UNUSUAL VESICOCELE IN A BITCH AND ITS SURGICAL MANAGEMENT

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A female Golden retriever of 1 year age weighing 12 kg was presented in the Dept. of Surgery and Radiology, Ranchi Veterinary College, Kanke, Ranchi -6 with complaint of large swelling in the inguinal area since 2 months. There was inappetance and difficulty in urination. The size of swelling has been found to be markedly reduced after urination. Physical examination revealed no pain on palpation however, after urination a small hernia ring could be palpated. Heart rate, respiration rate and rectal temperature were within normal range. Haemato – biochemical parameters (Hb, PCV, TLC, DLC, BUN and Creatinine) were measured and found within normal physiological range. The case was diagnosed to be inguinal hernia with vesicocele and treated with surgical intervention. The bitch recovered uneventfully.

**Key words:** Dog, Ectopic bladder, Inguinal hernia, Surgical management, Vesicocele.

Inguinal hernia is a protrusion of an organ or part of the organ or tissue through the inguinal ring especially in the groin area where the abdominal musculature meets the back leg. It can be unilateral or bilateral and frequently reported in females than males (Fossum, 2002). Inguinal hernias may be genetical (congenital), acquired and traumatic. The results of successful management is depends on the general condition of the animal when it is brought for surgery and on the importance of tissue damage (Waters et al., 1993). Recovery after surgery has been observed excellent in the presence of a reducible or incarcerated hernia (Peddie, 1980). The present report deals the rare case of inguinal hernia in a female and its successful surgical management.

**Case History and Observations**

A female Golden retriever of 1 year age weighing 12 kg was presented in the Dept. of Surgery and Radiology, Ranchi Veterinary College, Kanke, Ranchi -6 with complaint of large swelling in the inguinal area since two months (Fig. 1). There was inappetance and difficulty in urination. The size of swelling has been found to be markedly reduced after urination, thus suggestive of vasciocele. Ultrasonographic examination revealed irregular margin of distended bladder wall suggested that bladder was compressed at different place by the subcutaneous tissue (Fig. 2). Physical examination revealed no pain on palpation however, after urination a small hernia ring could be palpated. Heart rate, respiration rate and rectal temperature were within normal range. Haemato – biochemical parameters (Hb, PCV, TLC, DLC, BUN and creatinine) were also measured within normal physiological range. The case was diagnosed to be inguinal hernia with vesicocele treated with surgical intervention.

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**Fig. 1:** Appearance of inguinal hernia in standing

**Fig. 2:** Ultrasonographic examination revealed irregular margin of bladder wall in bladder herniation

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**Treatment and Discussion**

The surgery was performed under general anaesthesia achieved by administration of Atropine S/C @ 0.04 mg/kg. bwt. Xylazine HCL @ 1mg/kg b wt. Ketamine HCL @ 5 mg/kg. bwt. After 20 min, Diazepam @ 1mg/kg. bwt. was administered intravenously and maintenance of anaesthesia was done by slow administration of Ketamine HCL intravenously. An elliptical incision was made over swollen area on skin and exteriorised the hernial sac (Fig. 3). It was interesting to note that the bladder occupy the space subcutaneously with toughed inner surface. Urine was aspirated by cystocentesis using 24 G needle with 20 ml syringe. The hernial ring was circular in shape and measured as 3 cm. diameter. The bladder was placed in the abdominal cavity by increasing the size of hernial ring. Then ring was sutured with overlapping suture techniques with monofilament polypropylene of size 1. Post-operatively animal was administered with Inj. Ceftriaxone @ 25mg/kg. bwt. I/M daily for 7 days, Inj. Meloxicam @ 1 mg/ 4 kg. bwt. I/M daily for 3 days. The cutaneous sutures were removed on 10th day post- operatively after daily antiseptic dressing. The recovery was uneventful. Owner was advised to avoid the animal for breeding purpose within 6 months. The attempt was carried in the present case was mainly due to fact that if the hernia becomes strangulated, liver, intestinal and/or kidney failures may follow and without treatment, the animal will usually die within 24 to 48 hours. The general condition in present case was good at the time of reporting inspite of large swelling and painless during palpation.

A successful surgical management of a large voluminous inquinal hernia was performed under general anaesthesia. Recovery after surgery has been observed excellent with no recurrent even after 2 months of followup, in the present case.

![Fig. 3: Extriorization of complete distended bladder from hernial sac](image)

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**References**

