sent home.

Advanced skills and procedures performed: Administered 11 ml *florfenicol 300mg SC q3d*, 2 ml *dexamethasone 2 mg IV q24h*, 2 ml *flunixin meglumine 50mg IV q24h*, 3.5 ml *furosemide 500mg IV q24h*, and administered 0.2 ml *acepromazine 25mg IM q24h*. Administered 250 ml of *sterile saline IV q24h*. Administered *isoflurane* gas anesthetic for induction and maintenance of anesthesia. Aseptically prepared the patient for surgery. Monitored anesthesia depth, and patient parameters. Scrubbed in and assisted with the surgery by retracting organs, and handing surgical instruments. Following surgery, monitored recovery. Performed urinalysis and sediment stain from urine taken from the bladder via cystocentesis.

Advanced skills and procedures assisted: Monitoring urine output following surgery.

Outcome: After three days the Foley catheter was clamped using a pair of hemostats. The patient was able to urinate out of the penis. The Foley catheter was then deflated and removed from the patient. The patient recovered from the surgery at home. Two weeks after the surgery the sutures were removed and the incision was healed well. Owner didn't report of any further complications.