BLADDER RUPTURE IN A DOG AND ITS SURGICAL MANAGEMENT

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A one-and-a-half year old non-descriptive male dog was presented with the history of not passing urine since two days. Five days before it was treated locally for the same and catheterization was performed. The owner also reported that the animal was anorectic, vomiting, inability to urinate and drops of blood were dribbling while straining. Clinical examination showed the animal was dull and depressed. Abdominal palpation revealed distended abdomen and pain was evinced. Initial retrograde catheterization drained few drops of blood mixed urine. Survey radiography of abdominal (oblique lateral view) revealed mild distension of bladder. Exploratory laprotomy was resorted to. The animal was stabilized and premedicated using injection of atropine sulphate intramuscularly followed by diazepam intravenously. General anaesthesia was induced and maintained with the administration of ketamine and diazepam intravenously. The surgical site was aseptically prepared and a parapreputial skin incision was performed followed by caudal celiotomy. Around three litres of blood mixed urine was drained and bladder was exteriorized. It was a half football shape. On the dorsal aspect of the bladder a tear (8cm) filled with blood clots and fibrous tissues was noticed. Necrotic areas were also noticed around the edges, clots and fibrous tissues were removed. The wound edges were debrided and bladder and abdominal cavity was flushed with normal saline and metronidazole solution. The bladder was apposed using No. 1-0 PGA in a simple continuous manner followed by Lumbert. Linealba and skin was closed using PGA No.1 and silk in a simple continuous and cross mattress manner. A catheter was introduced and fixed at the prepucial area. The animal had an uneventful recovery and the details will be discussed in detail.